



ALLIANCE TO ADVANCE PATIENT-CENTERED CANCER CARE

*Georgia Cancer Center for Excellence
at Grady Health System*

An estimated 1.7 MILLION PEOPLE are newly diagnosed with cancer each year in the United States, and the number is projected to grow as the population ages.¹

Despite advances in cancer diagnosis and treatment, access to high-quality cancer care continues to be challenging for some patients in the United States, especially those in vulnerable and underserved communities.

In response to this unmet need, the [Merck Foundation](#) (the Foundation) established the [Alliance to Advance Patient-Centered Cancer Care](#) (the Alliance) in 2017. The Alliance is a multi-site initiative that aims to increase timely access to patient-centered care and reduce disparities in cancer care for vulnerable and underserved populations in the United States.

GEORGIA CANCER CENTER FOR EXCELLENCE AT GRADY HEALTH SYSTEM, ATLANTA

Improving Cancer Care for Underserved Communities in Metropolitan Atlanta

As a member of the Alliance, the [Georgia Cancer Center for Excellence \(GCCE\) at Grady Health System](#) will continue to work with its community partners to improve access to cancer care and enhance patient engagement and coordination of care for vulnerable and underserved populations.

GCCE's community partners include the [Avon Foundation](#), [Susan G. Komen Foundation](#), [YWCA](#), local Federally Qualified Health Centers and [Georgia Center for Oncology Research and Education](#). These partners offer community-based patient navigation support and a wide range of education and outreach services.

A partnership with global nonprofit [Planetree](#) will allow GCCE to implement patient-centered services and earn recognition through the Planetree Designation Program. Collaboration with [Emory School of Medicine](#) and [Morehouse School of Medicine](#) will enable GCCE to train the schools' residents and fellows in patient-centered care practices.

Focusing on Underserved Communities

The majority of GCCE's patients are from low-income households or racial/ethnic minority groups that experience substantial cancer-related health disparities. From 2010 to 2015, more than 80 percent of GCCE clients were African-American and one-third were uninsured.

Many GCCE patients are diagnosed at a younger age (under 60 years old) and at a later stage in the disease than the national average. The most commonly diagnosed cancers among this group are breast, gynecological, lung and thoracic cancers. In addition, many GCCE patients have other diseases or medical conditions that complicate care.



Patient-centered care: Providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensures that patient values guide all clinical decisions.²

Increasing Access to High-Quality Cancer Care Our Intervention Approach

Improve timely access to and coordination of care for underserved patients

- Add clinically-trained nurses as patient navigators for breast/gynecological cancer and lung/thoracic cancer sites to guide patients through the complex aspects of cancer care, and to help coordinate the various components of care
 - Create a protocol to quickly link newly diagnosed cancer patients with a nurse navigator to help reduce the time between diagnosis and initiation of treatment
 - Promote lay navigation services for all cancer patients
- Ensure that patients complete all recommended therapies
- Enhance transportation resources for patients at high risk of missing appointments

Enhance patient-provider communication and patient engagement

- Work with Planetree to create and implement a strategy to reach GCCE's patient-centered goals. With Planetree's assistance, GCCE will:
 - Conduct assessments to evaluate GCCE's current patient-centered culture and benchmark it against the core principals of patient-centered care
 - Coach and train GCCE clinicians in effective techniques to communicate a prognosis and treatment plans to patients with

compassion, and to promote patient engagement in treatment decision making

- Establish a patient and family advisory board to gain input from patients and family members who have been through a cancer journey at Grady

Strengthen psychosocial and supportive care for underserved patients

- Develop low- or no-cost wellness programs, focused on nutrition and physical activity, to reinforce positive lifestyle choices that enhance quality of life and health outcomes. As part of the program, GCCE will:
 - Engage a registered dietician who is a certified specialist in oncology to provide dietary counseling that will help patients increase nutritional intake and manage treatment side effects
 - Recruit a part-time exercise coach to help patients develop plans for physical activity and overcome barriers to exercise
 - Develop community partnerships to provide exercise classes for patients offsite
- Increase use of the National Comprehensive Cancer Network Distress Screening Tool to measure distress and refer patients to the appropriate physical, psychological, social, spiritual and financial support services

Advancing Best Practices in Patient-Centered Cancer Care

GCCE plans to evaluate the effectiveness of its program in improving the delivery of cancer care to vulnerable and underserved populations in the metropolitan Atlanta area. In addition, the Alliance will create a learning collaborative among program partners to share insights from the programs and help identify and promote best practices in patient-centered cancer care that can improve patient outcomes and reduce disparities in care.

Program Co-Directors:

Roland Matthews, M.D.

Professor and Chairman, Obstetrics and Gynecology,
Morehouse School of Medicine
Medical Director, Georgia Cancer Center for Excellence at Grady
Email: rmatthews@msm.edu

Sheryl Gabram, M.D., M.B.A.

Professor and Chief of Surgery at Grady,
Emory University School of Medicine
Deputy Director, Georgia Cancer Center for Excellence at Grady
Email: sgabram@emory.edu

References

1. American Cancer Society. Cancer facts and figures, 2016. Available at: <http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2016/> Accessed April 7, 2016.
2. Committee on Quality of Health Care in America. Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C.: National Academy Press, 2001.