Building a **Nutrition Program** within a New Comprehensive Cancer Center

The Exempla Saint Joseph Hospital Comprehensive Cancer Center (ESJH CCC) was officially established on July 1, 2008, when two simultaneous events occurred. First, Saint Joseph Hospital signed a contract with a cancer center management group. Second, Saint Joseph Hospital purchased a private medical oncology practice consisting of four medical oncologists to complement its existing radiation oncology department of five radiation oncologists. We estimate that ESJH CCC will see 1,600 new cancer diagnoses and generate approximately 80,000 outpatient appointments annually. The four primary cancer diagnoses treated are breast, prostate, lung, and colorectal cancers.

In September 2009 medical oncology, psychosocial oncology, the infusion center, surgical oncology offices, and the breast center moved to a 26,000-square-foot interim building adjacent to the ESJH campus while a new outpatient cancer center is built as part of a larger hospital building project. Radiation oncology remained within Saint Joseph Hospital, but is expected to be included within the new outpatient cancer center when completed.

The executive team's vision was an outpatient cancer center that would provide comprehensive care that addresses all of the needs of patients and their families throughout the cancer continuum. This comprehensive view not only included all of the relevant medical disciplines but also psychosocial oncology disciplines, including nutrition. To ensure that all of the skills of the registered dietitians (RDs) are accessed, the executive team chose to place nutrition services within the purview of the psychosocial oncology department. Many programs are structured so that RDs are forced to focus only on the clinical aspects of care and are unable to put their educational, program development, and research talents to use. For our new cancer center, we decided that nutritional services would be best supported and fully utilized within the psychosocial oncology department.

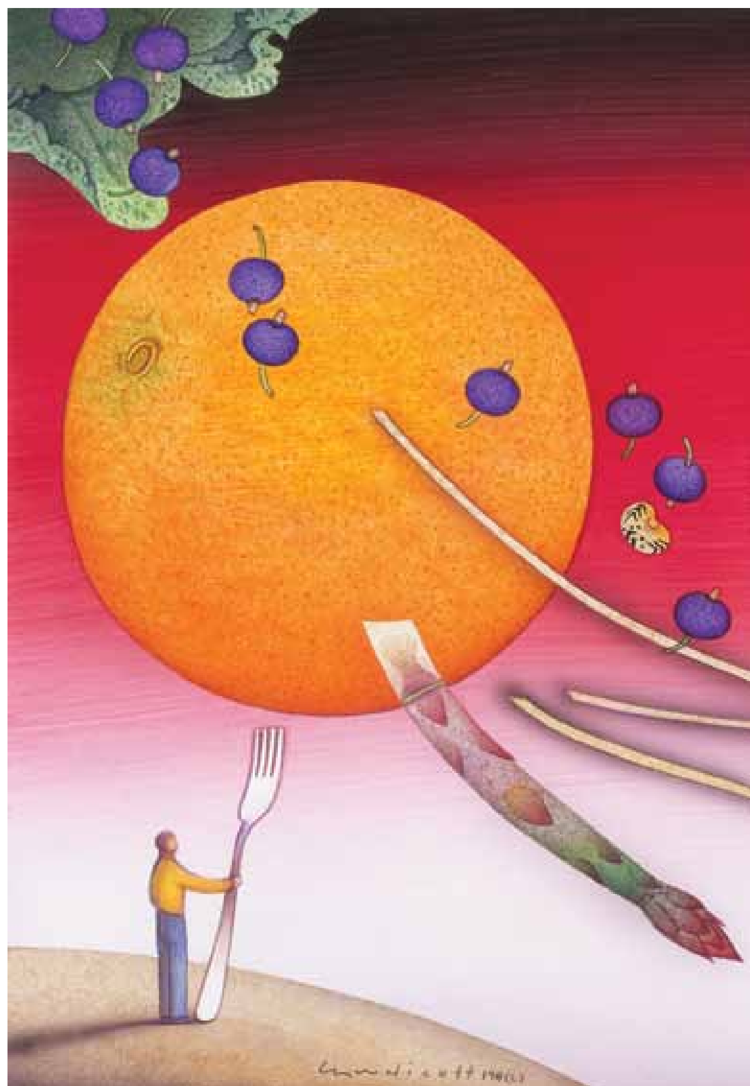

ILLUSTRATION BY JAMES ENDICOTT

Developing the Nutrition Program

Our first consideration in designing the new cancer center's nutrition program was the needs of our patient population: age, socioeconomic status, literacy, and ethnicity. We envision nutrition care to include direct patient care and education from diagnosis through to survivorship and palliative care. Our hope is to integrate nutrition programming and services throughout the cancer center.

