

Enhancing Access. Improving Quality. Expanding Research. Partnerships Drive Progress

Introduction

The National Cancer Institute Community Cancer Centers Program (NCCCP) is working to bring the latest scientific advances and evidence-based care within easy reach of cancer patients in underserved rural, suburban and inner-city locations across the United States.

Nearly 85 percent of U.S. cancer patients receive treatment in their local communities, where cancer care is often fragmented. The NCCCP is addressing ways to offer state-of-the-art coordinated care and to support a wide range of basic, clinical, and population-based cancer research.

The NCCCP network of 30 hospitals spans 22 states, sees 53,000 new cancer patients a year, and serves a population of 23 million Americans. Partnerships among the 30 NCCCP hospitals and with other NCI programs and national cancer research organizations have been instrumental in the network's success. NCCCP sites co-invest at least one dollar for every NCI dollar and share best practices to accelerate progress. The commitment of funds, engagement by sites, and creation of NCCCP's strategic partnerships have facilitated many of the accomplishments described in this report.

The NCCCP

The network sites are working to achieve the program's goals of:

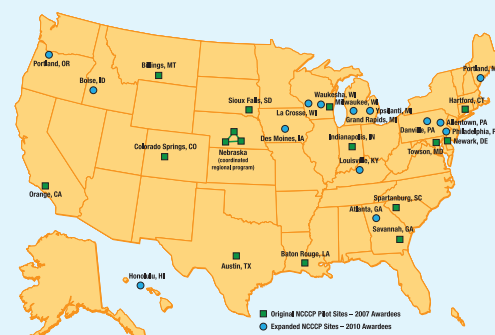
- Enhancing access to care
- Improving the quality of care
- Expanding research

This report highlights the progress of the 16 pilot NCCCP sites and describes the increased network activities with the addition of 14 new sites in 2010. A comprehensive evaluation of the original 16 pilot sites will be completed by RTI International later in 2011.

30 Hospitals in 22 States

NCI launched the NCCCP pilot program in 2007 as a public-private partnership with 16 community hospitals. In 2010, NCI expanded the network with stimulus funding from the American Recovery and Reinvestment Act (ARRA) and added 14 sites.

NCI Community Cancer Centers Program
NCCCP Hospitals



Enhancing Access

Reducing Cancer Healthcare Disparities

A major focus of the NCCCP is to reduce healthcare disparities and ensure that patients from underserved populations have the same access to quality cancer care and research studies provided to cancer patients with similar disease burdens. With 40 percent of total funding dedicated to disparities, this is a cross-cutting theme for all sites. Each cancer center has identified at least one underserved population from a racial or ethnic minority group or from a rural population and improved outreach activities tailored for those populations. Initiatives are also underway to reach the uninsured.

In addition, the network sites have:

- Implemented standardized tracking of race and ethnicity data
- Increased community and research partnerships focused on ways to address healthcare inequities for underserved populations
- Increased community outreach activities and screening events
- Increased patient navigation services to improve the coordination of cancer care, especially for underserved populations
- Increased the utilization of policies that incorporate cultural considerations related to donation of tissue and other biospecimens

"We love our wide open spaces and the outdoors. That's why we live here. But when you get cancer, the distance to your doctor's door becomes a real problem."

Cancer survivor Daryl Sather
NCCCP Billings Clinic Cancer Center
Billings, Montana

"When I was first diagnosed, my doctor gave me a few choices of where I could get treated. One of the big cancer centers was just too far away. I had a family and work to consider. I chose to get treated here because the doctors were highly recommended and because I wanted to be close to home."

