INTRODUCTION

Estimated rates for lung cancer in the United States in 2018 are approximately 234,000 new cases, and over 154,000 deaths [1]. These dismal statistics are worse for minorities and those who are socioeconomically disadvantaged, who not only have a higher incidence of lung cancer but also higher mortality rates [2]. The reasons for these outcome disparities are the subject of much research and debate. Socioeconomically disadvantaged patients are more likely to be diagnosed with later-stage cancer and less likely to receive any treatment, surgery, and chemotherapy for lung cancer [3]. These patients may also have poorer overall health, a higher prevalence of comorbid conditions, and greater life stress. The disparities in outcomes may also be a function of the challenges they face navigating the healthcare system, including the financial and logistical barriers they encounter when accessing and managing services that are not designed around their needs. They are also less likely to have a usual source of primary care and may face more problems in gaining access to oncology subspecialty providers.

In the United States, Medicaid is a social assistance program that covers healthcare costs for low-income individuals, regardless of age. It is a federal-state program, and eligibility requirements vary by state. Once a patient is eligible, patients may pay a small amount for their medical and pharmacy expenses [4].

The Association of Community Cancer Centers (ACCC) created an Optimal Care Coordination Model (OCCM), that addresses access to high quality cancer care for patients with lung cancer on Medicaid. The overarching goal of this study is to provide patients, healthcare providers, and payers a scalable plan for outreach and treatment to serve as a pilot for cancer programs nationwide.

PURPOSE

The purpose of the OCCM is to provide practical guidance to cancer programs in their efforts to achieve patient-centered, multidisciplinary, coordinated care for patients with lung cancer on Medicaid across the care continuum. The OCCM is a comprehensive self-assessment tool designed to orient cancer programs to the range of activities and tasks available to improve care for this target population.

The OCCM is beneficial to all cancer programs, regardless of size, resources, or location, to improve lung cancer care for patients with Medicaid. It was tailored to specifically evaluate areas of high impact, optimal care for lung cancer patients on Medicaid. Although there are clinical pathways for lung cancer, many tend to focus on the treatment within the disease specialty, and do not consider critical supportive care elements of the care pathway, such as distress screening and financial advocacy.

METHODS

An environmental scan was produced by ACCC in early 2016. A key finding showed the financial and social barriers that Medicaid beneficiaries face in pursuing lung cancer treatment are significant, detrimental to outcomes, and largely unaddressed.

Five US cancer programs that are ACCC member programs were then identified as research sites to explore current care models for lung cancer and Medicaid patients. During mid-2016, each site hosted the ACCC team for a two-day site visit during which interview sessions were conducted with multidisciplinary cancer center staff working across the continuum of care as well as with patients and referring practices.

Four individuals who participated in the NOI Community Cancer Centers Program (NCCCP) were appointed to the project’s Technical Expert Panel. Using an NCCCP resource, the Multidisciplinary Care (MDC) Assessment Tool, this group expanded the MDC Assessment Tool from 7 Assessment Areas to 13 (Table 1), still utilizing the MDC Tool’s evaluation matrix (Table 2).

RESULTS

To assess the feasibility of the OCCM, a competitive application process among ACCC’s membership used a comprehensive institutional quantitative and qualitative questionnaire. Applicants completed a self-assessment using the OCCM and then developed qualitative improvement projects designed to move their OCCM-scored care delivery performance from baseline to a higher level over a 12-month implementation period. Seven US community cancer centers that are ACCC member programs were selected as Testing Sites. Quantifiable outcome measures were identified for each site, standardized across sites, and collected by a centralized data coordinating center.

Table 3 highlights the Assessment Areas each Testing Site is focused on, as well as patient demographic information accrued through May 2018.

CONCLUSIONS

Data collection by the 7 Testing Sites is ongoing and will conclude at the end of September 2018. However, most of the Testing Sites have already seen improvement in care coordination for not only their Medicaid patients, but lung cancer patients in general.

Final data analysis will be available in early 2019.

FUTURE WORK

This model should be viewed as a living document, with updates being made to it as care coordination standards continue to improve across the United States. Future models may involve other cancer sites, additional vulnerable populations, and/or different spectrums of the care continuum.

REFERENCES


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Learn more at accc-cancer.org

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