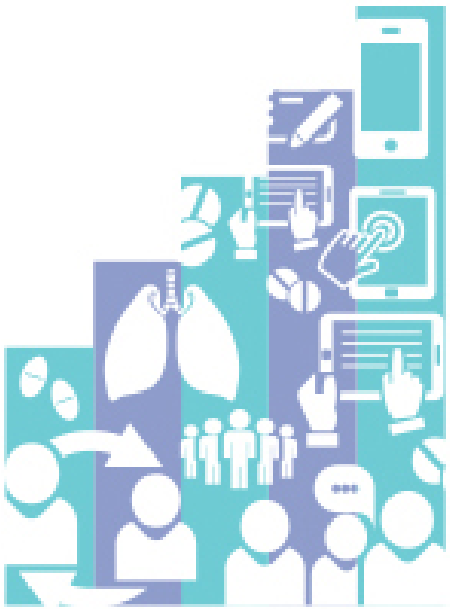
CANCER PROGRAM SNAPSHOT:

# SUCCESSES & CHALLENGES IN PROVIDING CARE TO LUNG CANCER PATIENTS ON MEDICAID

Mary Bird Perkins – Our Lady of the Lake Cancer Center

Baton Rouge, Louisiana



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# Purpose and Background

In 2016, the Association of Community Cancer Centers (ACCC) launched a three-year initiative to develop an optimal care coordination model to serve Medicaid patients with lung cancer. This collaborative project is supported by a three-year grant from the Bristol-Myers Squibb Foundation.

In the first phase of the project, five Development Sites were selected from an applicant pool of 20 ACCC Cancer Program Members that had best practices in care coordination for patients with lung cancer on Medicaid. Applicants were evaluated by an Advisory Committee on the following criteria:

1. Volume of patients with lung cancer on Medicaid
2. Diversity of the patient population
3. Breadth and depth of patient services
4. Relationships with health care providers, Medicaid offices, and community partners.

Each Development Site hosted the ACCC staff team for a 2-day site visit during which interview sessions were conducted with multidisciplinary cancer center staff working across the continuum of care as well as with patients and referring practice (s*ee Appendix A).*

The interview sessions were used to explore the current care model for patients with lung cancer insured by Medicaid, including:

1. When and how these patients are screened, diagnosed, and treated;
2. Problems they may face in accessing timely, high-quality care;
3. What social supports they may need;
4. Whether and how they are involved in healthcare decision-making; and
5. Factors affecting their outcomes.

Through the interviews with cancer center staff and patients, key problems in each of the above areas were identified, as well as solutions that have been put in place to overcome these barriers.

# Site Overview

**Mary Bird Perkins Cancer Center** is a nonprofit cancer treatment, education and research center in Louisiana, providing the highest quality cancer services regardless of the patient's ability to pay. Mary Bird Perkins Cancer Center has an affiliation agreement with **Our Lady of the Lake Regional Medical Center**, the largest hospital in the region, and the two united to form Mary Bird Perkins – Our Lady of the Lake Cancer Center. The two entities do not share revenue but do split the cost of non-reimbursable services (along with drawing from a pool of philanthropy funds). Mary Bird Perkins – Our Lady of the Lake Cancer Center serves a primary service area in North Baton Rouge, Louisiana, an estimated 37,000 people as well as a metropolitan population of 820,000 residents. It also serves as a referring site for 20 referring organizations.

## Louisiana Medicaid Overview

Louisiana is participating in the Medicaid expansion as of July 1, 2016, and uses a managed care model to provide services. This expands coverage to more individuals, as the inclusion criteria now include: anyone age 19 or older with a household income less than 138% of the federal poverty level, and meeting a citizenship requirement. Prior to Medicaid expansion, to be eligible for Medicaid in Louisiana, an individual had to be 65 years old or older, have a dependent child in the household, and financial assets were accessed.

