An Optimal Care Coordination Model (OCCM) for Medicaid Patients With Lung Cancer: Finalization of the Model and Implications for Clinical Practice in the United States

Abstract 104

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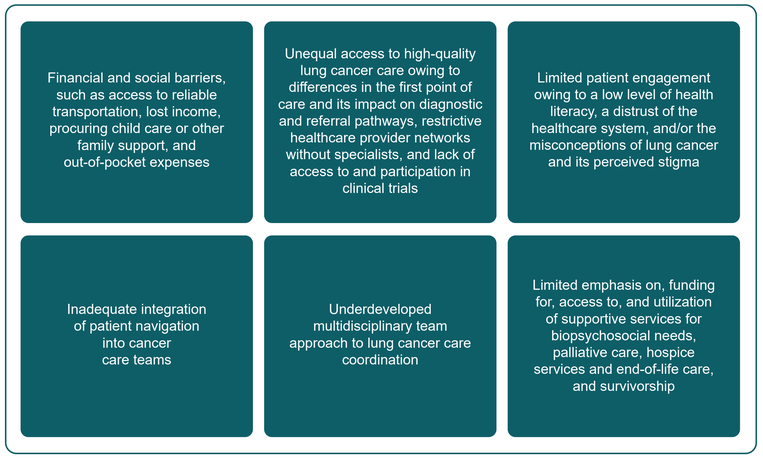
INTRODUCTION

- Advances in cancer therapies have not benefited all populations equally, with a higher burden of disease often experienced by socioeconomically disadvantaged subgroups and other vulnerable patients[1-3]
- Medicaid patients require enhanced cancer care services to achieve equitable outcomes with non-Medicaid patients
- In 2016, the Association of Community Cancer Centers (ACCC) launched a 3-year initiative to design, test, and refine an Optimal Care Coordination Model (OCCM) for Medicaid patients with lung cancer in the United States (U.S.)
  - The aim was to help cancer programs identify and reduce the barriers experienced by Medicaid patients by strengthening lung cancer care delivery systems
  - An environmental scan identified 6 broad barriers to optimal care delivery for Medicaid patients diagnosed with lung cancer[4] (**Figure 1**)

Figure 1: Barriers to optimal cancer care delivery for Medicaid patients

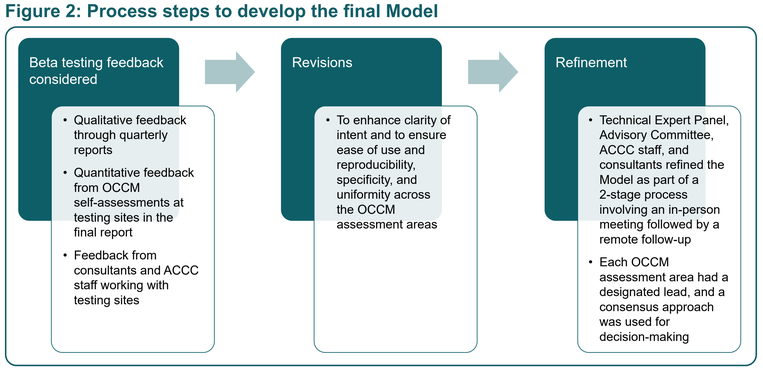


- Here, we present the final Model, including the 12 assessment areas, and its nationwide dissemination through ACCC's extensive network of U.S. cancer program members

METHODS

- Between October 2017 and September 2018, beta testing was implemented at 7 community-based cancer programs in the U.S. via quality improvement projects
- The final Model was refined based on the results and experiences of beta testing; this process is illustrated in **Figure 2**

Figure 2: Process steps to develop the final Model



ACCC, Association of Community Cancer Centers; OCCM, Optimal Care Coordination Model.

CONCLUSIONS

- Refinements to the Model were informed by the experience and results of beta testing at 7 cancer programs and led to improved clarity of intent, ease of use and reproducibility, specificity, and uniformity before wider dissemination
- The Model can be used by cancer programs to conduct objective self-assessments of their capabilities across 12 high-impact areas of care delivery for lung cancer to prioritize the unique care and treatment needs of Medicaid patients as an important step toward ensuring equitable health outcomes with non-Medicaid patients
- Wider dissemination of the Model has high potential to advance multidisciplinary coordinated care delivery, define value-based care delivery metrics, and improve clinical outcomes for other vulnerable patients, regardless of cancer type

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FUNDING

This project was funded by the Bristol Myers Squibb™ Foundation.

