

ISSUE STATEMENT (existing Objective 18): All cancer patients and caregivers are connected with non-clinical support services by their cancer treatment team. The cancer care team assesses every cancer patient and caregiver for non-clinical support service needs and connects to resources or provides a referral to assure the best possible cancer treatment outcome.

**Non-clinical support services encompass resources beyond medical treatment that are essential for people experiencing a life altering health challenge. Often needed are resources to support emotional, spiritual and physical changes that impact a person's well-being, as well as resources for transportation, health insurance, day-to-day needs, long range planning and general finances.*

RATIONAL/EVIDENCED-BASED RESEARCH

The State of Cancer Care in America 2015. Page 25

- Rural settings underserved: being diagnosed with cancer in a rural settings could pose challenges to transportation.

Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis. National Academy of Sciences. September 10, 2013.

Daly, Bobby. A Perfect Storm: How Tumor Biology, Genomics, and Health Care Delivery Patterns Collide to Create a Racial Survival Disparity in Breast Cancer and Proposed Interventions for Change. CA CANCER J CLIN 2015;65:221-238

Kent, Erin et al. Cancer Care Delivery Research: Building the Evidence Base to Support Practice Change in Community Oncology. JCO August 20, 2015 vol. 33 no. 24 2705-2711

Breast cancer in younger women from diverse cultural backgrounds. Br J Nurs. 2014 Feb 27-Mar 12;23 (4): S24-6.

- Health professionals should address the unique psychosocial effects of cancer in the context of the lifestage of the women.

Psychological adjustment among African American breast cancer patients: one-year follow-up results of a randomized psychoeducational group intervention. Health Psychol. 2003 May;22(3):316-23.

- At 12 months, the intervention resulted in improved mood as well as improved general and cancer-specific psychological functioning among women with greater baseline distress or lower income.

Evaluating a culturally tailored peer-mentoring and education pilot intervention among Chinese breast cancer survivors using a mixed-methods approach. Oncol Nurs Forum. 2014 Nov 1;41(6):629-37. doi: 10.1188/14.ONF.629-637

- Peer-mentoring and education programs can be integrated into communities and clinics to improve care for underserved minority cancer survivors and to reduce health disparities.

Ashing-Giwa K et al. Peer-based models of supportive care: the impact of peer support groups in African American breast cancer survivors. *Oncol Nurs Forum*. 2012 Nov;39(6):585-91. doi: 10.1188/12.ONF.585-591

- The unique strengths of grassroots community-based support groups are that they are culturally consonant, peer-based, and responsive to cancer-related and personal needs. The contribution and value of those multifaceted peer-based groups expand the paradigm of supportive care, extending the net of psychosocial care to underserved and underrepresented cancer survivors.
- Research provides the critical foundation to lead and articulate the studies necessary to bridge peer- and professional-based care to ensure the psychosocial needs of increasingly diverse survivors are met.

Support Care Cancer. 2012 May;20(5):1049-56. doi: 10.1007/s00520-011-1181-1. Epub 2011 May 10. Unmet psychosocial needs among cancer patients undergoing ambulatory care in Singapore. Department of Medical Oncology, National Cancer Centre Singapore, Singapore, Singapore.

- Seventy-five per cent of patients reported having any unmet needs, with disease information needs being most prevalent (61.5%) followed by financial (40.2%), social support (39.7%), psychological (27.3%) and physical (26.1%) needs. Factors independently associated with having high level of unmet needs were age below 60 years, ethnic minority, advanced disease and recent diagnosis.

“Does psychosocial intervention improve survival in cancer? A meta-analysis.” <http://www.ncbi.nlm.nih.gov/pubmed/14982204>

STRATEGIES

Systems change: Include assessment and referral to non-clinical support services within the cancer treatment care delivery work flow. Take the burden off of the cancer patient and onto the cancer care team/provider within the health care system.

Environmental (tangible item) change: Optimize established vehicles to identify and communicate non-clinical support services: web-based portals.

Collaborate with cancer care teams within the health system: Social workers, Oncologists, nurse navigators, medical assistants to assure they are knowledgeable about non-clinical support services.

Evaluate current practices:

- What do cancer centers currently provide on-site or within their health system for non-clinical support services?
- Are intake forms used with all new patients?
- Who currently helps patients identify non-clinical support services? (Doctor, Nurse, Navigator, Social Worker, Community Health Worker, Volunteer)
- Are caregivers accessed?
- Do oncology professionals delivering cancer treatment care know about the Minnesota Cancer Alliance?

Data capture of patient's need and referral for non-clinical support services into the electronic medical record.

Marketing of MN Cancer Alliance 10 YEAR PLAN – in every cancer center lobby, poster.

ACTION STEPS

Action Step #1

Accelerate progress by utilizing what environmental resources (web-based portals) currently in place. Optimize their quality (update with MN non-clinical/community-based support services) and use (in the clinical setting).

- Establish a portfolio of web-based portals that the cancer center care team uses to connect cancer patients and their caregivers to the non-clinical support services they need.
- Let non-clinical support service providers and community-based resource programs know how to add themselves to the web-based portals and establish an updating plan. It would be ideal if the program hosting the web-based portal would reach out to the community-based program on a schedule to verify updates.

Evidence of success: A core set of web-based portals have been vetted and updated to include MN resources and the resources are displayed in expanded languages (health literacy).

Action Step #2

Put system in place so all patients are assessed for **non-clinical support service** needs at the point of cancer care. (At the time of cancer diagnosis, during treatment planning and/or survivorship visit) Provide provider/cancer care team the tools needed to assist patient's to look up what they need, supporting a coordinated approach across health care team. Patients and caregivers may be too overwhelmed to take in all information and resources available to them on their own.

Evidence of success: Increased number of cancer centers that assess patient's need and connect to resource or provide referral to non-clinical support services.

Action step #3

Inform general public about resources available to patients with cancer and their families.

Evidence of success: Increased number of stakeholders and increased media events will lead to increase general knowledge of cancer support for community members.

EQUITY:

Concern is that perhaps the patients most at need are not asking for support or don't know what is available for the concerns they have.

Is there consistency across health systems/cancer centers related to their knowledge of what non-clinical supports and community-based resources are available?

- Ask/Assess ALL patients.
- Often community-based support services are at no cost.
- Offering these services secures the long term relationship with the health system.
- There are special population disparities that community supports could address.

MEASURES

What impact does non-clinical support services have on cancer treatment success/health outcome? (Treatment decision, compliance, toxicity, ER visits, and hospital readmission, distress, caregiver health and distress)

Partners currently working on this objective and type of activity:	
American Cancer Society	Web-based portal to Find Support & Treatment: http://www.cancer.org/treatment/supportprogramsservices/index
National Cancer Institute	Web-based search portal to find organizations and resources in your community [by disease site]: http://www.cancer.org/treatment/supportprogramsservices/index
Patient Advocate Foundation	Web-based portal to connect patients with resource to Solve Insurance and Healthcare Access Problems: http://www.patientadvocate.org
Leukemia & Lymphoma Society	Web-site listing of Resources: http://www.lls.org/

Stakeholders for this issue not currently working on it and potential role:

National Association of Social Workers, Minnesota Chapter	Support their profession, their understanding of the importance of support resources during cancer treatment through education and what is available for patients, seek their experiences with cancer patients, obtain their input on improving the health care system assessment and referral to non-clinical support services/community-based resources. http://www.nasw-heartland.org/general/custom.asp?page=OMNChptrMain
Minnesota Society of Clinical Oncology	http://www.msco-minnesota.com/ Professional Education Systems change: communication across multi-disciplinary professions.
MN Community Measures	