Once eligibility is confirmed, individuals in Louisiana can choose from 5 Medicaid health plans: Aetna Better Health, Amerigroup RealSolutions, AmeriHealth Caritas, Louisiana Healthcare Connections, and UnitedHealthcare. Each insurance carrier offers "perks" or incentives to patients to enroll with that particular carrier. Perks have included gasoline cards, anti-microbial mattress covers, and eyeglasses, to name only a few. One goal of these perks is to reduce the negative stigma that exists around enrolling in Medicaid and to show patients that these insurance providers are involved in patients' overall health and well-being.

At Mary Bird Perkins Cancer Center, 3 full-time patient financial coordinators (PFCs) at the main campus work on insurance verifications and collections on the inpatient side. The cancer center also has an infusion care coordinator who functions as a PFC on the outpatient side. On average, each month these staff register and initially verify 250 new patients of all insurance types. They also re-verify every treatment patient's insurance each month, and re-verify, on average, 1,000 patients' insurance per week each month. Re-verification is important for all patients, but especially for the Medicaid population, as patients enrolled in Louisiana Medicaid can switch insurance providers as

often as every 30 days if the patient has any complaint about that particular insurance coverage. In addition, insurance coverage may terminate for a variety of reasons, especially non-payment of premiums.

Mary Bird Perkins Cancer Center accepts all 5 Medicaid insurance plans, but most patients are enrolled in the UnitedHealthcare (UHC) program. Anecdotally, this may be due in large part to UHC's push to go door-to-door in neighborhoods to educate and then enroll Medicaid-eligible individuals, helping to reduce the Medicaid stigma. All 5 insurance plans offer very similar cancer care coverage. On-site at Mary Bird Perkins Cancer Center is a patient financial counselor who has obtained certification to enroll patients onto Medicaid. This PFC enrolls approximately 5-7 patients per month. However, this PFC does not assist patients who are interested in changing Medicaid programs. The closest state Medicaid office, where patients can make changes to their Medicaid plan at any time, is about 5 miles from the cancer center and is accessible by public transportation.

All Louisiana Medicaid programs require that a participant be registered with a primary care provider (PCP) and referrals are required for specialty services. Once a patient qualifies for Medicaid, many services are covered at little or no cost to the patient. This includes oral and intravenous (IV) chemotherapy agents, home anti-emetics, and prescription narcotics. However, the onus is on the cancer center to obtain a prior-authorization for these medications. At Mary Bird Perkins Cancer Center this is done by on-site authorization specialists, who have access to the patient's clinical information. For prescriptions, including oral chemotherapy, patients are expected to pay a copay, see Table 1 below.

**Table 1. Prescription Copays for Medicaid Patients**

| | |
|---|---|
| $10.00 or less | $0.50 copay |
| $10.01 - $25.00 | $1.00 copay |
| $25.01 - $50.00 | $2.00 copay |
| Over $50.00 | $3.00 copay |

Radiation services are also very well covered by all Louisiana Medicaid plans. However, obtaining retroactive payments for radiation treatments that occurred while a Medicaid application was pending approval may be an issue.

Low-dose CT (LDCT) scans used for screening patients for lung cancer are typically not covered by the Louisiana Medicaid plans. In this case, patients would be considered to be underinsured, and could apply for internal financial assistance at Mary Bird Perkins. If patients are 250% below the federal poverty level, they can qualify for this financial assistance (as well as continue enrollment in Medicaid). For LDCT screenings for lung cancer, patients who

receive internal financial assistance would then only pay $10 for the scan. This allows a wide range of patients to have access to screening options.

PET/CT scans are rarely, if ever, covered by any of the Medicaid plans. Mary Bird Perkins initiated a physician panel to determine relevance of PET/CT scans as ordered by providers. If the panel, composed of the ordering provider, the chief medical officer (CMO), and another available physician, decides the PET/CT scan is medically necessary, they will allow the patient to receive the PET/CT scan and appeal the denial of the scan to the Medicaid payer. If the payer declines the appeal, Mary Bird Perkins writes off the cost of the PET/CT scan, which is the case more often than not.

