



AACI Cancer Center Network Care Initiative White Paper

Integrating advances in cancer treatment into the community: Role of AACI cancer centers

Background

A recognized objective of the Cancer Moonshot initiative is to facilitate collaborations with researchers, doctors and patients to improve patient outcomes and health care value in the community. The need for such action is especially great at community points of care where access to newer technology, decision-making expertise to handle “omics” and other advanced diagnostics, clinical trials, or multidisciplinary care may lag behind larger cancer center sites.

A breakout session at the National Cancer Moonshot Summit on integrating advances in cancer treatment into the community led to a consensus that using available structures of the leading academic cancer centers could accelerate community benefit. Specifically, the nation’s leading cancer centers all promote patient access to new discoveries in treatment, prevention and early detection. They all prioritize implementation of nationally recognized guidelines and can facilitate integration of patients seen at community sites.

The cancer center directors at the summit propose using the nation’s 67 National Cancer Institute (NCI)-designated cancer centers and the 29 other academic cancer centers, who are members of the Association of American Cancer Institutes (AACI), as the foundation of the architecture required to accomplish community-wide access to innovative care.

Proposal

AACI represents 96 cancer centers across North America. Through these cancer centers and their regional community-based networks, including those in rural areas, care is provided for an estimated 700,000 newly diagnosed patients with cancer, representing as much as 40 percent of the nation’s cancer burden. These centers also have less formal relationships with many other community practices, thus their reach into the community is significant, even if not widely appreciated.

We propose to marshal the collaborative and synergistic knowledge and experience of these centers to carry out four initiatives – Carepaths, Quality Reporting, Clinical Trials, and Novel Approaches to Collaboration. These initiatives together will create a model of care that can provide access to patients currently seen at other medical centers nationwide.

1. Carepaths.

Through the AACI and NCI-designated cancer centers, consensus models of care (carepaths) will be developed with well-defined strategy, infrastructure and business implication. The National Cancer Center Network (NCCN) guidelines will be used as a starting point, augmented with regionally managed carepaths that reflect local and institutional standards, and model of care values and priorities.

2. Quality Reporting.

Quality reporting is essential to understanding effect and driving compliance. Sharing de-identified data and complying with quality standards and reporting are necessary to achieve this goal.

3. Clinical Trials.

Clinical trials provide access to novel drugs. To improve access across community networks we propose to:

- Reduce barriers to trial enrollment especially for underrepresented and underserved

- patients
- Improve patient retention
- Consider rural/urban and socioeconomic diversity in clinical trial participant recruitment
- Increase genomic and other special testing for marker-based treatment
- Develop clinical trials that are appropriate for regional sites to improve patient outcomes

4. Novel Approaches to Collaboration.

Many cancer centers are working on novel approaches to collaborating with community oncologists to provide services not otherwise available at community sites. These include virtual tumor boards and consults. Innovative approaches to supporting both community and subspecialty oncologists involved in such approaches to strengthen the virtual continuum of care could allow many patients to receive expert opinions while getting care closer to home. Attention to these approaches would enhance coordinated care, reduce competition, improve outcomes and increase value as defined by quality/cost.

Implementation

Representing the views of major academic cancer centers, AACI would promote the advancement of integrated care, expansion of individual networks and working across centers to coordinate best practices and approaches. AACI centers would disseminate information into the community including to individual sites of care that may remain unaffiliated with individual centers.

We propose the following implementation steps:

- i. During the 2016-2018 AACI Presidential Initiative period, led by AACI President Stan Gerson, MD, AACI will evaluate and promote best practices across AACI cancer center networks. This initiative will address:
 - Quality of care
 - Multidisciplinary care across the network
 - Access to local and national clinical trials, genomics tumor boards, and weekly cancer center tumor boards
 - Uniformity of care through implementation of carepaths
 - Integration of patient databases for aggregation of data for research and quality
 - Improved screening and prevention strategies across the network
 - Population education in cancer prevention, screening, and treatment
 - Linkages to safety net hospitals
 - Strengthening the virtual continuum of care so patients can benefit from expert opinions while receiving care closer to home
- ii. Encourage development of incentives for improved community access carepaths, virtual second opinions and integration through federal and other insurance quality reviews. The Center for Medicare & Medicaid Innovation (CMMI), Patient-Centered Outcomes Research Institute (PCORI) and other initiatives will facilitate this incentive.
- iii. Discuss with the NCI Office of Cancer Centers a proposal to include information on how cancer centers impact the delivery of care in the community in Cancer Center Support Grant reports and reviews. This could lead to the development of specific aspects of cancer center review, and perhaps a financial peer-reviewed set aside, that acknowledges the value of such a community impact.