ACCC Launches Optimal Care Coordination Model for Lung Cancer Patients on Medicaid Project

Each year more than 220,000 Americans are diagnosed with lung cancer and about 160,000 die of the disease, making it the leading cause of cancer deaths in the nation. These dismal statistics are worse for minorities and those who are socio-economically disadvantaged, who not only have a higher incidence of lung cancer but also higher mortality rates. Studies have shown that Medicaid patients with cancer experience worse survival rates than those with private insurance or no coverage at all. These patients also face higher cancer incidence rates and later stage diagnosis.

In the U.S. today, providers and patients continue to grapple with a fragmented healthcare system. While navigating across the cancer care continuum is challenging for all patients, patients on Medicaid face additional barriers to accessing care across the disease trajectory from screening through diagnosis and treatment.

ACCC and its membership are committed to health equity and ensuring patient access to quality cancer care. To take action on improving care for this vulnerable patient population, ACCC has launched a project to develop an Optimal Care Coordination Model for Lung Cancer Patients on Medicaid. The work is supported by a three-year grant from the Bristol-Myers Squibb Foundation (BMSF).

The optimal care coordination model will seek to overcome identified social, financial, and institutional barriers to care. In developing the model, ACCC will engage Cancer Program Members, community health centers, patient advocacy organizations, health system leadership, and other stakeholders to streamline patient access across the lung cancer continuum of care.

With 65 percent of cancer patients in the U.S. now being treated in the community setting, the development of a comprehensive care coordination model will provide ACCC members with a critical resource to address the unique needs of Medicaid patients with lung cancer, leading the charge for health equity.

Project Components

In developing an Optimal Care Coordination Model for Lung Cancer Patients, ACCC planned a three-phase approach. During project year one, ACCC conducted an environmental scan and has identified five Development Sites to help lay the foundation for the model development.

The environmental scan included a literature review as well as the insights of the project's Advisory Committee members, a lung cancer survivor and patient advocate, and staff from two ACCC Cancer Program Members gathered in interviews conducted in April and May 2016. The scan and bibliography are available on the ACCC website at accc-cancer.org/carecoordination. Key findings from the scan include:

- The financial and social barriers that Medicaid beneficiaries face in pursuing lung cancer treatment are significant, detrimental to outcomes, and largely unaddressed.
- Medicaid beneficiaries have unequal access to high quality care.
- Increasing patient engagement is critical to improving outcomes but will require a tailored approach given the unique challenges Medicaid beneficiaries face.
- Integration of patient navigators into care teams can promote Medicaid beneficiaries' access to timely, high quality care.
- Multidisciplinary teams are key to improving care coordination. There may be opportunities to strengthen and build on the team approach to lung cancer care.
- Improvement is needed in timely access to supportive services for Medicaid patients including attention to biopsychosocial needs, palliative care needs, survivorship issues, hospice, and end of life care.

Five ACCC Cancer Program Members have been selected from a robust pool of applicants to serve as Development Sites for the care coordination model. Through a data collection and onsite interview process, these sites will help ACCC document the current state of care coordination for Medicaid patients with lung cancer. Information gleaned from the Development Sites will help in formulating draft principles to guide the development of the optimal care coordination model.

During year two the optimal care coordination model will be drafted and Testing Sites will be identified from among ACCC Cancer Program membership. In project year three, the model will be tested at the Testing Sites. For more information on the project and a listing of the Development Sites, visit accc-cancer.org/carecoordination. OI