

ACCC's Prostate Cancer "Best Practices" Project

A final report on Part II of the ground-breaking educational program

In late 2008, ACCC's Center for Provider Education launched its *Prostate Cancer "Best Practices" Project*. The goal: to provide community cancer centers with the information and education they need to develop their own "model" prostate cancer programs. In Part I of the project, consultant Mary Lou Bowers, MBA, of the Pritchard Group, worked with five "model" prostate cancer programs to identify a number of critical success factors, including:

- Matching a prostate cancer program to identified needs in the community
- Setting realistic program objectives based on market reality
- Securing unbiased physician champions
- Engaging appropriate clinical players
- Investing in a patient advocate and/or nurse navigator position
- Empowering patients with information and knowledge
- Collecting and publishing standardized treatment outcomes data
- Promoting effective marketing and outreach in the community
- Managing the program's financial needs and resources through a detailed comparative analysis.


In Part II of ACCC's *Prostate Cancer "Best Practices" Project*, Bowers used these critical success factors to provide onsite training to five pilot sites that were selected from ACCC-member applicants across the country:

1. Florida Hospital Cancer Institute, Orlando, Fla.
2. Good Samaritan Hospital, San Jose, Calif.
3. OncoLogics, Inc., Lafayette, La.
4. Saint Joseph's Hospital, Atlanta, Ga.
5. Tallahassee Memorial Hospital, Tallahassee, Fla.

The onsite training sessions were

ASSOCIATION OF COMMUNITY CANCER CENTERS

Prostate Cancer "Best Practices" Project



OVERVIEW

Many cancer programs report needing help in developing a prostate-specific cancer program in their home community. They are faced with a number of questions: 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? ACCC seeks to provide community cancer programs with the information and education they need to develop their own "model" prostate-specific cancer services.

OBJECTIVES

1. To identify model prostate cancer services that empower patients with information and knowledge about their choices; coordinate multidisciplinary services starting with diagnosis; and collect standardized treatment outcomes data.
2. To identify critical success factors that model prostate cancer programs have used.
3. To provide onsite education and follow-up to five ACCC-member programs about the process and structures that model community-based prostate-specific cancer programs have used to initiate and grow their successful programs.
4. To provide resources for community cancer programs to develop prostate-specific cancer services in their home communities.

PROJECT COMPONENTS

ACCC appointed an expert advisory panel to help guide this project in collaboration with a leading healthcare consulting company. We developed a survey to assess best practices in prostate cancer services and identified five cancer centers as having "model" programs:



- Allegheny General Hospital, Pa.
- Maine Medical Center, Maine
- Presbyterian Hospital, N.C.
- Palo Alto Medical Foundation, Calif.
- Regional Cancer Center, ProHealth Care, Wisc.

Each model program participated in a series of interviews to examine and determine best practices and critical success factors for multidisciplinary prostate cancer care. Five ACCC-member programs were selected to receive onsite education:

- Florida Hospital Cancer Institute, Fla.
- Good Samaritan Hospital, Calif.
- OncoLogics, Inc., La.
- Saint Joseph's Hospital, Ga.
- Tallahassee Memorial Hospital, Fla.

DELIVERABLES

- Live and archived webinar
- Online resource center on ACCC's website, www.accc-cancer.org
- Presentation of results at ACCC's National Oncology Economics Conference
- Publication of results within *Oncology Issues*

ACKNOWLEDGMENT This project is made possible through an educational grant from sanofi-aventis U.S. The Pritchard Group provided strategic advisory services, onsite education, and analysis for this project.

based on four achievable goals: 1) to identify the need for prostate-specific care in their communities, 2) to open lines of communication among providers, 3) to develop a collaborative team approach to care, and 4) to provide guidance in planning and implementing a successful comprehensive prostate cancer program. In 2009 and 2010, Bowers continued to work with and mentor these five pilot sites as they attempted to develop

or grow their model prostate cancer programs.

