

Fox Chase Cancer Center *Care Connect*

Improving collaboration
between oncology
& primary care





When the Institute of Medicine (IOM) released its 2016 report, *From Cancer Patient to Cancer Survivor: Lost in Transition*, there were an estimated 10 million cancer survivors in the United States.¹ Currently, this estimate stands at 15.5 million and is expected to reach 20.3 million by 2026.² In its report, the IOM identified four essential elements of survivorship care: 1) prevention of recurrent and new cancers, 2) surveillance for cancer recurrence, 3) intervention for consequences of cancer and its treatment, and 4) coordination between specialists and primary care providers (PCPs). Despite this last recommendation, many PCPs do not consider themselves prepared to deal with common survivorship issues in the cancer patients they see due to a lack of adequate training.³ Specifically, PCPs identified a need for further education on topics such as:⁴

- Surveillance modalities, intervals, and duration, as well as screening for other cancers.
- Management of treatment-related morbidity.
- Prevention and risk-modifying strategies, such as diet and exercise.
- Psychosocial effects of cancer and its treatment.
- Coordination of care—with whom and when.

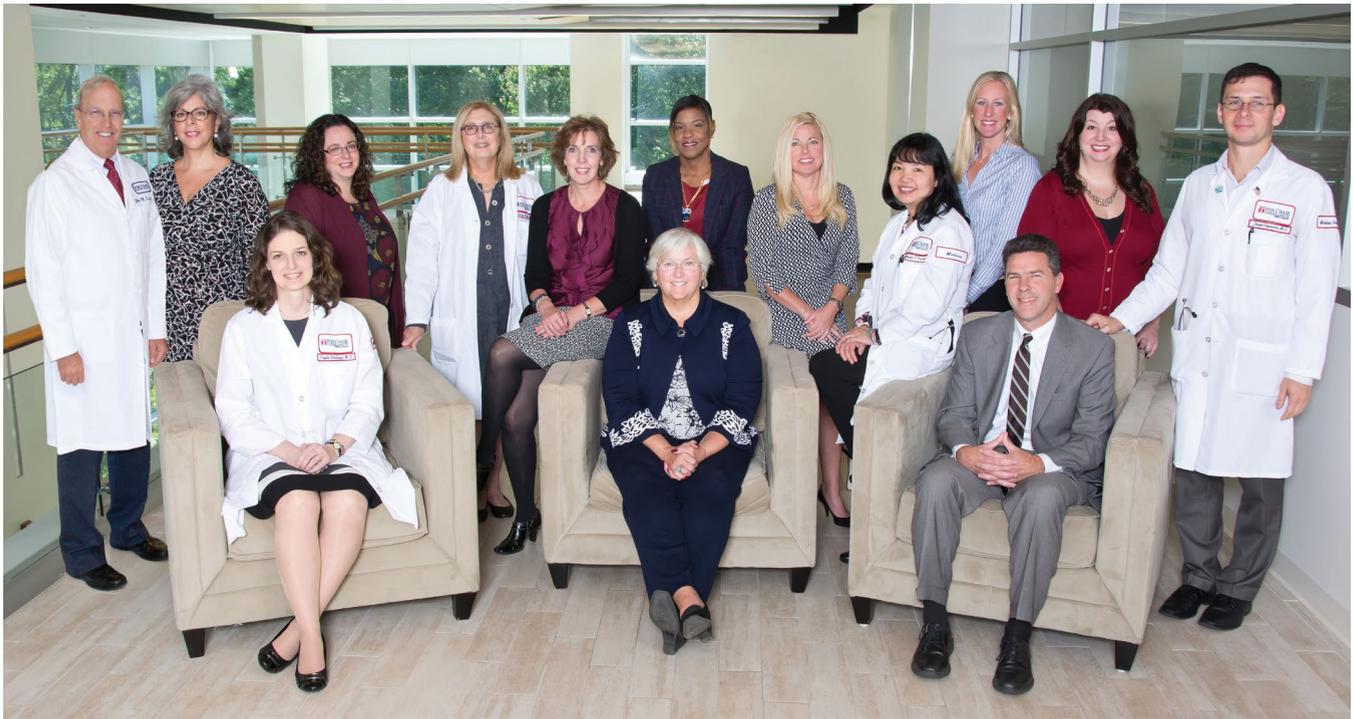
Recognizing both the impact of the growing survivor population and the existence of gaps in care coordination between oncology and primary care, senior administrative and clinical leadership at Fox Chase Cancer Center, Philadelphia, Pa., committed resources to develop a program to improve communication and education between the two settings of care, and improve overall survivorship care.

Establishing a Working Group

The first step in the process was the creation of a working group, which was tasked with identifying programmatic solutions to

Education is a key component to improving the connectivity and smooth transition of care between the oncology and primary care setting. As part of the *Care Connect* program, we established a clinical advisory team to help guide education events, patient education, and any other programming that would impact clinical care.

address three overarching questions: How are we going to handle the projected increase in cancer survivors? How can we effectively and appropriately transition survivors to primary care? How can we quell the common fear that survivors have when they no longer need to see their oncology provider? The working group was comprised of stakeholders from across Fox Chase Cancer Center and included physicians, nursing, administration, clinical program leadership, community outreach, marketing, and business development staff. As a member organization of the Temple University Health System, Fox Chase engaged physician and administrative leadership from Temple Physicians, Inc., a community-based physician network that supports primary care for patients served by the Temple Health System, to participate in the working group. Representing the view of community-based primary care physicians, their input was invaluable in helping construct the Fox Chase Cancer Center *Care Connect* program.



Fox Chase Cancer Center *Care Connect* staff members.

For three months in 2015, the working group met weekly to develop a value proposition, a framework, and program requirements that would bring value to all stakeholders—survivors, primary care physicians, and specialty oncologists. Incrementally, the working group:

- Created value propositions for Fox Chase Cancer Center and its *Care Connect* partners.
- Developed physician member participation criteria.
- Outlined a platform for provider education.
- Implemented a process to recruit primary care physicians.
- Created marketing and branding standards.

Creating a Value Proposition

The overall goal of the *Care Connect* program was to create an engagement strategy with PCPs to improve coordination of patient care. During the planning phase, the working group identified several key objectives as the core of the program:

- Improve interactions and enhance communication between PCPs and Fox Chase physicians.
- Increase collaboration to effectively transition cancer survivors back into the community when appropriate.
- Develop a network of primary care physicians to whom Fox Chase faculty could direct patients who seek those services.
- Improve care by providing education in cancer prevention and screening guidelines to community physicians.

