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## Session Overview

- Importance of Cancer Research
- Impact of Research on Patients and Healthcare Systems
- Barriers to Clinical Trial Participation
- Models for Transformation of Complex Systems
- Multidisciplinary Clinic: Patient-centered Critical Pathway

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## Problem:

- Nationally, only 3% to 5% of newly diagnosed adult cancer patients participate in clinical trials, despite the association of well-conducted trials with improved patient outcomes.

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### Why are clinical trials so important in cancer care?

- Clinical oncology is a research specialty.
- Optimal therapy for many cancers continues to evolve
- Difficult clinical situations without obvious answers - a daily feature in the practice of oncology.
- It has become clear that patients are best served by participation in clinical trials.

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### National Comprehensive Cancer Network (NCCN) Guideline Statement on Clinical Trials

■ *“The best management of any cancer patient is on a clinical trial.”*

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### Impact of Cancer Research for Patients

- Clinical trials provide evidence-based medicine to drive treatment decisions and improve patient care.
- Participation in clinical trials has facilitated a more rapid dissemination of new treatment methodologies and new agents into the community where many of the research results are directly applicable

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## Impact of Cancer Research on Healthcare Systems

- Commission on Cancer Accreditation Program of the American College of Surgeons requires participation in clinical research for community hospitals with 650 or more newly diagnosed cancer cases per year.
- Commendation is awarded for accrual exceeding just 4%
- Cancer research in the community practice setting is vital to the advancement of knowledge and should continue to be supported by hospital administrators

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## #1 Barrier to Patient Access-Physicians

- Few physicians routinely discuss the option of receiving treatment through a cancer clinical trial.
- Harris poll found that 85% were never asked by their oncologist to consider at clinical trial treatment option.
- Of those patients surveyed, 75% would have considered a clinical trial if it were offered.

Comis, RL Miller, JD, Aldige, CR, et al. Public attitudes toward participation in cancer clinical trials.

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## Question?

- Once a patient receives a cancer diagnosis or is sent for diagnostic work-up, what is the responsibility of the treating physician to inform him/her about clinical trial treatment options in the treatment decision process?

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## A Shared Responsibility for Oncology Healthcare Providers

- Improve patient care and outcomes by providing access to cancer clinical trials

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## What we Know

- Where the patient is sent first has huge implications about whether he/she is offered a clinical trial as a possible treatment option.
- Similarly, introductory or supportive words about CCTs from the trusted physician are very important for the patient to consider.

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## Paradigm Shift

- There are multiple opportunities to introduce clinical trials as a treatment option from the time a patient receives a cancer diagnosis or is sent for diagnostic work-up.
- Raising awareness of CCTs to encourage referrals from PCPs, surgeons, medical oncologists, radiologists, etc may increase accruals

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## Our Reality is Not Ideal

- *“Every system is perfectly designed to achieve exactly the results that it achieves.”*
  - Don Berwick, MD and Paul Bataldan, MD
- *“Between the care we have and what we could have lies not just a gap but a chasm.”*

IOM, Crossing the Quality Chasm, 2001

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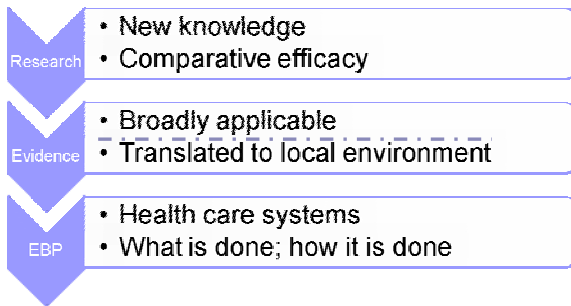
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## Lost in Translation?



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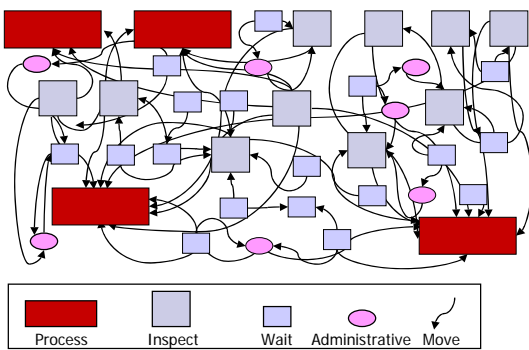
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## Realities of Today's Health Care



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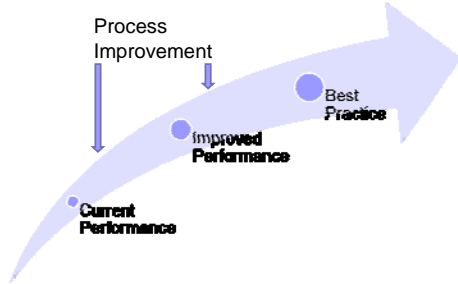
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## Performance Improvement



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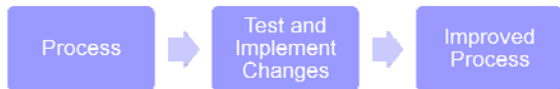
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## Process Improvement



- Get ideas that work from others
- Use frameworks like the Care Model and Change Package and Change Methodology to accelerate change

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## Quality Improvement

# CLOSE THE GAP

Use evidence and evidence-based practices to improve current care to more idealized care.