In Oct. 2010, at ACCC's 27th National Economics Conference, Bowers and a panel of representatives from these pilot sites presented on findings and outcomes of Part II of the *Prostate Cancer "Best Practices" Project*. Here's what the pilot sites had to say about the challenges and successes of their prostate cancer programs.

Florida Hospital Cancer Institute—Exploring Two Clinic Models

FHCI provides services at several Florida Hospital locations including Orlando, Altamonte Springs, Celebration, East Kissimmee, and Winter Park. This American College of Surgeons Commission on Cancer (CoC) approved comprehensive cancer center sees more than 5,000 new patients each year. In 2006, FHCI was one of 12 community oncology programs recognized by the American Society of Clinical Oncology (ASCO) for their commitment to participation in clinical trials. FHCI's goal is to provide a patient-centered clinic that offers patients access to multidisciplinary expert opinions in one appointment. As a pilot site for ACCC's *Prostate Cancer "Best Practices" Project*, FHCI was able to explore two prostate clinic models—a traditional multidisciplinary clinic (MDC) model and a virtual MDC model.

FHCI's first step in developing a prostate multidisciplinary clinic was to identify key leaders and regulations impacting MDC program operations. The leadership team included a physician champion (a urologist); an administrative lead; a genitourinary (GU) care coordinator (an experienced oncology nurse); a licensed clinical social worker; and legal representation.

For FHCI, the GU care coordinator was the key to the prostate MDC. Patients access the GU care coordinator through the Web, physician referral, media venues, and other avenues. The GU care coordinator provides patients with:

- Discussion about the multidisciplinary approach for treatment planning and the prostate MDC
- Personalized planner/resource booklets
- Connection—the GU care coordinator follows up with patients (both via phone and letter) and schedules appointments for the prostate MDC.



Pilot site: Florida Hospital Cancer Institute

Prior to the prostate multidisciplinary clinic, the GU care coordinator is responsible for verifying the patient's insurance and co-pay and sending a letter to the patient that outlines and reinforces the MDC process. The GU care coordinator also evaluates staging completeness and identifies if there is a need for further work-up. Other job responsibilities include working with physicians and ordering tests (as appropriate), notifying the clinical research nurse of the MDC, and evaluating patient eligibility for clinical trials.

Traditional clinic model. FHCI's prostate MDC is scheduled once a month on the fourth Friday. Physicians block half a day for the MDC, and plan to see about four patients during that time period. (Note: patient volume for the MDC is lower than the normal schedule and cancellations can create throughput issues for physician practices.) Under this traditional clinic model, all patient consults occur consecutively in one day—maximizing patient convenience and streamlining planning and communication. This clinic model also provides face-to-face communication among specialists. The first clinic was scheduled for March 26, 2010; however, the March, April, May, June, and July clinics were cancelled because FHCI was unable to enroll patients due to scheduling and insurance issues. Five patients participated in the August 27, 2010, clinic.

Under this traditional clinic model, FHCI was faced with several challenges, including:

- Legal issues regarding Stark and federal anti-kickback statutes.
- Payer issues, including the fact that the patient's insurance has to align with *all* of the MDC "physicians' acceptance lists."
- Scheduling issues. The clinic is scheduled once a month, and patients often do not want to wait to see a physician.
- Clinic operational issues and clinic health information management that require processes be developed and maintained on an ongoing basis.
- A rigid structure that allows for little flexibility; however, provides face-to-face communication among specialists.

Virtual clinic model. During the March-July 2010 Prostate MDC launch period, FHCI held 11 virtual prostate clinics. Similar to the traditional clinic model, all patient consults occur consecutively in one day—maximizing patient convenience and streamlining planning and communication. But under the virtual clinic model, the patient "moves" (with support from the GU care coordinator) from office to office to see physicians who have "worked the



Pilot site: OncoLogics, Inc.

patient into their schedule.” FHCI has found that the virtual clinic model offers several benefits. For example:

- Physician schedules are not blocked, so there are no cancellation issues.
- Normal patient volume through the practice is not altered.
- There are no additional legal issues to deal with.
- FHCI is able to work with each patient’s and physician’s insurance issues.
- Patients do not have to wait for clinic day.
- No new operational processes are necessary.
- Greater physician convenience.
- A more flexible process for both patients and physicians.

