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\(^1\)

Avg. 6-7 unique physicians care for a single Medicare beneficiary per year\(^2\)

57% of clinicians: “Things fall between the cracks…”\(^3\)

$74 Million
Est. excess costs of uncoordinated care from 2000-2006\(^4\)

$240 Billion
Est. savings PER YEAR associated with well coordinated care from 2010-2018\(^4\)

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

“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)

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

Processes of Care Across the Cancer Care Continuum

Types of Care
- Efficiency
- Equity
- Safety
- Timeliness
- Patient-centeredness
- Sub-process effectiveness

Process of care impacts

Patient & population outcomes
- Mortality
- Morbidity
- Cost-effectiveness

Transitions in Care

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

(Modified from Taplin, S. – 2014)
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 13th, 2015
  – Draft for editorial group review January 8th, 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**