

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

This “Guide to Best Practices in a Comprehensive Prostate Cancer Program” is designed to assist community centers by outlining the process and structures that successful community-based prostate-specific cancer programs throughout the U.S. have used to initiate and grow their prostate cancer programs. It serves as a resource for community programs in identifying the need for prostate-specific care in their communities, opening lines of communication among providers, developing a collaborative team approach to care, and providing guidance in planning and implementing a successful multidisciplinary prostate cancer program.

This document is not a clinical guide. There are sufficient clinical resources available for centers to reference to identify diagnostic and treatment options. There are guidelines and standards mentioned that should be used in developing policies and procedures related to the diagnostic and treatment functions of the program. This document relates administrative and support functions and highlights success factors of model community-based prostate cancer programs.

A special **THANKS** to the centers that help produce this guide

Allegheny General Hospital
Prostate Center

Maine Medical Center
Genitourinary Cancer Program

Palo Alto Medical Foundation
Prostate Cancer Care at the Palo Alto Medical Foundation

Presbyterian Cancer Center
Presbyterian Hospital

Regional Cancer Center
ProHealth Care Center for Prostate Care

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Introduction

Prostate cancer is one of the largest diagnoses in the U.S., and the second leading cause of cancer death in American men, behind only lung cancer. The American Cancer Society estimates that 28,660 men in the United States died of prostate cancer in 2008, and in the next ten years prostate cancer will be one of the fastest growing cancers treated in the community setting.

On the brighter side, for all men with prostate cancer the relative 5-year survival rate is 100 percent, and the relative 10-year survival rate is 91 percent, according to the most recent data. More than 2 million men in the United States who have been diagnosed with prostate cancer at some point are still alive today.

Prostate cancer is unique in that there are equally effective, mutually exclusive treatment options. All too often, however, many men diagnosed with prostate cancer are unaware of their options, and many remain uninformed even as they proceed to treatment.

To address the need for education and support in prostate cancer care, the Association of Community Cancer Centers (ACCC) launched its Prostate Cancer “Best Practices” Project in June 2008. Through its Center for Provider Education, ACCC created a multidisciplinary Advisory Panel of medical oncologists, urologists, radiation oncologists, surgeons, nurses, pharmacists, and program administrators with experience in prostate cancer care. The Advisory Panel, working with The Pritchard Group, an oncology consulting company, sought to identify critical elements within hospital and oncology private practice services, administration, marketing, community impact, and measurements that would constitute “best practices” in prostate cancer care. Such best practices would offer patients access to various provider specialists in a non-threatening, patient-focused environment as well as ensure a multidisciplinary approach to prostate cancer care and open communication.

A 12-page application form was developed. ACCC sought five programs from across the country to serve as “models” and from which ACCC could develop measures of effectiveness and quality assurance, and disseminate to other professionals interested in advancing the treatment of prostate cancer patients. ACCC alerted its more than 670-member cancer programs about the application form, which it made easily accessible on the Association website.

From the applications received, ACCC's Advisory Panel selected five prostate cancer programs: Allegheny General Hospital, Pittsburgh, Pa.; Presbyterian Hospital, Charlotte, N.C.; Maine Medical Center in Scarborough, Maine; Palo Alto Medical Foundation, Palo Alto, Calif.; and Regional Cancer Center, ProHealth Care, Waukesha, Wisc.

The Pritchard Group conducted three extensive conference call interviews with team members from each program, including medical and radiation oncologists, urologist, nurse, nurse navigator, social worker, pharmacist, and others. These interviews provide the foundation for this report on critical success factors and best practices in prostate cancer care in the community.

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

1. Program Philosophy and Critical Success Factors

Successful prostate cancer programs share a common philosophical approach. Their primary objectives are both to *provide quality care* and to *empower patients* to make educated decisions. Quality programs emphasize the patients' access to a team of providers who effectively collaborate and inform. Armed with information about all available options, patients can personally manage their healthcare and make their own educated treatment decisions. Patients want choice and believe that the best programs and physicians are those that provide all the information they need to make informed decisions. Comprehensive education is at the core of "model" programs.

Successful prostate cancer programs range from sophisticated programs—featuring one-stop care with all services and all available treatment options in one location—to simpler programs that focus on providing education and patient advocacy without providing diagnostic or treatment services. There is no one ideal model; various approaches work effectively depending on the community and the providers. *Any size hospital or practice can establish a community-based prostate cancer program.* The keys to success are to define the scope of the program and to align the program with the needs of the patients in the community. For example, based on one community's needs, a basic prostate cancer program may simply provide screening, diagnosis, and education about treatment options and then offer information about other resources in the community for surgery and radiation oncology treatment.

That said, all successful prostate cancer programs share common elements. They all:

- Match prostate cancer program to identified needs in the community
- Quantify and justify need and set financial objectives based on market reality
- Secure an unbiased physician champion(s)
- Engage appropriate clinical players
- Establish a multidisciplinary team approach
- Empower patients with information and knowledge
- Invest in a patient advocate/nurse navigator position
- Evaluate clinical and financial outcomes through ongoing data collection and analysis
- Collect and publish standardized treatment outcomes data
- Promote effective marketing and outreach in the community.