However, success of the virtual clinic depends on FHCI being able to replicate the comprehensive nature of the traditional multidisciplinary clinic

Good Samaritan Hospital—A Communication Breakdown

This pilot site faced a situation where the private practice urologists were unwilling to work with the hospital to develop a model prostate cancer program. In fact, when the community physicians decided that they were going to set up their own competing prostate cancer program,

the hospital’s effort to open a multi-disciplinary prostate cancer program was stopped in its tracks. In the end, Good Samaritan Hospital could not find a way to move forward with ACCC’s *Prostate Cancer “Best Practices” Project*.

OncoLogics, Inc.—Facing and Overcoming Barriers

This radiation oncology group has nine locations across southwest Louisiana and Mississippi. In addition to caring for patients at these locations, this physician group provides management, physician, and other technical services at half a dozen other sites throughout the state. OncoLogics offers a wide variety of treatment modalities including: IMRT, IGRT, TomoTherapy, Cyberknife, brachytherapy (HDR and LDR), SRS, and permanent seed implants. OncoLogics strives to treat the whole patient and provides a variety of support services for patients and their families. Since 2001, OncoLogics and Washburn University of Topeka, Kansas have combined to offer an American Registry of Radiologic Technologists (ARRT) accredited radiation therapy program. To date, OncoLogics has 30 graduates.

OncoLogics began ACCC’s *Prostate Cancer “Best Practices” Project* with a goal to establish a community outreach prostate program that

would educate the communities it serves about prostate cancer—diagnosis and treatment options, including “no treatment”—all with the goal of helping patients through the decision-making process. Over the course of the project, however, this pilot site confronted significant challenges. In turn, OncoLogics had to develop new approaches to meet its goal.

Initially, OncoLogics planned to work with a local urology group to create a patient-centered community outreach educational effort on prostate cancer diagnosis and treatment options. However, soon after the pilot project was initiated, the urology group decided to offer radiation oncology services within its group, and consequently, was no longer interested in collaborating with OncoLogics for ACCC’s *Prostate Cancer “Best Practices” Project*. This pilot site faced another setback when the physician champion left the practice.

Still, OncoLogics continues to move forward with the project, reaching out to a local hospital and several urologists in outlying communities about creating an educational outreach effort for prostate cancer patients in the region it serves. OncoLogics has also reached out to the American Cancer Society (ACS), which has agreed to host several *Man to Man* support sessions in conjunction with OncoLogics. Finally, OncoLogics has begun developing prostate-specific educational materials for the community.

While development of a prostate-specific cancer program is still a work in progress, OncoLogics has benefited from participation as a pilot site in ACCC’s *Prostate Cancer “Best Practices” Project*. Specifically, the process:

- Created increased awareness

among the group's physicians and staff about some of the obstacles patients face in terms of getting all the information they need about prostate cancer and their treatment options.

- Provided increased exposure for the practice with other providers in the community and with ACS.
- Encouraged increased communication across different specialty groups within the community.

Saint Joseph's Hospital of Atlanta—Patient Navigator Services are Key

Saint Joseph's Hospital (SJH) is a 410-bed tertiary care hospital sponsored by the Sisters of Mercy. The Erb Cancer Center sees approximately 1,500 new cancer patients each year.

The Prostate Cancer Center at Saint Joseph's Hospital has five objectives:

1. To provide a patient-centered approach to comprehensive care beginning at diagnosis and continuing through post-treatment.
2. To assess patient and family needs and provide programs and services that are appropriate and helpful.
3. To provide patient education materials in a format that is helpful to patients and their families utilizing in-person programs, printed materials, and a comprehensive website (www.gaprostatecancer.org/).
4. To provide appropriate prostate cancer screening services to men beginning at age 40 in accordance with the American Urological Association guidelines.
5. To participate in prostate cancer research for discovery and development of better screening, prevention, and treatment options.

