

# NCI-ASCO Teams in Cancer Care Delivery Workshop

*expanding the scientific evidence for healthcare teams in cancer care*

**February 25, 2016**

**Phoenix, Arizona**

# NCI-ASCO Teams in Cancer Care Delivery Workshop

*expanding the scientific evidence for healthcare teams in cancer care*

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# Disclosure Information

## Relationships with Companies

- Michael P. Kosty, MD, FACP, FASCO
  - Speakers' Bureau: Astellas Pharma; Genentech/Roche; Sanofi; Lilly; Bayer
  - Research Funding: Genentech/Roche (Inst); Merck Serono (Inst)
- Stephen Taplin, MD, MPH
  - No Relationships to Disclose
- Mary Lou Smith, JD, MBA
  - Research Funding: Genentech (Inst); Celgene (Inst)
  - Travel, Accommodations, Expenses: Novartis; GHI Pharma

157 million with chronic conditions by 2020<sup>1</sup>

Avg. 6-7 unique physicians care for a single Medicare beneficiary per year<sup>2</sup>

57% of clinicians: “Things fall between the cracks...”<sup>3</sup>

The Washington Post

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## Hospitalized patients too often have no single physician in charge of their care

By Roni Caryn Rabin, Published: April 29, 2013

The Washington Post

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Non-optimal care coordination associated with 2xs more severe pain among national cohort of cancer patients (Martinez et al., 2014)

**\$74 Million**  
Est. excess costs of uncoordinated care from 2000-2006<sup>4</sup>

care can be bad for your health, especially if it's not

Published: October 15, 2012

**\$240 Billion**  
Est. savings PER YEAR associated with well coordinated care from 2010-2018<sup>4</sup>

This K...  
Betsy Gabay saw a rotating cast of at least 14 doctors when she was hospitalized at New York Queens for almost four weeks last year for a flare-up of ulcerative colitis. But the person she credited with saving her life is a spry, persistent 75-year-old with a vested interest -- her mother.

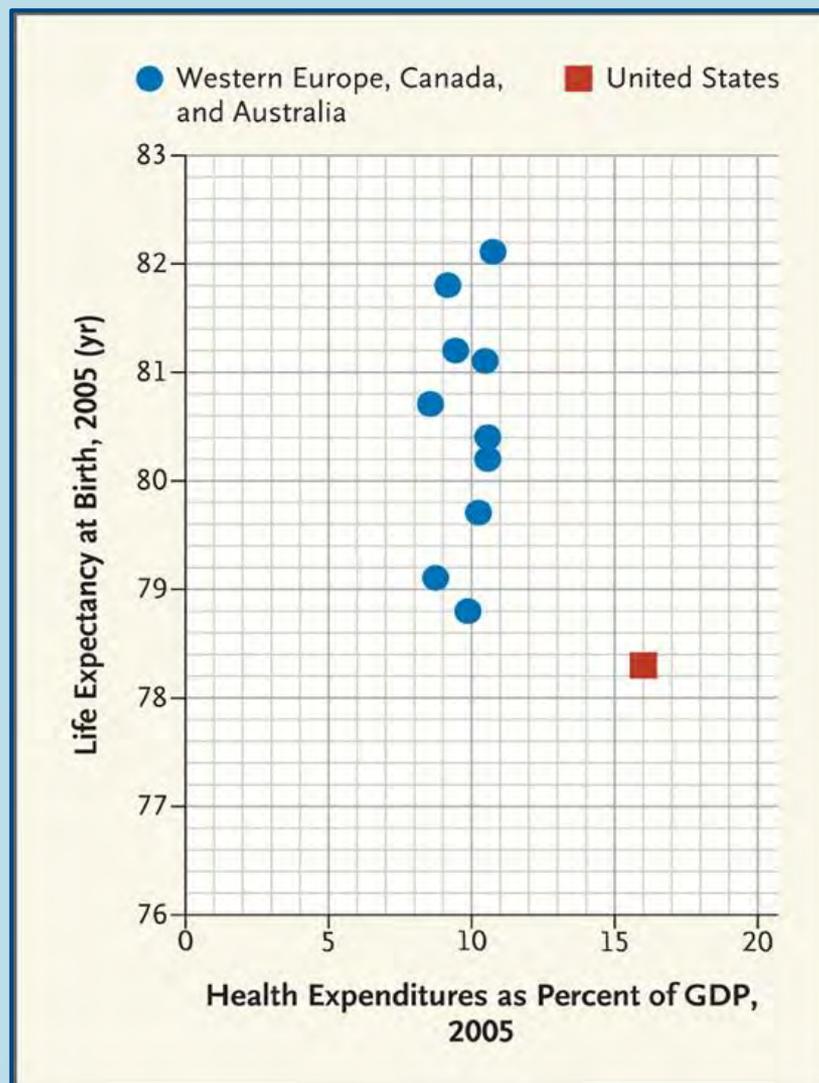
An article in the Sept. 26, 2011, issue of the survey reported on in the journal, 42 only 6 percent said they were receiving

