

An optimal care coordination model for Medicaid patients with lung cancer: Lessons learned from the beta testing phase of a multisite initiative in the United States.

---

**Authors:**

Matthew Smeltzer, Leigh Boehmer, Amanda Kramar, Thomas Asfeldt, Nicholas Ryan Faris, Meredith Ray, Christopher S. Lathan, Raymond U. Osarogiagbon; University of Memphis, School of Public Health, Memphis, TN; Association of Community Cancer Centers, Rockville, MD; Sanford Health, Sioux Falls, SD; Baptist Cancer Center, Memphis, TN; Dana-Farber Cancer Institute, Boston, MA; Multidisciplinary Thoracic Oncology Program, Memphis, TN

**Abstract Disclosures**

**Research Funding:**

Bristol-Myers Squibb Foundation

**Background:**

Medicaid patients with lung cancer often have less favorable outcomes than non-Medicaid patients, which, given provision of care is typically comparable, may be due to socioeconomic disparities between these populations. In 2016, the Association of Community Cancer Centers (ACCC) embarked on a 3-year initiative to develop and test the Optimal Care Coordination Model (OCCM) to improve care coordination for Medicaid patients with lung cancer. A framework of 13 independent care delivery areas, spanning access to care to survivorship and supportive care, aids cancer programs in identifying barriers to access and use of their care, with a focus on Medicaid patients, and therefore enables optimal care coordination.

**Methods:**

Seven community-based healthcare systems in 6 U.S. states were selected as OCCM beta testing sites and then supported by the ACCC via site visits and biweekly calls. Sites self-assessed the quality of their care in selected OCCM areas to identify relevant quality improvement projects and improve understanding of needs specific to Medicaid patients.

**Results:**

Total patient enrollment across all sites was 926 (257 Medicaid; 669 non-Medicaid). Each site selected 1–2 priority OCCM areas, including patient access to care, prospective multidisciplinary case planning, or tobacco cessation, for projects. Enhanced collaboration, improved programming (e.g., patient navigation and formation of lung health leadership team), and organic programmatic changes due to the OCCM work were identified as successes. Site-specific challenges included inadequate staffing at project start and lack of centralized data collection and coordination. Print Importance of lung cancer–dedicated navigation, multidisciplinary conference use for treatment planning, and understanding needs specific to Medicaid patients were key transferable lessons. Examples of institutional support received by sites during the project included opportunities for staff training and leadership commitment from other hospital departments to assist with care delivery improvements. Use of the existing OCCM framework; increased staffing, particularly for lung cancer navigation; and expanded community outreach were identified in the sustainability plans.

**Conclusions:**

OCCM beta testing helped sites self-assess care delivery and identify areas for improvement. Ultimately, it was apparent that Medicaid patients need to be treated differently to obtain equity of outcomes with non-Medicaid patients.

*All materials available on this site are ©2019 American Society of Clinical Oncology, all rights reserved. Licensing available upon request. For more information, please contact [licensing@asco.org](mailto:licensing@asco.org).*