These factors can serve as a point of reference both for programs just starting out and for those working to enhance an existing prostate-specific program. Keep in mind that a prostate cancer program does not have to provide all treatments and services in one location or at one institution. Through collaborative partnerships, virtual programs can successfully meet patients' needs for uniform access to quality prostate cancer care.

Taking into consideration the specific needs of the community, each institution needs to establish the philosophy, objectives, and priorities for its program based on the needs of the patients in the community, the capabilities of the providers, and the technology available at the facility(s).

2. Match Program to Identified Community Needs— Community Assessment

Successful prostate cancer programs conduct community assessments to identify the specific market needs in their communities. The program should be developed with an understanding of the current population and the growing needs for prostate cancer diagnosis and treatment. Steps in community assessment include:

Identify local market needs for prostate cancer services with particular emphasis on specific high-risk populations in the community. For example, African American men are at greater risk for the disease. If the community has a large percentage of African American men, this high-risk group would benefit by having a local provider that promotes decision-making and complementary, supportive, and innovative prostate care. In addition to evaluating high-risk populations, determine business-community needs. Extend research efforts to include human resource managers to assess the need for executive- and employee-focused prostate health education and screening programs. Screening, education, and support services can then be targeted to specific populations based on the needs identified in the community.

Develop volume measures. Every successful program starts with an accurate volume of prostate cancer patient incidence in its service area and volume seen in the associated practice. Hospital planning departments often purchase data that include primary and secondary service area patient behavior, including percentage of outmigration. These data can be useful in mapping patient volumes.

The initial community assessment should include a process to discover where patients go for prostate cancer services when they don't select your institution. Use focus groups (see below) to add to the information gleaned from the hospital's purchased data with questions such as:

- What services do you know about?
- Why would you choose another provider?
- What do you want from your provider?

Combine the patient needs' data with market share information to determine initial targets for expected volume. Initially, the program should evaluate registry data and use previous information to determine which services patients use. Use ICD-9 codes to identify services that exist across the system. Search the program's financial database for existing services by diagnosis codes for prostate cancer. The search should include up to the 5th ICD-9 diagnoses. This methodology will identify 95 percent of patients. This approach will work for multidisciplinary practice databases as well.

Stratify patients by treatment for revenue generation and cost purposes as follows:

- Identify patients that *come* to the system

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

- Identify patients that are *diagnosed* in the system
- Identify patients that are *treated* in the system
- Code active surveillance as a treatment modality in registry.

Conduct focus groups with prostate cancer patients, including a group of newly diagnosed patients and another group of patients several years post-treatment, to confirm their experiences and obtain their recommendations for improvements. Survey patients and find out what could have been better or benefitted them more during their prostate cancer care experience. The feedback from these focus groups can help to justify the need for the community-based disease-specific program to the administration.

Once your program is established, focus groups can be excellent sources of regular ongoing input. Recommendations gleaned from focus group participants who have personally experienced the prostate cancer program first-hand can be used to improve and enhance services and outreach.

Understand how the program ranks in the community. Identify existing providers of prostate cancer services in the community and regionally. Consider their strengths and weaknesses and determine not only how to distinguish unique or higher-quality services at your program or practice but also how to effectively collaborate to provide comprehensive patient-focused services in the community.

Core services should be defined based on the community needs assessment. A multidisciplinary approach to prostate cancer care may not encompass all services at one location. The key is to have the ability to connect patients with qualified resources within the community for the various treatment options, which include:

- Surgical options – cryosurgery, laparoscopic, robotic prostatectomy
- Radiation oncology options – IMRT, brachytherapy, HDR, seed implants
- Medical oncology options – as needed, including referral for clinical trials.

In addition to the core services, programs should provide services that minimize barriers to care and promote patient well-being, such as financial counseling, social services, and sexual counseling. Programs should determine the need for additional services based on local market needs and competitors' offerings.

3. Quantify and Justify Need and Set Realistic Program Financial Objectives Based on Market Reality

Once the community needs assessment is completed, the next step is to develop financial information that quantifies and justifies the need for the program. Prepare a strategic or business plan that includes a *pro forma* using metrics likely to be expected by hospital or practice administration, such as volumes, expenses, revenue, and return on investment. This information

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

is a key step in the process of setting realistic program financial objectives based on market reality—a critical factor for program success.

Pro Forma Development. Use volume data targets to create a *pro forma* for the prostate program. To build the *pro forma* use comprehensive cost information that includes insurance, supervisory time, CME, rent, utilities, etc. A three-year *pro forma* is recommended rather than a five-year plan, particularly in light of the current economic environment and the changing health service market.

To launch the program, the initial *pro forma* may only show expected increases in existing service lines. For example, surgeries and radiation service growth would be included in the prostate cancer program *pro forma* while existing services would be in other department budgets. (See **Developing a Prostate Program Budget**, for more details.)

Prepare to present the needs assessment, volume data, and *pro forma* for consideration to the leadership, which will determine acceptability of the project. Influence program decision-makers and providers by presenting actual customer feedback from local prostate cancer patients gleaned from focus groups.