As mentioned above, in terms of organizational structure, the nutrition program is located within the psychosocial oncology department; however, the standards of nutrition practice and the standards of nutrition care for the program were decided by the registered dietitian.

The American Dietetic Association (ADA) and the Oncology Nutrition Dietetic Practice Group (ON-DPG) published Standards of Practice (SOP) and Standards of Professional Performance (SOPP) in 2008. These standards are for RDs in oncology nutrition to evaluate their practice, identify areas for professional development, and demonstrate competency in this specialty area. The SOP and SOPP standardize the quality of oncology nutrition services and can be used as a basis for job descriptions and professional competencies. Our cancer program fully endorses the following statement:

> *"RDs working in all cancer-related practice settings need to develop the appropriate skills, competencies, and knowledge to provide safe and effective care across the cancer continuum…to meet the growing demand for nutrition and lifestyle interventions for individuals affected by cancer."*[1]

by Shari Oakland, RD, and Jeff Kendall, PsyD

These standards provide the expectation of continual learning and specialization to be able to provide high-quality nutrition care to cancer patients. Therefore, we developed the following standards for ESJH CCC's nutrition program:

- *Standard 1:* Dietitians employed by ESJH CCC must be registered by the Commission on Dietetic Registration with at least three years of related experience.
- *Standard 2:* Dietitians will become a CSO within two years of hire.
- *Standard 3:* Dietitians will participate in the ON-DPG and will pursue learning and leadership opportunities in cancer-related organizations.

With the standards of practice in place, we next needed to define the nutritional standards of care. The Association of Community Cancer Centers (ACCC) established guidelines with supporting rationale and characteristics for nutritional support services in cancer centers, referencing information from the National Comprehensive Cancer Network (NCCN) and the ADA. These guidelines, along with general desired standards from past clinical experience and philosophy, guided the creation of the following nutritional standards of care:[2]

1. Registered dietitians are available to provide evidence-based nutrition care and services to patients and their families.
2. Registered dietitians will provide nutrition care, based on the ADA Nutrition Care Process, to patients identified at risk for having nutritional problems or special needs.
3. Registered dietitians will operate as a member of the multidisciplinary team providing oncology care.
4. Registered dietitians recognize and respect patient autonomy in cancer care and, along with the interdisciplinary team, will manage nutrition and hydration unique to each individual.
5. Registered dietitians provide nutrition services to the community, including outreach programs addressing dietary guidelines that reduce cancer risk.

Bottom line: our nutrition program is based on sound principles that incorporate evidence-based practice standards.

Establishing Outcomes Standards

Determining desired outcomes—which can be clinical, practice, or program focused—can be a difficult task. We established the following outcome standards with an initial focus on practice and programs.

- *Standard 1***:** All new patients will be screened for nutrition risk at their first appointment within the cancer center.
- *Standard 2***:** Patients requesting nutrition information will be contacted by the dietitian within two days.
- *Standard 3***:** Nutrition classes will be offered to all cancer patients and their caregivers and families at least six times per year with 90 percent satisfaction in content and presentation.

Once the electronic medical record is well established, we will be able to set and measure quality care indicators using ADA's Standardized Language to achieve desired clinical outcomes as well.

Cost of Services: Billing and Reimbursement

Before outlining the structure of the clinical process, we first had to determine if the program would charge for

Medical Nutrition Therapy 101

Nutrition plays a major role in many aspects of cancer development and treatment. In the mid 1990s, nutritional oncology was initially defined as the field of science and medicine that addresses the totality of interaction of nutrients and other nutritional factors with cancer—spanning the spectrum of carcinogenesis and cancer prevention, adjunctive therapy, and supportive nutrition intervention.[1]

The American Cancer Society (ACS) states that one-third of cancers could be prevented from an improved diet and increased physical activity.[2] This position is shared by the United States Department of Agriculture (USDA), the National Cancer Institute (NCI), the American Institute of Cancer Research (AICR), and the World Health Organization (WHO). Each of these organizations has published cancer prevention guidelines, including diet and activity recommendations.