Based on these objectives, the working group developed the following value propositions as ones that are important to *Care Connect* members:

- Effective access and communication with Fox Chase Cancer Center.
- Opportunity to improve Quality Physician Measure (QPM) scoring. (These quality measures are required by one of the main insurers in the Philadelphia area).
- Brand identity for practices.
- Education to improve core competencies.
- Shared collaboration in support of a growing cancer survivor population.

Value propositions for Fox Chase Cancer Center included:

- A process to improve transition of survivorship care back into the community.
- Opportunity to provide screening, risk, and diagnostic services.
- Ability to dispel the notion that Fox Chase Cancer Center is only a place for cancer treatment.
- Ability to leverage an organized group of PCPs for patients who need these services.

Rolling out the Pilot Program

After establishing the value framework and requirements of the *Care Connect* program, the working group initiated a limited pilot program to a select group of PCP practices that had collaborated with Fox Chase on mutual patient care in the past. While a subset of those were primary care practices in Temple Physicians, Inc., we felt it was important to include both practices within our own health system and independent primary care physicians to

(continued on page 26)

Figure 1. Quality Performance Measures Sample Report⁵

Provider ID:

Specialty:

QPM Tier _____ QPM Percentile Rank _____

PERFORMANCE MEASURES		Members Eligible for Services [*]	Members Who Received Services [†]	Percent Received Services	
				Your Results	Peer Average
Childhood Immunizations	DTaP				
	MMR				
	IPV				
	HIB				
	Rotavirus				
Adolescent Immunization	Meningococcal Vaccine				
	Tdap or Td				
Well-Care Visits	1st 15 months of life				
	3rd, 4th, 5th, and 6th years of life				
	Adolescent well-care visits				
Appropriate testing for children with pharyngitis					
Appropriate treatment for children with upper respiratory infection					
Cancer Screening	Breast cancer screening				
	Cervical cancer screening				
	Colorectal cancer screening				
Persistent asthma care					
Diabetic Care	HbA1c testing				
	HbA1c result				
	Retinal exam				
	Nephropathy screening				
Use of spirometry testing in the assessment and diagnosis of COPD					
Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis					
Persistence of beta-blocker treatment after heart attack					
Osteoporosis management in women who had a fracture					
Avoidance of antibiotic treatment in adults with acute bronchitis					
Total Score[‡]					

Note: Measures left blank are not applicable to your specialty.

^{*} Members eligible for services were enrolled in the practice from January 2014-December 2014 and qualified for inclusion in the population for a specific performance measure. If an individual member qualified for more than one performance measure, the member is counted separately for each one.

[†] Members receiving services were identified using Independence Blue Cross administrative data. Only members receiving services within the time frames and specifications of the quality performance measures are counted. Please refer to your QIPS Program Manual for a description of individual measures.

[‡] Total score is calculated using sum of all members eligible for an individual measure who are reported to have received the service in calendar year 2014.

(continued from page 24)

gain perspectives from each stakeholder group. This decision increased our understanding about how to communicate with practices using a common electronic health record (EHR) and how to communicate with practices across different EHR platforms. The three-month pilot launched in April 2015 with five practices. During the pilot program, Fox Chase:

- Hosted an initial education session at the cancer center, which was attended by PCPs participating in the pilot program.
- Provided orientation to the pilot practices.
- Provided orientation and training to internal staff about the *Care Connect* program.
- Supported facilitation of appropriate referrals to participating *Care Connect* pilot practices for survivorship care transition.
- Established processes to identify current cancer patients at Fox Chase Cancer Center that either did not have a primary care physician or were seeking a new primary care physician; 13 patients were provided a new PCP.

The pilot program allowed us to refine the processes previously developed to improve communication and patient flow, and by the end of June 2015, *Care Connect* transitioned from a pilot program to a fully functional program. *Care Connect* officially launched on July 1, 2015.

Developing PCP Requirements

As stated above, the working group developed requirements for PCP practices to participate in the *Care Connect* program. Since education is one of the most important criteria for measurement of programmatic success, PCPs are required to attend at least two of four educational programs developed by Fox Chase Cancer Center faculty (see “Clinical Advisory Team” described below). Educational sessions cover such topics as early diagnosis, cancer prevention, and common survivorship issues seen in the primary care setting. In addition to the opportunity to attend a “live” event, the *Care Connect* team developed online versions of all

Table 1. Email Blast Results

#	YOUR RESULTS	DATE SENT	TIME	NUMBER SENT	NUMBER OPENED	OPEN RATE	CLICK THROUGH
1	Fall CME 11/4/15	10/27/2015	3 pm	34	24	71%	1
2	ACS New Breast Cancer Screening Guidelines	11/20/2015	10 am	128	67	54%	0
3	Prostate	12/17/2015	2 pm	143	75	53%	0
4	Cervical	1/22/2016	10 am	142	73	53%	0
5	Spring 2016 CME	2/21/2016	10 am	507	267	53%	0
6	<i>Care Connect</i> at ASCO Cancer Survivorship Symposium	2/25/2016	10 am	142	76	56%	1
7	Spring 2016 CME	3/10/2016	10 am	506	295	59%	0
8	Colon Cancer	3/15/2016	11 am	507	278	55%	0
9	Head and Neck Cancers (early results)	3/23/2016	10 am	506	181	36%	3
10	Protect Their Skin from Sun Damage	5/18/2016	10:30 am	499	333	67%	1
11	Cancer Moonshot	7/26/2016	12:45 pm	495	317	64%	1
12	Aspirin for Colorectal Cancer Prevention?	9/21/2016	10:35 am	495	287	58%	0

educational programs to allow on-demand access to information if in-person attendance was not feasible. While either method of participation is acceptable, we highly encourage PCP attendance at in-person events so that they can connect directly with oncology providers. Direct connectivity is believed to enhance the relationships that ultimately impact care coordination.

Quality measurements are a mainstay of today's healthcare environment, and many insurers now collect metrics against which primary care physicians are evaluated. As part of the *Care Connect* program, PCPs are asked to submit quality measures from one of the main insurers in the Philadelphia region (Figure 1, page 25).⁵ The reports include measurements of screenings for breast, cervical, and colon cancer. These measures will be tracked on an annual basis and used for quality or performance improvement projects within the *Care Connect* program.

