

# action

## ACCC Institute Envisions Next Gen Multidisciplinary Cancer Care

BY MARK SOBERMAN, MD, MBA, FACS

**O**n June 22, 2017, ACCC invited stakeholders from a variety of disciplines to step away from the pressures and demands of daily business and come together in Washington, D.C., to envision next gen multidisciplinary cancer care. Facilitating this ACCC Institute for the Future of Oncology forum was Kavita Patel, MD, MS, FACP, a nonresident fellow at the Brookings Institution and practicing primary care internist at Johns Hopkins Medicine.

In my inaugural column in *Oncology Issues*, I described why I believe it's critical for those of us in oncology to pause and consider what our future multidisciplinary cancer care will look like. Each day, the imperative grows stronger as we continue the trek toward value-based care.

As we imagine, anticipate, and prepare for future cancer care delivery, we must also assess what is required to move from today's provider-focused, siloed care models to a future in which care is organized around the patient and the disease. Exciting advances in our understanding of cancer are revealing more subtypes and subtleties of the diseases known as cancer; as a result, anti-cancer therapies are becoming increasingly complex. New technologies and new therapies are already shaping next gen multidisciplinary cancer care, requiring that oncology expand to include new specialties and new collaborations to effectively diagnosis and deliver precision, patient-centered therapies.

For participants in this year's Insti-

tute—and for all of us involved in oncology—the shape of multidisciplinary cancer care is evolving as cancer therapies becomes more complex. At the same time, our health system is struggling through a metamorphosis, moving incrementally toward new payment models focused on value for all stakeholders (patients, payers, providers, and ultimately our society).

We challenged Institute participants to imagine what next gen multidisciplinary care will look like—no small task. We also asked that they frame their vision through the multifaceted lens of new payment models and patient-centered care delivery.

### Shaking Up the Crystal Ball

In keeping with these tumultuous times in healthcare, we shook up the format for this year's forum. For the day's discussion, participants were divided into three multidisciplinary groups. These breakout discussion groups allowed more opportunities to hear the broadest range of perspectives. Participants were asked to envision next gen multidisciplinary cancer care in terms of three of today's critical challenges:

- The need to improve care coordination.
- The tension between personalized medicine and value-based care.
- The anticipated workforce shortages that projected to occur at the same time as increasing patient volumes.

Each topic was the focus of a breakout session. At the conclusion of each small

group conversation, all participants reconvened and each group reported its key takeaways. This was followed by a brief follow-up discussion by the full group.

Participants in this year's Institute forum truly reflected the many disciplines involved in quality cancer care delivery today: physicians, administrators, nurses, quality officers, pharmacists, palliative care providers, registry/data professionals, social workers, and representatives from patient advocacy organizations. The diverse group also represented community and academic programs and practices. Participants reflected the diversity found in today's oncology workforce generationally, culturally, and in terms of gender.

Engaged participants sharing diverse perspectives—all from the frontlines of community cancer care delivery—created a powerful synergy. From this year's Institute forum discussion, five top-level takeaways reflect the practical forces shaping next gen multidisciplinary cancer care.

- 1. Change saturation.** Cancer care delivery (operations, processes, new treatment advances, new accreditation and reporting requirements)—along with the U.S. healthcare system—is in a state of disruption. “Everything is changing. Nothing you knew yesterday, including our treatments, is the same,” said one participant.
- 2. Greater Connectivity.** On many different levels, increased connectivity is needed for cancer care (and healthcare) delivery.

## About the ACCC Institute for the Future

This year marked the fifth ACCC Institute for the Future of Oncology annual forum. The Institute convenes leaders in community oncology for an annual one-day forum to discuss significant issues they are facing today and those that are on the horizon. Each year Institute participants come together to share their knowledge, experience, and wisdom on these issues and to discuss potential solutions that could be deployed across the continuum of community oncology.

### The 2013 Institute forum examined two issues:

- The trend of hospital consolidation and increased physician integration and impacts on communities and providers.

- The potential of electronic health information exchange to improve patient care.

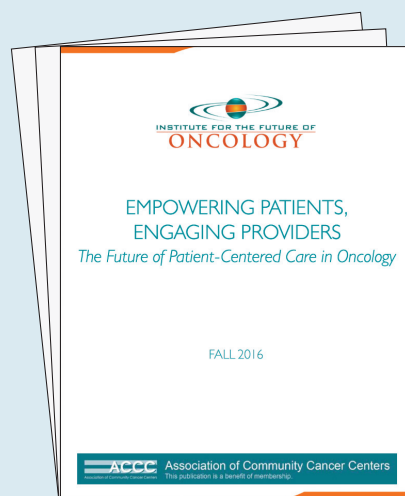
### The 2014 Institute explored two key issues for the future of oncology care:

- Organizational leadership
- Communicating quality

### The 2015 Institute discussed essential steps for achieving a positive impact on patient care within the next decade.

### The 2016 Institute forum focused on:

- Identifying the concept of patient-centered care in oncology
- Exploring current models and existing barriers
- Recommending options to move from theory to practice.



Learn more and access Institute white papers on the ACCC website at [acc-cancer.org/institute](http://acc-cancer.org/institute).

**In the tech realm:** greater connectivity needs include: EHR interoperability, more effective use of technology to support efficient care delivery (e.g., “paperwork” completed online in advance of appointments), “virtual” appointments, telehealth, etc.