All 5 Medicaid plans provide robust coverage for transportation for patients to attend appointments at the cancer center. This includes reimbursement for a monthly city bus pass, which costs $56 for a 31-day pass. The plans also cover costs for community vans, which are often privately owned "mom-and-pop" companies that provide direct transportation to/from medical appointments.

Supplemental nutrition (e.g., Ensure, Boost, etc.) is not routinely covered by any of the Medicaid plans, unless patients have g-tubes (feeding tubes), which is a covered benefit. However, Mary Bird Perkins Cancer Center has established local resources that will provide patients with a 30-day supply of Boost every 30 days regardless of insurance. These resources also provide coupons for Boost to all patients.

Drugs used in an investigational or experimental way are not a covered benefit by any of the Medicaid plans, so clinical trial participation for Medicaid patients may be difficult. One of the Medicaid plans (AmeriHealth Caritas) notes in its benefits handbook that investigational or experimental drugs may be covered if approved by the secretary of the Department of Health and Hospitals for Louisiana.

Hospice services are covered by Medicaid plans. However, patients must meet the strict eligibility requirements to receive prior-authorization to receive care. It is difficult to obtain Medicaid coverage for home health services, such as physical therapy, occupational therapy, and skilled nursing services, according to anecdotal reports from nursing staff at Mary Bird Perkins.

## Site Demographics

Most of Mary Bird Perkins – Our Lady of the Lake's patient population is located within urban areas (83%). In terms of race/ethnicity, the patient population breakdown is similar to that of the state of Louisiana overall: 62.6% white and 32% African American with a slightly lower percentage of Hispanics (1% vs. 4% statewide). The population has lower rates of unemployment compared to the national and state averages (4% vs. 5.8% and

5.3%, respectively). Overall, the state of Louisiana has a high rate of adult smokers (26%) compared to the national median of 21% (CDC 2011).

## Lung/Medicaid Demographics

Overall, 11% of the patient population at Mary Bird Perkins – Our Lady of the Lake is on Medicaid. In 2015, lung cancer represented 330 of 2,451 (13%) total new analytic cancer cases at the cancer center. Among new analytic lung cancer cases in 2015, 10% of patients were on Medicaid (over half, 57%, were on Medicare). Demographics of lung cancer patients overall differ greatly from lung cancer patients with Medicaid: 51% of lung cancer patients on Medicaid were white (vs. 72% of lung cancer patients overall) and 49% were African American (vs. 27% of lung cancer patients overall). Medicaid patients with lung cancer were also significantly more likely to be unemployed (42.2% of lung cancer patients with Medicaid were unemployed vs. 4.8% of all lung cancer patients). The majority of both lung cancer patients overall and lung cancer patients with Medicaid in 2015 came into treatment with late-stage lung cancer, although the rate among Medicaid patients was higher (79% vs. 66%). However, there were not major differences between Medicaid and non-Medicaid lung cancer patients in terms of loss to follow-up and presentation with multiple chronic conditions.

## Highlights

- According to the American Cancer Society, 14% of all new cancers diagnosed are lung cancer—the rate for new cases in 2015 at Mary Bird Perkins – Our Lady of the Lake Cancer Center was comparable at 13%.
- The cancer center conducted an analysis of Cancer Registry data and the Thomson Reuters Community Needs Index (CNI) to determine community health needs and services to address high rates of cancer mortality. This analysis found that approximately 60% of stage III and IV cancer cases were in four sites including lung. Many of these patients were also located in low-income areas. Based on this data the cancer center is making adjustments to better serve patients from CNI zip codes of highest need and to establish strong community partnerships to address resource needs.
- Hospital provides patients with transportation assistance, mind body medicine, medication assistance, durable medical equipment assistance, lodging assistance, and tobacco cessation services at no cost.
- Palliative care program is provided both inpatient and outpatient. All stage IV patients receive an automatic referral for a palliative care consult.