4. Secure an Unbiased Physician Champion(s) and Engage Clinical Players

To be successful, a prostate cancer program needs both an administrative leader and an unbiased physician champion to serve as the medical leader. Dynamic clinical leadership is a critical factor in creating a shared vision and mutual appreciation for a multidisciplinary approach to prostate cancer care. The clinical leader must be able to:

- Build trust and mutual respect among professional colleagues
- Endorse an inclusionary attitude among professional peers
- Encourage a non-competitive spirit and open lines of communication
- Establish new relationships and nurture existing ones to encourage cross referrals
- Effectively communicate the benefits of a multidisciplinary program approach
- Promote the value of patient-focused cancer care that emphasizes quality of life and informed patient decision-making
- Illustrate efficiency and process improvements resulting from the team approach
- Encourage participation in the prostate program by meeting with individual providers and group practices in the community.

With the leadership on board, next bring key administrative and clinical players together and enroll them in the prostate cancer program. Establish a prostate steering committee from clinical representatives from the core group of providers.

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

Successful model prostate cancer programs actively engage core clinical players. To develop a shared vision these programs, engage the urologists and radiation oncologists early on. Developing prostate or genitourinary work groups requires concerted effort to build trust and develop mutual respect. The following collaborative approaches may help foster open communication and encourage participants to share mutual interests:

- Develop a prostate cancer patient project of mutual interest (e.g., create active surveillance guidelines)
- Collectively identify prostate cancer program goals
- Review prostate cancer care guidelines and develop consensus for the prostate program's treatment guidelines
- Discuss the role of a patient advocate/nurse navigator care coordinator as a neutral conduit for patient-physician communication
- Share market feedback from patients' perspective regarding patients' desire to reach informed decisions
- Discuss other site-specific cancer programs' successes such as the breast cancer model
- Identify clinical quality indicators for the prostate cancer program
- Develop mutual guidelines for presenting treatment options (e.g., cryosurgery would not be a favorable option for patients whose primary concern is erectile dysfunction)
- Collectively develop a patient summary form that includes all pertinent patient information, including diagnostic results, clinical history, radiology, pathology, surgery, chemotherapy, radiation, and research to communicate patient information.

Model prostate cancer programs reported using the following protocols, guidelines, and standards in implementing their programs:

- National Comprehensive Cancer Network (NCCN) Prostate Guidelines
- American College of Surgeons Commission on Cancer
- American Urological Association Practice Guidelines.

Additionally, model programs develop program-based clinical pathways for specific protocols.

5. Establish a Team Approach to Coordinated Care

The multidisciplinary prostate cancer team is a group of specialists with a common interest in helping patients reach informed decisions based on their personal needs. In model prostate cancer programs, this team most often includes the following core members:

- Urologist
- Radiation oncologist
- Patient advocate/nurse navigator

Internists and medical oncologists also often have important perspectives to offer. The radiologist, pathologist, and tumor registrar may also be included as team members.

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

With a team approach to care, various providers come together with the goal of increasing patients' understanding of their disease and providing positive experiences so that patients can make educated decisions and achieve satisfaction from their personal treatment choices and outcomes.

Because some physicians participating in the program may have bias in the treatment choices they prefer, such bias must be tempered with open communication about the full-range of treatment choices. Most patients have two to three viable options, but they need to hear about all six treatments, so they can weigh why one option may be more desirable than another.

The hallmark to the team approach is the consultation process, whose primary goal is to meet a patient's individual needs. Case conferencing adds dimension to initial impressions and can offer new information that results in better patient care. Programs can conduct conferences live (in person) or through teleconferencing.

The prostate care team can lead in the development of protocols and consent forms, and then create agreement on who will follow the patients and how to assist them in making informed decisions. The multidisciplinary prostate care team can coordinate care to active surveillance patients as well as to those newly diagnosed.

One enormous hurdle that prostate-cancer-specific programs face is that no single treatment alternative is optimal for prostate disease. There are mutually exclusive treatments directed by different specialists: urologists and radiation oncologists. Urology practices are often community based and are typically affiliated with more than one hospital. Radiation oncologists are often affiliated with only one hospital and based at that location. Rarely are these providers in practice together. (While there is a recent trend for urologists to own radiation treatment centers and employ the radiation oncologists, this practice is not widespread.)

Therefore, many programs interested in developing a prostate-specific program get stuck at the starting gate. How do we get multiple groups of urologists together? How do we get urologists and radiation oncologists to offer advice to patients when there are a variety of treatment choices available? How do we make sure that the patient has a choice and understands the possible outcomes of each option? Communication is the key.

Regular, ongoing open communication is important to ensure that information flows effectively among the team. The program's clinical leader and patient advocate/nurse navigator are critical success factors in facilitating open, productive communication. The program's patient advocate/nurse navigator serves as a conduit between the patient and the medical providers. This individual often collects all necessary patient information and facilitates the case discussions during team meetings.

