



ALLIANCE TO ADVANCE PATIENT-CENTERED CANCER CARE

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. The delivery of cancer care is often fragmented and poorly coordinated; as a result, many patients may face barriers to receiving timely and patient-centered care.

To help improve the delivery of cancer care, the [Merck Foundation](#) (the Foundation) established the [Alliance to Advance Patient-Centered Cancer Care](#) (the Alliance) in 2017 with a \$15 million commitment through 2021. 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.



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

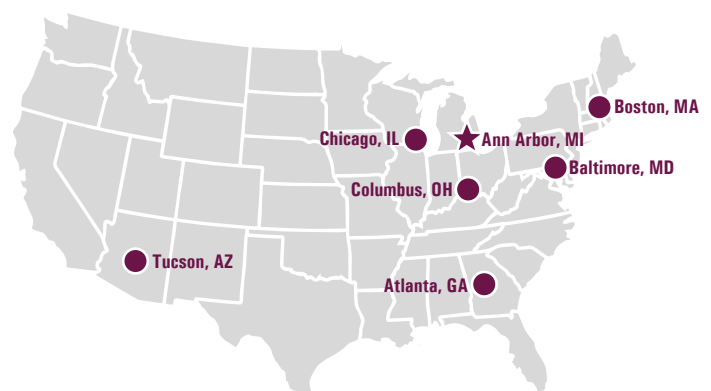
ALLIANCE PROGRAM PARTNERS

The Alliance brings together six program partners across the United States that are implementing evidence-based, multidisciplinary programs designed to strengthen patient-centered care and improve health outcomes for people living with cancer in vulnerable communities.

Through the Alliance, these program partners participate in a peer-learning network to share experiences and insights with each other and among collaborating community-based organizations. This practice helps build sustainable improvements in access to high-quality cancer care.

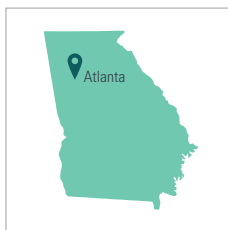
The Alliance programs focus collectively on several areas critical to enhancing patient-centered cancer care:

1) improving care coordination and integrating primary care with other specialty care; 2) enhancing communications between patients and providers as well as engaging patients in their care and treatment decisions; and 3) offering psychosocial care and other supportive care for patients and their families.



★ **The University of Michigan School of Nursing in Ann Arbor** serves as the National Program Office (NPO) for the Alliance. The NPO supports the program efforts and encourages collaboration among the program partners and community-based organizations to share best practices and lessons learned. The NPO also leads efforts to disseminate information from the Alliance to policy makers and other key stakeholders.

PROGRAMS AT A GLANCE



Georgia Cancer Center for Excellence at Grady Health System

Atlanta, Georgia

[Georgia Cancer Center for Excellence](#) (GCCE) at Grady Health System aims to improve timely access to cancer care and enhance patient engagement and coordination of care for all patients, including racial or ethnic minority groups living in the Atlanta area.

GCCE is working to: 1) expand patient navigation services by connecting newly diagnosed cancer patients with a highly-skilled nurse navigator; 2) implement patient-centered services by partnering with the global non-profit [Planetree](#) to improve organizational structures, clinical staff engagement, and patient and family outcomes; and 3) develop wellness programming, including nutrition and exercise coaching, to help support patients through treatment and survivorship.

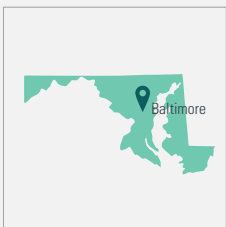
With the expansion of their navigation services, GCCE has reduced the time from diagnosis to treatment initiation for cancer patients in GCCE's breast center and lung cancer clinics.

Working with Planetree, GCCE developed a plan to make sustainable progress toward becoming a patient-centered organization by improving staff engagement, performance, and patient health outcomes. The program has also integrated exercise and nutrition coaches into the Cancer Center to promote health and well-being among patients and Cancer Center employees.

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The Johns Hopkins University School of Medicine

Baltimore, Maryland

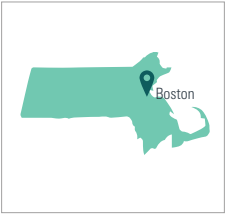
[The Johns Hopkins University School of Medicine](#) (Johns Hopkins Medicine) is working to enhance patient engagement in care, improve cancer care coordination and improve communications between health care teams and patients. Many of these patients are older African Americans and individuals who live in areas with substantial cancer mortality.

Johns Hopkins Medicine is training caregivers to become effective health coaches who can support patients through the cancer care journey. Through the development of innovative technology solutions, the program is helping patients transition from cancer center to primary care providers when their cancer treatment ends. Johns Hopkins Medicine is also implementing a web-based, communication training program to engage patients in their care planning and treatment decision-making. Patients and their care partners have access to an electronic database of available community support programs.