To develop the Prostate Cancer Center, this pilot site created an advisory board comprised of urologists, radiation oncologists, a surgical oncologist, a representative from the Men's Health and Wellness Center, and hospital administration. This board adopted a membership agreement and operational bylaws for the Prostate

Cancer Center. Officers were elected and the chairman of the advisory board became the physician champion for the project. Any urologist on staff and in good standing at Saint Joseph's Hospital can participate. SJH has an exclusive agreement with a radiation oncology group that, thus, became the radiation practice participating in the Center.

The Prostate Cancer Center's dedicated patient navigator, a licensed social worker, coordinates all patient appointments to the Center. Patients are scheduled to see both a urologist and a radiation oncologist with the ultimate goal being to offer choice and the best treatment for each patient with a multidisciplinary approach to care. The Prostate Cancer Program has a monthly Genitourinary (GU) tumor board that offers team members the opportunity to consult on complicated or difficult cases.

Participation in translational and clinical research is a key component of the Prostate Cancer Center. Each patient is offered the opportunity to provide tissue for research into the molecular and genomic profile identification of prostate cancer. The Center has implemented a database to track outcomes and to—eventually—correlate with molecular and genomic research that is underway between Saint Joseph's Hospital, the Georgia Institute of Technology, and Clark-Atlanta University. In four months, the Center has collected more than 60 prostate tissue specimens.

This pilot site offers a monthly support group for men with prostate cancer, pre- and post-surgery, and a bimonthly caregiver support group to address the needs of spouses and other family members. The Center holds free monthly seminars, *Making the Decision for Treatment of Prostate Cancer*, that present treatment options for prostate cancer in a clear, unbiased format. Treatments discussed include:

- Robotic and open prostatectomy surgery
- HDR (high dose rate) brachytherapy



Pilot site: The Prostate Cancer Center at Saint Joseph's Hospital of Atlanta

- External beam radiation therapy
- New guidelines for active surveillance (watchful waiting).

Tallahassee Memorial HealthCare's Cancer Center—Enhancing Multidisciplinary Care

Founded more than 60 years ago, Tallahassee Memorial HealthCare (TMH) is a private, not-for-profit community healthcare system that includes a 770-bed acute care hospital. Tallahassee Memorial HealthCare's Cancer Center has held American College of Surgeons CoC accreditation since 1951, and is the first comprehensive community hospital in Florida. Since January 2005, TMH has been affiliated with the H. Lee Moffitt Cancer Center and Research Institute in Tampa.

Over the course of ACCC's *Prostate Cancer "Best Practices" Project*, this pilot site created processes to define and move toward achieving its near- and long-term goals. TMH established a Steering Committee and Work Group, refined its goals, and identified barriers and opportunities for the prostate initiative. The Steering Committee included ACCC's



**Pilot site:
Tallahassee
Memorial
HealthCare's
Cancer Center**

Looking to the Future—What are the Next Steps?

First, ACCC would like to thank each of the pilot programs that participated in the *Prostate Cancer "Best Practices" Project*. Your experiences, successes, challenges, and lessons learned will help inform ACCC member programs and other community cancer centers looking to establish or grow a multidisciplinary prostate cancer program.

What are possible next steps for the *Prostate Cancer "Best Practices" Project*? ACCC is exploring a number of avenues, including developing a prostate-cancer-specific toolkit for the oncology community. Toolkit components might include educational materials on the most up-to-date treatment information. For example, new prostate treatments are on the horizon—particularly in the radiation oncology field. There are also new interventional drugs coming into the marketplace.

ACCC is also exploring decision-making aids for community cancer centers to share with their prostate cancer patients and family members. One of the most frequent requests from programs that are starting to work on a prostate cancer program is for decision-making tools that can be shared with patients and families to support informed treatment decision making.