# 1. Patient Access to Care

## Challenges

- Many Medicaid patients are entering care during later stages of the disease (stage III or IV) due to irregular care/checkups and often are presenting to Emergency Department (ED) only after symptoms occur.
- **Lifestyle** also gets in the way of care – patients may have no support network or so many caretaking responsibilities that they delay care.
- **Lack of clinical pathway** for lung cancer. Preference is for referral to pulmonologist after scan (should be "captain of the ship"), but in practice this is not happening consistently. **Many hospitalists and primary care physicians (PCPs) are unfamiliar with screening process/clinical pathway** for lung cancer. PCPs worry about losing patients after referrals.
- Medicaid patients often do not have a relationship with a **PCP to get the needed referrals.**
- **To get to diagnosis, Medicaid patients must** receive PCP referral for screening/diagnostic tests. However, low numbers of PCPs and specialists in the area accept all five Medicaid plans.
- Lack of systematic **outreach and communication** to PCPs around referral procedures for biopsy. PCPs sometimes **bypass pulmonologist or surgeon** with referrals directly to oncologists for diagnosis.

## Solutions (in progress)

- Working to develop a **prompt in EMR** to help PCPs identify candidates for screening (physicians at cancer center are already prompted).

## Solutions (implemented)

- Designated **center of excellence for lung cancer screening.** Low-dose CT scans offered at imaging center within cancer center or at a satellite facility 15 minutes away. Philanthropic funds available for screening. Positive scans referred to pulmonologist with on-site clinic hours.
- **Educational materials (brochure) provided to PCPs** on how to talk to patients about risks/benefits of screening.

*"[Who I refer to] depends upon the patient's history. . . and where the lung mass is on the CT scan."*

# 2. Prospective Multidisciplinary Case Planning

## Challenges

- Treatment plan created by oncologist but distribution to care team is not systematically tracked.
- Medicaid patients often coming to the hospital/ED for care due to **Medicaid restrictions around home health/wellness care** (e.g., strict scales for nursing care).
- Medicaid **non-coverage of PET scan** impacts surgical team protocols.
- Challenges around **scheduling and program access for patients** (e.g., don't have active phone numbers, transportation issues).

## Solutions (implemented)

- All patients receive the **same standard of care**, though some modifications may be made to accommodate Medicaid restrictions/challenges.
- **Coordination of appointments** so that treatment and consult are on same day.
- **Team-based approach for biopsy**. Surgeons and pulmonologist work closely, effectively together (patient receives CT-guided needle biopsy from pulmonologist).
- **Dedicated post-op team/ "champion nurses"** ensures more seamless follow-up with patients from diagnosis through post-op (prevent loss to follow-up).

> *"I would try to do what I would normally do but then with some modifications…You end up having to maybe reduce their dose or modify the schedule or change to a different regimen because insurance won't approve something that is so basic…to help avoid admissions and infections…Or because of transportation issues.* (Care Coordination and Communication Panel)

# 3. Financial, Transportation, and Housing

## Challenges

- **Medicaid enrollment takes 90 days** – no way to expedite the process due to state backlog.
- **Medicaid prior-authorization process** and dispensing restrictions put onus on patient care team to find alternate sources of funding for medications and other work-arounds. Non-coverage of post-treatment medications is additional hurdle.
- Getting assistance for **Medicaid patients requires "creative financing"** (persistence, follow-up, looking at multiple sources).
- Medicaid provides transportation but this **has to be arranged 24-48 hours in advance and with the correct provider**, approved by the patient's Medicaid insurer.
- Transportation challenges are a barrier to effective and timely care as well as participation in clinical trials.
- **No telemedicine services** for Medicaid patients with lung cancer.

## Solutions (implemented)

- Large **Development Department** provides case-by-case financial assistance to patients along with a several foundations (Our Lady of the Lake Foundation, Karnival Krewe de Louisane, and employee-funded Partners of Hope) that can provide financing for specific needs (e.g., medications). The Development Department funds additional services (survivorship, etc.) that are accessible to all patients.
- Multiple avenues available for additional funding for medications, financial relief through **foundations within cancer center/hospital.**
- **Onsite Medicaid representative** (certified employee at the cancer center) to enroll patients in Medicaid.
- **Coordination of appointments** on same day for consultations and treatment.
- **Development Department** provides funds for transportation assistance.
- Created **disaster needs survey** to assess patient needs in wake of recent flooding.