The third requirement is support and education regarding clinical trials within the scope of primary care. Research is an integral part of the mission at Fox Chase Cancer Center. Every healthcare provider involved in the care of cancer patients needs to be supportive when patients are making difficult decisions regarding clinical trial participation, and we leverage the *Care Connect* program to educate PCPs about clinical trial options for cancer patients and survivors.

Establishing a Clinical Advisory Team

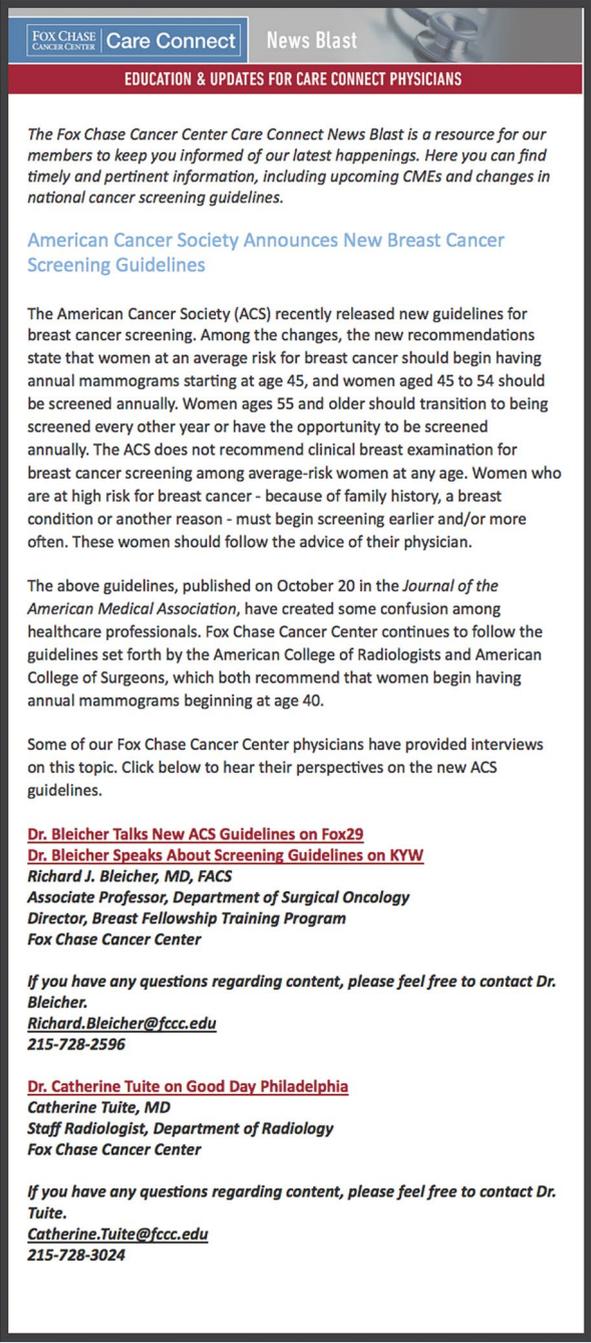
Education is a key component to improving the connectivity and smooth transition of care between the oncology and primary care setting. As part of the *Care Connect* program, we established a clinical advisory team to help guide education events, patient education, and any other programming that would impact clinical care. This team is comprised of seven physician members from Fox Chase Cancer Center, as well as clinical administrative members. The physician members represent the departments of hematology, medical oncology, gynecological surgery, diagnostic imaging, pulmonology, and gastroenterology. Administrators represent clinical areas, outreach, and navigation. The team meets as needed to plan educational events. The email announcements or "eblasts" are also approved by this group prior to sending to *Care Connect* members.

Hosting Live Educational Events

Based on a literature search and needs assessment data, the clinical advisory team, in conjunction with Temple Health's CME committee, developed overarching program objectives for these live events. We are able to add specific programming objectives as each event is planned. Six educational events have been conducted to date. In addition, a *Care Connect* physician spoke at an event provided to faculty at Fox Chase Cancer Center. The topics include:

- Cancer Diagnosis & Prevention (breast, prostate, colon, lung)
- Treatment of Breast, GI, GU, & Lung Cancers

Figure 2. Sample Email Blast on New Breast Screening Guidelines



The image shows a sample email blast from Fox Chase Cancer Center. The header includes the Fox Chase Cancer Center logo, 'Care Connect', and 'News Blast'. Below the header is a red banner with the text 'EDUCATION & UPDATES FOR CARE CONNECT PHYSICIANS'. The main body of the email contains the following text:

The Fox Chase Cancer Center Care Connect News Blast is a resource for our members to keep you informed of our latest happenings. Here you can find timely and pertinent information, including upcoming CMEs and changes in national cancer screening guidelines.

American Cancer Society Announces New Breast Cancer Screening Guidelines

The American Cancer Society (ACS) recently released new guidelines for breast cancer screening. Among the changes, the new recommendations state that women at an average risk for breast cancer should begin having annual mammograms starting at age 45, and women aged 45 to 54 should be screened annually. Women ages 55 and older should transition to being screened every other year or have the opportunity to be screened annually. The ACS does not recommend clinical breast examination for breast cancer screening among average-risk women at any age. Women who are at high risk for breast cancer - because of family history, a breast condition or another reason - must begin screening earlier and/or more often. These women should follow the advice of their physician.

The above guidelines, published on October 20 in the *Journal of the American Medical Association*, have created some confusion among healthcare professionals. Fox Chase Cancer Center continues to follow the guidelines set forth by the American College of Radiologists and American College of Surgeons, which both recommend that women begin having annual mammograms beginning at age 40.

Some of our Fox Chase Cancer Center physicians have provided interviews on this topic. Click below to hear their perspectives on the new ACS guidelines.

