



Improving Cancer Care

Expanding Research in Community Hospitals

Lessons from the National Cancer Institute Community Cancer Centers Program

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Approximately 85 percent of U.S. cancer patients are treated in their local communities.¹ To assure that patients have access to the latest knowledge and technology, the National Cancer Institute (NCI) has supported various initiatives to improve ways to expand research and deliver the latest scientific advances to patients in their communities, including:

- The Community Clinical Oncology Program (CCOP) and the Minority-Based Community Clinical Oncology Program (MB-CCOP), which were launched more than 20 years ago to increase clinical trials in the community²
- The Community Networks Program (CNP), which was launched in 2005 to support models to address cancer healthcare disparities³
- The Cancer Research Network (CRN), which focuses on the role that large managed-care systems play in community cancer care.⁴

To supplement these efforts, and to expand the focus and number of communities involved, NCI launched the Community Cancer Centers Program (NCCCP) in 2007 as a public-private partnership with community hospitals to explore the best methods to enhance access to care—especially for those with healthcare disparities—improve quality, and expand research within a community setting.¹ This article is an introduction to a series of articles which present the experience of the NCCCP sites in meeting the goals of the program.

Overview of the NCCCP

The NCCCP addresses the full cancer continuum, from prevention, screening, diagnosis, treatment, survivorship, and palliative care, through end-of-life care. The areas of focus include:

- Disparities
- Clinical trials
- Quality of care

- Survivorship and palliative care
- Biospecimens
- Information technology (IT).

The NCCCP created a network of hospital-based community cancer centers to serve as a research platform to support NCI goals and to facilitate the sharing of best practices. For the pilot network, 16 sites from across the country, representing urban, semi-rural, and rural settings were selected in 2007 to receive NCI funding (see Table 1, page 27). In 2010 the network expanded to 30 sites in 22 states (see Figure 1, page 28).

Goals for the NCCCP Pilot

The NCCCP established specific improvement goals in each of the defined focus areas. For example, to work toward reducing healthcare disparities, pilot sites must expand outreach to underserved populations and increase community partnership arrangements, primary care provider linkages, patient navigation programs, and screening resources.

For clinical trials, pilot sites must increase patient accruals, including accrual of under-represented and disadvantaged populations, and accrual to different types of trials. Pilot sites are developing programs to increase physician participation in clinical trials and to identify patient and physician barriers to participation. In an effort to better provide state-of-the-art cancer care in a community setting, pilot sites are also identifying the infrastructure necessary to conduct early phase clinical trials in community hospitals.

In the area of quality of care, pilot sites must increase their use of cancer disease-specific multidisciplinary care conferences or clinics (MDCs). Expanded use of evidence-based guidelines is required, along with participation in a network-based quality improvement project, expansion of genetic counseling and molecular testing programs, and adoption of cancer-center-specific medical staff conditions of participation.

Pilot sites are working to expand their survivorship,

Table 1. NCCCP Pilot Sites Selected in 2007

<ol style="list-style-type: none"> 1. Billings Clinic, Billings, MT (Billings Clinic Cancer Center) 2. Hartford Hospital, Hartford, CT (Helen & Harry Gray Cancer Center) 3. St. Joseph's / Candler, Savannah, GA (Nancy N. and J.C. Lewis Cancer & Research Pavilion) 4. Our Lady of the Lake Regional Medical Center, Baton Rouge, LA (Our Lady of the Lake Cancer Center and Mary Bird Perkins Cancer Center) 5. Sanford USD Medical Center, Sioux Falls, SD (Sanford Cancer Center) 6. Spartanburg Regional Hospital, Spartanburg, SC (Gibbs Regional Cancer Center) 	<ol style="list-style-type: none"> 7. St. Joseph Hospital, Orange, CA (St. Joseph Hospital Cancer Center) 8. Christiana Hospital, Newark, DE (Helen F. Graham Cancer Center at Christiana Care) 9. Ascension Health of St. Louis, MO, including these locations: <ul style="list-style-type: none"> ■ St. Vincent Indianapolis Hospital, Indianapolis, IN (St. Vincent Oncology Center) ■ Columbia St. Mary's, Milwaukee, WI (Columbia St. Mary's Cancer Center) ■ Brackenridge Hospital, Austin, TX (Shivers Center) 	<ol style="list-style-type: none"> 10. Catholic Health Initiatives of Denver, CO, including these locations: <ul style="list-style-type: none"> ■ Penrose-St. Francis Health Services, Colorado Springs, CO (Penrose Cancer Center) ■ St. Joseph Medical Center, Towson, MD (St. Joseph Cancer Institute) ■ A coordinated regional program in Nebraska sponsored by: Good Samaritan Hospital in Kearney (Good Samaritan Cancer Center); St. Elizabeth Regional Medical Center in Lincoln (St. Elizabeth Cancer Center); and St. Francis Medical Center in Grand Island (St. Francis Cancer Treatment Center)
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psychosocial, and palliative care activities, including implementing patient treatment summaries, incorporating survivorship care plans into their care model, increasing staff training in survivorship and palliative care, and increasing referrals to hospice.