Prostate cancer programs that have a multidisciplinary team approach to care establish regularly scheduled team meetings such as tumor boards, prostate workgroups, and/or patient conferences that include all core team members. Prostate cancer team members discuss patient cases and

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

review program measures. Team meetings can be as frequent as several times a week to once every week. Physician conferences or patient-physician conferences often serve as the meeting forum to discuss prostate cancer patient care options. These meetings should be scheduled to accommodate the newly diagnosed patient's need for immediate support and information.

No single, distinct consultative approach is optimal. Successful program design the consultation process to meet the individual needs of patients with consideration for the dynamics of the team players and the location of the various services. The goal is to ensure that patients have access to quality providers and to patient-focused information about their treatment options.

6. Empower Patients with Information and Knowledge

For optimal communication with patients, successful programs suggest the following:

- From the outset, let patients know that they are in control of their healthcare decisions, with providers ensuring access to information about various treatment options.
- Early in the process, discuss which specific team member will follow up with the patient to talk about his final decision.
- Keep the patient's needs foremost; minimize the time from initial diagnosis to consultation with provider(s) about treatment options.
- Provide the patient with comprehensive, understandable, straight-forward information that will allow him to be at peace with his personal decision.
- Include caregivers and family members in education and decision-making sessions if the patient approves. There is a wealth of information for patients to digest and having family support can be helpful to individuals as they try to understand a wide array of options.

The way in which prostate cancer programs communicate essential information to patients varies. Some examples include:

- The patient meets with a patient advocate/nurse navigator for basic education about options followed up by individual meetings with the providers.
- The patient meets with radiation oncologist and urologist simultaneously for a concurrent discussion of treatment options.
- The patient meets with individual providers (e.g., radiation oncologist; urologist) sequentially followed by a summary meeting with the patient advocate/nurse navigator.
- The patient has a team meeting with all members of the multidisciplinary team.
- The prostate cancer team meets independently and reviews every prostate cancer case. One member of the team is assigned to then meet with the patient to discuss the various options.

7. Invest in a Neutral Patient Advocate/Nurse Navigator

A critical success factor gleaned from model prostate cancer programs is that they employ a neutral patient advocate. In many programs the advocate is a registered nurse who is designated as the patient navigator or care coordinator, although some prostate cancer programs use medical

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

oncologists as the unbiased objective conduit between the patient and the urology and radiation oncology providers. The patient advocate/nurse navigator is a cornerstone to program success and the critical link to providers.

Patients need time to absorb all the information they receive and may miss or misunderstand some basic information in their physician sessions. The patient advocate helps assure that re-education occurs and can steer the patient to supportive personnel for help if there are non-clinical barriers to care such as financial or transportation issues. The advocate follows patients throughout the diagnosis and treatment phases of the disease through rehabilitation and supportive services as needed. Advocates play an active role in assuring patient satisfaction with the treatment process as well as with pre-treatment decision-making and data collection.

The neutral patient advocate/nurse navigator is a knowledgeable, unbiased third party, who serves as a single point of contact for the patient from the initial diagnosis and throughout the treatment plan. Having a readily available contact helps reduce patient anxiety and provides support for patients as they explore information and reach informed decisions. The patient advocate/nurse navigator encourages the patient to take an active role throughout the treatment process and continuum of care. The advocate takes the lead in providing the patient, family, and the community at large with prostate-specific education about diagnosis and treatment options. And, finally, the patient advocate/nurse navigator promotes and channels open patient-physician communication.

Qualities found in successful patient advocates include:

- Empathy
- Diplomacy
- Exceptional communication and listening skills
- Organizational skills

The following list includes a variety of alternatives and approaches to patient education. The patient advocate/nurse navigator may:

- Provide education regarding prostate cancer, early detection, screening, prevention, treatment, side effects and complications including incontinence, impotence, and erectile dysfunction, support services, and survivorship programs
- Provide prostate-specific information within a cancer resource center and bookmark educational online prostate-specific information sites on cancer center computers
- Consider newly diagnosed patients' needs for just-in-time education regarding prostate cancer resources and treatment options and provide current web-based information
- Establish education goals for reaching underserved populations in the community
- Develop a consistent educational message that highlights your message: information is available to optimize patient-informed decision-making
- Vary public education format to meet community needs to include web-based education, community cancer resource center, local screenings, and dinner presentations of meet the doctor, for example

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

- Provide ACS educational brochures at health fairs and community events
- Develop written communication tools and brochures regarding prostate cancer diagnosis and treatment options in English and second language, if appropriate
- Give verbal and written pre-treatment and post-treatment instructions for each type of treatment option
- Establish a relationship with churches and parish nurses in the community and provide education at services to men, partners, and their family members
- Develop survivorship care plans in collaboration with patients, including post-treatment planning, psychosocial support, nutrition support, sexual counseling, and pain management support
- Use physician symposiums as a forum for ongoing provider education regarding services and programs as well as sharing clinical and quality information
- Offer a prostate cancer information toll-free number where cancer specialists have general information available and can refer patients to the program advocate.
- Provide information to patients on relevant clinical or research trials and studies as well as contact information so that the individual is empowered to seek treatment. Refer patients to neighboring academic and research centers as appropriate.