Another area ACCC is exploring concerns data collection. What data should prostate cancer programs be collecting and how can prostate cancer programs share their data and benchmark their programs against other prostate-specific cancer programs?

However, our next step for ACCC's *Prostate Cancer "Best Practices" Project* will likely come from you—ACCC's membership. What would *your* program like to see as the next step in this project? What information does *your* community cancer center need to help establish or grow your prostate cancer program? Your feedback and thoughts are welcome. Please contact ACCC's Director of Education Services, Kim LeMaitre at klemaitre@acc-cancer.org with your suggestions. 📧

Prostate Cancer "Best Practices" Project consultant Mary Lou Bowers, MBA, and representatives from Southeastern Urological Center, PA (SEU); North Florida Radiation Oncology Associates (NFROA); and TMH. The Project Work Group was comprised of SEU's nurse manager; a radiation therapy nurse manager; an inpatient urology unit nurse educator; and the oncology patient navigator. Working together, these two groups were able to identify project goals and objectives, complete ongoing assessment and implementation, and conduct continuous program evaluation.

During the pilot project, TMH established five near- and long-term goals:

- Goal 1—Enhance TMH's multidisciplinary approach to prostate cancer.
- Goal 2—Facilitate open communication and access among team members.
- Goal 3—Develop clinical indicators.
- Goal 4—Increase volume and revenue.
- Goal 5—Develop a survivorship program.

As a pilot site in ACCC's *Prostate Cancer "Best Practices" Project*, TMH encountered both barriers and opportunities. In addition to a competitive marketplace and economic constraints, this pilot site faced barriers related to its rural location and to providers practicing on different campuses, all which impacted the availability of urologists for multidisciplinary meetings. Conversely,

participation in the project allowed TMH to develop a process to share PSA results, eliminating potential duplication of tests. This process became the first successful collaboration of the project. TMH was also able to create an annual prostate screening partnership between TMH and SEU, as well as an opportunity to collaborate on research at TMH Cancer Center and SEU.

Select achievements from the pilot project include:

- Consensus on "My Notebook" resource for patients and agreement on its prostate-specific content
- ACS *Man to Man* coordination for early intervention with newly diagnosed patients
- A process for SEU and TMH to share PSA results and ordering
- Collaboration and communication was enhanced and became more structured
- Survivorship program development
- Further collaboration with prostate clinical research
- A patient flow chart of prostatectomy track, radiation track, and prostate screening was created. This flow chart allows the entire team to see how the patient moves through each care zone. Not only does this process facilitate team communication, it helps identify opportunities to navigate barriers and provide patient education and fosters patient-centered care.

ACCC's *Prostate Cancer "Best Practices" Project* was made possible through an educational grant from sanofi-aventis US.

Highlights from St. Louis

ACCC's 27th National Oncology Economics Conference opened with an energetic and uplifting presentation on "Overcoming Burnout and Sour Attitudes in the Oncology Setting." Keynote presenter Chris Thrash's take home message to staff at community cancer centers—just SMILE. (Say "hi" in the hallways; Make time to help a lost patient; Introduce yourself; Look around. How clean are guest areas?; and Every patient loves the sound of their own name.) Using this simple acronym and other practical tools, Midland Memorial Hospital was able to improve its patient satisfaction scores from 18th to 85th percentile ranking—in just one year.

Randy Farber, MSHA, followed the opening keynote with tips for maximizing a practice's billing and collection efforts. "The revenue cycle begins even before the patient arrives. And it ends only when all of the money you have coming to your practice has been deposited."

In the last general session of the day, Leslie Greene, MD, FACS, second vice-president-elect of the American College of Surgeons (ACoS), offered an update on the ACoS Commission on Cancer (CoC) *Cancer Program Standards 2011 Project*.

