

ONCOLOGY ISSUES

The Journal of the
Association of Community Cancer Centers

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Oncology Issues serves the multidisciplinary specialty of oncology care and cancer program management.

Archived editions of *Oncology Issues* are available to members at: www.accc-cancer.org

FROM THE EDITOR

Process Improvement at Work

BY CHRISTIAN DOWNS, JD, MHA



Researchers at the University of Michigan say process improvement (PI) serves as a common framework for understanding the cyclical, ongoing nature of a process. It provides a set of phased activities for analysis of an existing process for the specific purpose of identifying improvement opportunities and ensuring process alignment to customer needs and expectations. The concept of process improvement has been around in the manufacturing space since the early 1970s. While healthcare has been a little slower in its adoption, the oncology community remains at the forefront of PI efforts.

In this edition of *Oncology Issues*, we focus on four cancer programs that, in some way, used PI to better serve their patients and providers.


In our cover story, McGlinn Family Regional Cancer Center at Reading Hospital, Reading, Pa., wanted to ensure that patients at risk for malnutrition were identified early in the treatment process. Using a PI model, the cancer center developed a screening tool in 2012 to capture these at risk patients. Critical to this PI effort were strategies to reduce or eliminate financial barriers for patients needing nutrition services.

Next, Fox Chase Cancer Center, Philadelphia, Pa., developed a PI program aimed at improving patient flow and reducing hospital length of stay. As part of this PI effort, the cancer center identified and implemented a number of best practices, including a roving ADT nurse, a process for schedule "smoothing" in the OR, and performance dashboards. In 2012 Fox Chase Cancer Center was awarded an ACCC Innovator Award for this PI project.

Another 2012 ACCC Innovator Award winner, Akron General Medical Center, Akron, Ohio, developed and implemented a unique patient navigation program that reduced psychosocial distress, secured \$1.35 million in direct financial assistance, and reduced institutional bad debt. This PI effort is a shining example of how an ACCC member program recognized a national trend—in this case, an increasing number of patients struggling to pay for their cancer treatment—and quickly developed strategies to address this trend. As you will read in the article, Akron General Medical Center's PI effort helped both patients and providers.

Finally, UT Southwestern Harold C. Simmons Cancer Center, Dallas, Tex., shares a blueprint for developing an integrated psychosocial oncology program. Using the examples of PI in distress screening and cancer survivorship services, the authors focus on three key programmatic areas: clinical service, research, and training.

As you will see, each of these ACCC members approached PI from a different perspective, based on the unique needs of their patient population and cancer program. And I encourage you to do the same. Start with research. Study your cancer program. What are your program's strengths and weaknesses? Are there issues or areas where improvement is needed? If so, partner with your providers and patients to develop strategies and make those improvements.

An important stop in your PI journey is to register for the ACCC 30th National Oncology Conference, Oct. 2-5, in Boston, Mass. At this meeting you will have the opportunity both to learn from ACCC's 2013 Innovator Award winners (www.accc-cancer.org/Innovator) and to share your successes and challenges with the broader oncology community. 

Trending Now

BY VIRGINIA T. VAITONES, MSW, OSW-C



As I write this column, I'm looking at my tulips and daffodils—mindful that when you read this *Oncology Issues* many of you will be

on vacation or checking off your “to do” and packing lists, getting ready to leave.

Change is a constant, whether it is the seasons or in the landscape we call “Cancer Care.” Across the country our cancer programs are struggling with the changes brought about by sequestration, ongoing drug shortages, and a Congress that is seemingly unable to get much done to help our patients and our programs.

To help its members navigate through this constantly changing environment, ACCC has undertaken a multi-year survey that examines trends in community cancer centers. Key findings from the Year 4 Survey are highlighted in the eight-page gatefold, “2013 Trends in Community Cancer Centers,” that mailed with this edition of *Oncology Issues*.

So what's trending now in the cancer community? The development of quality metrics and a methodology for reporting these metrics to payers and patients. The implementation of robust financial assis-


ance programs to help our patients who struggle with high co-pays and deductibles. The consolidation of the marketplace—not only in terms of mergers and acquisitions, but also in collaborations to work on federal and state initiatives such as accountable care organizations and health exchanges.

The “2013 Trends in Community Cancer Centers” gatefold is just one of the many tools that ACCC provides its member programs to assist them with developing strategic plans, marketing to hospital leadership on cancer-specific issues, and benchmarking their program against comparable programs around the country.

For the non-administrator, results of this annual trends survey may validate what you have been hearing and reading at your specialty-specific conferences or in the news or possibly spark ideas for quality improvement projects.

The full Year 4 Survey report, as well as the Year 1 through Year 3 Survey reports, are available to ACCC members online at www.accc-cancer.org.

A cancer program's ability to successfully adapt and thrive in this evolving healthcare landscape is dependent on many groups of professionals. I'd like to call attention to two of those specialties today: oncology nurses and cancer registrars—both of whom are constantly challenged to learn and do more, often with fewer resources. Their professional organizations, the Oncology Nursing Society (ONS) and the National Cancer Registrars Association (NCRA), have just finished recognizing their members for their outstanding work. And I wanted to take a moment to say “thank you” from ACCC's multidisciplinary Board of Trustees for all that you do for our patients and programs. As I said in my first column as ACCC President, “It takes a team that works together to help our patients and our caregivers negotiate the complex world of cancer care.”

With ACCC's education and advocacy support facilitating the sharing of our challenges as well as resources and solutions—all of our teams become stronger. 

Coming in Your 2013 ONCOLOGY ISSUES

- ▶ A Model Rapid Access Chest & Lung Assessment Program
- ▶ Physician-Hospital Alignment: Bringing Together the PSA and MSA
- ▶ Survivor PLACE: A Multidisciplinary Approach to Survivorship Care
- ▶ A Model Outpatient Palliative Care Program
- ▶ Biosimilars: Emerging Issues for Cancer Programs?
- ▶ A Model Breast Care Center
- ▶ Establishing & Managing a Patient Assistance Fund at a Community Cancer Center
- ▶ New Advances in Genomic Testing for Breast Cancer: What You Need to Know
- ▶ Clinical Pathway Trends—Payers, Providers, and Healthcare Evolution
- ▶ Virtually There: How to Develop a Virtual Clinic
- ▶ Oncology Social Workers as Navigators

Call for Nominations

ACCC is now accepting nominations for its 2014 Annual Achievement Award and 2014 David King Community Scientist Award. For more information or to access the 2014 Awards Nomination Form online, go to www.accc-cancer.org. Completed forms should be returned to Carleen Campbell either via email (ccampbell@accc-cancer.org) or by fax (301.770.1949). Deadline for nominations is August 16, 2013.

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