To help build a community-based bioinformatics research infrastructure, pilot sites are identifying the requirements, policies, and procedures needed to implement the NCI's Best Practices for Biospecimen Resources.⁵ This activity will identify what is necessary to enable community hospitals to participate in the collection of high-quality biospecimens to advance cancer research and quality of care.

Finally, pilot sites are exploring what is needed to adapt or adopt their existing IT infrastructures to utilize NCI's caBIG[®] tools to support cancer research.⁶ Implementation of electronic health records (EHR) for the cancer center is another key area because it is widely recognized as an integral component for state-of-the-art cancer care and research.

The NCCCP Network: A Learning Collaborative

One of NCCCP's cornerstones was to create a network of community cancer centers to improve quality of care and support research through sharing of best practices and providing technical assistance to one another. Over the three years of the pilot program, pilot sites worked together on several initiatives to assess their programs, select areas for improvement, and measure progress. Much of this work is posted on NCCCP's website: <http://ncccp.cancer.gov/About/Progress.htm>.

The 16 original NCCCP pilot sites, in conjunction with their NCI colleagues, have functioned as a learning collaborative to address the major challenges community hospitals face as they attempt to provide state-of-the-art cancer care and to expand research. While each of the pilot sites had to address many specific deliverables to receive funding, they were also required to develop network reports, or White Papers, on specific program deliverables to help NCI better understand how the pilot sites adapted the NCCCP

model and how the program components were implemented in very diverse settings.

NCCCP White Papers

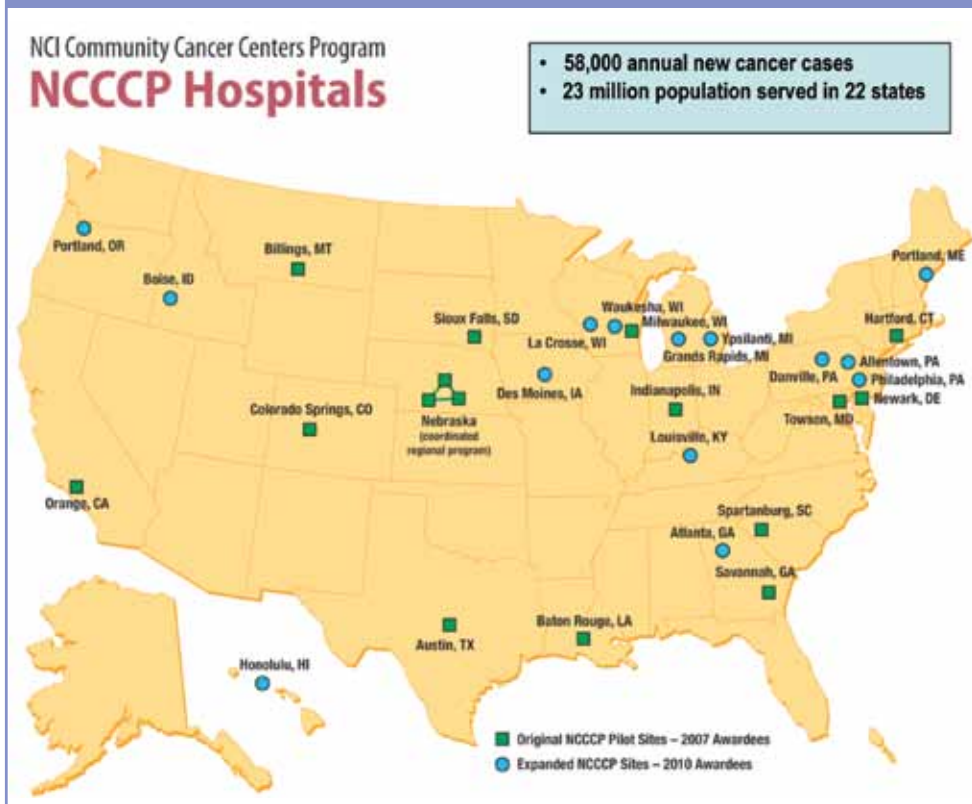
During the third year of the pilot, the 16 pilot sites worked together on seven major topics to produce the final White Papers. These reports were designed to address common barriers and strategies for success. Subcommittees, comprised of representatives from each of the pilot sites, focused on specific program initiatives and developed the White Paper content. The authorship and organization of each paper varied, depending on the participants involved. These White Papers represent the input and experience of all the NCCCP pilot sites and thus each of the Principal Investigators of the 16 pilot sites are acknowledged as contributors.