Malnutrition is seen in approximately 15 to 20 percent of people diagnosed with cancer, and up to 80 to 90 percent of patients with advanced disease. Fifty percent of patients report abnormal eating when diagnosed. By cancer type, 80 percent of patients with upper gastrointestinal cancer and pancreatic cancer, and 60 percent of patients with lung cancer have already experienced significant weight loss when their cancer is detected.[3] During treatment, a patient's nutritional status is frequently compromised by treatment-related side effects. Malnutrition increases morbidity and mortality and decreases quality of life. It increases the risk of postoperative infection and blunts response to treatment therapies. In contrast, undesirable weight gain is increasingly seen after cancer treatment for breast cancer. In a retrospective study, 29 percent of breast cancer patients gained 5 kg or more in body weight after treatment,[4] a side effect that may increase the risk of recurrence. Some research suggests the number of breast cancer patients experiencing weight gain is even higher, providing further opportunity for nutrition intervention.

Medical nutrition therapy is defined as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management, which are furnished by a registered dietitian."[5] While the effects of under- and over-feeding in cancer treatment, recovery, and recurrence receive significant attention, medical nutrition therapy is aimed at managing symptoms, preventing weight loss, and maintaining optimal nutritional status during cancer treatment.

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medical nutrition therapy services. It was decided that all clinical work performed by the professionals within the psychosocial oncology department would be provided at no cost to our patients, including the services of the registered dietitian. The executive team made this decision to ensure that no barriers stood in the way of our patients receiving comprehensive care. In addition, our administration determined that providing these services to all patients improves patient care, engagement, and satisfaction, which may, in turn, help improve medical treatment outcomes.

Understandably, the question of "who is going to pay for these services?" can be the deciding factor for adding an FTE dietitian in a community cancer center. Still, systems can be put in place for medical nutrition services to be a billable service. Historically, the reimbursement process of public and private payers has been tedious and requires planning. To answer the "who pays?" question, it is critical to partner with reimbursement specialists to fully understand the billing and coding process and to assure compliance with standards and acceptable billing practices. The article by Ganzer and Selle, "Improving Reimbursement for Oncology Nutrition Services," (*Oncology Issues,* September/October 2006) is a helpful resource on how to start the billing process. Successful reimbursement comes from proving outcomes and demonstrating the cost-benefit of oncology nutrition services.[3] Other options to financially support the role of a dietitian in a community cancer center include grant and charity funding. While these resources may not always be reliable, they might help sustain a nutrition program when funding becomes tight.

Where Does Nutrition Fit in the Clinical Process?

The answer: the clinical process begins at the time of diagnosis. At ESJH CCC, all newly diagnosed patients attend the New Patient Orientation Class. This one-hour class, presented by multiple disciplines, is designed to increase the patient's ability to work with the cancer center to improve treatment adherence. During this class, we introduce all the services and staff available to patients, including nutrition services. Each patient receives a copy of the ESJH CCC Patient Workbook that includes a nutrition section, written by a RD, which provides basic nutrition information for beginning treatment, as well as the benefits of working with a dietitian. This process ensures that patients are well aware of the support network available *before* they begin their cancer treatment. Future plans include development of

In addition, earlier detection and improved treatments have lengthened the lifespan of cancer survivors, with more than 65 percent of patients now surviving at least five years. As patients enter periods of remission, registered dietitians can address nutritional strategies that will decrease the risk of recurrence and possible comorbidities, such as cardiovascular disease or diabetes. These strategies are particularly important in women with breast cancer, as the WINS and WHEL studies suggest potential associations between dietary fat, weight loss, vegetable intake, and physical activity with breast cancer outcomes.[6,7]

Even in palliative and hospice care, nutrition concerns are addressed and interventions carefully tailored to meet the patient's and family's goals for care. Empirical investigations have focused on the role nutrition plays in every phase of disease and treatment.

As evidence supporting the role of medical nutrition therapy and a healthful diet during and after cancer treatment builds, the need for registered dietitians, and in particular Certified Specialists in Oncology (CSOs) will increase (see box at right). Screening and assessment of both nutrition and education needs is most effective at the time of diagnosis. Addressing patient needs at diagnosis provides opportunities for the registered dietitian specializing in oncology to offer support and introduce the importance of science-based nutrition care throughout the cancer continuum. But all community cancer centers do not incorporate nutrition services regularly into their practice model. According to a review of information of the more than 700 cancer centers on the Association of Community Cancer Centers' website, of the centers reporting statistics,[8] only 51 percent reported having a dedicated oncology dietitian.

