

Coordination and Communication in Cancer Care

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What is Care Coordination and Why is it Important?

“The deliberate organization of patient care activities between two or more participants (including the patient) involved in the patient’s care to facilitate the appropriate delivery of health care services.”

Why is it important? Because the absence of it results in:

Poor symptom control

Increased Cost

Medical errors
Satisfaction

Decreased Patient

Greater utilization of ED

Poor follow up

Wasted time

McDonald K., Schultz E., Albin L., et al. *Care Coordination Atlas Version 3*. Rockville, MD: Agency for Healthcare Research and Quality; 2010.

Flieger, S., Thomas, C., Porttas, J. Improving interorganizational coordination between primary care and oncology: Adapting a chronic care management model for patients with cancer. *Medical care research and review* Vol 78: Issue 3 (2019): 229-239

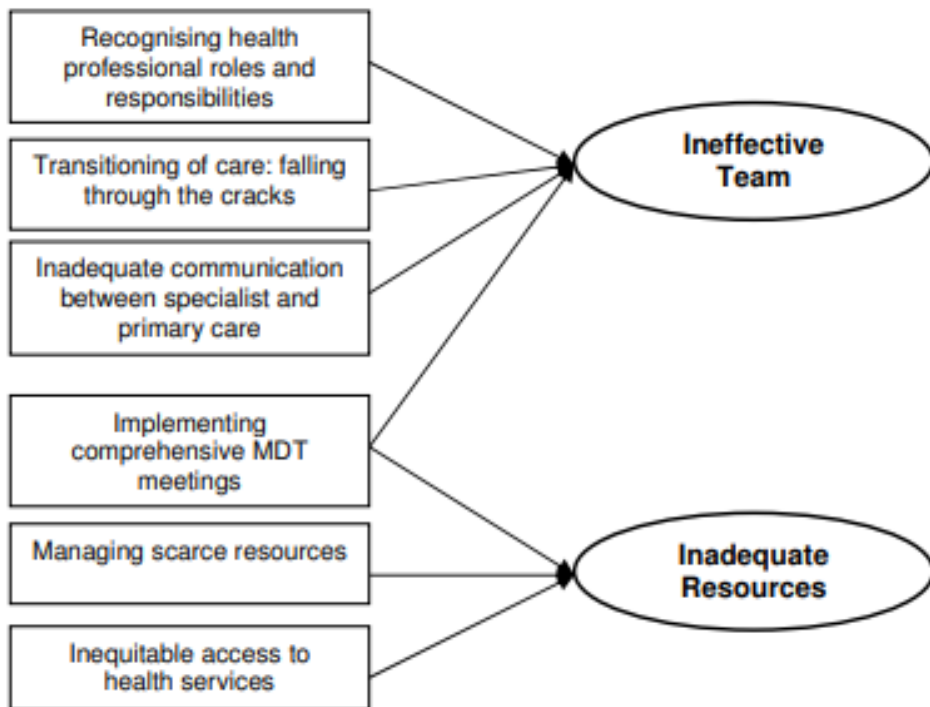
Barriers to Coordinating Care

- Financial/Insurance
- Mistrust between facility and patient
- Restrictive access secondary to coverage
- Multiple providers, from multiple systems, using multiple communication systems and EMR on multiple different schedules
- Access to high-speed internet
- Language barriers
- Deficiencies in coordination by clinic
- Urban/rural divide – Geography
- Staffing

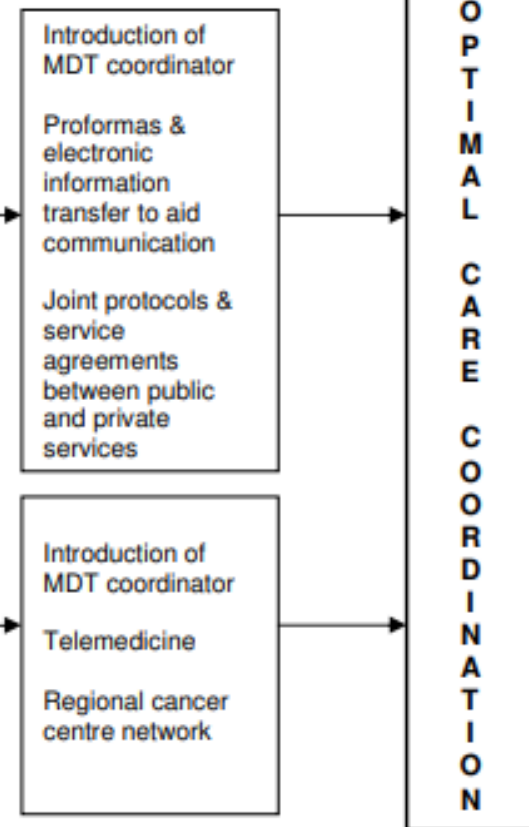
Assets to Coordinating Care

- Nurse navigators
- Cancer care coordinators
- Multi-disciplinary care meetings/
planning
- Telehealth
- Global access EMR
- Access to clinical trials/supportive
care/survivorship.
- Provider engagement
- Partnerships with local clinics

BARRIERS TO CARE COORDINATION



POTENTIAL SOLUTIONS

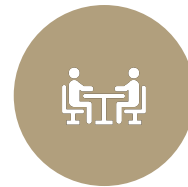


Walsh et al. What are the current barriers to effective cancer care coordination? A qualitative study. BMC Health Services Research 2010, 10:132

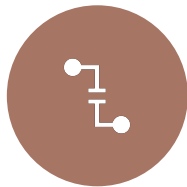
Conclusion



Recognizing that as providers and as institutions we may have blind spots regarding the complexities of coordination.



Identifying barriers to coordination and acknowledge how they impact our patients.



Developing mechanisms that can bridge coordination shortfalls.



Assess and re-assess our approach as times change.



Let's Talk

- **Chloe Siu**, PharmD, BCPS, BCOP: Hematology/Oncology Clinical Pharmacist
 - **Sophia Khim**: Support Staff Supervisor | Team Coordinators: Hematology/Heme Malignancies
 - **Josh Epworth**, ARNP: Hematology/Oncology Nurse Practitioner
 - **Patrick Evans**, BSN, RN: Nurse Manager Heme/HemeMalig
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