

# The National Cancer Institute (NCI) Community Cancer Centers Program (NCCCP): A Model for Reducing Cancer Healthcare Disparities



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## INTRODUCTION

Effectively addressing healthcare disparities is challenging across all healthcare settings and is a priority for many healthcare and medical organizations including ASCO, which has developed a health disparities policy statement.

The purpose of this poster is to:

- Describe the approach taken by 16 community hospitals working with the National Cancer Institute in a pilot program;
- Note the factors that contributed to the success of the effort; and
- Present results from a 3-year pilot program.

## METHODS

- The NCI and the 16 hospitals functioned as a learning collaborative to determine the most effective strategies to achieve the program goals for addressing healthcare disparities.
- The program required (1) CEO/institutional engagement and investment and (2) 40% of NCI funding allocated to support disparities initiatives.
- Sites initially focused on capacity building (i.e., data collection, education).
- Sites selected a specific target population to focus their efforts.
- The network of sites provided technical assistance to one another and standardized data for benchmarking performance.
- Common patient-level metrics were developed to show outcomes (organizations typically track activities for disparities and not outcomes).

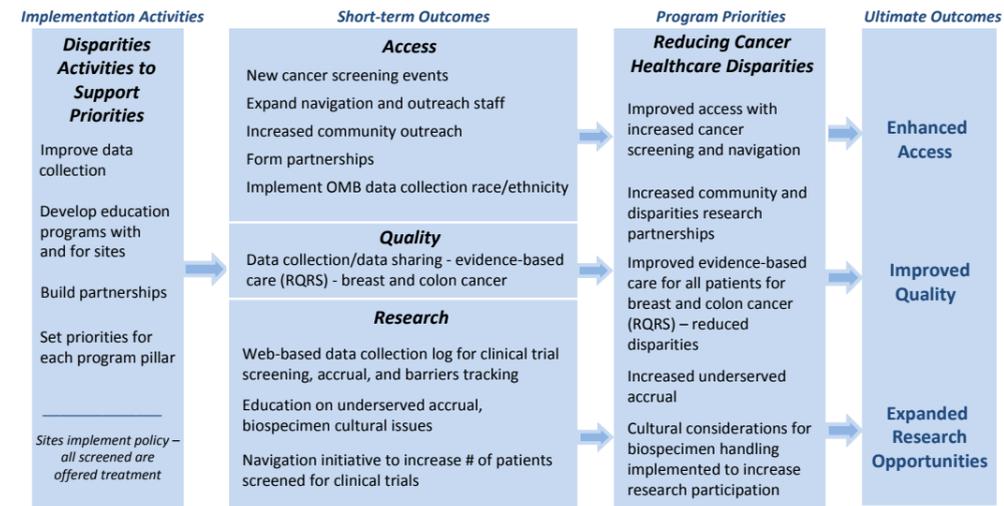
## TOOLS AND RESOURCES

Tools and resources developed by the NCCCP are posted on the web and can be used by other organizations to support efforts to address cancer healthcare disparities.

- NCCCP Monograph, the NCCCP series featured in *Oncology Issues*, describes disparities efforts and clinical trials initiatives to support underserved accrual ([http://www.nxtbook.com/nxtbooks/accc/ncccp\\_monograph/](http://www.nxtbook.com/nxtbooks/accc/ncccp_monograph/))
- Community Outreach Template (<http://ncccp.cancer.gov/files/NCCCP-Template-for-Community-Outreach.pdf>)
- Breast Screening Tracking Tool (<http://ncccp.cancer.gov/files/NCCCP-Breast-Screening-Tracking-Tool1.pdf>)
- Clinical Trials Screening and Accrual Log (<http://ncccp.cancer.gov/files/NCCCP-CT-Screening-Log-1-17-11.pdf>)
- Medical Staff Conditions of Participation including care of the uninsured (<http://ncccp.cancer.gov/files/NCCCP-Conditions-of-Participation.pdf>)

### Institutional Investment and Engagement

## Disparities Workplan Overview 2007 Pilot Program



### Network Engagement



The NCCCP defines populations affected by cancer health disparities to include racial and ethnic minorities, and other underserved populations: residents of rural areas, women, children, the elderly, persons with disabilities, the uninsured, and the socioeconomically disadvantaged.

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## RESULTS

Evaluation of the 3-year pilot has shown improvement for underserved populations:

- Improved concordance with Commission on Cancer Rapid Quality Reporting System (RQRS) quality measure for radiation therapy for breast-conserving surgery among Medicaid patients (*from 59.5% to 84.8% [p<.05]*)
- Increased community screening events (*from 992 to 1,585*) and community partnerships focused on underserved populations (*from 78 to 195*)
- Increased accrual to NCI trials (*minority accrual from 82 to 151 and elderly [65 and over] from 200 to 641*)

## CONCLUSIONS

To be effective in reducing cancer healthcare disparities, a systematic and multi-level approach with a focus on capacity building is needed. This includes having:

- Organizations that demonstrate a strong community-oriented mission
- Policy that all patients who are screened by the organization are offered treatment
- Commitment by hospital management
- Engagement of private practice physicians
- Targeted training of staff
- Use of standardized data collection and metrics (i.e., race and ethnicity across data systems)
- Involvement of strategic partners with aligned goals at the national and local levels
- Support by relevant NCI experts
- Processes to share best practices across a learning collaborative.

The NCCCP used this disparities model in a variety of community settings targeting different underserved population groups and has demonstrated improvements using key indicators.

## ABOUT NCCCP

- The pilot program was a public-private partnership between NCI and 16 community hospitals in 14 states.
- The pilot program served 27,000 new cancer cases each year.
- Medical care is provided largely through private practice physicians.
- In 2010, the program was expanded beyond the pilot stage to include 30 sites, serving 53,000 new cancer cases each year.
- Sites serve different subpopulations, including African American, Hispanic, Asian, and Native American.