

The National Cancer Institute (NCI) Community Cancer Centers Program (NCCCP): A Model for Reducing Cancer Healthcare Disparities



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INTRODUCTION

Effectively addressing healthcare disparities is challenging across all healthcare settings and is a priority for many healthcare and medical organizations including ASCO, which has developed a health disparities policy statement.

The purpose of this poster is to:

- Describe the approach taken by 16 community hospitals working with the National Cancer Institute in a pilot program;
- Note the factors that contributed to the success of the effort; and
- Present results from a 3-year pilot program.

METHODS

- The NCI and the 16 hospitals functioned as a learning collaborative to determine the most effective strategies to achieve the program goals for addressing healthcare disparities.
- The program required (1) CEO/institutional engagement and investment and (2) 40% of NCI funding allocated to support disparities initiatives.
- Sites initially focused on capacity building (i.e., data collection, education).
- Sites selected a specific target population to focus their efforts.
- The network of sites provided technical assistance to one another and standardized data for benchmarking performance.
- Common patient-level metrics were developed to show outcomes (organizations typically track activities for disparities and not outcomes).

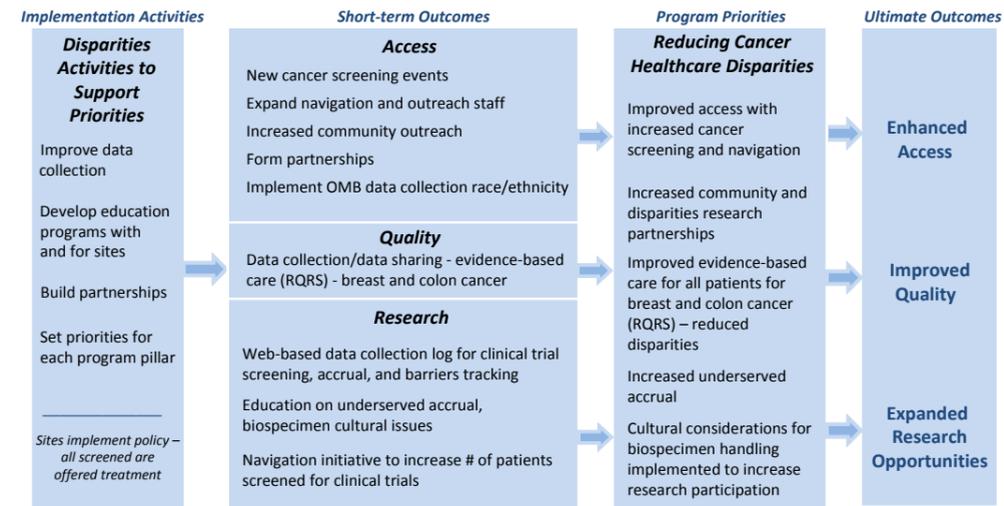
TOOLS AND RESOURCES

Tools and resources developed by the NCCCP are posted on the web and can be used by other organizations to support efforts to address cancer healthcare disparities.

- NCCCP Monograph, the NCCCP series featured in *Oncology Issues*, describes disparities efforts and clinical trials initiatives to support underserved accrual (http://www.nxtbook.com/nxtbooks/accc/ncccp_monograph/)
- Community Outreach Template (<http://ncccp.cancer.gov/files/NCCCP-Template-for-Community-Outreach.pdf>)
- Breast Screening Tracking Tool (<http://ncccp.cancer.gov/files/NCCCP-Breast-Screening-Tracking-Tool1.pdf>)
- Clinical Trials Screening and Accrual Log (<http://ncccp.cancer.gov/files/NCCCP-CT-Screening-Log-1-17-11.pdf>)
- Medical Staff Conditions of Participation including care of the uninsured (<http://ncccp.cancer.gov/files/NCCCP-Conditions-of-Participation.pdf>)

Institutional Investment and Engagement

Disparities Workplan Overview 2007 Pilot Program



Network Engagement



The NCCCP defines populations affected by cancer health disparities to include racial and ethnic minorities, and other underserved populations: residents of rural areas, women, children, the elderly, persons with disabilities, the uninsured, and the socioeconomically disadvantaged.

This project has been funded in whole or in part with federal funds from the National Cancer Institute, National Institutes of Health, under Contract No. HHSN261200800001E. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

RESULTS

Evaluation of the 3-year pilot has shown improvement for underserved populations:

- Improved concordance with Commission on Cancer Rapid Quality Reporting System (RQRS) quality measure for radiation therapy for breast-conserving surgery among Medicaid patients (*from 59.5% to 84.8% [p<.05]*)
- Increased community screening events (*from 992 to 1,585*) and community partnerships focused on underserved populations (*from 78 to 195*)
- Increased accrual to NCI trials (*minority accrual from 82 to 151 and elderly [65 and over] from 200 to 641*)

CONCLUSIONS

To be effective in reducing cancer healthcare disparities, a systematic and multi-level approach with a focus on capacity building is needed. This includes having:

- Organizations that demonstrate a strong community-oriented mission
- Policy that all patients who are screened by the organization are offered treatment
- Commitment by hospital management
- Engagement of private practice physicians
- Targeted training of staff
- Use of standardized data collection and metrics (i.e., race and ethnicity across data systems)
- Involvement of strategic partners with aligned goals at the national and local levels
- Support by relevant NCI experts
- Processes to share best practices across a learning collaborative.

The NCCCP used this disparities model in a variety of community settings targeting different underserved population groups and has demonstrated improvements using key indicators.

ABOUT NCCCP

- The pilot program was a public-private partnership between NCI and 16 community hospitals in 14 states.
- The pilot program served 27,000 new cancer cases each year.
- Medical care is provided largely through private practice physicians.
- In 2010, the program was expanded beyond the pilot stage to include 30 sites, serving 53,000 new cancer cases each year.
- Sites serve different subpopulations, including African American, Hispanic, Asian, and Native American.