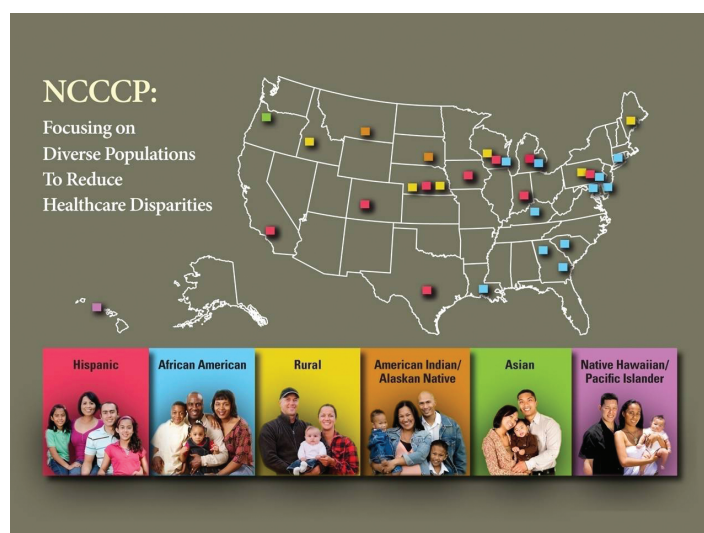
Cancer survivor Daniel Cheeseman
NCCCP Helen F. Graham Cancer
Center at Christiana Care
Newark, Delaware

Prioritizing Underserved Accrual to Clinical Trials

The network is working to increase clinical trial accrual rates for underserved populations. Sites are using tools to assess barriers to clinical trial participation by elderly, rurally-located, racial and ethnic minority patients. These groups, typically underrepresented, have disproportionately high cancer rates and historically low participation in clinical trials.

The sites' efforts to improve accrual rates include:

- Increasing the engagement of patient navigators who educate patients about clinical trials and serve as liaisons between patients and research teams
- Providing continued cultural awareness training programs, such as educational webinars, for hospital and cancer program staff
- Sharing best practices among the network sites and using resources from external experts in underserved accrual to promote the expansion of the clinical trials infrastructure
- Identifying specific underserved populations in local communities and developing program resources to reach patients from those populations



Promoting Evidence-based Cancer Care

The sites are committed to improving the quality of cancer care they deliver by following evidence-based practice guidelines developed by national cancer organizations.

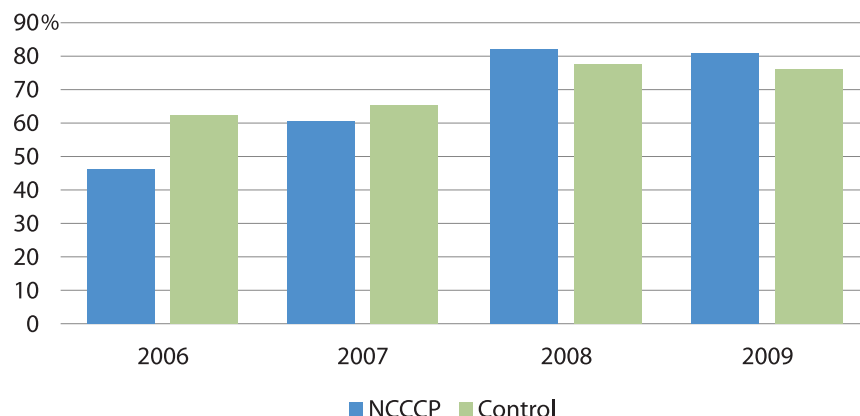
Significant accomplishments include:

- The NCCCP network of 30 cancer centers and their affiliated oncology practices have more than doubled their participation in the American Society of Clinical Oncology's (ASCO) Quality Oncology Practice Initiative (QOPI®) – a program that collects data and reports on measures from evidence-based guidelines, such as conducting pain assessments, providing smoking cessation support, tracking timeliness of chemotherapy administration, and providing psychosocial support. With each collection cycle, the network now selects the two disease-specific modules to be monitored. As of fall 2010, 25 NCCCP sites have oncology practices participating in QOPI® and five sites have achieved QOPI® certification through ASCO's national certification program.
- The 16 pilot sites continued to participate in the beta-testing of the Commission on Cancer's (CoC) Rapid Quality Reporting System (RQRS). RQRS allows real-time reporting using existing cancer registry operations to measure concordance with breast and colorectal cancer measures and supports ongoing quality assurance programs. A comparative analysis of NCCCP sites' performance with non-NCCCP sites is currently underway.