[Dr. Bleicher Talks New ACS Guidelines on Fox29](#)
[Dr. Bleicher Speaks About Screening Guidelines on KYW](#)
Richard J. Bleicher, MD, FACS
Associate Professor, Department of Surgical Oncology
Director, Breast Fellowship Training Program
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215-728-2596

[Dr. Catherine Tuite on Good Day Philadelphia](#)
Catherine Tuite, MD
Staff Radiologist, Department of Radiology
Fox Chase Cancer Center

If you have any questions regarding content, please feel free to contact Dr. Tuite.
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215-728-3024

- Survivorship Issues with Interactive Case Review
- Lung Cancer Screening—A Comprehensive Review
- Geriatric Oncology: Treatment Management of the Older Adult with Cancer
- Management of Incidental Adrenal Nodules: Everything a Primary Care Physician Needs to Know
- The Patient-Centered Medical Home (*Care Connect* physician presentation).

Evaluations have been overwhelmingly positive with more than 80 percent of participants reporting changes in clinical practice as a result of these sessions. Interestingly, participants report that the greatest barriers to care are insurance and financial issues, as well as patient adherence.

With the understanding that some *Care Connect* providers may find it challenging to attend “live” events on a regular basis, all educational events are taped and then released as individual sessions by speaker, allowing *Care Connect* physicians to view the programming based on their own time and educational needs. The clinical advisory team created a separate CME plan and objectives for physicians who choose this option to meet the education requirements of the *Care Connect* program. Online

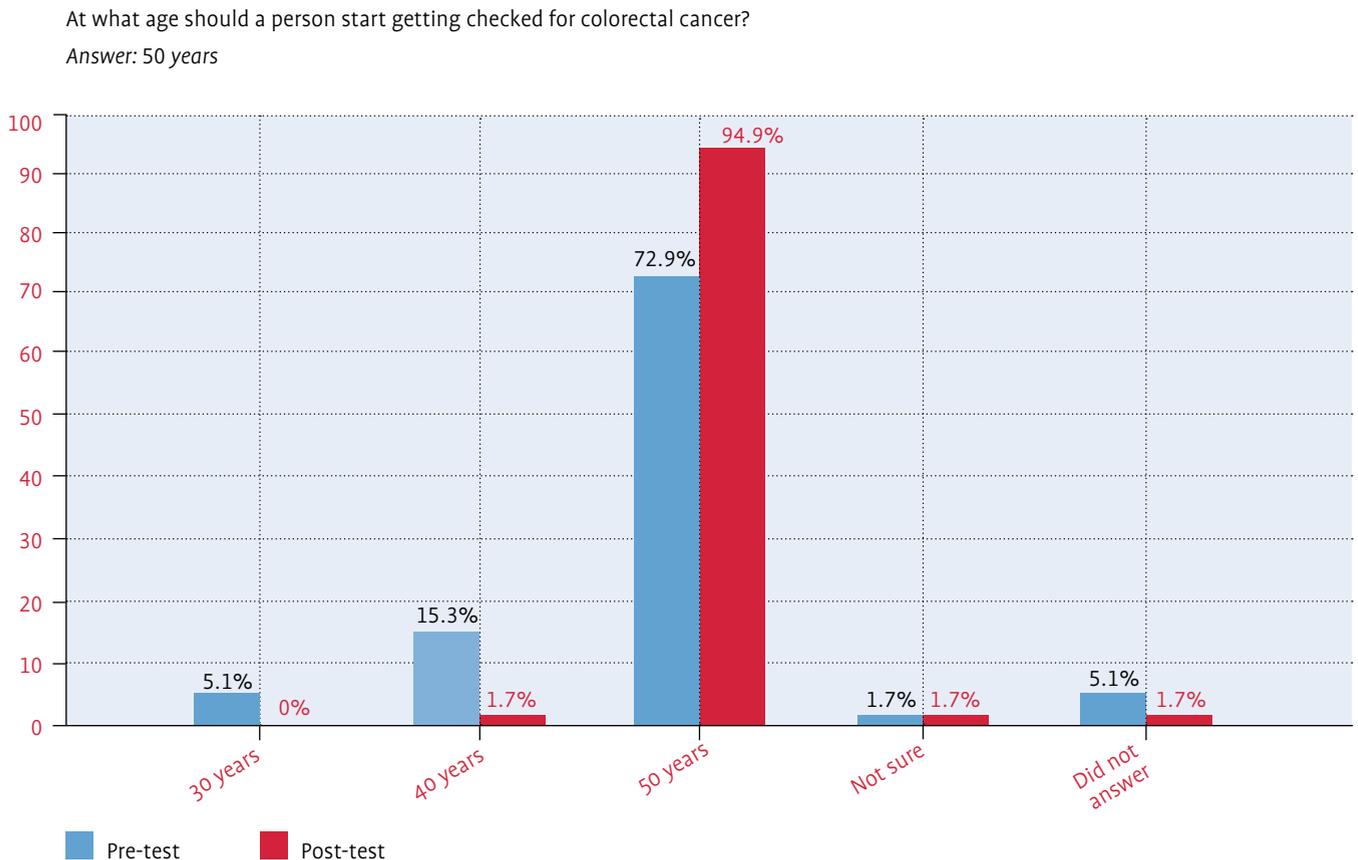
programming went live in November 2016, and the clinical advisory team disseminated instructions for accessing this educational content to each *Care Connect* practice.

Identifying Additional Education Opportunities

As the *Care Connect* program grew, we believed that there were additional opportunities to make connections with the *Care Connect* member practices. Change occurs often in the field of oncology—some of which impacts primary care delivery—so we developed a method to relay this information in a timely manner. Today an email “blast” system pushes out to *Care Connect* member practices important changes in screening and prevention practices. Figure 2, page 27, is an email about changes to the American Cancer Society mammography guidelines. Fox Chase physicians were asked to provide feedback regarding the changes and to make themselves available by phone for any *Care Connect* member that had specific questions. Other examples of email blasts include information on cancer awareness months, specific programs being held at Fox Chase Cancer Center that may be of interest to PCPs, relevant news stories impacting cancer patients, and upcoming educational programming.

Through this system, the *Care Connect* team tracks the

Figure 3. Staff Education Results: Colon Cancer



“open” rate, as well as the “click through” rate for these eblasts. Since implementation, open rates (the number of recipients who opened the email) have been consistently above 50 percent, which is outstanding for this type of communication. The average open rate for health and social services communications is 20.74 percent.⁶ The click through rates (the number of recipients who clicked through additional links embedded within the email) are much lower. Overall, the email blast system has been a successful approach to relay important information to a large group of participants with minimal workload impact (Table 1, page 26).