On Friday, Oct. 1, Stuart L. Goldberg, MD, chief, division of leukemia, and associate clinical professor of medicine at John Theurer Cancer Center, examined small-population cancers, such as chronic myeloid leukemia (CML). He noted that almost every major breakthrough in oncology has come from CML studies. CML was the first human cancer associated with a specific genetic abnormality, the Philadelphia chromosome. CML also saw the first use of biomarkers to predict outcome; the first major use of transplantation; and the first rationally developed targeted therapy (imatinib). "CML remains an exciting disease for the development of new ideas and treatment paradigms in cancer management," Dr. Goldberg said. "Although CML is a



More than 450 attendees gathered in St. Louis to hear from thought-leaders in the oncology field at ACCC's 27th National Oncology Economics Conference, Sept. 29-Oct. 2, 2010.

ACCC's Outstanding Achievement in Clinical Research Award winner David S. Alberts, MD.

small-population cancer, it has taught us all a great deal about the field of oncology."

Also on Friday, ACCC President Al B. Benson III, MD, FACP, presented ACCC's Outstanding Achievement in Clinical Research Award to David S. Alberts, MD, director of the Arizona Cancer Center and professor at the University of Arizona School of Medicine. Among his many accomplishments, Dr. Alberts was honored for his work in translational cancer prevention in the fields of breast, ovarian, and skin cancer; his work in chemo-sensitivity testing for personalized cancer therapies; and his lab research with biomarkers for cancer prevention clinical trials.

During his luncheon presentation, Dr. Albert's talked about creating a unifying vision of cancer treatment and prevention.

"The oncologist of the 21st century will be aware of the continuum of cancer care from prevention through treatment," Dr. Alberts said. He stressed to the audience that the medical oncologist of the future must not focus solely on treatment of the disease, but must place equal importance on preventing the disease.

"Cancer is the world's most costly disease," he said. "Experts say that about 40 percent of all cancer could be prevented. And diet and exercise are crucial to this effort."

Other highlights from ACCC's conference included sessions on:

- The QOPI and PQRI projects

- A model patient assistance program in a multi-site oncology practice
- The economics of robotic surgery and its role in a hospital-based prostate cancer center
- How to develop and fund integrative therapies in community cancer centers
- RAC and CERT audits—what's being targeted and what community cancer centers can do today to prepare and protect themselves
- A special session on hospital and physician integration that discussed physician services agreements and other integration models.

In addition, the conference featured updates on several educational programs from ACCC's Center for Provider Education.

The conference wrapped on Saturday, Oct. 2, with an update on ACCC's legislative and advocacy efforts. Matt Farber, ACCC's Director of Provider Economics and Public Policy, reviewed the 2011 proposed payment rules from Medicare, in which there was some good news for oncology. He noted that ACCC is working with CMS to ensure that the increase to ASP+6 percent for drugs in the hospital outpatient setting, and the increase in drug administration reimbursement in the physician office setting remain in the final rules. He also presented an overview of the Affordable Care Act and its likely impact on community cancer centers. ☐

ACCC Welcomes its Newest Members

**Baylor Medical Center at Irving,
Baylor Irving Cancer Center**
Irving, Tex.
Delegate Representative: Michael Peters

North Colorado Medical Center
Greeley, Colo.
Delegate Representative: Julianne Fritz.

**Virginia Mason Medical Center
Floyd & Delores Jones Cancer Institute
at Virginia Mason**
Seattle, Wash.
Delegate Representative: Sheila Hart

Sibley Memorial Hospital
Washington, D.C.
Delegate Representative: Leslie Greenberg

The Nebraska Medical Center
Omaha, Nebraska
Delegate Representative: Ann Yager

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Management Symposia**
Redefining Cancer Economics

- ✓ **November 30, 2010**
Atlanta Marriott Perimeter Center
Atlanta, Ga.
- ✓ **December 8, 2010**
Los Angeles Marriott Burbank Airport
Los Angeles, Calif.

ACCC's 6th Annual Hospital Summit
January 14, 2011
Pointe Hilton Tapatio Cliffs Hotel
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ACCC's 37th Annual National Meeting
March 24-26, 2011
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