

# **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.

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# FROM THE EDITOR-----

# **Try It On For Size**

BY CHRISTIAN DOWNS, JD, MHA



hen I first started in healthcare 20 years ago, I worked for a mid-sized health system made up of a large teaching hospital and several rural

facilities. When I would visit the rural locations, a common refrain I would hear is "We don't do that here; we send those patients to the 'big' hospital." Now on one level, I understood why that made sense. Clearly the "big" hospital had facilities, skills, and resources that were not practical, effective, or perhaps even possible to offer at one of our rural, more remote locations. But I also felt that this response was sometimes used as a default position when either the "big" hospital or the rural program did not want to do something.

Fast forward 20 years and the healthcare landscape is vastly different. Today, cancer patients, their caregivers, and even their insurers expect a great many cutting-edge services to be provided close to the patient's home—regardless of where the patient lives.

In this edition of *Oncology Issues*, we focus on some initiatives and services that a few years ago might only have been found at a "big" hospital, but which are now commonly offered at small and/or rural programs.

First, Joseph Kim looks at the state of molecular testing in the community setting. In his article, Dr. Kim shows how eight community cancer programs were able to identify process improvements for molecular testing for their non-small lung cancer (NSCLC) patients. These improvements came after the cancer programs participated in experiential learning labs, where multidisciplinary teams came together to brainstorm key areas for improvement and potential action items.

Staying with the molecular testing theme, Lawrence Wagman, MD, and colleagues share information about a pilot program that used lean methodology to improve molecular testing processes in advanced NSCLC. On pages 38-41, the authors share their "hybrid

value stream maps." Combining traditional process mapping tools and lean value stream map components allowed this cancer program to visualize the processes, progression, waste, and value of its molecular testing program.

Next *Oncology Issues* showcases a 2014 ACCC Innovator Award Winner, Oncology Specialists, SC. In part one of her two-part article, Sigrun Hallmeyer, MD, talks about the history and current state of cancer survivorship care plans (SCPs) in the U.S. Then, in a companion article, Dr. Hallmeyer describes how her practice is leveraging its electronic health record (EHR) in the creation of survivorship care plans so that the clinician workload is reduced, even while the program's delivery of patient-centered care is enhanced.

Our next feature circles back to lung imaging, and focuses on development and evolution of an incidental lung lesion program—a huge "hot topic" with ACCC members, judging by the number of posts on this topic on ACCCExchange. Authors Esther Muscari Desimini, Patricia Aldredge, and Kimberly Gardner share the story of how their program evolved, starting with looking at the number of patients who came into their emergency department—for whatever reason—who were then found to have an incidental lung lesion on their CT scans. To ensure that these patients received adequate follow-up, this cancer program developed a quality improvement initiative that improved both the patient experience and the communication between the emergency department, cancer program, and primary care physicians (PCPs).

Finally, on a related topic, Stephen Cattaneo, MD, and colleagues discuss how their Rapid Access Chest and Lung Assessment Program (RACLAP) helps ensure that patients receive timely follow-up, diagnosis, and treatment. (FYI: Anne Arundel Medical Center won a 2012 ACCC Innovator Award for this program.)

So while there will always be some services and technologies that are only (and should only be) available at the "big" hospital, more and more community cancer programs are asking, "Can we do that here?" and stepping up to make it happen. So go ahead, try it on for size. And remember, ACCC is here to help. OI