What is CSO?

CSO (Certified Specialist in Oncology Nutrition) is special board certification through the Commission on Dietetic Registration (CDR) and denotes that the registered dietitian possesses special knowledge, competency, and experience in oncology nutrition. Eligibility requirements include current registered dietitian status by CDR for a minimum of two years and documentation of 2,000 hours of practice experience in oncology within the past five years. Recertification is required every five years.

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individualized cancer site- and treatment-specific nutrition highlights as a "quick start" guide.

We have developed a standardized routine screening and assessment process to identify patients in need of nutrition intervention. The nutritional needs of patients are screened through a patient self-reported psychosocial distress screening process. The distress screening tool was adapted from NCCN's distress thermometer. With dietitian input, we added a nutrition section using questions from the PG-SGA tool. This instrument screens for the intensity of psychosocial distress using a visual analogue scale (0-10), as well as a symptom checklist to identify the source of the patient's distress. Every patient who scores above a 5 out of 10 and indicates that the source of stress is nutritional in nature is contacted by the RD who performs an assessment of the patient's needs and then provides any necessary intervention(s).

This tool is administered to all radiation oncology patients weekly and to chemotherapy, medical oncology, and surgical oncology patients at their first visit and monthly thereafter. The screening instrument also allows patients to request a professional consultation with a member of the psychosocial oncology team. Since a patient's condition and eating behaviors change during treatment, routine screening allows for assessment throughout the continuum of care.

Interdisciplinary rounds occur in the infusion center daily. The infusion center nurses, a physician, pharmacist, social worker, financial counselor, and RD gather to review the schedule for the day and address any issues or concerns. This process coordinates the team approach and facilitates communication among the disciplines. The RD can present a summary of nutrition needs and care to the other team members and alert staff to specific nutritional needs of the day's patients. In addition, the dietitian attends the weekly tumor board and breast-specific tumor board. This practice provides an opportunity for collaborative care planning on difficult cases.

The cancer center's EMR allows for additional screening and referral options. Patients can be screened by diagnosis and treatment regimen, allowing for prioritization of patient load. This feature is especially important in radiation oncology. The EMR includes an automated referral and scheduling process designed for physicians and other members of the patient care team to generate referrals and/or appointments for nutrition intervention.

Once patients are identified as needing nutrition intervention, a comprehensive nutrition assessment is completed

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Lessons Learned

- *Identify a nutrition champion in the administrative team or physician's group.* This person can assist in obtaining resources, navigating the system, and providing introductions to key players, as well as provide support for incorporating nutrition into the strategic planning of the community cancer center.
- *Educate physicians, administrators, and staff on the value of nutrition interventions in cancer care, as well as current research.* Like ours, many community cancer centers have never had a nutrition expert on site. The dietitian can provide the research-based information to educate the team on the value that nutrition therapy can bring to the treatment plan.
- *Have systems in place for policy and procedure development, as well as standards of care.* It is important to implement the structure of the nutrition program in a manner that is in compliance with regulatory agencies.
- *Get to know your client base.* Education levels, ethnic backgrounds, and socioeconomic status are very important patient variables that change from location to location. These variables should be considered when developing programming, services, and educational materials. You must meet the needs of your community.
- *Research practice area and available resources.* Become an expert and be knowledgeable and up to date on current research. Connect with local resources and network with other oncology professionals in the area.
- *Build financial support.* Learn how to find funding. Be involved and know the budget process for the cancer center. Research other areas of funding, such as grants and donations. Ask for resources and be ready to show cost benefit. Investigate reimbursement opportunities and design the practice to bill for services should the need arise.
- *Think creatively.* Some of the best programming or services are those that no one has thought of before. Think outside the norm of nutrition services and basic assessments and interventions.

using the Nutrition Care Process. This process provides a standardized approach to nutrition care and includes assessment, diagnosis, interventions, monitoring, and evaluation. Nutrition assessments can be completed at the chair-side in infusion, over the phone, or on a one-to-one consult basis. Interventions are always individualized and take into account cultural, socioeconomic, and literacy levels. Patients continue to be monitored and interventions evaluated at subsequent treatment visits.

