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

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INTRODUCTION
• Advances in cancer therapies have not benefited all populations equally, with a higher burden of disease experienced by socioeconomically disadvantaged subgroups and other vulnerable patients^1,2.
• 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 (Fig. 1).

RESULTS
• 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.

CONCLUSIONS
• 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.

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

REFERENCES

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DISCLOSURES
• Approval for personal use only and may not be reproduced without permission from ACCC and the author of this paper.

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DISCLOSURES
• Based on beta testing (abstract 105), refinements were made to the Model.
• The final Model comprises 12 assessment areas (Fig. 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.

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