> *"My approach to that is to apply for everything... if they get denied they get denied, but we're going to put everything out there to see what's available and move money around so to speak, and educating the patient about that."*
> (Psychosocial Care Panel)

# 4. Management of Comorbid Conditions

## Challenges

- Need for **additional mental health services** for Medicaid patients (many co-morbidities among Medicaid population).
- Referring physicians come from different administrative systems, despite affiliations with Our Lady of the Lake Regional Medical Center and LSU hospitals, which leads to communication challenges with the cancer center.

# 5. Care Coordination

- Use a "psychosocial model of navigation" with navigator role filled either by social worker or RN and focused on patient psychosocial needs.

## Challenges

- **Navigators rely on "patient finding**" – no automatic process for referrals/care pathway.
- Navigation **begins at treatment stage** (referral to surgeon or medical oncologist), instead of at scan or biopsy.
- **Navigators do not schedule biopsy appointments** for patients (physician's staff handles scheduling). Navigators only become involved when ready for surgery or medical oncology consult.

## Solutions (implemented)

- Cancer center offers **disease-site navigation** (navigator specific for lung cancer patients, single point of contact for entire treatment) to guide patients from active treatment through survivorship care, regardless of insurance status.
- **Lung Navigator** assigned specifically to lung cancer patients to help improve follow-up through survivorship.
- Referral to navigator can be done by **any staff member**.
- Tailor navigation needs to individual patients.
- All patients provided with **education materials to empower patient, enable shared decision-making** – e.g., "Questions to Ask Your Provider" – which are **reinforced verbally** by navigators and nursing staff, and **do not provide added burden on provider.**
- **Guest services volunteers** provide social support to patients in addition to physical navigation.

> *"I rely very heavily on the navigation team. I usually call them at the consult and say, 'I do not know how this patient is going to get here even if they're telling me,* Yes, I'll be here*'. . . I think working with them has been very successful."*
> (Care Coordination and Communication Panel)

# 6. Treatment Team Integration

## Challenges

- **Non-integration of hospital and cancer center EMRs** poses challenge for communication about patients.
- **No prehab program** integrated with cancer center – patients are referred to offsite program (STAR).
- **PCPs are not attending MDC team meetings or tumor board meetings.**

## Solutions (implemented)

- **Resident on-call acts as liaison with between ED and cancer center,** ensuring communication with oncologist regarding patients entering ED.
- **Daily multidisciplinary huddle** to discuss barriers to patient care for inpatient (includes pastoral, palliative, navigator, etc.).
- Multidisciplinary care (MDC) teams include pulmonologist, thoracic surgeon, medical oncologist, radiation oncologist.
- Weekly, lung-specific **tumor board conferences** as forum for convening staff with specific interest in lung.

# 7. Electronic Health Records (EHRs) and Patient Access to Information

## Challenges

- **EMR systems are not integrated**. Patient data is not accessible between hospital and cancer center.
- **Lack of email address, computer access** among Medicaid patients.
- **Usage of patient portal** is not monitored.
- Some Medicaid patients are overwhelmed, inexperienced with healthcare system and therefore less empowered patients.

## Solutions (in progress)

- Currently patient data is housed across three different EMR systems. Hospital and cancer center staff cannot access each other's systems. Beginning Spring 2017 **all EMR systems will be integrated into Epic.**

## Solutions (implemented)

- Cancer Center staff **help patients to set up patient portal** account/review site.

> *"If we have a patient who comes today for chemo, and has to go to the emergency room tonight, goes to the Lake, that emergency room staff cannot see what happened when they were in the very same hospital earlier that day for chemotherapy."*
> (Patient Care Panel)

# 8. Survivorship Care

## Challenges

- Follow-up care is especially complicated with Medicaid population (**loss to follow-up**).
- **Low participation rates** in survivorship program by Medicaid patients – **awareness, transportation issues.**

## Solutions (in progress)

- **Survivorship Care Clinic** will begin in January that incorporates nutrition, exercise, stress reduction and educational workshops and wellness coaching to help improve compliance.
- **Survivorship plan** housed on just one EMR platform but soon will be available **on integrated EMR** platform (Epic), and adapted to become more individualized to the patient, includes social needs and use of integrated services.
- MDC working on protocol to **streamline follow-up care,** have oncologist take lead for patient follow-up.