Alarmed by her daughter's rapid deterioration at her abrupt discharge from the hospital, Gabay's contact with a physician friend who got her daughter's care. Physicians sometimes have their own incentives, but patients might also contribute to the problem by mistakenly believing that more visits or more tests will keep them healthier.

“Nobody is [clearly] responsible for coordinating care...that is the dirty little secret about healthcare” (Lucian Leape)

# Higher Spending Does Not Increase Life Expectancy

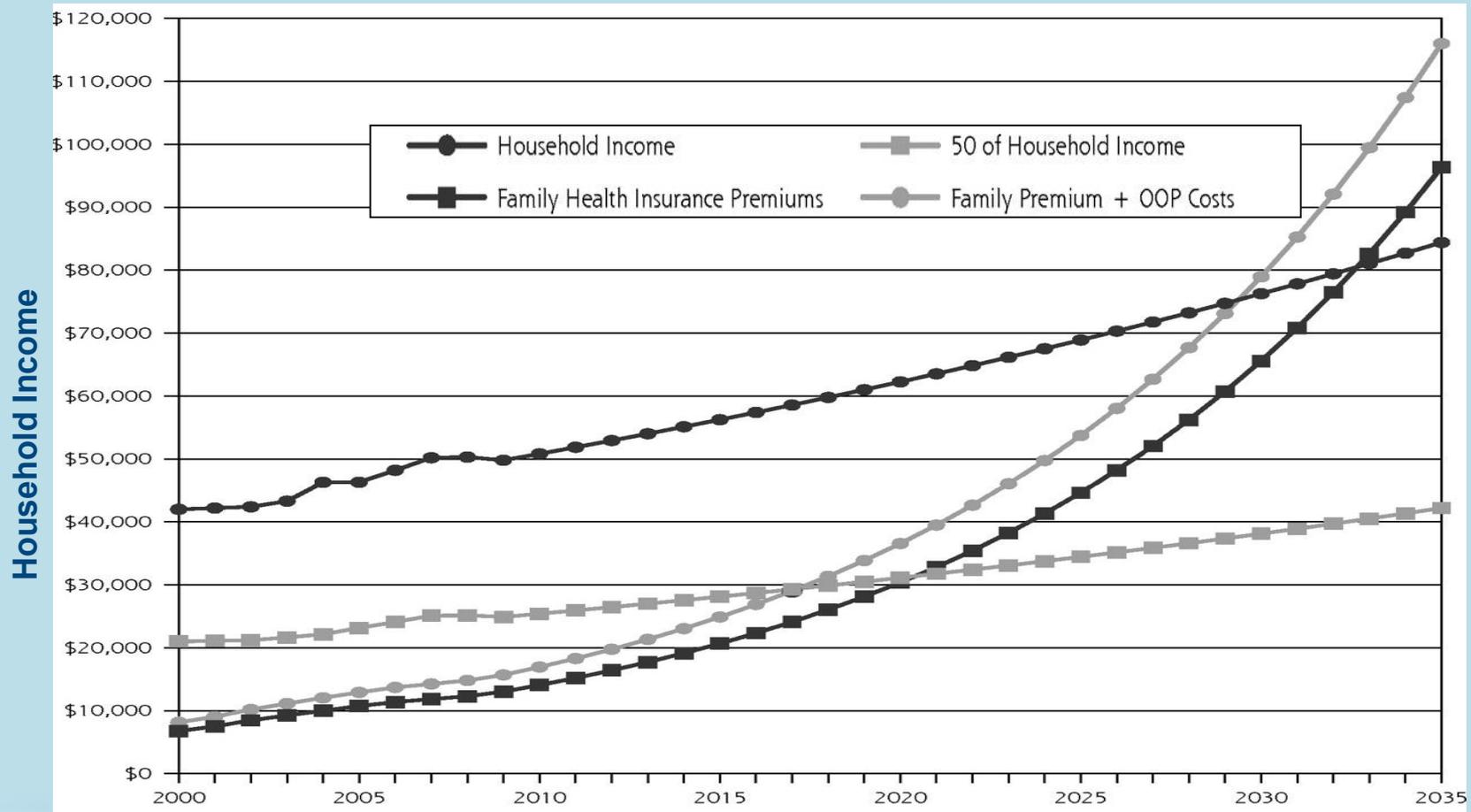
## Health Care Expenditures and Life Expectancy (2005)