The American Cancer Society may be able to offer navigator-type services in the local community, such as an ACS Navigator. This type of navigation differs from the patient advocate role outline above. ACS Navigators can obtain local and national patient resources that reduce barriers to treatment. Survivorship, supportive care, and education services such as *I Can Cope* are examples of services that the ACS navigator can access. Additionally these navigators can help with transportation and financial issues by providing a full array of community referrals tailored to the individual's needs.

8. Evaluate Clinical and Financial Outcomes through Ongoing Data Collection and Analysis

Successful programs establish qualitative and quantitative criteria to measure program success *before* launching the prostate cancer program. The multidisciplinary care team should discuss and agree on definitions and criteria for quality measures prior to the initiation of the program. For example, specific complications such as urinary incontinence, sexual function, etc., can be monitored and tracked using existing validated tools.

A critical success factor for prostate cancer programs is standardizing data collection across the system. Data can then be effectively quantified by stratifying information so that the program and the team can evaluate clinical and financial outcomes by such factors as stage of diagnosis, patient age, treatment modality, and quality-of-life factors.

Disease-specific cancer programs must meet data requirements from different masters. The administrative management team (CEO, CFO) must see meaningful data for investment decision-making and to regularly analyze fiscal management, while the public seeks clear, concise, understandable data about quality and outcomes. Data can be used to educate the public about the

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

program's outcomes as compared to national benchmarks. Positive outcomes help the public understand the quality of the local community-based prostate cancer program and can help support both patient decisions and administrative decisions regarding funding and purchasing.

Successful prostate cancer programs:

- Standardize data collection across the system
- Ensure ongoing monitoring and tracking of critical data in an organized manner
- Establish regular reporting vehicles to communicate results to team and stakeholders
- Schedule regular multidisciplinary team meetings that include discussion of outcome reporting and identify strengths and problems areas that require immediate action and improvement.

To identify trends and changes, monitor volume information monthly and annually. Additionally, assign codes and collect data for education and patient advocate/nurse navigator services to add to registry data for accurate volume counts that reflect *all* prostate cancer services. (See **Critical Volume Measures to Track and Monitor**, for an inclusive list of the key elements that prostate cancer programs should use to monitor volume.)

While volume data are a critical data requirement, they are only *one* significant indicator used to monitor program success. Volume data alone *do not* provide an adequate picture of the program's financial or clinical quality. They must be accompanied by accurate cost and revenue calculations for a full appreciation of the financial success or shortcomings of the program and must include detailed patient outcome data to validate clinical quality. Data management should include collecting statistics for uncompensated care provided by the multidisciplinary team. This enables the program to quantify fundraising needs for prostate cancer patients.

9. Collect and Publish Standardized Treatment Outcomes Data

One distinct advantage of having a prostate cancer program is to give the patients access to outcomes data regarding treatment. Collecting critical measures allows community cancer programs to compare outcomes to competitors or established academic programs rather than offer anecdotal information to patients. Prostate-specific programs have the opportunity to measure quality-of-life issues and impact on patient satisfaction. Physicians who participate in successful prostate cancer programs also experience increased satisfaction, improved quality of life, and practice efficiencies. In addition, outcomes data can be shared beyond the prostate cancer team with referring physicians as a means of communicating positive program results to the community.

Quality-of-Life Measures. Quality of life is of critical concern for patients facing various treatment modality options. Several validated quality-of-life measures enable standardized data collection for the institution and can be used to compare localized treatment modalities. These include:

- UCLA Prostate Cancer Index Short Form
- University of Michigan's Expanded Prostate Cancer Index Composite (EPIC)

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

Because treatment options are often equally effective, quality-of-life indicators can be important differentiators for programs providing prostate cancer care. Positive results when compared to national benchmarks can be communicated to patients, promoted online, and included in marketing vehicles.

The patient survey process requires advanced planning to ensure effectively scheduled data collection. Consider how the team will implement the patient survey process, input the data generated by the survey, generate regular reports, and effectively share the data. Schedule patient surveys pre-diagnosis and again at three and six month intervals following treatment and then annually for each treatment modality. This longitudinal data will enable the program stakeholders and the multidisciplinary team to track and compare quality-of-life outcomes over time.

Patient Satisfaction Scores. Operational quality measures should be identified by the team for ongoing monitoring and tracking. Press Ganey Satisfaction scores are often used to assess patients' perceptions of their visit, care, and hospital experience. Customize the survey tool to include patient advocate/nurse navigator and educational activities to monitor the effectiveness of these prostate-specific services.

Consider developing a customer relationship database for inputting feedback collected from patients for each specific patient encounter (e.g., screening, education, one-on-one nurse navigator sessions, etc.). Such systematic data collection facilitates program monitoring downstream and provides more detailed information for tracking patient treatment decisions.

10. Promote Effective Marketing and Outreach in the Community

For the prostate program to be successful, it is important to increase awareness of the program and its benefits not only to the general public but also to professionals in the community. Marketing and promotion should highlight quality-of-life measures and patient satisfaction scores (such as Press Ganey) as concrete evidence that the program meets or exceeds national benchmarks. Providers (including system-wide physicians, hospital department heads, referring physicians, and general group practices) need to be part of the marketing approach. Include local civic groups, media, and businesses in the outreach and marketing plan.