Johns Hopkins Medicine has developed a video library that teaches patients, family members, and clinicians the communication skills that can improve how information is shared and understood during cancer care visits. They also have created a call center database to help the patient navigation team follow-up with new patients, so they can begin their cancer treatment quickly and then transition to survivorship care once treatment is completed.

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Massachusetts General Hospital Cancer Center

Boston, Massachusetts

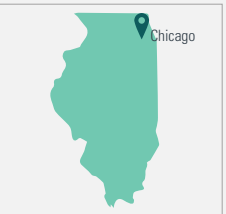
[Massachusetts General Hospital \(MGH\) Cancer Center](#) aims to expand its patient navigation program by improving coordination between primary care and oncology teams and strengthening patient-provider communication and patient engagement in care. MGH community health centers serve racial and ethnic minorities and refugees with limited English proficiency in the Charlestown, Chelsea and Revere communities of Massachusetts.

MGH is working to enhance its integrated electronic health record system to help health care providers more easily share medical information, improve the referral system and better coordinate patient care. MGH is strengthening relationships with community health centers, including providers of mental health services, to deliver sensitive and coordinated care. MGH is working together with these sites to increase cancer screenings for patients suffering from serious mental illness, to streamline referrals, and incorporate multiple specialty visits within one appointment.

MGH has enhanced its navigation services by developing a registry that allows health care providers to screen the entire MGH Community Health Centers’ patient population. This system identifies patients newly diagnosed with cancer so they may immediately benefit from patient navigation services – helping to ensure adherence and timely access to care. MGH has strengthened partnerships with community health centers and surrounding communities to deliver coordinated cancer care for patients living with serious mental illness, including same-day referral services that increase patient adherence.

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Northwestern University Feinberg School of Medicine

Chicago, Illinois

[Northwestern University Feinberg School of Medicine](#) is working to build the capacity of community primary care sites to develop, implement and monitor integrated cancer care plans. The program serves vulnerable communities in Chicago that include Latino, African American, LGBTQ, homeless, and immigrant and refugee populations.

Northwestern is using personalized patient care plans based on the 4R model of care – The Right Information and Right Care for the Right Patient at the Right time. The model provides patients with a clear plan for their treatment, regardless of how many facilities may be involved in their care or stage of treatment. By incorporating patient and provider experiences with the 4R model, the plans can be modified and refined to better suit a patient’s needs.

Northwestern has developed a form that outlines the patient’s cancer treatment plan. The plans help to optimize the coordination and quality of care as well as communication among the care team, patients, and family members by assigning clear roles and responsibilities to each person. Currently, two non-profit health care organizations are using Northwestern’s care plans to better serve disadvantaged and vulnerable patients in Chicago.

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Ohio State University Comprehensive Cancer Center

Columbus, Ohio

Ohio State University Comprehensive Cancer Center (OSUCCC) is developing and refining a symptom monitoring program for newly diagnosed cancer patients. The purpose of this program is to build on existing infrastructure to enable the long-term monitoring of cancer patients' physical and emotional symptoms. Their program creates a new avenue of communication between cancer patients and their health care providers.

The OSUCC provides services to patients throughout the state of Ohio. In particular, many patients come from Central Ohio and the Appalachian counties, which include racial and ethnic minorities and historically underserved patients in rural counties.

The OSUCCC program integrates the OSU MyChart system, the electronic health record, mobile phones, and patient navigation services to better meet the needs of their cancer patients. The use of mobile phones helps ensure that cancer patients'

symptoms and needs are addressed in a timely manner – prior to any treatment complications or adverse events. This monitoring program helps patients and their providers work together and supports patients as they transition to post-treatment care.

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The University of Arizona Cancer Center

Tucson, Arizona

The University of Arizona Cancer Center (UACC) is working to address care coordination, patient-provider communication and supportive care needs of underserved cancer patients and their families. The site serves five Southern Arizona counties and works with community partners, El Rio Community Health Center and Arizona Community Health Workers Association, to reach rural, low-income, elderly and Latino patients who often experience disparities in access to cancer care.

UACC is expanding the use of bilingual patient navigators as well as connecting cancer survivors to primary care providers for ongoing care. UACC is developing communications training for health care providers. They also focus on strengthening mental health support services as well as providing cancer care support and education for patients and their families.

Through their efforts, UACC has reduced barriers for underserved cancer patients and increased the number of patients connected to depression management services.

Additionally, they have increased the number of patients and families participating in educational and supportive programs focused on cancer treatment.

UACC has expanded communication training for medical trainees at the University of Arizona, Tucson. This training will help medical students recognize and address underlying biases they may have when treating patients.

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Advancing Best Practices in Patient-Centered Cancer Care

The Foundation is working with the University of Michigan School of Social Work to evaluate the effectiveness of the Alliance programs. The evaluation findings and program results will be widely disseminated to help advance patient-centered cancer care in the United States.

The Alliance program partners share their program findings and results through peer-reviewed publications and presentations at national health care and research conferences. Through these efforts, the Alliance identifies and promotes best practices that can enhance the delivery of cancer care.

References

1 American Cancer Society, Cancer Facts and Figures 2019. Available at: <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2019.html>