

Highlights from ACCC's Guide to Best Practices in a Comprehensive Prostate Cancer Program

The need for education and support for prostate cancer care is clearly unmet in many communities across the country. ACCC's new Prostate Cancer Project is designed to assist community cancer centers by outlining the process and structures that successful community-based prostate-specific cancer programs throughout the U.S. have used to initiate and grow their prostate cancer programs.

—ACCC Executive Director
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To address the need for education and support in prostate cancer care, the Association of Community Cancer Centers (ACCC) launched its Prostate Cancer “Best Practices” Project in June 2008. Phase 1 of the project involved identifying five prostate-specific cancer programs that: 1) empower patients with information and knowledge about choices, 2) coordinate multidisciplinary services starting with diagnosis, and 3) collect standardized treatment outcomes data.

Through its Center for Provider Education, ACCC created a multidisciplinary Advisory Panel of medical oncologists, urologists, radiation oncologists, surgeons, nurses, pharmacists, and program administrators with experience in prostate cancer care. Using an application process, the Advisory Panel, in conjunction with The Pritchard Group, an oncology consulting company, identified five prostate-specific cancer programs from across the country to serve as “models” from which ACCC could develop measures of effectiveness and quality assurance, and disseminate to other professionals interested in advancing the treatment of prostate cancer patients. From the applications received, ACCC's Advisory Panel selected five prostate cancer programs:

- Allegheny General Hospital, Pittsburgh, Pennsylvania
- Maine Medical Center, Scarborough, Maine
- Presbyterian Hospital, Charlotte, North Carolina
- Palo Alto Medical Foundation, Palo Alto, California
- Regional Cancer Center, ProHealth Care, Waukesha, Wisconsin.

The Pritchard Group conducted three extensive conference call interviews with team members from each pro-

gram, including medical and radiation oncologists, urologists, nurses, nurse navigators, social workers, pharmacists, administrators, and others. These interviews provided the foundation for a report on best practices in the development of a prostate-specific cancer program, *Guide to Best Practices in a Comprehensive Cancer Program*. The full report is available online at www.accc-cancer.org/education/pdf/Prostate-Cancer-Program-Guide.pdf. The following highlights summarize 10 key points from the report.

Program Philosophy and Critical Success Factors

Successful prostate cancer programs share a common philosophical approach. Their primary objectives are two-fold: 1) to provide quality care and 2) to empower patients to make educated decisions. Quality programs emphasize the patients' access to a team of providers who effectively collaborate and inform. Armed with information about all available options, patients can personally manage their healthcare and make their own educated treatment decisions. Patients want choice and believe that the best programs and physicians are those that provide all the information they need to make informed decisions. Comprehensive education is at the core of “model” programs.

Successful prostate cancer programs range from sophisticated programs—featuring one-stop care with all services and all available treatment options in one location—to smaller programs that focus on providing education and patient advocacy without providing diagnostic or treatment services. There is no one ideal model; various approaches work effectively depending on the community and the providers. *Any size hospital or practice can establish a community-based prostate cancer program.* The keys to success are to define the scope of the program and to align the program with the needs of the patients in the community. That said, all successful prostate cancer programs share common elements. They all:

- Match the prostate cancer program to identified needs in the community
- Quantify and justify need and set financial objectives based on market reality
- Secure an unbiased physician champion(s)
- Engage appropriate clinical players
- Establish a multidisciplinary team approach
- Empower patients with information and knowledge
- Invest in a patient advocate and/or nurse navigator position
- Evaluate clinical and financial outcomes through ongoing data collection and analysis

Critical Volume Measures to Track and Monitor

- ✓ Prostate cancer cases
- ✓ Prostate cancer cases by provider (in addition to total cases)
- ✓ Incidence in primary and secondary service areas
- ✓ Unduplicated patient count
- ✓ Surgical procedures by type
- ✓ Radiation treatments by type
- ✓ Active surveillance
- ✓ Medical oncology
- ✓ Initial exams
- ✓ Nurse navigator visits
- ✓ Follow-up visits
- ✓ Biopsies
- ✓ Inpatient admissions
- ✓ Referral sources
- ✓ Survivorship visits
- ✓ Group participation
- ✓ Education visits
- ✓ Clinical trial accruals
- ✓ Screenings by service area zip code
- ✓ Non-chargeable visits
- ✓ In- and out-migration to and from other service areas

- Collect and publish standardized treatment outcomes data
- Promote effective marketing and outreach in the community.

These factors can serve as a point of reference both for programs just starting out and for those working to enhance an existing prostate-specific program. Keep in mind that a prostate cancer program does not have to provide all treatments and services in one location or at one institution. Through collaborative partnerships, virtual programs can successfully meet patients' needs for uniform access to quality prostate cancer care.

Match the Program to Identified Community Needs

Successful prostate cancer programs conduct community assessments to identify the specific market needs in their communities. The program should be developed with an understanding of the current population and the growing needs for prostate cancer diagnosis and treatment. Steps in community assessment include:

1. Identifying local market needs for prostate cancer services with particular emphasis on specific high-risk populations in the community
2. Developing volume measures
3. Conducting focus groups with prostate cancer patients, including a group of newly diagnosed patients and another group of patients several years post-treatment, to confirm their experiences and

4. obtain their recommendations for improvements
4. Understanding how the program ranks in the community.