## Solutions (implemented)

- Provides an "integrative model of care" to patients through the Thrive Survivorship Program, which offers free services for survivors and caregivers aimed at treating physical, emotional, social, and spiritual aspects of survivorship.
- **Survivorship plan** generated by medical oncologist and radiation oncologist and shared with PCP.
- **Robust survivorship program** (Thrive) offers services in-house (e.g., art therapy, meditation, health coaching) and others through partners (e.g., deep water aerobics).

> *"Generally those who seem to be drawn to our [survivorship] programs are white, middle class, well-educated people. I don't know for sure if it's a matter of awareness raising, transportation . . ."* (Psychosocial Care Panel)

# 9. Supportive Care

## Challenges

- Despite education efforts, doctors still **reluctant to have conversations with patients** about palliative care.
- Lack of inpatient (and outpatient) hospice services means home **health patients are often bouncing back into the hospital.**
- **Lack of auto-trigger for distress screening** – prompts have to be entered manually.
- **No inpatient or outpatient hospice services** provided. Medicaid patients referred to community hospices (panelists report no issues with enrollment).

## Solutions (in progress)

- Working to **back up palliative care model to reach patients at earlier stage/after first diagnosed.**

## Solutions (implemented)

- Services and programs provided to all patients regardless of insurance type. However, many support services, including hospice, are offered through referral to offsite programs.
- Palliative care team is physician-led and **offered by the same team through an inpatient and outpatient** clinic which streamlines continuity of care/communication with oncology team.
- **Automatic referral to palliative care** for all stage IV patients.
- Created **talking points/educational tools for both physicians and patients** to have discussions about palliative care.
- **Adapted NCCN guidelines for distress screening** to include measures for depression.
- **TV monitors in inpatient and outpatient treatment** units provide patients with information about their disease state and medications as well as relaxation techniques

*"We have a great palliative care team of physicians, and they were able to talk to their colleagues just on a peer-to-peer level and re-educate about the services of palliative care…they had to experience the benefit of that consult, as support to them and their patients, as opposed to being taken over and losing control of what their plan is."* (Patient Care Panel)

# 10. Tobacco Cessation

## Challenges

- **High rates of tobacco use** among Mary Bird patient population.

## Solutions (in progress)

- Working to have the **patient navigation team work closely with the tobacco treatment team** to identify and refer patients who could benefit from tobacco cessation counseling as well as encourage patients to participate in counseling.

## Solutions (implemented)

- Cancer center has an in-house smoking cessation program with **free group and individual counseling.**

# 11. Clinical Trials

## Challenges

- **Transportation** and coverage of medications are barriers to clinical trials participation for Medicaid patients.
- **Consent materials/explanation of the trial** may be too complex for some patients to truly give informed consent to participation. Clinical trials are generally introduced by the physician and then a representative from the research team will obtain consent from the patient.

## Solutions (implemented)

- All patients who are eligible/qualify are approached for participation in clinical trials, regardless of insurance type.
- Cancer center uses **philanthropic funds to ensure equitable participation**/overcome transportation and financial barriers to participation.

*"In my mind, I was like, 'There's no way I could have gone into a whole discussion about a trial and why you might want to be in that trial,' because I could tell that it was just not being absorbed…you can tell they're just doing it because their doctor says to do it but without really being able to consent to it. I think that's a challenge, not for the large majority of patients but definitely a subset."*
(Care Coordination and Communication Panel)

# 12. Physician Engagement

## Solutions (implemented)

- **Multidisciplinary care (MDC) team dedicated to lung cancer.** Meet monthly, focused on establishing clinical pathways or protocols and determine QI projects.
- MDC teams are **physician-led.**

> *"[The MDC] is really a physician-led group…we really do have physician integration and physician synergy in those meetings… which can oftentimes change practice models, or enhance discussions at tumor conference.* (Program Overview Panel)

# 13. Quality Measurement and Improvement

## Challenges

- **Ensuring physician engagement**/participation of various stakeholders in development of QI initiatives is still a work in progress.

