



Association of Community Cancer Centers

ONCOLOGY ISSUES

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FROM THE EDITOR

Patients First

BY CHRISTIAN DOWNS, JD, MHA



I'm always amazed by some of the marketing material that comes across my desk—*Are You Ready for Oncology 2.0?*, *NextGen Cancer Delivery*, and *How to Destroy Your Competition and Take All of Their Imaging Business*. Okay, I admit to taking some liberty with that last one, but you get the idea. What I find most interesting about this type of marketing collateral is not what it focuses on, but what it does *not* focus on—patients.

In December, ACCC convened a Supportive Care Summit to discuss the value of patient navigation, psychosocial distress screening, and survivorship care. Summit goals:

- Provide a forum for healthcare leaders and healthcare providers to discuss the current state of value as it relates to these patient-centered services and to identify future actions needed.
- Provide an opportunity for healthcare providers and participants to present existing and/or planned tools and resources.
- Build a collaborative dialogue among stakeholders interested in patient-centered care.

In 2016, ACCC, along with a few key partners, will launch a new program on patient-centric care. As part of this education initiative, we're going to work to define patient-centric care, showcase member programs and practices that do a stellar job of delivering patient-centric care, and then give you tools and resources to measure and improve patient-centric services at *your* cancer program.

In the meantime, this edition of *Oncology Issues* offers some great real-world examples of patient-centric cancer care. First, Paulette Zinkann and Linda Corrigan show how two cancer centers used their registrars to fill a critical role in each facility's lung cancer screening program. At one cancer center, the registrar is able to get out from behind her computer and interact directly with patients in the role of lung screening navigator. This

article showcases patient-centered care that also delivers higher job satisfaction for the two registrars who find it "enormously rewarding" to be a part of a cancer care team that helps patients detect (and get treated for) lung cancer earlier!

Next, Chad Schaeffer gives us the charge to improve our cancer programs by improving patient engagement. To help us fully embrace the concept of patient engagement—and be successful at it—Schaeffer shares practical strategies to improve communication between providers and patients. Patients have a choice on where to go for treatment, and cancer programs that offer strong patient-centric services are often the number one choice of patients and family members.

In her article, Mandi Pratt-Chapman answers the question—what does a patient navigator do? Navigation is a core component of patient-centered care, and Pratt-Chapman details GW Cancer Institute's efforts to develop national, consensus-based core competencies for oncology patient navigators, including a corresponding online training module to equip these professionals with the knowledge and skills necessary to perform their role effectively and efficiently.

Finally, in our last feature article, Tricia Strusowski and Jeremy Stapp identify metrics to help cancer programs communicate how navigation programs positively impact patients and healthcare organizations as a whole. I think we can all agree that patient navigation is not only a patient-centered service—it is the right thing to do. The challenge is how to afford these non-reimbursed services. While we wait for public and private payers to catch up to the thinking of credentialing bodies, such as the American College of Surgeons Commission on Cancer, and esteemed organizations like the Institute of Medicine, and create payment codes for these patient-centric services, what a great tool for making the argument to key stakeholders and hospital leadership that patient navigation is needed *now*.