Prostate Cancer Program Marketing. As with any new hospital or practice program, a critical first step in initiating the program is to develop a marketing and tactical plan based on local market needs and competition in the region. The plan should be developed prior to the launch of the program and should include internal and external marketing strategies. Employees are an excellent resource and can spread the word in the community. If they believe the program offers unique, quality information and care, they will communicate this to their family and friends.

Distinguish the program by promoting key program elements such as the program's emphasis on informed patient-focused decision making and access to expert insights, education, and quality care. Be sure to include not only prospective patients but family members and caregivers in the

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

messages relayed to the public. Target both consumers and providers as part of the marketing approach. Use every educational program as a marketing opportunity.

The Internet and current technology enable distribution of just-in-time information. Enhance the hospital and/or cancer center's Web presence by including information about prostate cancer, diagnosis and treatment, the program's mission and philosophy, as well as patient testimonials. Announce new services, technological advances, and state-of-the-art equipment acquisitions internally and online as well as to referring sources. Videos depicting discussions between providers and actual prostate cancer survivors regarding their diagnosis and treatment experiences broadcasted on-demand from the website or available on DVD can be used to increase awareness.

Increase Prostate Program Awareness in the Community. Reach out to physicians by conducting one-on-one meetings with community-based urologists, radiation oncologists, and primary care physicians, particularly those that impact referral patterns. Referring physicians involved in the early stages of program development can learn about the advantages of the multidisciplinary approach to prostate cancer care.

Conduct local and regional meetings to bring prostate cancer providers together to share successes, failures, and hurdles as well as to ensure a venue for feedback to referring primary care providers. Encourage ongoing, open dialogue and discussions within the professional community. Emphasize the goal of working together collaboratively to provide a multidisciplinary prostate program that promotes patient-focused decision-making and allows patients to readily obtain information from a variety of knowledgeable providers to make educated, informed choices.

Serving as the go-to resource for prostate cancer education, diagnosis, and state-of-the-art treatment information will not only increase consumers' awareness but will result in increasing market reach. The prostate cancer program's objective is to provide unbiased, objective treatment information to empower patients to manage their care and make educated decisions. Plan special programs, seminars, and lectures during Prostate Cancer Awareness Month (September) and include notable guest speakers from the public sector to increase visibility and exposure in the market.

Prostate Cancer Screenings and Second Opinion Clinics. Prostate cancer screenings offer early detection and diagnosis and serve as an opportunity to be visible in the community. Target efforts towards the specific needs identified during the community assessment. Screenings and health fairs can be held on-site as well as off-site with targeted populations, for example, at major local employers' business locations. Build relationships by establishing collaborative educational and screening programs with local employers, men's groups, church leaders, chaplains, parish nurses, and congregation members.

Second opinion clinics can increase outreach by providing early services to patients diagnosed elsewhere with prostate cancer who are seeking additional expert insight. Clinics result in program growth and facilitate cross referrals which benefit both patients and physicians.

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

Rehabilitation, Survivorship, and Support Programs. These are important services to provide to prostate cancer patients and to men facing treatment decisions in the early stages of diagnosis. These programs also provide opportunities for outreach and visibility in the community.

Develop rehabilitation and survivorship programs using resources available from, for example, ASCO and UCLA Livestrong Survivorship Center of Excellence. Survivorship and support programs, such as Man to Man, should use unbiased and objective volunteers and mentors. These individuals serve as valuable resources for men facing treatment decisions and for those recovering from prostate cancer. Group and individual meetings provide an opportunity for men to frankly discuss their concerns and address sensitive topics such as sexual dysfunction and incontinence.

Community Impact. During early program planning, establish measureable outreach goals for detection and prevention based on the specific population needs in the region, for example, high-risk groups, uninsured, underinsured, etc. Using these measures in addition to financial and volume measures will enable the program to specifically report to the public how they are meeting the community's needs for prostate cancer services.

Conclusion

Successful prostate cancer programs vary in size and shape from “virtual” programs focused on education and advocacy to “all-services-in-one-location” programs that provide state-of-the-art surgical and radiation oncology services in one location. What these all successful program have in common is a shared vision: *Empowering patients* to manage their healthcare and make educated treatment decisions.

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

Developing a Prostate Program Budget

Large healthcare providers typically have a cancer budget with all programs rolled into a general oncology center or an oncology budget. Building a separate prostate cancer program budget allows stakeholders to analyze the program's financial health in a systematic and methodical manner.

In developing a separate budget and specific financial measures for the prostate cancer program, work closely with finance to identify critical financial measures for budgeting and funding purposes. Analyzing the program separately will help to distinguish the disease-specific program. Your program budget process should include planning for growth projections and fundraising, or a department representative responsible for these functions.

