An Optimal Care Coordination Model (OCCM) for Medicaid Patients With Lung Cancer: Results From the Beta Model Testing Phase of a Multisite Initiative in the United States


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INTRODUCTION
- Lung cancer remains the leading cause of cancer-specific mortality in the United States (U.S.)
- Gaps in the quality of cancer care delivery persist among certain patient populations owing to prevailing social determinants of health and contribute to suboptimal outcomes
- In 2016, the Association of Community Cancer Centers (ACCC) launched a 3-year initiative to develop a beta version of the Optimal Care Coordination Model (OCCM) to address disparities in lung cancer outcomes between Medicaid and non-Medicaid patients
- The OCCM was designed to address the multidisciplinary care assessment tool of the National Cancer Institute Community Cancer Centers Program

OBJECTIVES
- To understand how participating cancer programs use the Model to conduct self-assessments of care coordination and implement solutions to advance multidisciplinary coordinated care delivery for lung cancer
- To prioritize the unique care and treatment needs of Medicaid patients with lung cancer

METHODS
- Eligible sites were selected—51 had Medicaid lung cancer patients with at least 100 patients diagnosed with lung cancer
- Of the 926 enrolled patients, 257 (27.8%) had Medicaid insurance or dual-eligible status and 669 (72.2%) had non-Medicaid insurance
- Each testing site was able to select 5 OCCM assessment areas for Phase I and 10 for Phase II
- Of the beta OCCM assessment areas, 13 were selected for testing sites
- Assessment areas included electronic health records and patient access to information, care coordination, and tobacco cessation, including evaluation of use

RESULTS
- Of 926 enrolled patients, 257 (27.8%) had Medicaid insurance or dual-eligible status and 669 (72.2%) had non-Medicaid insurance, which included Medicare only, commercial insurance, and other (i.e., military insurance, none, or self-pay) (Figure 3: Selection of beta OCCM assessment areas by testing sites for QI projects)
- Of the 3 most frequently selected beta OCCM assessment areas, 3 were selected for QI areas
- Of the 926 enrolled patients, 257 (27.8%) had Medicaid insurance or dual-eligible status and 669 (72.2%) had non-Medicaid insurance

CONCLUSIONS
- The Model can serve as a valuable framework for cancer programs to evaluate lung cancer care delivery capabilities across high-risk areas, identify areas for improving care coordination, and implement solutions to advance multidisciplinary coordinated care delivery for lung cancer

REFERENCES

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DISCLOSURES
- No conflicts of interest to report

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FUTURE DIRECTIONS
- Given the operational challenges around preparedness and implementation, cancer programs may need additional resources to evaluate patient outcomes