Staff Education

Celeste-Harris and Maryniuk describe a diabetes program where provision of educational materials and training the office staff of PCPs resulted in improved patient outcomes.⁷ Working under that premise, if every member of the primary care team is aware and educated about common health problems, patient care can be improved.⁸ Accordingly, the majority of *Care Connect* member practices have mandates regarding staff education. The aim of the *Care Connect* initiative was to add information about common cancers to the education rotation, including prevention and screening practices. *Care Connect* team members believe that primary care office staff play a vital role in improving patient care as they are the front-line individuals collecting information from patients and caregivers. In the future, the *Care Connect* program looks to develop data-driven outcomes measurements.

The *Care Connect* team worked with the members of the Office of Community Outreach at Fox Chase Cancer Center to deploy this staff education, which provided about 30 minutes of content at each practice site in a “Lunch & Learn” format. Programming was provided at a lay person-knowledge level. Staff education was piloted at a limited number of practices to determine feasibility and obtain participant feedback on the value of the educational programs. Pre- and post-tests were given to the attendees; feedback was overwhelmingly positive and demonstrated change in knowledge (see Figure 3, left). Currently, there are plans to deploy this staff education at every *Care Connect* practice. Topics to date include colon cancer, skin cancer, and basics of clinical trials. The next planned program topic is breast cancer.

Patient Education

Patient-directed education is a well-established need for most practices. As an additional benefit for our *Care Connect* members, Fox Chase’s Community Outreach department developed patient education brochures for lung, breast, ovarian, colon, skin, and prostate cancers. Materials are written at a lay person level and provide an outline of questions that patients can pose to their provider(s) when discussing prevention and screening for these six common cancers. This type of education allows patients to become more engaged participants in their care rather than just reading about a particular topic. There is support in the literature that this approach helps develop self-management and problem-solving by the patient.⁹ Patient education materials also include

a brief description of the *Care Connect* program with links to the Fox Chase Cancer Center’s website for additional information. Patient education brochures are also available in Spanish.

Marketing Efforts

Marketing of the *Care Connect* program required a multi-pronged approach. In addition to providing access to common marketing tools for the *Care Connect* members, we needed a specific plan to “market” the program internally to staff and providers.

We developed and implemented a *Care Connect* member enrollment process, and a member of the *Care Connect* team visited each primary care practice that expressed interest in joining. Physician-directed brochures were developed specifically for this process. Potential *Care Connect* members were also required to complete an application, which included basic demographic information about the practice. Once the application process was completed, Fox Chase Cancer Center marketing staff, ambulatory care leaders, and other appropriate internal departments were notified to add the practice to the Fox Chase Cancer Center’s website and other applicable *Care Connect* print materials and messaging.

We developed a *Care Connect* member marketing package (see Figure 4, pages 30-31) that included the following items:

- Brand guidelines
- *Care Connect* member logo
- Framed certificate of membership
- Template announcement ad and press release
- Patient brochure.

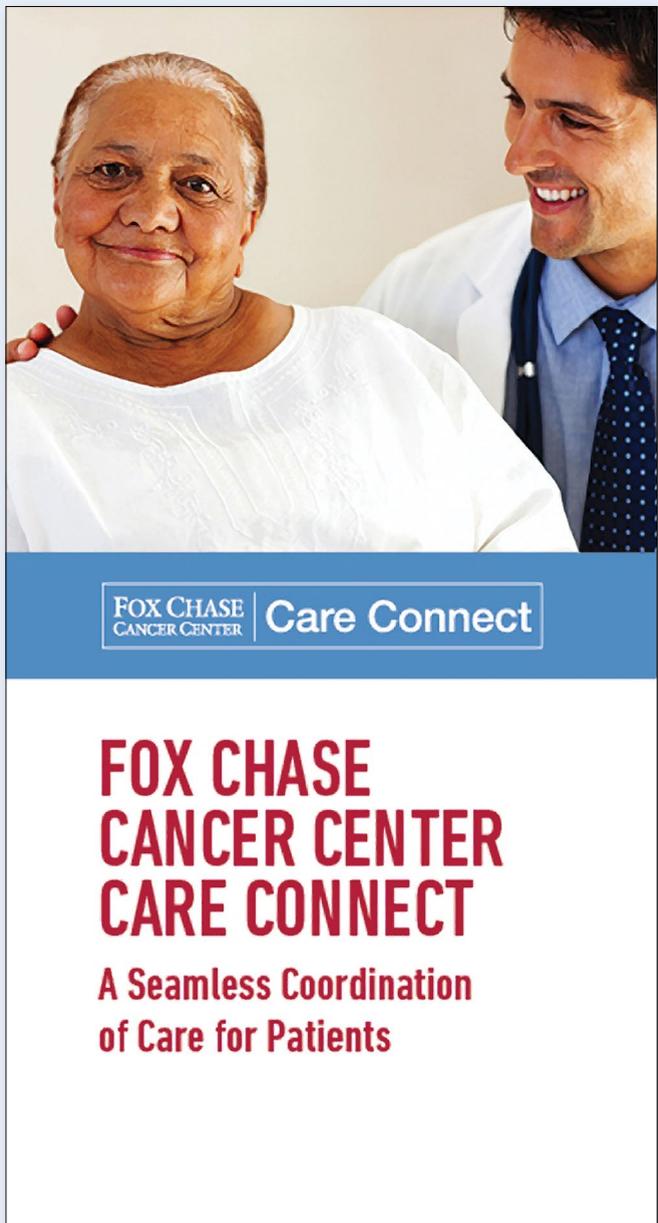
In addition, primary care practices have access to patient education materials developed for the *Care Connect* program. These pieces include information for top cancer disease sites (see Figure 5, page 32).

Internal efforts to market the *Care Connect* program included development of written materials, such as brochures, flyers, and posters, that were placed in key work areas, clinic space, and patient waiting areas. *Care Connect* team members presented an overview of the program at all departmental and faculty meetings. While the focus was on the provider and clinic staff, other ancillary departments were also educated—for example, telephone operators, intake staff, social work, and the resource education center. Walking rounds were completed on the inpatient units. Today *Care Connect* team members routinely attend department meetings to provide updates and to collect valuable feedback from providers. We created a map with information about the *Care Connect* members, storing it on our internal portal so staff can easily access the information for patient referrals (Figure 6, pages 34-35). When new *Care Connect* practices are added, a message goes out via Fox Chase’s daily enewsletter to alert providers and staff (Figure 7, page 36). Messaging about the *Care Connect* program has also been added to our phone system for on-hold scenarios.