**In the high-touch realm:** greater connectivity includes upfront distress screening and eliciting patient preferences and goals of care.

**In the societal realm:** greater connectivity includes care that integrates cultural competency and takes into consideration generational communication styles.

### 3. Culture Change in Healthcare.

**For patients:** increasing engagement; enabling and integrating shared-

decision making into the care process.


**For staff recruitment and retention:** Recognizing generational differences in workplace expectations and career drivers.

**For care delivery:** Integrating new non-traditional team members to the cancer care team, including primary care physicians, onco-generalists, home health providers, community health workers, specialty pharmacies, and others.

**4. Technology Innovations.** Rapid, continual advances in technology are driving constant change that impacts every aspect of cancer care delivery. Participants agreed that the delivery of next gen multidisciplinary cancer care requires greater use of technology on

the front-end of care. The team will include trained IT staff who can continually assess and improve workflow, keeping current with technology innovations and putting that information to work to support the care team.

**5. Prevention.** Next Gen Multidisciplinary Cancer Care will need to play an increased role in educating our population in disease prevention.

In the coming months through our national and regional meetings, ACCCExchange peer-to-peer dialogue, and ACCC education initiatives, we will be continuing this conversation so that ACCC can offer its members the tools and resources needed to be future ready. 

## ACCC Institute Participant Takeaways

*“Communication between providers, communication between EHR systems, communication between patients and providers—communication is where many of the breakdowns happen.”*

*“...the biggest takeaway for me is that large or small, metropolitan or rural... most oncology programs are facing similar hurdles.”*

*“The workforce needs to change. New skills are needed. New processes to ensure access to new therapies.”*

*“Everyone has some area of excellence to offer and some area of challenge in their daily practice—to learn from others.”*

*“The need for connectivity across all parts of the healthcare team (with team, patients, family, other groups). Care coordination must be patient-directed as well as patient-centered. Our technology must catch up with the speed of innovations. Care must be holistic—depth vs. breadth—and evidence-based. We need to harness big data to guide us.”*

*“Personalized medicine means different things to different people, we need to define it from the patient’s perspective.”*

*“The future has both certainty and uncertainty. Collaboration will be key to survival.”*

*“Expertise and knowledge sharing of participants was priceless. All these helped me gauge my organization and leverage perspective on current issues we are working on.”*

## A REMINDER FROM ACCC'S BYLAWS COMMITTEE

.....  
Dec. 1, 2017, is the deadline for submission of any proposed amendments to the ACCC Bylaws. Proposed recommendations should be sent to Betsy Spruill at [bspruill@accc-cancer.org](mailto:bspruill@accc-cancer.org). ACCC's Bylaws are available online at: [accc-cancer.org/about/pdf/Bylaws-2016.pdf](http://accc-cancer.org/about/pdf/Bylaws-2016.pdf).



## ACCC 2017 Oncology Reimbursement Meetings

**A** comprehensive look at oncology reimbursement issues, tools to strengthen your program, and information to help you weather market changes. All members of the cancer care team who deal with oncology business and reimbursement will benefit from these meetings. Gain a full-spectrum perspective in just one day of sessions:


- Hear the latest trends in oncology coding and billing, navigate new regulations in 2017, and gain strategies to overcome reimbursement obstacles.
- Learn how to smoothly transition to new quality data reporting requirements

under the Merit-Based Incentive Program System (MIPS).

- Gain practical management how-to's for increasing efficiencies through the proper management of financial data.
- Hear strategies for the practical application of radiation oncology CPT codes in physician office and hospital settings.
- Gain insight to optimize insurance coverage by expanding access and eliminating barriers — helping to save money for your patients and program.

.....  
**November 15, 2017 | Richmond, Va.**  
**Delta Hotel by Marriott**  
**Richmond, VA 23219**

**December 12, 2017 | Atlanta, Ga.**  
**Westin Atlanta Perimeter North**  
**Atlanta, GA 30328**  
.....

Free to ACCC members; non-members are invited to join us at the low registration rate of \$69. Register today at [accc-cancer.org/reimbursementmeeting](http://accc-cancer.org/reimbursementmeeting). 

## ACCC Welcomes its Newest Members

### Grand Valley Oncology

Grand Junction, Colo.  
Delegate Rep: Thomas Bui  
Website: [grandvalleyoncology.com](http://grandvalleyoncology.com)

### Hamilton Medical Center

Hamilton Cancer Institute  
Dalton, Ga.  
Delegate Rep: Jeff Heffelfinger,  
D-MIN, FACHE  
Website: [hamiltonhealth.com](http://hamiltonhealth.com)

### Memorial Hospital at Gulfport

Memorial Cancer Center  
Gulfport, Miss.  
Delegate Rep: Shelley Pringle, MS  
Website: [www.gulfportmemorial.com](http://www.gulfportmemorial.com)

### University Hospitals Seidman Cancer Center

Cleveland, Ohio  
Delegate Rep: Christine Kish  
Website: [uhhospitals.org](http://uhhospitals.org)

### University of Toledo Medical Center

Eleanor N. Dana Cancer Center  
Toledo, Ohio  
Delegate Rep: Allen Seifert  
Website: [uthealth.utoledo.edu/centers/cancer](http://uthealth.utoledo.edu/centers/cancer)