

ONCOLOGY ISSUES

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FROM THE EDITOR

Treating the “Whole” Patient

BY CHRISTIAN DOWNS, JD, MHA



Back in 2007 the Institute of Medicine (IOM) released a groundbreaking report, *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*.

This study opened our eyes to the need to focus on more than just the clinical needs of our patients. Specifically, the report tasked the cancer community to develop and implement strategies to address the wide range of psychosocial issues that can come with a cancer diagnosis.

Today cancer programs have come to understand that caring for the “whole patient” may include providing services for family members and caregivers, as well as help with issues related to the cost of cancer care, survivorship, and end-of-life care.

In this edition of *Oncology Issues*, we focus on several areas that can impact the “whole patient.” And, as always, we try to offer practical resources you can put to work in your cancer programs today.

First you’ll hear from 2013 ACCC Innovator Award winner GW Cancer Institute. In her article, lead author Mandi Pratt-Chapman shares how the GW Cancer Institute prepared to meet new CoC standards on patient navigation, distress screening, and survivorship that will go into effect next year. With so much experience in this area, GW has launched the GW Cancer Institute Center for the Advancement of Cancer Survivorship, Navigation, and Policy, which has trained nearly 500 healthcare professionals on patient-centered program development.

Next, Dr. Argenbright and the team at UT Southwestern-Moncrief Cancer Institute discuss how they led an effort to collaborate

with local cancer care providers to address the psychosocial and behavioral needs of underserved cancer survivors.

The end result was the Fort Worth Program for Community Survivorship, a community wide, coordinated, evidence-based, post-treatment survivorship program that is available to all survivors—regardless of their ability to pay.

Next, circling back to the 2007 IOM report, Dr. Buxton and colleagues offer practical strategies for developing and implementing a comprehensive distress screening program. Their article provides an historical overview of the rationale behind distress screening of cancer patients, and then goes that extra step by identifying training opportunities to prepare for the new CoC standard on distress screening, which goes into effect in 2015.

Finally, read how one ACCC member program improved their adult infusion center patient experience by first understanding their operational inefficiencies. With this understanding, Broward Health Medical Center was able to carry out a unique redesign of their outpatient infusion service line that improved the patient and staff experience, efficiencies, and throughput.

More of these “whole patient” concepts will be discussed at ACCC’s upcoming Annual National Meeting, March 31–April 2, 2014, in Arlington Va. Delivering quality care by treating the “whole patient” in turn requires caring for your “whole program,” including the business, economic, and policy concerns that will help to shape healthcare delivery today and tomorrow. Take advantage of special rates available now and register to attend this meeting where you can hear from the experts, share experiences from your cancer program, and network with your peers. 