The Importance of Care Coordination

Care coordination is a key component to ensure the success of the *Care Connect* program. Through this care coordination, the

Figure 4. Marketing Packet Samples



Care Connect program looks to improve patient care and the patient experience within our healthcare system. With the number of cancer survivors continuing to grow, it becomes increasingly important to oncologists and PCPs to participate in patient care models that include open and clear lines of communication as well as data sharing capabilities.¹⁰

The Care Connect program identifies patients and generates referrals through several methods, including EHR-generated

orders, email, phone calls, and patient self-referrals. A member of the Care Connect team responds to the referral, connects with the PCP office, and facilitates services for the patient. This provider also follows up with the patient to ensure his or her needs are met, and to provide further assistance to the Care Connect practice if needed. We track basic referral information including the number of days from referral to appointment. Through the Care Connect program, the mean number of days from request for

Whether you need cancer screening, currently have cancer, or are a cancer survivor, you can be sure that Fox Chase Cancer Center Care Connect physicians are experienced in providing the services you need.



WHAT IS CARE CONNECT?

Care Connect is a program between Fox Chase Cancer Center and select community physicians. Primary care and internal medicine physicians and gynecologists in communities throughout the region are working with Fox Chase in programs that focus on cancer prevention education, screening, treatment and survivorship care.

The result is a seamless coordination of care for patients.

THE CARE CONNECT DISTINCTION

Fox Chase Cancer Center has earned the highest designation from the National Cancer Institute (NCI) as a Comprehensive Cancer Center. We are extremely proud of this achievement and select Care Connect physician members who share our commitment to providing the highest standards of care.



BENEFITS TO PATIENTS

The Care Connect Program offers key benefits to patients:

- **Knowledge.** High-quality educational programming through Fox Chase means Care Connect doctors stay current on the latest developments in cancer care.
- **Support.** Through required ongoing courses at Fox Chase Cancer Center, Care Connect physicians stay up-to-date on cancer screening guidelines and can provide you direction on cancer prevention screening, survivorship, genetics and clinical trials.
- **Coordination.** The Care Connect Program helps to locate an experienced provider in your area who can meet your specific cancer-care needs.
- **Access.** Being a patient of a Care Connect physician provides you access to nurse navigators at Fox Chase Cancer Center who can help coordinate your care. These clinically-trained individuals are responsible for helping you understand your diagnosis from the very first call. They are here to answer your questions and guide you throughout the rest of your treatment.



To find a Care Connect physician in your community, call 215-728-4772 or visit FoxChase.org/careconnect.

appointment to actual patient appointment is 16 days—24 percent below the regional average of 21 days.¹¹ Collecting and tracking these metrics also allows the *Care Connect* team to report on data to stakeholders and leverage patterns for programmatic improvements and/or development.

In January 2016, we launched a pilot program to raise internal awareness of the *Care Connect* program within the Fox Chase Cancer Center New Patient Office to proactively identify patients

in need of a PCP. Patients were asked upon arrival to the cancer center about their PCP status. If a patient did not have a PCP, or if there was a need to change the PCP, the patient chart was flagged using a simple sticker (in this instance, new patients still have a paper initiation chart which then converts to EHR). The sticker alerted the clinic team and physician to have a discussion regarding the *Care Connect* program. If the patient wished to

(continued on page 33)

Figure 5. Sample of Patient Education Brochure



Lung Cancer

Know the Facts...



FOX CHASE
CANCER CENTER
TEMPLE HEALTH

My Action Plan

- I will not smoke
- I will avoid the smoke from other people smoking
- I will make my home and car smoke-free
- I will get my home tested for radon gas
- I will avoid cancer-causing agents
- As a smoker or former smoker, I will ask my doctor if lung cancer screening is the right choice for me

Are there any factors that protect me from Lung Cancer?

If you're a smoker, stop smoking. Quitting is the best way to protect yourself and others from lung cancer. If you don't smoke, don't start. Smoking causes about 90% of lung cancer deaths in men and about 80% in women. Avoid being around smoke and other cancer causing agents at home and at work.

To get help to quit smoking call us at 215-214-1618 or call the PA Quitline at 1-800-QUIT-NOW (1-800-784-8669).



Care Connect

Fox Chase Cancer Center Care Connect is a program linking Fox Chase Cancer Center and community physicians. Primary care physicians, internal medicine physicians and gynecologists throughout the region are working with Fox Chase in programs that focus on:

- Cancer Prevention
- Education
- Screening
- Treatment
- Survivorship Care

As a Fox Chase Cancer Center Care Connect member, your physician is committed to providing you with a seamless coordination of care.

Learn more about the Care Connect program at foxchase.org/careconnect.

Where can I get more information?

888-369-2427 (888-FOX-CHASE)
www.foxchase.org



Temple Health refers to the health, education and research activities carried out by the affiliates of Temple University Health System (TUHS) and by the Lewis Katz School of Medicine at Temple University. TUHS neither provides nor controls the provision of health care. All health care is provided by its member organizations or independent health care providers affiliated with TUHS member organizations. Each TUHS member organization is owned and operated pursuant to its governing documents.

Am I at risk for Lung Cancer?

There is no way to know for sure if you are going to get lung cancer. Certain things raise your chances of getting it. These are called risk factors. Check your risk factors below for lung cancer:

- I am a smoker
- I used to smoke
- I am around other people that smoke
- I am around radon, a radioactive gas that has no smell and comes from the ground
- I am around asbestos
- I am around other cancer-causing agents such as uranium, arsenic, and diesel exhaust
- I have a family history of lung cancer
- I have had radiation therapy to my chest
- I have another lung disease (such as COPD, emphysema, chronic bronchitis, or pneumonia)

If you checked any of these risk factors, you may be at risk for lung cancer.

What are the symptoms of Lung Cancer?