Nutrition interventions provided by a registered dietitian can improve a patient's quality of life, as well as functional outcomes such as improved treatment tolerance, decreased weight loss, and reduced treatment breaks. Teaching patients about nutrition can allow patients to play an active role in their treatment. Nutrition teaching can also help patients, their families, and the care team to understand how cancer can change the way the body processes nutrition and how it can affect outcomes.

Growing Our Nutrition Program

Once the nutrition program components were designed, we turned our attention to developing programming and marketing tools to help "spread the word" about our nutrition services. Here are the tools that we implemented to help in this effort.

Nutrition classes and programs. These classes are a way for us to reach a large number of individuals. The current nutrition class schedule consists of a monthly one-and-a-half hour class. Our target audience includes patients, family members, staff, and the community. Topics can range from cancer prevention to healthy eating on a budget. Having the Breast Center as part of our cancer program also creates additional need for classes on weight management and breast health. All of the classes are offered free of charge.

Educational materials and community resources. From the inception of our program, we made it a priority

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Exempla Saint Joseph Cancer Center At-a-Glance

Saint Joseph Hospital, the largest private teaching hospital in Denver, is licensed for 565 inpatient beds and is among the top three Colorado hospitals for newly diagnosed cancer cases. Initiating its new cancer program on July 1, 2008, ESJH CCC is organized across the six clinical areas outlined below.

Inpatient Oncology

The two 11–bed inpatient units are located within Saint Joseph Hospital. The two inpatients units are divided into a medical/radiation oncology unit and a surgical oncology unit. Social work and clinical nutrition services are provided by the hospital's case management and clinical dietitian departments, respectively. This structure allows the outpatient cancer program's social worker and dietitian to focus solely on outpatient appointments within the cancer center. However, communication structures are in place so that patient information flows seamlessly between the inpatient and outpatient setting for continuity of care. The cancer program's psychologist and the American Cancer Society patient navigator provide services in both the inpatient units, as well as the outpatient cancer center.

Radiation Oncology

Located within the Saint Joseph Hospital, the radiation oncology department has approximately 110 outpatient visits per day. The psychosocial oncology department provides all supportive services for radiation oncology patients. At this point in program development the hospital's inpatient RD is present in the radiation oncology department one day per week. The outpatient cancer center dietitian then sees patients as needed the other four days of the week and provides any necessary interventions.

Medical Oncology and Infusion

The cancer center's medical oncology services are currently provided by four medical oncologists with plans of expanding to eight oncologists. The infusion center, now located in the interim facility, has been increased from 12 to 28 infusion chairs. The psychosocial oncology department provides all supportive services five days a week to the cancer center's medical oncology patients.

Breast Center

Although the majority of patients seen at the Breast Center are not diagnosed with breast cancer, we have included the Breast Center within the cancer program. Psychosocial services are provided to women who are diagnosed with breast cancer. The breast surgeon is an active champion for providing nutrition services to all of our breast cancer patients at diagnosis and throughout treatment.

Surgical Oncology

The clinical area of surgical oncology includes one surgical oncologist and two part-time gynecologic oncology surgeons. As mentioned above, inpatient surgical oncology patients receive social work and clinical nutrition services provided by the hospital's case management and clinical dietitian departments, respectively. The provision of psychosocial and clinical nutrition services to surgical oncology patients during outpatient initial and follow-up appointments is still in the development stage.

Psychosocial Oncology

The psychosocial oncology department is headed by a director who is responsible for the following components:

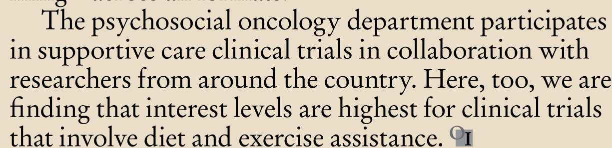
- Psychology
- Social work
- Clinical nutrition services
- Volunteer program
- Staff wellness program
- Integrative therapies (i.e., massage, music, and art therapy, etc.)
- Graduate student training
- ACS patient navigator
- Psychosocial research.

The scope of all professionals within the department falls into four distinct domains: clinical, program development, education, and research. The primary domain encompasses clinical services provided to patients diagnosed with cancer. However, the department's clinical interventions, aimed at supporting the needs of the patient, are also made available to caregivers, extended family, and any person in the patient's social network. Currently, the clinical interventions are delivered through individual outpatient appointments, telephone counseling, group interventions, and educational seminars, and will eventually include Internet-based interventions.

