

## NCI Community Cancer Centers Program Pilot: 2007-2010

### Introduction

As the pilot phase of the NCI Community Cancer Centers Program (NCCCP) concludes its first of three years, each participating community hospital has taken steps to accelerate cancer research and raise the quality of care—and to do both with a special emphasis on minority and underserved patients.

The 16 participating hospitals have made considerable progress toward achieving the major goals of the pilot. All sites are accruing more patients to clinical trials. Some have begun moving their decentralized, paper-based records systems into computerized data that will improve both cancer research and patient care, while enabling minorities and underserved patients to more effectively benefit from the most up-to-date, evidence-based care.

NCCCP pilot hospitals are at the forefront of putting into place national standards for handling biospecimens bound for research laboratories. These standards will improve cancer research and the development of advanced therapies custom-tailored to individual patients.

These community hospitals have entered into new collaborations with NCI-designated Cancer Centers located at major research institutions around the country and expanded their relationships with local private medical practice oncology physicians. Through these connections, NCI is extending the reach of its research programs into rural, inner-city, and underserved communities.

The pilot is beginning to define for the NCI what it will take to build a national network of community cancer centers that are fully engaged with the research community and that provide the latest evidence-based, multidisciplinary care and treatment to patients of all racial and ethnic backgrounds, and socioeconomic standings in their home communities.

### Summary of Noteworthy Accomplishments

#### Sites launch concerted effort focused on three phase III clinical trials

NCCCP pilot hospitals began screening patients for three NCI Clinical Trials Support Unit (CTSU) trials in February 2008. They are tracking patient demographics, protocol screening methods, and enrollment details including reasons for not participating. Initial evaluation suggests that this effort has increased the patient accrual rate to each of the three trials for breast, colorectal, and lung cancers.

#### An increase in relationships with major research institutions

NCCCP pilot sites have increased the number of collaborations and other formal linkages they have with NCI-designated Cancer Centers and other academic biomedical research institutions. This benefits research by linking patients with early- and later-stage clinical trials and gives patients greater access to the latest advances in medical science.

## **Breast cancer screening tracking tool improving care and expanding clinical trials**

The tracking tool, developed jointly by the pilot hospitals, is being tested as an effective mechanism for monitoring the lag time between initial screening, diagnosis and care, and recruitment for clinical trials, particularly for underserved individuals. Pilot hospitals are at various stages of assessing the new tool. One hospital has used the tool to cut one week off the average time between cancer screening and follow-up.

## **Formal agreements forged to improve access for disparate populations**

Pilot sites are linking with NCI's Community Networks Program (CNP) to reduce cancer health disparities through community-based education, training, and research among racial/ethnic minorities and underserved populations.

## **Breast cancer treatment summary and care plan developed**

Building on the new ASCO treatment summary forms, the pilot sites created a survivorship care planning tool for women completing breast cancer treatment. The template includes detailed information on treatments received, guidelines for surveillance, as well as a list of risk factors for potential long-term and late effects of therapy and approaches to monitor and address these possible problems. Use of the breast cancer treatment summaries by physicians and patients will be evaluated over the next year.

## **Sites connect with NCI's Cancer Information Service Resources**

Connections are being made between NCI's Cancer Information Service (CIS) and the NCCCP pilot sites. The CIS staff are introducing to the sites NCI patient education materials, program planning resources, and NCI evidence-based programs and tools. NCCCP patient navigators and other pilot staff (100 total) also recently participated in a two-hour webinar hosted by CIS which resulted in an increase from one to nine in the number of NCCCP patient navigators actively recruiting patients to the CTSU clinical trials mentioned above.

## **Collaboration with Commission on Cancer to improve patient care**

NCCCP pilot hospitals are working with the American College of Surgeons' Commission on Cancer to carefully assess quality-of-care improvements against commission indicators. Through a new Quality of Care Collaborative group, the hospitals are sharing data for this assessment project.

## **Oncology group practices join in NCCCP/ASCO quality initiative**

Nineteen physicians from 5 NCCCP pilot sites are participating in the American Society of Clinical Oncology's (ASCO) Quality Oncology Practice Initiative (QOPI). The program involves intensive, quality-indicator data collection for which ASCO does the analysis, comparing QOPI-participating physicians with other cancer physicians around the country. NCCCP pilot hospitals are enrolling more doctors in the program, which will boost QOPI's analytic power.

QOPI will collect physician practice data for comparison with ASCO quality-of-care guidelines. Feedback will help NCCCP pilot medical staff identify areas for further improvement. This voluntary initiative exceeds pilot requirements and exemplifies the successful efforts of hospitals working with their private practice oncologists to achieve and exceed NCCCP pilot goals.