"The NCCCP's commitment to quality of care will lead to fundamental changes in the clinical practice of oncology. The NCCCP sites and their affiliated oncology practices have assumed a leadership role to enhance the care of cancer patients using a model of quality measurement and feedback and participating with their fellow community cancer centers around steps leading to possible Quality Oncology Practice Initiative (QOPI®) Certification. They are optimizing cancer care and, one step at a time, making a lasting imprint on the quality of care they deliver."

Terry Gilmore, RN and Pam Kadlubek, MPH
QOPI® & QOPI® Certification Program American Society of Clinical Oncology

**Median Hormone Therapy Performance Rates
2006 - 2009**



Compared to other cancer programs involved in the RQRS initiative, NCCCP sites show higher concordance with the quality of care hormone therapy breast cancer measure. NCCCP (n = 16 hospitals), Control (n = 45 hospitals)

- The pilot sites added 27 new disease-specific multidisciplinary care (MDC) conferences, where oncologists, surgeons, radiologists and support staff meet to discuss individual cases to determine personalized, optimal treatment plans. All NCCCP sites are working to increase prospective case reviews and sites are using a network-developed assessment tool to evaluate and improve their current MDC programs.
- All network sites are promoting the use of evidence-based approaches for the integration of genetic and molecular testing into the model of cancer care in their centers and they are using the *NCCCP-Cancer Genetic Counseling Assessment Tool* to evaluate their cancer genetic programs, set improvement goals, and exchange information with other NCCCP sites.

Read more about the sites' efforts to expand multidisciplinary care in the January/February 2011 issue of *Oncology Issues*. The publication contains the first few articles in the journal's series about the NCCCP. The published articles are available on the NCCCP website [<http://ncccp.cancer.gov>].

Expanding Cancer Survivorship and Palliative Care Programs

To improve cancer treatment and follow-up care, the NCCCP network is expanding survivorship, palliative care and psychosocial programs and services for all cancer patients. Sites are increasing the use of patient treatment summaries to facilitate communication among the cancer treatment team, the patient, and the patient's other healthcare providers. In 2007, only 25 percent of the original pilot sites had considered use of patient treatment summaries; now, more than 60 percent of the original 16 sites generate these forms for patients and providers. The summaries also guide the development of post-treatment survivorship care plans.

The sites developed and utilized psychosocial and palliative care assessment tools to evaluate their respective center's ability to provide quality care in these areas.

Read more about NCCCP pilot sites' efforts to develop and deliver treatment summaries to patients and their physicians, and post-treatment survivorship care plans in the May/June 2011 issue of *Oncology Issues*. The articles will be available on the NCCCP website [<http://ncccp.cancer.gov>] after publication.

Implementing Electronic Health Records

Oncology care most often begins in general practices and surgical domains, moving through diagnostic testing, and proceeding to cancer care therapies, such as radiation and chemotherapy administration. Cancer care providers must access complete patient records in order to support individualized care. Integrated Electronic Health Records (EHRs) are essential to supporting quality cancer care due to the longitudinal nature of the cancer continuum. At the completion of the pilot period, the original 16 NCCCP sites were able to access patient records through EHRs, yet these EHRs lacked oncology-specific fields and workflow support. Leveraging the Clinical Oncology Requirements for EHR documentation created by NCCCP sites in collaboration with ASCO and NCI, the expanded NCCCP network is working to improve platforms for oncology care.

Increasing Patient Participation in Clinical Trials

NCCCP sites are supporting cancer research by enhancing infrastructures to increase patient accrual to clinical trials, with an emphasis on the accrual of patients from underserved populations. Use of NCCCP's web-based *Screening and Accrual Log* allows the network to identify barriers to clinical trial accrual in real time and target interventions to overcome those barriers. Other resources, including the *Minority/Rural Matrix* and *Clinical Trials Best Practice Matrix*, enable sites to document accrual challenges, measure program improvements, and collectively focus efforts on strategies to expand the clinical trial infrastructure.

The NCCCP sites' efforts to increase patient accrual to clinical trials include:

- Twelve sites have partnered with NCI-designated Cancer Centers to offer their patients access to Phase I and Phase I/II clinical trials, with additional sites developing the infrastructure and partnerships to do the same.
- The sites have broadened their clinical trials portfolio, increased supportive care/cancer control and prevention trials, increased Cooperative Group membership, and increased the number of local physicians accruing patients to clinical trials.