Financial Indicators. Specific financial measures for tracking and monitoring program success should be identified by the core team of prostate program stakeholders. These measures will likely include:

- Return on investment (ROI)
- Growth goals
- Profitability goals

Large healthcare providers typically have many of the needed services already in place, such as surgery, radiation oncology, and pathology. Financial development can be extremely difficult when services are accounted across various departments. While information gleaned by creating specific program budgets is important, it is not often realistic given existing accounting systems and financial practices. The optimal solution is to move to cost account planning and budgeting for each specific program. Regardless of the methodology used, it is critical to identify the specific programs within the service line that are meeting expectations and those that are not.

Costs. While it is difficult to identify *actual costs* related to individual patients throughout their course of treatment, it is important to approximate contribution margin of revenue per patient by treatment type or course of treatment at the outset of the prostate cancer program. Work collaboratively to develop assumptions for determining costs, revenue, and contribution margin per patient.

Many large healthcare providers have already developed cost proxies for some services such as IMRT, brachytherapy, surgical, and per day inpatient costs. Programs that do not use a cost accounting system will need to develop cost proxies for each service that will be provided in the new prostate program.

To develop a cost proxy:

- Begin by identifying the specific services that will be offered as part of the prostate cancer program.
- Identify each unit of care involved in the service, the qualifications of the care giver, and the time involved for each activity.

Guide to Best Practices in a Comprehensive Prostate Cancer Program

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- Work with the finance team to identify the costs that already exist and those that are not yet detailed.

Table 1 provides a sample cost proxy for patient advocate/nurse navigator services.

The ultimate goal is to capture data that allow stakeholders to evaluate costs per patient by treatment for each treatment that is offered such as:

- Diagnosis only
- Diagnosis and surgery
- Diagnosis and radiation
- Diagnosis and clinical trial, etc.

Once costs per patient service are identified, use the volume by service to calculate the cost side of the equation. Typically the cost developed by finance includes all administrative costs as well as direct patient care.

Going forward, attribute service codes in the accounting system for non-chargeable work such as counseling and patient advocate/nurse navigator services. This will be useful data for evaluating these services over time and for justifying future costs.

Revenues. The revenue data are typically easier to quantify than the cost side of the *pro forma*. Revenue per service can be readily calculated under our current payment methodology. Use the same treatment options used to create the cost proxies. Identify the CPT/HCPCS codes for each treatment mix. Some services will not have CPT/HCPCS and are not paid by insurers. Use Medicare payments that apply to geographic location and provider type. Calculate cost per service from the Medicare fee schedules and multiply by the volume established for costing.

The initial step in calculating expected revenue is to use Medicare coverage payments. The payer mix should be factored in next to create more accurate revenue forecasting. Ideally the finance department should provide a current payer mix, by oncology service line and the expected payment by payer class (used as a percentage of Medicare). Recalculate the expected revenue based on refining the payer mix data.

(Once the project is approved use the data prepared to create the recordkeeping needed for ongoing tracking and monitoring. Review data summaries on a monthly basis and detailed reports on a quarterly basis for ongoing monitoring of financial and volume results.)

Analyze the *pro forma* and determine if the program is profitable as initially conceived. Do the calculations meet the required ROI? Is it necessary to adjust the program expectations and/or offer different services and treatments to ensure financial success? Question all the initial assumptions about the services included in the calculations especially if the numbers reflect continuing loss projections. It may be that the program is a loss leader that will support other profitable services.

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

**Table 1. Sample Proxy for Cost of Patient Advocate Service Personnel:
 Patient Advocate @ \$60,000 annually plus 30% benefits**

DESCRIPTION	Units	Time per Unit	Cost per Unit	Cost per Service
Services Pre-Diagnosis				
Outreach Calls	5	10 min	6.25	31.25
Outreach Visits	3	30 min	18.75	56.25
Screenings	1.5	20 min	12.50	18.75
Education Programs	0.2	60 min	37.50	7.50
Data Research & Review	0.02	480 min	300.00	6.00
Total				119.75
Diagnostics				
Patient Interview	1	15 min	9.38	9.38
Conference with Urologist	1	15 min	9.38	9.38
Conference with Radiation Oncologist	1	15 min	9.38	9.38
Tumor Board Conference	0.25	60 min	37.50	9.38
Total				37.50
Pre-Treatment Decision Making				
Follow-up with Patient	1	30 min	18.75	18.75
Family Discussion	1	60 min	37.50	37.50
Education & Questions	1	45 min	28.13	28.13
Decision /Phone Call	1	20 min	12.50	12.50
Total				96.88
Post-Treatment Follow-up				
Treatment Follow-up in Hospital/Center	2	15 min	9.38	18.75
Follow-up Calls at Home	3	5 min	3.13	9.38
Patient Satisfaction Survey	1	30 min	18.75	18.75
Patient Quality Survey	5	30 min	18.75	93.75
Survivor Groups	0.25	300 min	187.50	46.88
QIP Data Entry & Review	5	20 min	12.50	62.50
QIP Presentation to Physicians	3	5 min	3.13	9.38
Total				259.38
Administrative Costs				
Cancer Program Overhead		10%	513.50	51.35
Hospital Overhead		7.50%	513.50	38.51
Total				89.86
COST				603.36

Guide to Best Practices in a Comprehensive Prostate Cancer Program

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Critical Volume Measures to Track and Monitor

