Goal 4: High-Quality Cancer Treatment is Available and Accessible to All

Priority Areas:

1. High-quality, evidence-based diagnostic and treatment services adherent to national standards
2. Supportive services to reduce barriers to optimal care
3. Precision, targeted, or personalized cancer treatment
4. Clinical trials

WHY THIS IS IMPORTANT

Health care quality is measured by evolving accreditation mechanisms carried out by several different national organizations, such as the American College of Surgeons' Commission on Cancer (CoC), the National Accreditation Program for Breast Centers (NAPBC), the American Society of Clinical Oncology (ASCO), the Quality Oncology Practice Initiative (QOPI), and the Center to Advance Palliative Care (CAPC).

Out of 27 Connecticut acute care hospitals, 18 are accredited by the American College of Surgeons' Commission on Cancer. (April 2, 2021) There are 11 NAPBC accredited Breast Centers in the state.[82]

The Quality Oncology Practice Initiative (QOPI®) is a quality improvement program for outpatient oncology practices, sponsored by ASCO. QOPI certification may qualify for Merit-based Incentive Payment System (MIPS) Reporting. (See Major and Emerging Issues Section.)[83]

Standard 7.3 of the 2020 CoC Standards for cancer center accreditation is a quality improvement (QI) initiative requiring analysis of a problem followed by a planned solution. Reports on the status of the QI initiative must be given to the cancer committee at least twice each calendar year and documented in the cancer committee minutes.[849 85]

G-4, Priority Area 1: High-Quality, Evidence-Based Diagnostic and Treatment Services

Access and quality objectives

- Promote and support the efforts of Connecticut hospitals to meet the standards of the American College of Surgeons' Commission on Cancer (CoC)
- Facilitate collaboration on CoC (Standard 7.3, 2020 Standards) required annual Quality Improvement projects addressing equity improvement[86]
- Encourage systems to adhere to National Comprehensive Cancer Network (NCCN) Guidelines which are a comprehensive set of guidelines detailing the sequential clinical management decisions and interventions that currently apply to 97% of cancers[87] affecting patients in the United States
- Encourage systems to adhere to The American Society of Clinical Oncology (ASCO) clinical practice guidelines addressing specific clinical situations or use of treatment modalities[88]

STRATEGIES

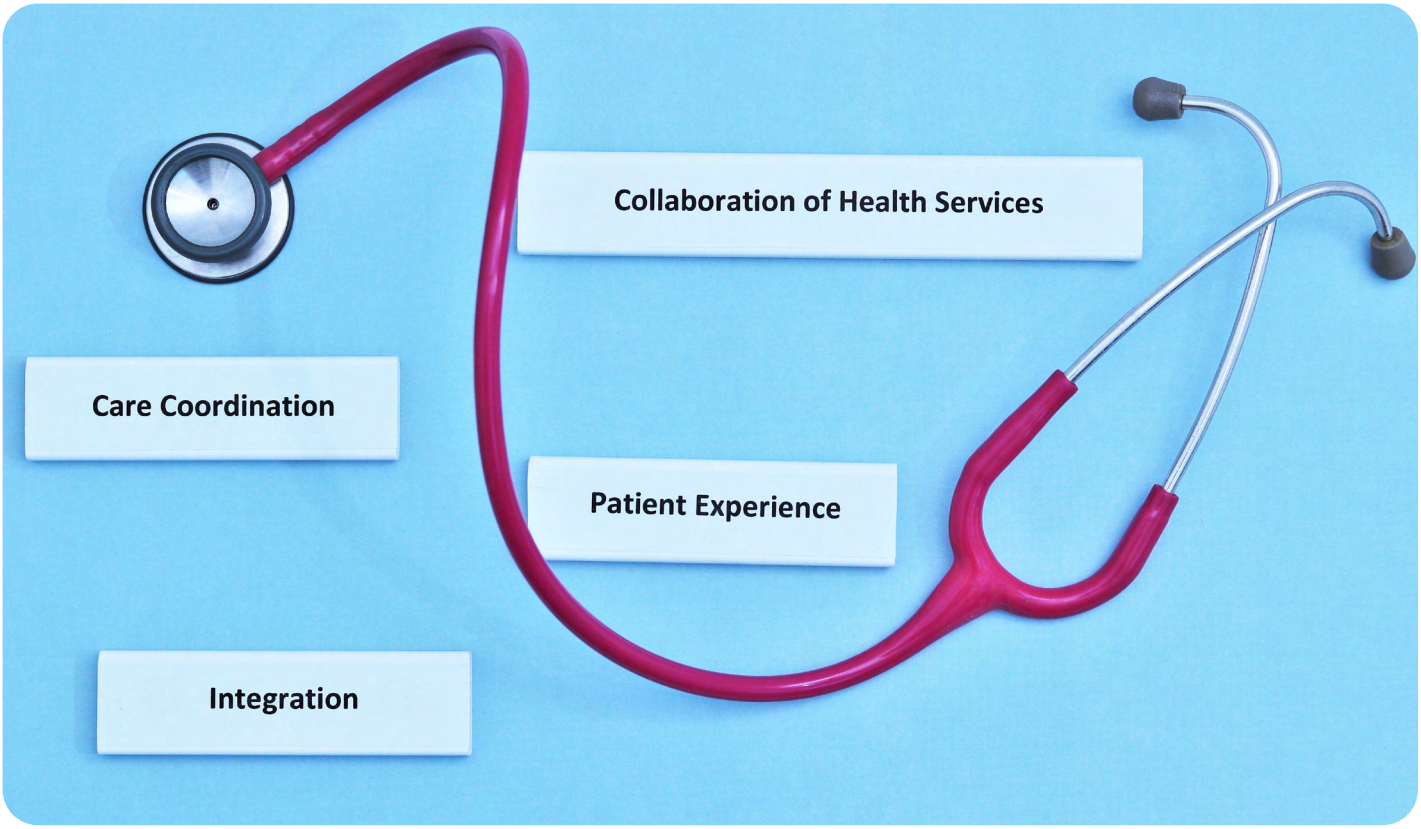
- Promote use of the oncology care model and medical home approaches to cancer care
- Promote dissemination of improvement projects reports
- Support efforts to reduce disparities in access to treatment related to co-morbidities for underserved populations due to geography, income, and insurance status, etc. through policy, systems, and environmental changes