Fuchs VR, Milstein A. N Engl J Med 2011; 364:1985-1987.

# Patients are Bearing More of the Costs

## Projected family health insurance premium costs and average household income



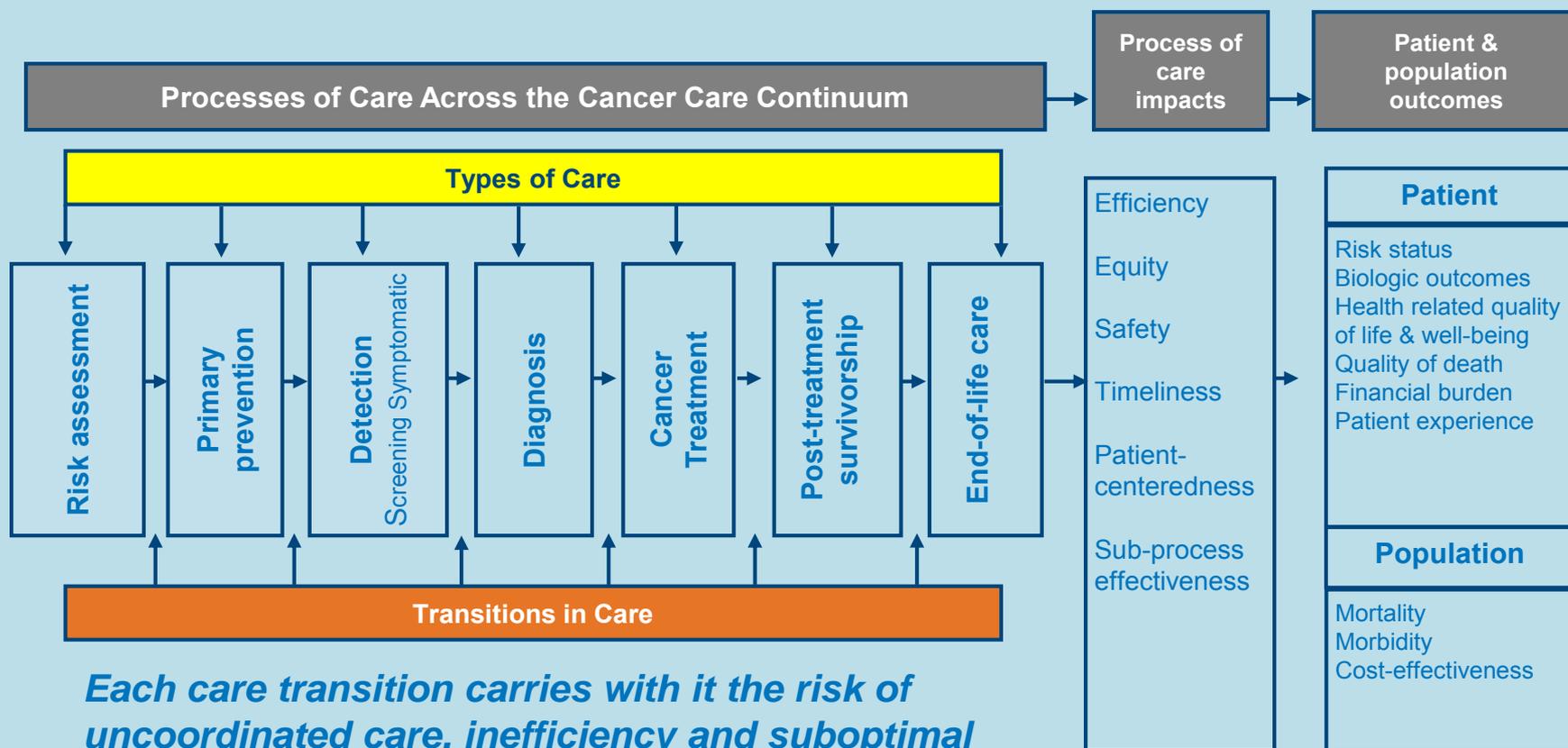
# Team-Based Care in Oncology

- Clinicians in oncology care may believe that their practice already involves working in teams. Indeed, people with cancer expect that the many clinicians they engage across their care continuum will deliver a coordinated and seamless experience.
- However, oncology care often does not meet this standard, and the responsibility of coordinating care often falls on the patient or their caregivers. If clinicians saw themselves through patients' eyes, could quality, access, efficiency and clinical outcomes improve?

# Team-Based Care in Oncology

- What is a team?
  - Two or more people who interact dynamically, interdependently, and adaptively to achieve a common goal
- A cancer care team is commonly identified as a multidisciplinary care team (MDT)
  - Clinicians who bring different expertise to cancer care
  - Prototype is tumor board

# The Cancer Care Continuum



*Each care transition carries with it the risk of uncoordinated care, inefficiency and suboptimal outcomes*

(Modified from Taplin, S. – 2014)

# Team-Based Care in Oncology

- Eight hallmarks (“Cs”) of effective teams

- Communication
- Coordination
- Collective efficacy
- Cognition
- Cooperation
- Cohesion
- Collective identity
- Coaching

(Weaver SJ, - 2012, Salas E, - 2014)

# Team-Based Care in Oncology

- The working hypothesis of the NCI-ASCO project is that identifying and enhancing team interactions in oncology care will help improve cancer care delivery.