Oncology Issues will present the White Papers to document the NCCCP sites' collective insights on topical issues relevant for community cancer centers. The initial series will include: Medical Staff Conditions of Participation, Multidisciplinary Care, Clinical Trials, and Survivorship and Palliative Care. Below is a brief synopsis of each of the topical areas.

Medical Staff Conditions of Participation (page 29). With most community cancer centers relying upon private practice physicians to provide the medical care and to support NCCCP programmatic goals, it is important to have strong alignment with these physicians. The NCCCP Conditions of Participation were developed to support the achievement of these goals.

Multidisciplinary Care (page 33). With the increasing complexity of cancer care and the fragmentation found in community settings, a multispecialty and multidisciplinary approach that brings together surgeons, medical oncologists, radiation oncologists, pathologists, and primary care physicians, along with clinical research nurses, social workers, and other support staff is needed to develop and execute a comprehensive and holistic treatment plan tailored to the unique needs of each patient. Most community cancer centers depend upon private practice physicians to provide the medical care in their programs, which makes the organiza-

Figure 1. NCCCP 2010 Network



tion and support for this approach to care challenging as these physicians often work independently with few patient data linkages with other providers. NCCCP pilot sites worked together to explore the best ways to implement this model of care.

Clinical trials (March/April 2011 *Oncology Issues*). Increasing accrual to clinical trials is an important goal for the NCI. Making these trials available to more patients in the community setting, with a specific focus on underserved populations, is a high priority for the NCCCP. In this article, pilot sites will discuss several strategies that were employed to support this initiative.

Survivorship and palliative care (May/June 2011 *Oncology Issues*). Patients are considered survivors from the time of their cancer diagnosis. With the NCCCP's focus on the cancer continuum from prevention and screening, through treatment to survivorship, palliative care, and end-of-life care, NCCCP has placed a high priority on developing programs and tools to support cancer patients. One priority tool is a patient treatment summary that consolidates all of the cancer patient's relevant information in one document that can be maintained by the patient and be made available to the primary care physician or another healthcare provider. With the fragmentation of cancer care and limited data sharing, often without common electronic health records, community cancer centers are challenged to develop these summaries. NCCCP pilot sites have worked to develop and implement the patient treatment summary for their patients, and this article will discuss the challenges and solutions employed to support this initiative.

One of the NCCCP pilot program goals was to understand the common challenges faced by community

cancer centers and develop recommendations, based on the collective experiences of the network hospitals, for how to adapt the NCCCP program model in a range of community settings. The overview of the program model, the White Papers, and the resources on the website described in this series of articles are intended to be available for use by community cancer centers as they strive to improve the quality of cancer care and the expansion of research opportunities for patients in their communities.

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