Justify the Need for the Program and Set Realistic Financial Objectives

Once the community needs assessment is completed, the next step is to develop financial information that quantifies and justifies the need for the program. Prepare a strategic or business plan that includes a *pro forma* using metrics likely to be expected by hospital or practice administration, such as patient volumes, program expenses and revenue, and return on investment. This information is a key step in the process of setting realistic program financial objectives based on market reality—a critical factor for program success.

Use volume data targets to create a *pro forma* for the prostate program. To build the *pro forma* use comprehensive cost information that includes insurance, supervisory time, CME, rent, utilities, etc. A three-year *pro forma* is recommended rather than a five-year plan, particularly in light of the current economic environment and the changing health service market.

To launch the program, the initial *pro forma* may only show expected increases in existing service lines. For example, surgeries and radiation service growth would be included in the prostate cancer program *pro forma* while existing services would be in other department budgets. (For more information, see the full report and “Developing a Prostate Program Budget” in the report appendix. The report is available on ACCC’s website at: www.accc-cancer.org.)

Present the needs assessment, volume data, and *pro forma* for consideration to the leadership. These tools will determine acceptability of the project. Influence program decision-makers and providers by including actual customer feedback from local prostate cancer patients gleaned from focus groups.

Secure a Physician Champion and Engage Clinical Players

To be successful, a prostate cancer program needs both an administrative leader and an unbiased physician champion to serve as the medical leader. Dynamic clinical leadership is a critical factor in creating a shared vision and mutual appreciation for a multidisciplinary approach to prostate cancer care. The clinical leader must be able to:

- Build trust and mutual respect among professional colleagues

- Endorse an inclusionary attitude among professional peers
- Encourage a non-competitive spirit and open lines of communication
- Establish new relationships and nurture existing ones to encourage cross referrals
- Effectively communicate the benefits of a multidisciplinary program approach
- Promote the value of patient-focused cancer care that emphasizes quality of life and informed patient decision making
- Illustrate efficiency and process improvements resulting from the team approach
- Encourage participation in the prostate program by meeting with individual providers and group practices in the community.

With the leadership on board, next bring key administrative and clinical players together and engage them in the prostate cancer program process. Establish a prostate steering committee from clinical representatives from the core group of providers.

Model prostate cancer programs reported using the following protocols, guidelines, and standards in implementing their programs:

- National Comprehensive Cancer Network (NCCN) Prostate Guidelines
- American College of Surgeons Commission on Cancer
- American Urological Association Practice Guidelines.

Additionally, model programs develop program-based clinical pathways for specific protocols.

Develop a Team Approach to Coordinated Care

The multidisciplinary prostate cancer team is a group of specialists with a common interest in helping patients reach informed decisions based on their personal needs. In model prostate cancer programs, this team most often includes the following core members: 1) urologists, 2) radiation oncologists, and 3) a patient advocate and/or nurse navigator. Internists and medical oncologists often have important perspectives to offer. The radiologist, pathologist, and tumor registrar may also be included as team members.

With a team approach to care, various providers come together with the goal of increasing patients' understanding of their disease and providing positive experiences so that patients can make educated decisions and achieve satisfaction from their personal treatment choices and outcomes.

One enormous hurdle that prostate-cancer-specific programs face is that no single treatment alternative is optimal for prostate disease. There are mutually exclusive treatments directed by different specialists—urologists and radiation oncologists. Urology practices are often community based and are typically affiliated with more than one hospital. Radiation oncologists are often affiliated with only one hospital and based at that location. Rarely are these providers in practice together. (While a recent trend has urologists owning radiation treatment centers and employing radiation oncologists, this practice is not widespread.)

Therefore, many programs interested in developing

a prostate-specific program are stuck at the starting gate, asking questions such as:

- How do we get multiple groups of urologists together?
- How do we get urologists and radiation oncologists to offer advice to patients when there are a variety of treatment choices available?
- How do we make sure that the patient has a choice and understands the possible outcomes of each option?

Regular, ongoing open communication is important to ensure that information flows effectively among the team. The program's clinical leader and patient advocate and/or

nurse navigator are critical to facilitating open, productive communication. The patient advocate and/or nurse navigator serves as a conduit between the patient and the medical providers. This individual often collects all necessary patient information and facilitates the case discussions during team meetings.

Prostate cancer programs that have a multidisciplinary team approach to care establish regularly scheduled team meetings such as tumor boards, prostate workgroups, and/or patient conferences that include all core team members. Prostate cancer team members discuss patient cases and review program measures. Team

meetings can be as frequent as several times a week to once every week. Physician conferences or patient-physician conferences often serve as the meeting forum to discuss prostate cancer patient care options. These meetings should be scheduled to accommodate the newly diagnosed patient's need for immediate support and information.