Read more about NCCCP initiatives to increase accrual to clinical trials in the March/April 2011 issue of *Oncology Issues*. The published articles are available on the NCCCP website [<http://ncccp.cancer.gov>].

"The NCCCP network has been invaluable in our research program to evaluate the newly developed patient version of the Patient Reported Outcomes Version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE). The five participating NCCCP sites in the ongoing PRO-CTCAE national validation study have provided access to patient participants in the community with diverse backgrounds and performance status levels. Enrollment at NCCCP sites has been brisk and efficient – over 150 patients in fewer than three months. NCCCP sites have been active partners during the study, with staff providing feedback and responding to our feedback via weekly, well-attended conference calls. The NCI staff overseeing the NCCCP component of this study has also been vital to its success, facilitating constant communication between sites and investigators and resolving queries quickly. It has been a pleasure conducting a study in this network, which has provided an ideal real-world context for testing the PRO-CTCAE."

Ethan Basch, MD
Principal Investigator, PRO-CTCAE Study
Memorial Sloan-Kettering Cancer Center

"For several years, we have been partnering with several NCCCP sites, mainly in the areas of conducting Phase II clinical trials, and in a major approach to personalized cancer care called 'Total Cancer Care' (TCC). This latter project involves enrolling patients in a large prospective, observational study which includes acquiring biospecimens from patients for molecular profiling and clinical data with the goal of 'providing the right treatment for the right patient at the right time.' Our colleagues at the NCCCP sites have proven to be outstanding contributors and have been involved in the design and implementation of the TCC study. Participation by our community colleagues is critical to the development and delivery of personalized cancer care and evidence-based medicine, and ultimately benefits patients by improving access to research and quality care. It is a privilege for Moffitt investigators to be able to partner with our colleagues at NCCCP sites."

William Dalton, MD, PhD
President/Chief Executive Office Moffitt Cancer Center

Promoting High-quality Biospecimen Collection

To advance cancer research, NCCCP sites are actively participating in the collection of high-quality biospecimens using standardized collection and storage procedures. This is helping to build a community-based research platform where patient data and high-quality blood and tissue samples are collected to support genomically-informed medicine.

- Eight sites follow *NCI Best Practices for Biospecimen Resources* for the collection and storage of high-quality biospecimens.
- Eight sites participate in biospecimen research programs: five sites are affiliated with Moffitt Cancer Center's Total Cancer Care program and three sites work with The Cancer Genome Atlas, a collaboration of NCI and the National Human Genome Research Institute.

Expanding Community-based Bioinformatics Infrastructure

NCCCP sites are working with and participating in caBIG® – NCI's nationally networked research information technology platform – to leverage standards-based best practices and provide insight into the nuances of community-based informatics programs while helping to build documentation more suited to the community segment. The 30 sites have gained access to a network of oncology informatics expertise to solve both common and unique technology issues, while also receiving guided access to the tools through caBIG® and other program solutions. The sites continue to work on a number of efforts to implement informatics tools to support improved cancer care in the community and to facilitate data sharing activities in support of research efforts.

A few of these include:

- Participation in a collaborative project to network with and exchange technology and informatics best practices with the NCI-designated Cancer Centers through the NCI caBIG® Deployment Program
- Collaboration with NCI's Cancer Imaging Program and the Center for Biomedical Informatics and Information Technology (CBIIT) to demonstrate electronic data submission for clinical trial imaging data through annotated image exchange using the National Biomedical Imaging Archive
- Initiation of a project with NCI's CBIIT to define community-based oncology outcomes data elements to support data warehousing and outcomes data analysis capabilities; NCCCP sites are working to create data warehouses, build longitudinal patient records, and develop strategies to engage private practice oncology providers in data sharing.

NCCCP: Partnerships Drive Progress

The NCCCP network provides a platform for collaboration with a number of national cancer organizations to enhance the goals of the organizations as well as the NCCCP.