The second domain is program development. We are in the development stages of important patient programs such as: support groups, cancer survivorship programming, educational seminars, and a new patient orientation class for both medical oncology and radiation oncology. The dietitian plays a very important role in all of these initiatives, working both independently and collaboratively with other disciplines.

The education domain is broadly defined to include both academic education responsibilities, e.g., graduate student/medical resident education, and general education responsibilities, such as increasing public and staff knowledge about psychosocial oncology issues. Again, oncology nutrition is a primary topic in all educational arenas, and we are finding that requests for oncology nutrition education are higher than any other area of the department. The registered dietitian is responsible for all nutritional education content for all education programming—across all formats.

The psychosocial oncology department participates in supportive care clinical trials in collaboration with researchers from around the country. Here, too, we are finding that interest levels are highest for clinical trials that involve diet and exercise assistance.



Our presence at community and business health fairs continues to market our services and promote nutritious eating for cancer prevention.

to develop uniform educational materials that address the different issues that cancer patients face. The "Management of Nutrition Impact Symptoms in Cancer and Educational Handouts," which is available from the ADA, was a helpful resource to get started with outcomes-based education materials. We established a template for nutrition handouts that included the cancer center logo and contact information. This template allowed us to develop materials with a consistent look and structure, as the materials were needed.

Resource kitchen. Our new cancer center includes a kitchen in the psychosocial oncology department. In the planning phases for the space, we decided that the kitchen would be an ideal location for teaching patients about nutrition. We are currently in the development phase of purchasing equipment for cooking demonstrations. We are also stocking the kitchen with nutrition information, including handouts, as well as food containers to teach patients what to look for in a label when purchasing cancer fighting foods.

Online presence. The Internet has become a research tool that allows patients to find information to guide them in their care decisions. ESJH's website receives hundreds of hits each day as people navigate through local healthcare systems. Our team understands that it is important that we have a strong presence on the cancer center's website (*www.saintjosephcancercenter.org*). This year to date, the cancer center's website has had 4,600 hits with 1,135 to the psychosocial page and 434—nearly 10 percent of visits—to the nutrition page. We wanted to ensure that patients could find the nutrition information easily and that patients would find the information useful. The nutrition section is clearly identified and, in the future, will include helpful links and nutrition tips to download.

Integrative medicine. A combination of conventional and complementary and alternative medicine treatments showing evidence of safety and effectiveness, integrative medicine has increased in popularity. According to the National Center for Complementary and Alternative Medicine (NCCAM), 38 percent of U.S. adults aged 18 years and over use some form of complementary and alternative medicine.[4] Our Psychosocial Oncology Department assists in directing the integrative therapies that are offered in the cancer center. For example, the dietitian participates in program development, as well as addressing individual questions from patients. This collaboration is especially useful in helping patients identify the appropriateness of vitamin, mineral, and herbal supplementation, as well as to identify scams versus helpful products. Physicians use this service as well, asking the RDs for assistance in identifying products that patients bring in to the clinic.

Marketing. Our team had to think about different ways we could reach our patients and the community to provide the nutrition services we offer. Marketing the dietitian's services required both internal (staff, physician, and residents) and external (patients and individuals within the community) outreach. As ESJH CCC has established community outreach goals, such as educating the community on cancer prevention, particularly in the prevention of breast cancer, we had some experience in this area.

Community relations. Newsletters and newspaper articles provide information to the community and help to market the benefits of good nutrition. Within the first month of the cancer center's opening, a local newspaper published articles written by the RD on the topic of nutrition and cancer, highlighting the services of an oncology dietitian at ESJH CCC. Our presence at community and business health fairs continues to market our services and promote nutritious eating for cancer prevention.

Future Directions

Creating a nutrition program within a developing comprehensive cancer center is an ongoing project. With the support of the executive committee, ESJH CCC continues to work towards meeting desired outcomes. We have learned from this process (see "Lessons Learned on page 40) and continue to adjust our methods accordingly to better meet patients' needs. Changes in our process flows due to an EMR, location change, and a growing practice challenge us to think of new ways to meet our patients' needs.

Our future goals are to develop programs in the area of research and opportunities for intern rotations and survivorship programs. As our community cancer center grows, so do the opportunities for the nutrition program. We will continue to educate and provide support to improve the lives of those living with cancer.

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