A New Paradigm of Value-Based Cancer Care: The NCCCP

As implemented by Catholic Health Initiatives’ St. Joseph Cancer Institute at Towson, MD

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The goals set by the National Cancer Institute (NCI) to establish the NCI Community Cancer Centers Program (NCCCP) are intended to:

- Enhance access to cancer diagnosis and care with a focus on healthcare disparities
- Improve quality across the care continuum using evidence-based medicine and a multidisciplinary team
- Use electronic health records to enhance communication between all providers (initially with implementation of the cancer Biomedical Informatics Grid)
- Expand research by increasing the number of clinical trials offered, including early-phase studies; enhance survivorship programs
- Introduce biospecimen collection best practices in the community
- Establish collaborations with national research efforts. This collaboration affords the NCI the opportunity to access large community hospitals with disparate populations; learn how to coordinate care in communities; provide optimal screening, follow-up, and support systems; and ensure comprehensive, evidence-based cancer care.

Defining Optimal Cancer Care

Many clinical trials today can be offered in community settings. The NCCCP community cancer centers would evaluate how best to provide the NCI with research opportunities in a community setting and to investigate the value of public/private partnerships between the NCI, hospitals, and physician groups involved in this care. In addition, this effort is essential in furthering research, dissemination, and advances in our pillar areas. One of the quality-of-care pillar goals is to increase multidisciplinary, site-specific cancer care conferences and clinics—multidisciplinary centers (MDCs); increased use of evidence-based guidelines is encouraged. Sites are expected to participate in NCCCP quality improvement projects and expand genetic and molecular-testing programs. Another novel approach is to establish and adopt cancer center-specific physician conditions of participation, which would impact all other pillars. These conditions would help define the relationship and accountabilities between the physicians and the cancer center. The nurse coordinator/navigator is pivotal to the success of any MDC program. The navigator triages new patients to appropriate team members and is responsible for the organization, prioritization, and scheduling/coordination of care. They manage patient flow in the clinic and act as an interface between the team and the patient. In addition to providing follow-up, triage, communications, education, support, and continuity of care, they can facilitate clinical trial eligibility. They are, as many patients call them, the “go-to” people.

The NCCCP integrates activities by eliminating disparities, improving quality of care and information technology across the cancer continuum, linking with many other NCI programs.

The NCCCP: A Look into the Future

Thus far, the NCCCP has demonstrated that community cancer centers and systems can deliver MDC care, participate in clinical trials, and begin to bridge disparities in cancer care. It has shown that the public–private partnership works with a strategic vision to the future of cancer care. The challenges for year 5 are to complete outcomes studies, codify what works, continue dissemination of best practices and results, collaborate with NCI-designated cancer centers on a large number of these issues, and consider what additional studies might further our initial efforts.

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References