## Solutions (in progress)

- Several **initiatives/QI priorities identified from analysis of Cancer Registry data**, including:
  - Navigation for patients from highest need areas;
  - Identification of/partnership with community resources in high-need areas;
  - Improved coordination between navigation and tobacco treatment team; and
  - Improved participation rates in survivorship services among patients in high-need communities.

## Solutions (implemented)

- MDC meetings have been a launchpad for various quality improvement initiatives to improve access to care and different treatment options.
- **Cancer Registry data** used to explore issue of late-stage presentation (stage III and IV) lung cancer patients and determine additional QI initiatives.
- **QI team embedded into MDC meetings**. Gather physician feedback in order to develop clinical deliverables to impact patient care.
- Programs at cancer center based on best practices/clinical treatment **guidelines for integrative care identified by the Society for Integrative Oncology.**

> *"We see that [tumor registry] data. Okay, now let's do a deep dive to see where are they coming from? What's the zip code? Where are the parishes? . . . We take that data and we really analyze it to see what other quality initiatives or studies that can be implemented."* (Flow of Patient Care Panel)

# APPENDIX A

## Site Interview Participants

| Panel | Participants |
|---|---|
| Program Overview | Vickie Hall, Program Manager<br>Casey Chiasson, Program Manager<br>Linda Lee, Program Manager<br>Nicole Magee, Data Manager/Cancer Registrar<br>Candace Goodman, Data Manager/Cancer Registrar |
| Care Coordination and Communication (MD/NP Panel 1) | Azeem Kahn, MD, Vascular Surgeon<br>Emily Cassidy, MD, Thoracic Oncologist Surgeon<br>Brandon Reeves, LCSW, Navigator<br>Melissa Smithee, LCSW, Navigator<br>Sarah Geismar, LCSW, Navigator |
| Care Coordination and Communication (MD/NP Panel 2) | Brad Vincent, MD, Pulmonologist<br>Kellie Schmeeckle, MD, Medical Oncologist<br>Kate Castle, MD, Radiation Oncologist<br>Brandon Reeves, LCSW, Navigator<br>Melissa Smithee, LCSW, Navigator<br>Cyndi Knox, Clinical Research |
| Patient Care | Gena Kalil, Inpatient Nurse 5W<br>Joanne Grasshot, LHOA Nurse Manager<br>Tara Acosta, Picardy Nurse Manager<br>Tina Labatut, LSU North Clinic Nurse Manager<br>Elizabeth Franklin, Inpatient Oncology Social Worker<br>Melissa Smithee, LCSW, Navigator<br>Sarah Geismar, LCSW, Navigator |
| Supportive Care | Vadel Shivers, Dietitian<br>Mary Raven, MD, Palliative Care Physician<br>Wendy Gaudet, Outpatient Pharmacist |
| Psychosocial Care | Tanya Suter, Financial Advocate<br>Brittany Peters, Guest Services<br>Brandon Reeves, LCSW, Navigator<br>Melissa Smithee, LCSW, Navigator<br>Francinne Lawrence and team, Survivorship |
| Flow of Patient Care | Brandon Reeves, LCSW, Navigator<br>Melissa Smithee, LCSW, Navigator<br>Sarah Geismar, LCSW, Navigator |
| Referral Clinic | LSU North Clinic and Urgent Care<br>Rhonda Kendrick, MD<br>Gregory Garner, MD |
| Medicaid Patients with Lung Cancer | 1 patient (interviewed with caregiver) |

Association of Community Cancer Centers
This publication is a benefit of membership.

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# OPTIMAL CARE COORDINATION MODEL

## For Lung Cancer Patients on Medicaid

Bristol-Myers Squibb Foundation

Supported by a grant from Bristol-Myers Squibb Foundation.