- Prostate cancer cases
- Prostate cancer cases by provider (in addition to total cases)
- Incidence in primary and secondary service areas
- Unduplicated patient count
- Surgical procedures by type
- Radiation treatments by type
- Active surveillance
- Medical oncology
- Initial exams
- Nurse navigator visits
- Follow-up visits
- Biopsies
- Inpatient admissions
- Referral sources
- Survivorship visits
- Group participation
- Education visits
- Clinical trial accruals
- Screenings by service area zip code
- Non-chargeable visits
- In- and out-migration to and from other service areas

Guide to Best Practices in a Comprehensive Prostate Cancer Program

A Project of ACCC's Center for Provider Education

Capital Investments

The initial pro forma indicates the viability of the prostate cancer program. If the hospital needs to invest in capital, these costs should be included in the initial calculations and depreciated over time. Many hospitals have a process in place for purchasing capital needs.

The prostate cancer program needs to use the same rigorous process, tools, and priorities that senior management and the hospital board have established for capital improvements and new technology purchases. Meet with the CFO and understand the process for evaluating new technology based on the hospital or system's approach to allocating capital.

Be prepared to show cost per unit of service and revenue per unit of service to justify major capital expenses. Describe the community benefit and impact as well as how the capital purchase will meet the goals and mission of the hospital. Consider engaging a physician champion partner for capital projects.

Keep in mind that cancer center investments contribute to other hospital programs' revenue downstream. It may be appropriate to use the total cancer center volume to justify technological purchases and to develop profit and loss statements for major capital purchases.

Consider the regional competition that influences capital spending and strategic decisions. Factor in population growth, utilization, and consumer demand for patient-focused services in evaluating technology investments.

Capital spending decisions require a rigorous process for selection and financing. With reimbursement decreasing and funds for capital purchases limited, comparing the cost and benefit of a capital purchase and prioritizing a hospital's needs must be based on strategic vision and foresight.

Factors to consider include:

- Cost – initial cost of the capital equipment
- Additional overhead expenses – implementation of the equipment adds overhead costs due to training requirements and equipment education
- Treatment options – determine existing treatments that will no longer be used as a result of new acquisition and account for reduction in these services in calculations
- Life span of the capital purchase
- Net revenue from new technology.

Be aware of competing values for capital dollars. The prostate program is but one program vying for capital funding. It is important to be able to justify capital investments as a strategic investment in the future. Fundraising and grants can often supplement hospital investments and enable programs to succeed.

Fundraising and Grants

A key element for a community-based prostate program's success is to find ways to assure care is widely available to patients in the region, particularly those who are under- or uninsured. In today's economic environment, patients may be finding it difficult to pay for some or all of their responsibility for medical care because of job loss, insurance premium costs, increasing costs of care, etc. The prostate cancer program will benefit from fundraising activities targeted specifically to the program. Monies raised from fundraising and grants can help offset the care provided for those less financially fortunate in the community such as the underinsured and uninsured.

Develop a fund to support patients with unmet needs. Actively solicit within the community for support from local corporations, businesses, and successful individuals. Develop advocates in the community to serve as philanthropic leaders to raise funds for prostate cancer care.

Raising money specifically targeted to prostate cancer care can enable hospitals to exceed the competition by allowing the hospital to offer exceptional advocacy, educational resources, and complimentary services beyond simply diagnosis and treatment options. Extend an invitation to the community to support a multidisciplinary approach to prostate cancer care by making donations specifically targeted to the program as early as the planning stages of program development.

Build charitable funding sources and direct funds specifically to prostate cancer care to help the more fortunate in the service area support the less fortunate who are in need of health care. Evaluate grant opportunities for indigent patients and uncompensated care for prostate cancer patients.

Checklist for Prostate Program Development

1. Identify program need with community assessment
2. Conduct focus groups with recently diagnosed and post-treatment patients
3. Analyze competition and existing services available in community
4. Define program services based on market needs and high-risk populations
5. Secure unbiased physician and administrative program leader
6. Develop business plan
7. Develop three-year *pro forma* using cost proxies and actual costs
8. Engage appropriate clinical players
9. Develop core patient care team
10. Designate or hire patient advocate/nurse navigator
11. Secure ACS Navigator
12. Identify existing program protocols, guidelines, and standards
13. Collectively develop program philosophy, policies, guidelines, and clinical pathways
14. Set program reporting and meeting parameters
15. Characterize provider-patient consultation process
16. Set standards for provider-patient ongoing communication
17. Define financial and quality data collection requirements
18. Collect and standardize treatment outcomes data
19. Initiate operational quality measures to monitor patient satisfaction over time
20. Stratify data to evaluate costs per patient by treatment for each treatment offered
21. Identify timeframes and benchmarks for data analyses
22. Offer community detection and diagnosis programs
23. Provide community-based education opportunities
24. Promote program and outreach in community to professional and public sectors
25. Offer rehabilitation, survivorship, and support programs based on market needs
26. Update web-based program, treatment, and education information
27. Evaluate program capital need ongoing
28. Calculate program fundraising requirements and build charitable funding sources