DISCLOSURES

- CSL reports consulting or advisory roles with Lilly and the Bristol Myers Squibb™ Foundation; other relationship with Targeted Oncology; honoraria from PER; and research funding from CVS Health
- RAO, MPS, AK, LMB, and TMA have no financial relationships to disclose

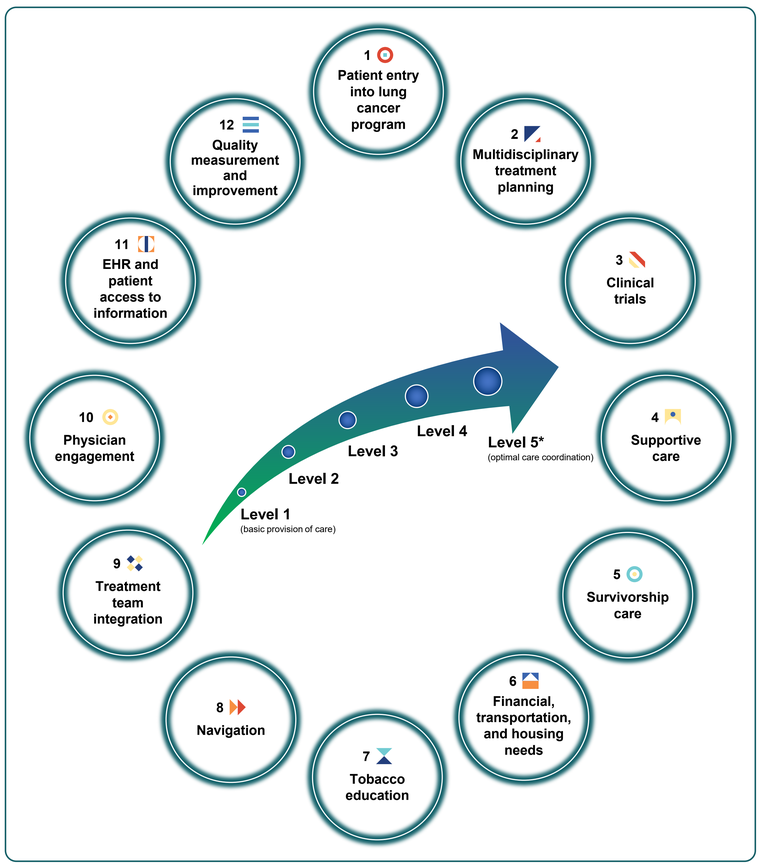
ACKNOWLEDGMENTS

- ACCC thanks the Advisory Committee, Co-Principal Investigators, Technical Expert Panel, Lead Clinical Research Consultant, and the data analysis team from The University of Memphis and Baptist Cancer Center for their valuable contributions to this initiative (**Supplementary material**; scan QR code)
- ACCC also thanks the patients and participating staff at the development and testing sites for their participation in this initiative (**Supplementary material**; scan QR code)
- Medical writing support was provided by Steven Tresker and Juliane Moloney, PhD, of Cactus Life Sciences (part of Cactus Communications) in accordance with Good Publication Practice Guidelines (https://www.ismpp.org/gpp3)

RESULTS

- Based on beta testing (abstract 105), refinements were made to the Model
- The final Model comprises 12 assessment areas (**Figure 3**), with each having at least 1 evidence-based, measurable parameter for continuous monitoring of quality improvement
  - Progress to a higher level of care coordination implies cumulative and sustained fulfillment of lower-level criteria

Figure 3: Assessment areas in the final Model



EHR, electronic health record.
*Attainable for some programs, aspirational for others.

- The final Model can be deployed by any cancer program, regardless of size, setting, or resource level, to help identify disparities, strengthen and expand access to optimal lung cancer care, and articulate aspirational goals
- The final Model is being disseminated nationwide by ACCC through its extensive network of U.S. cancer program members (**Supplementary material**; scan QR code)
- The dissemination package includes:
  - A web-based benchmarking tool for the 12 OCCM assessment areas
  - Online and print versions of the Model
  - A quality improvement tool for project planning
  - A podcast and publication highlighting the experiences of several testing sites
  - Findings of the environmental scan and literature review bibliography compiled in 2016

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