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**Author Block:** C.S. Lathan, MD, MS, MPH1, C.B. Smith, MD, PhD2, K. Finch, PharmD, BCOP3, J. Modlin, PharmD, BCOP4, A. Lile5, L. Meier5, E. Plotkin5, M. Kisiel, MSN, FNP-BC51Harvard Medical School, Dana-Farber at St. Elizabeth's Medical Center, Boston/MA/USA ,2Mount Sinai, New York City/NY/USA ,3Columbus Regional Health, Columbus/IN/USA ,4St. Luke's Health System, Boise/ID/USA ,5Association of Cancer Care Centers, Rockville/MD/USA

## INTRODUCTION

- The Association of Cancer Care Centers (ACCC) developed the Improving Care Coordination (ICC) Model between 2016 and 2020, expanding on the Multidisciplinary Care (MDC) Assessment Tool from the National Cancer Institute’s Community Cancer Centers Program (NCCCP).
- This model aimed to enhance quality of multidisciplinary care for Medicaid-covered patients, ultimately improving their quality of life and treatment outcomes. The ICC Model consists of:
  - 12 assessment areas with 5 levels
  - Each level ranging from basic care provision (level 1) to optimal best practices for coordination (level 5)
- Designed for multidisciplinary teams, the ICC Model is a tool for cancer programs to objectively assess how lung cancer care is provided at their institution and then as framework for building quality improvement initiatives aimed at improving care coordination for patients with a lung cancer diagnosis.
- Cancer programs can employ the ICC Model to measure strengths and improvement opportunities while conducting continuous assessment of care coordination in pursuit of optimal patient outcomes.

## METHODS

In late 2023, ACCC updated the ICC Model with new quality metrics. To refine the ICC Model, a working group was assembled featuring key stakeholders and cancer care professionals, including an oncology pharmacist, two medical oncologists with expertise in thoracic oncology and palliative medicine, and patient advocacy partners.

The working group distributed the 12 assessment areas among its members based on expertise and interest, with each member reviewing and updating three sections. ACCC reviewed, consolidated, and collated all quality updates and conducted individual review sessions with each working group member.

The final version of the ICC Model was reviewed by the working group, editorial teams, and key advocacy partners prior to publication.

## DISCUSSION & CONCLUSION

- Continuous quality improvement in healthcare is crucial for enhancing both patient care and satisfaction.
- The ICC Model serves as a tool to evaluate strengths and areas for improvement, aiming to achieve optimal patient care.
- The ICC Model provides five levels of care in each assessment area, supporting cancer programs and practices in achieving their desired target level.
- Originally tailored for lung cancer, its adaptable components can benefit the broader cancer care delivery system.

## REFERENCES & ACKNOWLEDGEMENTS

This project is supported by Regeneron.

Access the full model here:



## RESULTS

	Assessment Area	2023 Updates
1	Patient Entry into Lung Cancer Program	Added offering of navigation services & second opinion telehealth as high-level metrics.
2	Multidisciplinary Treatment Planning	Removed strict metrics regarding multi-visits—allowed the use of agreed upon treatment pathways if applicable to the disease state and program type.
3	Clinical Trials & Biomarker Testing	Moved metrics regarding coordinated portfolio of trials up from Level 3 to Level 4.  Reduced percentages of patients screened for clinical trials (very hard to reach and measure, even for NCI cancer centers). Added metrics for biomarker testing, aligned with best practices.
4	Supportive Care	Added prescription of prophylactic antiemetic therapy prior to first cycle chemotherapy as Level 2 metric. Advanced care planning should be in place for patients 65+ .
5	Survivorship Care	Added metrics for annual education of staff on providing supportive care services. Added that patients should be referred to resources when available. Added that a survivorship program with coordinator oversight is available for Level 5.
6	Financial, Transportation, and Housing	Recommended visually separating metrics for the 3 areas (such as color-coding). Removed specifics (such as “discussion of bills received”) as patients may ask to speak with financial counselors for other reasons.
7	Tobacco Education	Recommend listing the assessment (screening) step as the first bullet for Levels 1, 2 and 3 as assessing tobacco use is the first step prior to advising and assisting the patient and household member to quit (3 As: ask, advise, assist).  Added details for clarity (example: changing “formal counseling” to “formal tobacco cessation counseling”).
8	Navigation	Added medical interpreter services & structured education to navigation services. Added responsiveness to telephone inquiries re: medical care within 24 business hours.
9	Treatment Team Integration	No updates needed.
10	Physician Engagement	Added metrics of physicians' completion of training in inclusivity, social determinants of health, and barriers to care, either through credentialing program or outside organization.
11	Electronic Health Records (EHR) and Patient Access to Information	Added metrics for: (1) Increased patient access to EHR, (2) review of Problem & Medication list at every visit, (3) medication documentation via barcode, (4) telemedicine integration with EHR. Recommended use of clinical data sharing repositories or exchanges if possible.
12	Quality Measurement and Improvement	Removing distinction of QOPI/RQRS data when describing Level 3 QI initiatives (to increase flexibility for average programs).