An overview of program partnerships includes:

- **American College of Surgeons - Commission on Cancer** – NCCCP sites participated as beta sites in the RQRS initiative to show how being part of a network can accelerate progress in improving adherence to evidence-based guidelines.
- **American Society of Clinical Oncology** – The NCCCP has developed partnerships for a quality initiative (QOPI®) and for a collaboration on a white paper on oncology-specific EHR requirements.
- **Linkages with NCI-designated Cancer Centers** – NCCCP sites have increased the number of relationships with NCI-designated Cancer Centers (including Cooperative Group programs). These linkages support NCCCP's overall goal to bring higher quality, state-of-the-art cancer care to patients in their communities. Activities include: early drug development programs, clinical trials affiliations, and communications, disparities, and biospecimen initiatives.
- **NCI Center to Reduce Cancer Health Disparities (CRCHD) Community Networks Program (CNP)** – NCCCP sites have relationships with nine CNP organizations that conduct research projects to address healthcare disparities in specific underserved populations.

NCCCP: Expanding Research Through Federal Stimulus Funding

In addition to supporting the 2010 expansion of the NCCCP program from 16 to 30 cancer centers, government stimulus funds have been used to retain 42 staff positions at NCCCP sites and create 206 full-time equivalent positions at the 30 participating sites.

ARRA funds have also been used to develop several research programs at network sites to:

- Create additional partnerships with NCI's CRCHD-CNP to increase cancer screening events in racial/ethnic minorities and other underserved populations
- Improve the coordination of care for underserved populations across the cancer care continuum
- Participate with five NCI-designated Cancer Centers in the preliminary validation of the Patient Reported Outcomes – Common Terminology Criteria for Adverse Events measurement tool
- Improve the navigation of patients during the transition from cancer care to survivorship
- Expand access to evidence-based smoking cessation programs for cancer survivors and their family members
- Conduct a study on the impact of multidisciplinary care on processes and outcomes of cancer care
- Facilitate access to early phase trials through collaborations with the NCI Early Drug Development Program
- Engage community physicians in minority communities to enhance clinical trial accrual
- Research breast cancer bio-marker practice changes
- Identify strategies to enhance clinical trial participation among Native Americans
- Partner with state cancer coalitions to implement mutual objectives in state cancer plans

Communications and Patient Advocacy: Connecting Patients With Care

Cancer treatment advances are limited if they are out of reach – or if patients don't know they are available. Each NCCCP site is working to enhance community awareness of cancer-related issues and the role of the NCCCP in their communities.

Communication efforts include:

- Supporting initiatives to increase cancer screening and early detection with a focus on underserved populations
- Developing lay language educational materials and programs to promote increased accrual to cancer clinical trials
- Educating local oncologists about the NCCCP to increase participation in MDC conferences, clinical trials, and other program components

An integral part of the NCCCP has been its linkage to local advocacy groups through representation by members of the NCI Director's Consumer Liaison Group (DCLG) on the NCCCP Program Advisory Committee. Resources developed by the DCLG, such as materials to promote biospecimen donation, are made available to the network sites. This advocacy association ensures the perspective of cancer patients is considered in all aspects of the NCCCP. The connections with the patient and community perspective continue to provide ongoing direction to the NCCCP program to support its central purpose of improving patient outcomes and research opportunities for patients in diverse communities across the United States.

Promoting NCCCP Contributions to Community-based Cancer Initiatives

The NCCCP is working to develop resources and tools that are applicable to a broad range of community-based cancer programs. During the past year, NCCCP representatives have published papers in various journals, posted resources on the NCCCP website, and made presentations at several national meetings, including: American Society of Clinical Oncology (June 2010 and June 2011), Center for Medical Technology Policy (November 2010), NCI-designated Cancer Centers Directors' Retreat (February 2011), Association of Community Cancer Centers (March 2011), NCI Institute of Medicine National Cancer Clinical Trials System Workshop (March 2011), American College of Healthcare Executives (March 2011), and Cancer Center Administrators Forum (April 2011).

This report reflects the work and contributions of hundreds of individuals at the NCCCP sites, the NCI, ASCO, the Commission on Cancer, and several NCI-designated Cancer Centers. The NCCCP demonstrates that partnerships can drive progress toward the goals of improving the quality of cancer care and accelerating cancer research to improve outcomes for patients across the United States.



NIH Publication No. 11-7773
Printed April 2011