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## IOM AIMS for Improved Health Care

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

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## Rapid Cycle Change Methodology



- Requires focus or aim
- Involves small tests of change
- Changes informed by learning
- Invites the staff that do the work
- "Measure but verify"
- Improves buy-in
- Improves success of implementation



[http://www.apiweb.org/API\\_home\\_page.htm](http://www.apiweb.org/API_home_page.htm)

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## How do we decide WHAT to change?

Figure 2. The Expanded Chronic Care Model: Integrating Population Health Promotion



Created by: Victoria Barr, Sylvia Robinson, Brenda Marin-Link, Lisa Underhill, Anita Dotts & Darlene Ravensdale (2002)  
 Adapted from Glasgow, R., Orleans, C., Wagner, E., Curry, S., Solberg, L. (2001). "Does the Chronic Care Model also serve as a template for improving prevention?" *The Milbank Quarterly*, 79(4), and World Health Organization, Health and Welfare Canada and Canadian Public Health Association. (1986). Ottawa Charter of Health Promotion.

Barr, et. al. The Expanded Chronic Care Model, *Hospital Quarterly* 2003.

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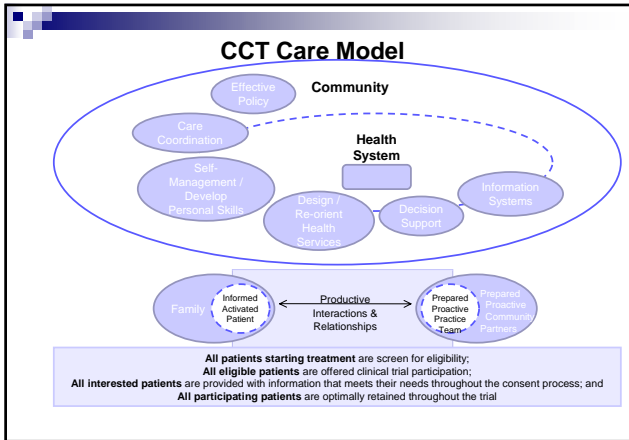
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- ### Models for Transformation of Complex Systems
- Help ensure we address the breadth of changes that are important
  - Organize an approach to the changes that must happen
  - Used along with rapid cycle change methodology
  - Monitoring the impact of changes recommended

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- ### Critical Pathways
- Critical pathways are management plans that display goals for patients and provide the sequence and timing of actions necessary to achieve these goals with optimal efficiency.<sup>1</sup>
  - A pathway for idealized care – each step needs to be completed
  - Pathways are impacted by provider issues, system issues and patient issues.
1. Pearson SD, Goulart-Fisher D, Lee TH. Critical pathways as a strategy for improving care: problems and potential. *Ann Intern Med.* 1995;123:941–948

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## Rationale for a MDC

- Patients with newly diagnosed cancers today have multiple treatment options
- A MDC can provide a setting in which all appropriate treatment choices are presented, reviewed and discussed in detail by the specialists

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## Customize your own MDC

- Conduct a SWOT analysis of the cancer program
- Identify stakeholders
- Design a framework for the MDC with input from stakeholders
- Identify lead physicians and obtain their support as leaders (Physician Champion)

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## Customize your own MDC

- Meet with physician leaders to develop processes
- Design and review a billing plan with hospital and legal counsel
- Develop a participation agreement
- Obtain administrative support

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### Core Components of the MDC

- Disease-specific tumor board with of physicians and other clinicians
- All relevant work-up completed prior to MDC evaluation
- Nurse Navigator to help collect the relevant data prior to tumor board
- Nurse Navigator to assist in appropriate staging work-up for prospective treatment planning

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### Patient Perspective

- Knowledge that their cancer specialists are communicating with each other
- Knowledge of all of their treatment options including clinical trial treatment options
- Reduce the repetitiveness of multiple clinic visits and long wait times
- Reduce confusion and stress associated with decision making with coordinated treatment planning.

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### CCT as a first treatment option

- Patients in the MDC are offered a clinical trial when appropriate as a first treatment option as recommended by NCCN guidelines.
- Literature review demonstrated that clinical trial accruals increased significantly when patients have a MDC evaluation and are presented clinical trial options at initial diagnosis.

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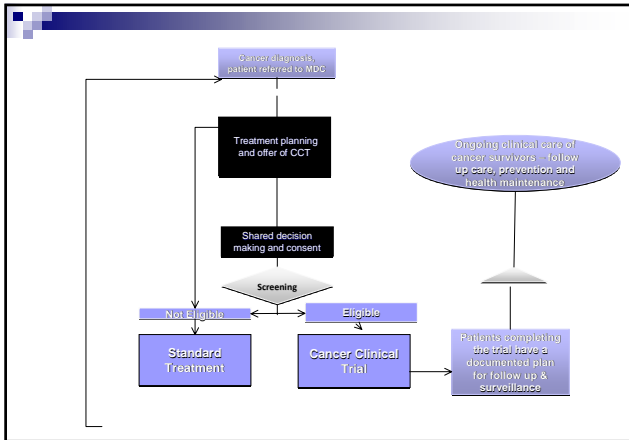
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## Questions and Comments




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