

Study recommends improvements for cancer care at network sites

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New research in the June 2021 issue of *JNCCN—Journal of the National Comprehensive Cancer Network* assesses the quality of cancer care delivered through extended sites coordinated by some of the country's



largest cancer centers. The study was developed to implement strategies for disseminating discoveries and expanding access to the highest quality cancer care as part of AACI's Network Care Initiative, established by former AACI President Stanton L. Gerson, MD, Director of the Case Comprehensive Cancer Center. Results were calculated based on responses to a mixed-methods survey answered by 69 cancer centers between September 2017 and December 2018, at which time 56 reported at least one network practice site.

Just over half indicated that network sites had full access to the main centers' electronic medical records (EMRs), and even fewer main centers had complete access to records throughout their network sites.

"Our findings demonstrate the need to improve network <u>site</u> alignment, particularly in patient navigators, care paths, and clinical trial access," said Dr. Gerson, the study's lead researcher and interim dean of the Case Western Reserve University School of Medicine. "Most federal <u>cancer</u> center reviews do not assess the total population of cancer patients served by major cancer centers and their affiliated sites. These data suggest that a very sizable portion of new cancer cases are cared for by these centers and their networks. Greater cancer center/network coordination could ultimately lead to improved access to <u>clinical trials</u> for the underrepresented communities many of these network sites serve."

According to the <u>survey results</u>, some key opportunities to improve coordination of care include:

- Implementing integrated EMRs across networks;
- Reviewing best clinical care practices, with more rigorous use of care paths and coordination of diagnosis and treatment planning across sites;
- Greater attention and support for cancer clinical trials across



network sites; and

• Improved physician oversight of clinical and research expectations, hiring, review and other links with cancer center main campus sites.

"Many studies show that consistency through care plans and guidelines improves patient outcomes, clinical response, and survival. More proactive approaches, including care paths, tumor boards across networks, and recognition of the value of placing disease experts at network sites, will improve the standardization of care across sites," Dr. Gerson added.

"Disparities in cancer care outcomes, most significantly patient survival, have been shown between NCI-designated cancer centers and community hospitals, where two-thirds of cancer patients are cared for in the U.S." commented Lawrence N. Shulman, MD, Deputy Director for Clinical Services at the Abramson Cancer Center at the University of Pennsylvania, who was not involved in this research. "Rural cancer programs often have limited cancer physicians representing all relevant specialties and urban safety-net hospitals often have limited financial resources to support high-quality cancer programs. Partnerships between academic cancer centers and community and safety-net hospitals have the potential to improve outcomes for a broader spectrum of cancer patients in the U.S. One might consider support of these cancer programs an obligation of academic cancer centers. This study outlines some potential mechanisms of support."

The COVID-19 pandemic, which began well after this survey closed, and the growing call for increasing diversity in clinical trials, is also driving the need to better integrate network sites as a tool for delivering quality care to underserved populations. On June 7, NCCN presented a webinar on "Utilization of Network Satellite Locations" as part of a series on COVID-19 and Cancer Center Operations. Dr. Shulman was



one of the panelists, along with other members of the NCCN Best Practices Committee. That video is available at: NCCN.org/COVID-19.

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