Empower Patients with Information and Knowledge

For optimal communication with patients, successful programs suggest the following:

- From the outset, let patients know that they are in control of their healthcare decisions, with providers ensuring access to information about various treatment options.
- Early in the process, discuss which specific team member will follow up with the patient to talk about his final decision.
- Keep the patient's needs foremost; minimize the time from initial diagnosis to consultation with provider(s) about treatment options.
- Provide the patient with comprehensive, understandable, straight-forward information that will allow him to be at peace with his personal decision.
- Include caregivers and family members in education and decision-making sessions if the patient approves. There is a wealth of information for patients to digest and having family support can be helpful to individuals as they try to understand a wide array of options.

The way in which prostate cancer programs communicate essential information to patients varies. Some examples include:

- The patient meets with a patient advocate and/or nurse navigator for basic education about options followed

Include caregivers and family members in education and decision-making sessions...

- up by individual meetings with the providers.
- The patient meets with a radiation oncologist and an urologist simultaneously for a concurrent discussion of treatment options.
- The patient meets with individual providers (e.g., radiation oncologist; urologist) sequentially followed by a summary meeting with the patient advocate and/or nurse navigator.
- The patient has a team meeting with all members of the multidisciplinary team.
- The prostate cancer team meets independently and reviews every prostate cancer case. One member of the team is assigned to then meet with the patient to discuss the various options.

Invest in a Patient Advocate and/or Nurse Navigator

A critical success factor gleaned from model prostate cancer programs is that they employ a neutral patient advocate. In many programs the advocate is a registered nurse who is designated as the patient navigator or care coordinator, although some prostate cancer programs use medical oncologists as the unbiased objective conduit between the patient and urology and radiation oncology providers. The patient advocate and/or nurse navigator is a cornerstone to program success and the critical link to providers.

The neutral patient advocate and/or nurse navigator are knowledgeable, unbiased third parties, who serve as a single point of contact for the patient from the initial diagnosis and throughout the treatment plan. Having a readily available contact helps reduce patient anxiety and provides support for patients as they explore information and reach informed decisions. The patient advocate and/or nurse navigator encourages the patient to take an active role throughout the treatment process and continuum of care. The advocate takes the lead in providing the patient, family, and the community at large with prostate-specific education about diagnosis and treatment options. And, finally, the patient advocate and/or nurse navigator promotes and channels open patient-physician communication.

Evaluate Clinical and Financial Outcomes

Successful programs establish qualitative and quantitative criteria to measure program success *before* launching the prostate cancer program. The multidisciplinary care team should discuss and agree on definitions and criteria for quality measures prior to the initiation of the program. For example, specific complications such as urinary incontinence, sexual function, etc., can be monitored and tracked using existing validated tools.

A critical success factor for prostate cancer programs is standardizing data collection across the system. Data can then be effectively quantified by stratifying information so that the program and the team can evaluate clinical and financial outcomes by such factors as stage of diagnosis, patient age, treatment modality, and quality-of-life factors. Successful prostate cancer programs:

- Standardize data collection across the system
- Ensure ongoing monitoring and tracking of critical data in an organized manner
- Establish regular reporting vehicles to communicate results to team and stakeholders
- Schedule regular multidisciplinary team meetings that

include discussion of outcome reporting and identify strengths and problems areas that require immediate action and improvement.

While volume data are a critical data requirement, they are only *one* significant indicator used to monitor program success. Volume data alone *do not* provide an adequate picture of the program's financial or clinical quality. They must be accompanied by accurate cost and revenue calculations for a full appreciation of the financial success or shortcomings of the program and must include detailed patient outcome data to validate clinical quality. Data management should include collecting statistics for uncompensated care provided by the multidisciplinary team. This data collection enables the program to quantify fundraising needs for prostate cancer patients.


Collect and Publish Standardized Treatment Outcomes Data


One distinct advantage of having a prostate cancer program is to give the patients access to outcomes data regarding treatment. Collecting critical measures allows community cancer centers to compare outcomes to competitors or established academic programs rather than offer anecdotal information to patients. Prostate-specific programs have the opportunity to measure quality-of-life issues and impact on patient satisfaction. Physicians who participate in successful prostate cancer programs also experience increased satisfaction, improved quality of life, and practice efficiencies. In addition, outcomes data can be shared beyond the prostate cancer team with referring physicians as a means of communicating positive program results to the community.

Promote Effective Marketing and Community Outreach

For the prostate program to be successful, it is important to increase awareness of the program and its benefits not only to the general public but also to professionals in the community. Marketing and promotion should highlight quality-of-life measures and patient satisfaction scores (such as Press Ganey) as concrete evidence that the program meets or exceeds national benchmarks. Providers (including system-wide physicians, hospital department heads, referring physicians, and general group practices) need to be part of the marketing approach. Include local civic groups, media, and businesses in the outreach and marketing plan.

Going Forth

Remember, successful prostate cancer programs vary in size and shape from "virtual" programs focused on education and advocacy to "all-services-in-one-location" programs that provide state-of-the-art surgical and radiation oncology services in one location. What these successful programs all have in common is a shared vision: Empowering patients to manage their healthcare and make educated treatment decisions. 



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