Lung cancer often has mild or no symptoms in the early stages. But as the cancer grows, symptoms may include:

- A cough that does not go away or gets worse
- Chest pain that is often worse with deep breathing, coughing, or laughing
- Hoarseness
- Weight loss or loss of appetite
- Coughing up blood or rust-colored sputum (spit or phlegm)
- Shortness of breath
- Feeling tired or weak
- Infections such as bronchitis and pneumonia that don't go away or keep coming back
- New onset of wheezing

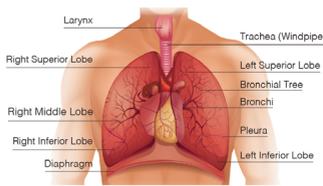
What are the screening tests for Lung Cancer?

Low-dose CT scan
A CT scan of the chest uses x-rays to create a detailed image of your lungs. Your doctor will use the image to look for signs of lung cancer. During the scan, you lie on a table that slides into the donut-shaped scanner.

If you can check **every** box below, you may want to talk with your doctor about your need for a lung screening test, or call us to make an appointment at 888-FOX-CHASE.

- You are a current smoker or have quit within the last 15 years
- You are 55-77 years old
- You have a smoking history of 30 pack-years or more. A "pack-year" means that you have smoked an average of 1 pack of cigarettes per day for a year
- Your health is good enough to consider lung cancer treatment if cancer is found





Anatomy of the respiratory system

Table 2. Patient Referrals to *Care Connect* Program: Before, During & After Pilot Program

	PRE-PILOT (9 MONTHS) APRIL 2015–DEC 2015	PILOT (6 MONTHS) JAN 2016–JUNE 2016	TOTAL (15 MONTHS) APRIL 2015–JUNE 2016
Total Patients Referred	48.0	43.0	91.0
Average Referrals Per Month	5.3	7.2	6.1

(continued from page 31)

proceed, the *Care Connect* team was notified via one of the methods described above. As a result of this pilot program, referrals increased from an average of 5.3 per month to 7.2 per month during the pilot period (see Table 2, above, and Figure 8, page 36). There are plans to expand this pilot program to include all service points of entry, for example follow-up clinics and infusion areas, to continue to identify additional patients in need of a PCP.

Current State of the Program

The *Care Connect* program has grown from a pilot program of 5 practices to a current membership of 27 primary care and 3 gynecology practices, representing 46 physician providers. A number of practices also employ advanced practice clinicians (nurse practitioners or physician assistants). We are conducting constant outreach to new practices, with 5 new practices currently being vetted at the time of this publication.

A few key initiatives are planned for the continued growth of the program, and the *Care Connect* team recently held a retreat with key stakeholders—from both Fox Chase Cancer Center and primary care practices—to aid in strategic planning. Three main components were addressed:

1. **Expansion of members.** Expanding the geographic footprint of *Care Connect* membership so that we can help additional patients find primary care coordination close to home; continue to add sub-specialty practices of relevance, such as gynecology.
2. **Improvement to the communications and connectivity between oncology and PCP providers.** Add PCPs to clinical advisory team; increase one-to-one interactions between oncology and PCP providers at educational offerings.
3. **Patient outcomes.** How can we start using the data collected to design programs or studies to show improvement in patient outcomes—both oncology and non-oncology.

In addition, plans are underway to conduct a formal physician survey to aid in future program development and to address unmet needs.

As you can see, a program that creates a formal relationship between PCPs and oncologists is an effective strategy to improve communication between the provider groups and increases the ability to coordinate care. We have learned throughout the process

Acknowledgements

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that engagement of all stakeholders is critical to the success of the *Care Connect* program. The opportunity to get busy providers together to engage in discussions about how best to improve patient outcomes and the patient experience is the engine that has driven the *Care Connect* program forward. 

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References

1. Hewitt M, et al. From Cancer Patient to Cancer Survivor: Lost in Transition. 2006, National Academies Press.
2. Miller KD, et al. Cancer treatment and survivorship statistics, 2016. *CA Cancer J Clin.* 2016;66:271-289.
3. Reeves S, et al. Interprofessional education: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev.* 2008 Jan 23;(1):CD002213.
4. Fox S. When cancer survivors return to primary care. *Natural Med J.* 2015;7(1). Available online at: naturalmedicinejournal.com/journal/2015-01/when-cancer-survivors-return-primary-care. Last accessed March 20, 2017.
5. Independence Blue Cross. QPM Score Program Methodology. Available online at: ibx.com/pdfs/individuals/find_provider/qpm_score_program_methodology.pdf. Last accessed March 20, 2017.

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Figure 6. Care Connect Practice Locations & Maps

FOX CHASE CANCER CENTER CARE CONNECT PRACTICE LOCATIONS



Learn more about Care Connect:
215-728-3536 | FoxChase.org/careconnect

FOX CHASE
CANCER CENTER | Care Connect

12/2016

FOX CHASE CANCER CENTER CARE CONNECT*

PRACTICE LOCATIONS

Care Connect is a program between Fox Chase Cancer Center and primary care/internal medicine physicians in communities throughout the region. We offer support for primary care physicians in the areas of cancer prevention education, screening, treatment, and survivorship care plans. **The result is a seamless coordination of care for patients.**

ASK YOUR FOX CHASE DOCTOR FOR A REFERRAL TO ONE OF THE FOLLOWING CARE CONNECT PRACTICES OR CALL 215-728-3536.

1
Broderman Internal Medicine Associates
Susan J. Broderman, MD
 2325 Heritage Center Dr., Suite 116
 Furlong, PA 18925

2
Charles Bolno, DO
 404 Huntingdon Pike #B
 Jenkintown, PA 19046

3
Family Practice Center of Newtown
Catherine Spratt-Turner, DO
 638 Newtown-Yardley Rd., Suite 2E
 Newtown, PA 18940

4
Fred A. Stutman, MD
 3501 Newberry Rd.
 Philadelphia, PA 19154

5
Jeanes Family Medicine
Mitchell J. Marder, DO
 9331 Old Bustleton Ave., Suite 100
 Philadelphia, PA 19115

6
Jeanes GYN Associates – Elkins Park
Debra Somers, MD
Gail Sullivan, MD
 8380 Old York Rd., Suite 100
 Elkins Park, PA 19027

5
Jeanes GYN Associates – Northeast
Debra Somers, MD
Gail Sullivan, MD
 9331 Old Bustleton Ave., Suite 202 & 203
 Philadelphia, PA 19115

