

ASSOCIATION OF COMMUNITY CANCER CENTERS

Multiple Myeloma Visiting Experts Workshop Application

Thank you for your interest in hosting a Multiple Myeloma Visiting Experts Workshop, a one-day, personalized learning activity conducted by ACCC, to be held at your program.

Please take a few minutes to complete the following questions. If selected, your site will be asked to complete a few additional questions to help us further tailor the workshop to your program's needs. Please note that your responses will remain confidential.

For questions, please contact Limaya Atembina, Program Manager, ACCC Provider Education (latembina@acc-cancer.org).

Q1 Respondent Information

First Name

Last Name

Cancer Program Name

Cancer Program City/State

Email Address

Q2 What is your role on the multidisciplinary cancer care team?

Cancer program administrator

Medical oncologist

Advanced practice provider

Pharmacist

Cancer registry manager/coordinator

Nurse

Social worker

Other

Q3 Please describe your cancer program's multiple myeloma program/department (care team make-up, standard of care coordination resources).

Q4 Please describe your patient population (i.e., types of multiple myeloma patients treated, average age, greatest identified "supportive care" need(s), line of treatment, etc.).

Q5 Please select the range for the average number of multiple myeloma patients seen/treated per month at your cancer center/program:

More than 50

26-50

11-25

1-10

Not applicable

Q6 Please describe your program setting (inpatient/outpatient, academic, community, private, etc.).

Q7 What do you hope to achieve by hosting a Multiple Myeloma Visiting Experts Workshop?

Q8 Please rate the quality of the interactions and communication within your multiple myeloma care team (oncologist, pharmacist, nurse, administrator, social worker, other healthcare provider).

Very Good

Good

Fair

Poor

Very Poor

Q9 If you selected "Fair," "Poor," or "Very Poor," please explain.

Q10 Who is the best point of contact for ACCC to be in touch with to learn more about the Multiple Myeloma Program at your site? Please include name, phone number, and email.

Name

Phone Number

Email Address

Q11 Please list the secondary contact information for an executive/physician champion who supports this application. Please include name, phone number, and email.

Name

Phone Number

Email Address

Q12 What type of operational issues does your cancer program struggle with regarding care of patients with multiple myeloma? (select all that apply)

Patient demand

Coverage and reimbursement problems (e.g., coverage for off-label use)

Unavailability of pertinent therapeutic clinical trials

Access to patient assistance programs

Managing toxicities

Pharmacy management implementation

Lack of formal oral medication adherence/compliance monitoring program

Use of combination regimens

Patients arriving at your site too "experience" to make additional therapeutic suggestions

Lack of a transplant center within a "reasonable" distance of your site

Care coordination with transplant team (off-site or at another institution)

Retention of patients after transplant (loss to another institution)

Other (please describe)

Q13 Please rank your top three challenges (1 – biggest challenge).

Nurse triage responsibilities (pre-screening of patients, review of medical records, etc.)

Educating patients regarding immunotherapies and immune-related adverse events (irAEs)

Patient care follow-up and interactions (tests, consultations, irAE monitoring, etc.)

Coordinating with psychosocial service, and/or financial and business advisors

Travel coordination with patients

Managing patient expectation and treatment timelines

Obtaining access to treatment for patients

Shared decision-making with patients

Other (please describe)

Q14 What are the top three challenges patients report to you or your team?

Q15 Please share any other key topics or issues that you would like the Multiple Myeloma Visiting Experts faculty to include in your workshop.

Q16 How many staff at your program/practice would benefit from participating in the Multiple Myeloma Visiting Experts Workshops?

Q17 Please list the roles of the members of your team who would be invited to participate.

Q18 Workshops will take place from December 2019 – February 2020. Please indicate if your cancer program or practice will be able to host a workshop within this timeline.

Yes, my program will be able to host within this timeline

No, my program will not be able to host within this timeline

Q19 If no, what is the soonest date your program will be available to host a workshop?

Q20 Are you aware of the Association of Community Cancer Centers (ACCC) *Multidisciplinary Multiple Myeloma Care* education project?

Yes

No

To learn more about the ACCC Multidisciplinary Multiple Myeloma Care education project, please visit acc-cancer.org/multiple-myeloma-care.