## **Multidisciplinary Care Model driving patient care improvements**

NCCCP pilot hospitals have defined a Multidisciplinary Care (MDC) model for cancer care in a community setting that describes aspects of team care that are critical to overall quality of care. An in-depth MDC assessment tool has been developed and includes integrated efforts in case planning, physician engagement, coordination of care, infrastructure, and financial considerations. Sites will assess their programs against the model to make improvements. A similar model for Genetic Counseling Service requirements has also been developed to guide improvements.

## **Cancer medical staff conditions-of-participation model proposed**

To improve physician performance, the NCCCP pilot network has proposed conditions of participation for medical staff at community cancer centers. The document aims to set the baseline for experience and performance requirements. Criteria include the volume of cancer patients, participation in clinical trials and in quality of care initiatives/studies, acceptance of uninsured patients, and board certification. Sites will be encouraged to adopt these conditions of participation.

## **NCI and ASCO sign agreement on electronic health records**

As a result of the NCCCP pilot, NCI has a memorandum of understanding with ASCO's Electronic Health Records initiative (EHR). ASCO is encouraging adoption of electronic health records to improve the quality of oncology practice. NCI and NCCCP pilot sites are ensuring that ASCO, as well as the electronic health records vendors, incorporate the special needs of community hospitals in their planning and development, and to ensure that resulting health records templates are compatible with NCI's caBIG™ (cancer Biomedical Informatics Grid™). NCCCP pilot sites led the efforts for caBIG™ experts to meet with EHR vendors.

## **Seven hospitals adopting caBIG™ clinical trials tools; one sharing research data**

Fifteen of the 16 pilot hospitals have paper-based recordkeeping but that is quickly changing. Four sites have begun to integrate data electronically, and one of those will use electronic records in an NCI trial. Seven pilot hospitals are adopting caBIG™ clinical trials tools; one is adopting caTissue and sharing data with the clinical research community. Other sites are at various stages of assessing or adopting various caBIG™ resources.

## **NCCCP pilot takes first step in standardizing collection of medical specimens for research**

To help meet the critical need for standards for collecting, storing, and delivering medical specimens for research, the NCCCP pilot is implementing NCI recommendations for snap-frozen and formalin-fixed tissues and other samples. This group of hospitals is among the early adopters of the NCI Best Practices for Biospecimen Resources, which aims to improve the quality of medical specimens that are becoming increasingly important for research.

## **Sites proposing biospecimen collection for The Cancer Genome Atlas**

Five NCCCP pilot organizations applied to The Cancer Genome Atlas (TCGA) Prospective Specimen Collection initiative and one or more awards are likely to be made. Through TCGA, NCI and the National Human Genome Research Institute seek to accelerate understanding of the molecular basis of cancer through large-scale genome sequencing and other analyses.

## **Sites raising awareness through the media, reaching into minority communities**

Pilot hospitals publicized their participation in NCCCP through newspaper articles, paid advertising, in-house publications, and community events. They conducted extensive outreach, education, and community awareness projects, with a focus on underserved and underrepresented populations.

## **Pilot sites co-invest \$3 for every \$1 of NCI funding in public-private partnership**

NCCCP pilot organizations and their executive leadership have made a strong commitment to bringing leading-edge research and care to the community setting. They have contributed at least \$3 for every \$1 of NCI funding to support pilot activities, for a total co-investment of more than \$47 million from the pilot sites.

## **More than two dozen new community hospital staff hired to support NCCCP**

Pilot sites have hired more than two dozen staff to support the NCCCP pilot, including program directors, a director of cancer genetics and stem cell biology, a board-certified palliative care physician, oncologists, clinical trials and outreach coordinators, clinical research staff, patient navigators and advocates, IT managers, and patient care coordinators.

## **NCI initiates NCCCP evaluation with RTI International**

In September 2007, NCI selected RTI International (RTI) as the evaluator for the NCCCP pilot. The evaluation will include a cost study, a patient survey (to be conducted in the fall of 2008 and repeated toward the end of the pilot period), and a case study that includes annual site visits to all pilot sites implementing the NCCCP. So far, the Evaluation Team has worked to develop a comprehensive evaluation plan for all 3 years and drafted protocols to be used during the first year of site visits.

The cost study is currently underway with plans for the collection of cost data from all the pilot sites, and with a “business case” or return-on-investment study under development. The patient survey has been drafted and is currently being pre-tested with patients at a few of the pilot sites. Patient survey data collection is planned for late 2008.

## **Years Two and Three**

In the remaining two years of the NCCCP pilot, the sites are working on their individual plans to meet the long term goals of the initiative. In addition, they will continue collaborating to further strengthen this network of community cancer centers and keep looking ahead to continue learning from this public-private partnership for the best ways to advance state-of-the-art cancer care and research in the community setting.