7
Jeanes GYN Associates – Stapley Hall
Robert Auerbach, DO
 7602 Central Ave., Suite 201
 Philadelphia, PA 19111

8
MCL Primary Care
Michael Luciano, DO
 882 Jacksonville Rd., Suite 204
 Ivyland, PA 18974

9
Mercado Medical Practice
Max Mercado, MD
Jose A. Bossbaly, MD
 7500 Central Ave., Suite 203
 Philadelphia, PA 19111

10
Michael Palazzolo, MD
 821 Huntingdon Pike, Suite 205
 Huntingdon Valley, PA 19006

11
Port Richmond Family Practice
John Lozowski, DO
 2923–25 E. Thompson St.
 Philadelphia, PA 19134

6
Temple Family Medicine at Elkins Park
Pamneit Bhogal, MD
Peter Giammanco, DO
Jeffrey Mazure, DO
Matthew J. Shore, DO
 8380 Old York Rd., Suite 100
 Elkins Park, PA 19027

12
Temple Family Medicine at Fort Washington
Mark F. Obenrader, DO
Jason J. Sanderson, DO
 515 Pennsylvania Ave.
 Fort Washington, PA 19034

5
Temple Family Medicine – Old Bustleton
Carla Cuoci-Malin, DO
 9331 Old Bustleton Ave., Suite 100
 Philadelphia, PA 19115

9
Temple Internal Medicine Burholme
Rohit Desai, MD
 7500 Central Ave., Suite 202
 Philadelphia, PA 19111

5
Temple Internal Medicine – Old Bustleton
Steven Wolf, DO
 9331 Old Bustleton Ave., Suite 202
 Philadelphia, PA 19115

5
Temple Northeast Family Medicine
Saira Bano, MD
Roseanne Farber, DO
Larry Kramer, DO
 9331 Old Bustleton Ave., Suite 201
 Philadelphia, PA 19115

14
Temple Physicians at Feltonville
Gary LaNoce, DO
 4857 C St.
 Philadelphia, PA 19120

15
Temple Physicians at Hunting Park
Elizabeth Carazo, MD
Nuria Lopez-Pajares, MD
 133 W. Hunting Park Ave.
 Philadelphia, PA 19140

16
Temple Physicians at Liberty Square Adult Medicine
Ronald Cowen, DO
Delia Meltonate, MD
Anthony Luistro, MD
 1300 W. Lehigh Ave., Suite 110
 Philadelphia, PA 19115

17
Temple Physicians at Nicetown
Delana Wardlaw, MD
 4350 Germantown Ave.
 Philadelphia, PA 19140

18
Temple Physicians at Palmer Park
Kyle Montgomery, MD
Cyriac Thatchet, MD
Melanie Williams, DO
Kem Yenai, MD
 1741 Frankford Ave., Suite 100
 Philadelphia, PA 19125

19
Temple Physicians at Rising Sun
Jeffrey Mazure, DO
 6410 Rising Sun Ave., Suite A
 Philadelphia, PA 19111

20
Temple Physicians at Rockledge
Charles H. Korman, DO
Jay R. Moore, MD
Hong T. Tran, MD
 8 Huntingdon Pike
 Rockledge, PA 19046

21
Temple Physicians at Roosevelt Plaza
Michael P. Glowacki, MD
Stephen Sturtz, DO
 6557 Roosevelt Blvd.
 Philadelphia, PA 19149

22
Temple Physicians at Somerton
Pamneit Bhogal, MD
 12000 Bustleton Ave.
 Philadelphia, PA 19116

23
Temple Physicians at Wyndmoor
Simeon Bardin, MD
 8200 Flourtown Ave., Suite 5
 Wyndmoor, PA 19038

Please visit FoxChase.org/careconnect for the most up-to-date listing of Care Connect members.

*Each Care Connect Program physician is responsible for his/her own medical judgment and the patient care services provided. Fox Chase Cancer Center does not directly or indirectly assume responsibility for the medical judgment and patient care services provided by Care Connect Program physicians.

Learn more about Care Connect:
215-728-3536 | FoxChase.org/careconnect

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6. Constant Contact. Average open, click-through, and bounce rates of Constant Contact customers by industry. Available online at: knowledge-base.constantcontact.com/articles/KnowledgeBase/5409-average-industry-rates. Last accessed March 20, 2017.
7. Celeste-Harris S, Maryniuk M. Educating medical office staff: enhancing diabetes care in primary care offices. *Diabetes Spectrum*. 2006;19(2):84-89.
8. Reeves S, et al. The Cochrane Library. Interprofessional education: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev*. 2008 Jan 23;(1):CD002213.
9. Bodenheimer T, et al. Patient self-management of chronic disease in primary care. *JAMA*. 2002;288(19):2469-2475.
10. Wallan SW. PCP/Oncology partnerships vital for cancer care wave. *Medpage Today*. Available online at: medpagetoday.com/primarycare/generalprimarycare/53937. Last accessed March 20, 2017.
11. Merritt Hawkins. Survey Physician Appointment Wait Times and Medicaid & Medicare Acceptance Rates, 2014. Available online at: merrithawkins.com/uploadedfiles/merrithawkins/surveys/mha-2014waitsurvpdf.pdf. Last accessed March 20, 2017.

Figure 7. Daily eNewsletter

Enews DAILY | Your First Look at What's Happening Around Fox Chase & Jeanes Hospital

FRIDAY, OCTOBER 30, 2015

CME Event Offered for Faculty and Community Physicians

Care Connect Current treatments for breast, lung, gastrointestinal, and genitourinary cancers will be the focus of the next [educational session](#) of the Fox Chase Cancer Center Care Connect Program—a collaborative initiative between Fox Chase and select primary care practices in the Greater Philadelphia region. Presented by Fox Chase faculty members, the event will take place on Wednesday, November 4, from 6-8 p.m. in the Reimann Auditorium. Continuing medical education (CME) credit will be offered, and dinner will be provided. Fox Chase and Jeanes Hospital faculty and staff are invited to attend along with guests from the Fox Chase Cancer Center Care Connect practices.

Launched earlier this spring, Care Connect is designed to provide a seamless continuum of care for cancer patients, enhance communication among providers at Fox Chase and in the community, and provide expertise in cancer prevention and screening guidelines to community physicians. Ongoing professional education serves as a key component of the program. Attendees can register for the November 4 session by calling Fox Chase's Care Connect line at 215-728-3536. For more details, see the [event flyer](#).

Figure 8. Patient Referrals to Care Connect Program During 6-Month Pilot Program