# Goals – NCI/ASCO collaboration

- Bring together clinicians and team researchers
- Provide practical strategies/lessons to oncology community
- Identify areas for research

# Team-Based Care in Oncology

- This project fits in the larger context of the transformation of healthcare delivery and payment models.
  - The field of primary care has actively engaged in reinventing care to form a Patient-Centered Medical Home.
- Public and private payers and ASCO are proposing payment models that would move away from payment based on specific procedures and physician contributions and toward an approach that provides bundled payments for comprehensive care and allows greater flexibility in how care is organized and delivered.
- A team-based approach has potential to leverage these changes, provide an opportunity to reexamine clinician roles and responsibilities, may enable the most efficient delivery of high-quality healthcare.

# Process

- Manuscript for review
  - Outline – End of September 2015
  - Draft manuscript November 13<sup>th</sup>, 2015
  - Draft for editorial group review January 8<sup>th</sup>, 2016
- Presentation of selected manuscripts (16)
  - February 25, 2016 (ASCO Quality Forum 2/26-27)
    - Phoenix, Arizona
- Revision and submission of final manuscripts to JOP for peer review

# NCI-ASCO Teams in Cancer Care

## 2016 NCI Teams Journal of Oncology Practice: Schedule & Deadlines

- ***NCI-ASCO Teams in Cancer Care Delivery Workshop, Phoenix, AZ: Feb. 25***
- *Invitation to all authors re: submission: March 1*
- *2-week deadline reminder to authors: April 18*
- *Deadline for submission: May 2*
- *All manuscript decisions final: Aug. 8*
- *Manuscript to production deadline: Aug. 24*
- ***Target issue: October 2016***