Connecticut Spotlight

ONCOLOGY CARE MODEL

The Center for Medicare & Medicaid Innovation (CMS Innovation Center) designed a payment delivery model to improve the effectiveness and efficiency of specialty care called the Oncology Care Model (OCM). It is designed to provide higher quality coordinated oncology care at the same or lower cost to Medicare. Practices participating in OCM commit to providing enhanced services to Medicare beneficiaries such as care coordination, navigation, and adherence to national treatment guidelines for care.[89]

There are four participating sites in Connecticut out of 192 nationwide: Starling Physicians in Wethersfield, Hematology Oncology in Stamford, Eastern Connecticut Hematology and Oncology in Norwich, and the Yale Medical Group, Smilow Cancer Hospital in New Haven.



G-4, Priority Area 2: Supportive Services to Reduce Barriers to Optimal Care

WHY THIS IS IMPORTANT

Although CoC no longer requires cancer centers to have patient navigation programs, patient navigation is one way to address barriers to care, which is a major focus of CoC quality standards.[90]

Patient navigation has been shown to reduce the time to diagnosis and treatment and has improved treatment adherence, patient quality of life, patient knowledge regarding their cancer, and their communication with their healthcare team. Survival benefits have also been seen with advanced cancer patients, particularly in African American lung or pancreatic patients.[91]

Support services objectives

- Increase the percentage of cancer patients who receive navigation through cancer treatment (Data: TBD)
- Increase the percentage of cancer patients who have ever received a treatment summary or survivorship care plan detailing follow-up guidelines (Data to be analyzed from BRFSS2020 report)

STRATEGIES

- Support programs to identify barriers to care and address them with culturally appropriate interventions
- Monitor percentage of patients receiving navigation service
- Promote health navigator programs in the community to address barriers to care
- Promote patient navigation or care coordination services, ensuring appropriate referrals to meet financial, spiritual, language, mental health, nutritional, substance abuse counseling, and other needs
- Promotion enhancement of health insurance coverage for cancer care, treatment, and supportive services
- Promote access to telemedicine and telehealth

G-4, Priority Area 3: Precision, Targeted, or Personalized Cancer Treatment

WHY THIS IS IMPORTANT

Targeted therapy is a type of cancer treatment that focuses on proteins that control cancer cells' growth and spread. Changes in the DNA that cause cancer provide clues for researchers to study promising drug treatments that target specific genes and proteins.[92] Many clinical trials are studying targeted therapies for different types of cancer. Pharmacogenomics is an emerging area addressing how individual genetic variations influence drug efficacy and toxicity.

Precision medicine objective[93]

- Increase the percentage of cancer patients receiving targeted therapies (Data: TBD)

STRATEGIES

- Support academic research initiatives designed to improve cancer treatment through implementation of evidence-based interventions, with an emphasis on reducing barriers to care for populations of focus[94]
- Support efforts to increase participation in biorepositories that inform research programs and potentially improve future cancer treatments[95]

G-4, Priority Area 4: Participation in Clinical Trials

Clinical trials objective

- Increase enrollment of Connecticut residents, especially those representing populations of focus (Data: TBD)

STRATEGIES

- Educate professionals and the public about the importance of clinical trials of cancer prevention and treatment modalities using culturally and linguistically appropriate methods[96]
- Promote and support increased and equitable access to participation in cancer-related clinical trials, addressing barriers to participation in clinical trials
- Promote the establishment of a system to monitor the level of participation in clinical trials by people living in Connecticut diagnosed with cancer
- Disseminate information about available clinical trials

Resources

- U.S. National Library of Medicine. ClinicalTrials.gov. https://support.nlm.nih.gov/knowledgebase/category/?id=CAT-01242
- Yale Cancer Center. Clinical Trials: Phase I Program. https://www.yalecancercenter.org/patient/trials/phase/
- Commission on Cancer (CoC) Accreditation. https://www.facs.org/search/cancer-programs?state=CT
- CT Mirror. Health officials use census data to reach uninsured. Access Health Ct. https://ctmirror.org/2019/10/29/as-open-enrollment-approaches-health-officials-use-census-data-to-reach-uninsured/
- Oncology Care Model, CMS Innovation Center. https://innovation.cms.gov/initiatives/oncology-care