

Cancer Care Transformation Self-Assessments

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Clinical Care Variation Self-Assessment

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Instructions: Cancer program leaders should evaluate where unwarranted variation occurs at their institution and identify opportunities to eliminate it. This assessment will help you measure your performance on four key elements. After completing the assessment, add up the number of “Nos” within each step to determine which area is the greatest opportunity for improvement. Then, visit the resources listed below each section to identify best practices for your organization.

Minimize Unwarranted Care Variation		
Question	Yes	No
Do you track adherence to nationally-recognized standards of care (e.g., Choosing Wisely, NCCN guidelines)?		
Do your physicians currently use clinical pathways (vendor or homegrown)?		
Have you performed patient flow mapping exercises for any tumor site populations?		
Have you identified key transitions or gaps in care where patients need additional support, education, or outreach?		
Have you implemented protocols or processes to ensure patients receive at least a minimum level of support across the care continuum?		
Total:		

For help minimizing unwarranted care variation, see:

- [A Primer on Clinical Pathways for Cancer Care](#)
- [Gathering Actionable Feedback from Cancer Patients and Families](#)
- [Coordinating Seamless Transitions Across Care Settings](#)
- [Cancer Patient Experience Mapping Tool](#)

Engage Physicians in Reducing Unwarranted Care Variation		
Question	Yes	No
Do you share provider-level data on quality or service utilization with physicians?		
Do you have a physician champion supporting care standardization efforts?		
Do you provide incentives (e.g., performance-based payment) to encourage physician compliance with care standards?		
Do you provide ongoing support to physicians (e.g., best practice sharing, decision support tools) to help them minimize care variation?		
Total:		

For help engaging your physicians in performance improvement, see:

- [Achieving Sustainable Hospital-Physician Alignment in Oncology](#)
- [Cancer Quality Dashboard Metric Selection Tool](#)
- [Physician Performance Improvement Toolkit](#)

Clinical Care Variation Self-Assessment

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Gather Input from the Entire Care Team		
Question	Yes	No
Have you solicited input key support team members (e.g., palliative care, genetics, pharmacy)?		
Have you asked navigators/care coordinators where they observe the greatest variation or biggest gaps in patient care?		
Do all members of the care team know when and how to refer patients to support services?		
Do you use care coordination protocols for patients moving across settings of care (e.g., between the inpatient and outpatient settings)?		
Total:		

For help engaging the entire care team, review:

- [Gathering Actionable Feedback from Cancer Patients and Families](#)
- [Six opportunities to getting the most out of your patient navigation program](#)
- [Cancer Patient Experience Mapping Tool](#)

Partner with Payers		
Question	Yes	No
Are you able to demonstrate to payers the value (e.g., quality, costs) of the care you provide?		
Do you know your payers' priorities when it comes to reducing costs and improving quality in cancer care?		
Do any of your local payers already have or plan to implement clinical pathways programs?		
If a payer proposed a pathways program, do you have standardized criteria by which you would evaluate the proposed pathways?		
Total:		

For help preparing to have these conversations with payers, see:

- [A Primer on Clinical Pathways for Cancer Care](#)
- [The latest trends on clinical pathways in oncology](#)
- [New Rules for Oncology Service Line Growth](#)
- [Contracting Department Discussion Guide](#)

Urgent Care Self-Assessment

Page 1

Instructions: Cancer program leaders should thoroughly evaluate how they are managing patients' urgent needs. This assessment will help you measure your performance on four key elements. After completing the assessment, add up the number of "Nos" within each step to determine which is the greatest opportunity for improvement. Then, visit the resources listed below each section to identify best practices for your organization.

Understand the Problem		
Question	Yes	No
Have you identified and/or accessed data sources containing information on cancer patient ED visits and hospitalizations across your organization?		
Have you determined the size of the problem (e.g., number of cancer patients that visit your institution's ED and EDs at other institutions, costs of ED visits)?		
Have you identified characteristics that increase patients' risk of visiting the ED or being admitted (e.g., tumor type, social factors, age)?		
Have you identified the top reasons for cancer patient visits to the ED (e.g., pain, nausea)?		
Have you identified the times and days when patients are most likely to visit the ED for treatment-related symptoms?		
Total:		

For help understanding the problem, read:

- [Coordinating Seamless Transitions Across Settings](#) (Leverage data to identify priorities)
- [Avoidable ED Utilization Assessment](#)

Develop the Right Infrastructure		
Question	Yes	No
Do you have dedicated staff and standardized protocols for phone triage?		
Are you tracking the reasons patients are calling and how their symptoms are managed?		
Do your clinicians <u>always</u> have enough capacity to treat add-on patients on the same day they reach out to the care team?		
Is there <u>always</u> enough space in the clinic and/or infusion center to treat add-on patients on the same day they reach out to the care team?		
Do oncologists understand the importance and necessity of leveraging other care team members to help manage urgent symptoms?		
Total:		

For help developing the right infrastructure, review:

- [Urgent Care for Cancer Patients](#)
- [Integrating Advanced Practitioners in Oncology Practice](#)
- [Three-Step Cancer Staffing Makeover](#)
- [Timely Care for Oncology Patients](#)

Urgent Care Self-Assessment

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Collaborate with Other Departments		
Question	Yes	No
Do you regularly provide information on how to appropriately manage cancer patients to clinicians in the ED?		
Do you have standardized protocols in place to help the ED triage cancer patients appropriately?		
Are you notified when cancer patients have an unplanned ED or hospital admission?		
Do you have “fast track” programs to admit patients directly to the hospital when necessary?		
Do you know which comorbidities are most common among your cancer patients?		
Do you have formal partnerships with other service lines (e.g., cardiology) to improve management of comorbid cancer patients?		
Total:		

For help collaborating with other departments, read:

- [Coordinating Seamless Transitions Across Care Settings](#)
- [Build the High-Value Cancer Care Team](#) (Manage patients across the continuum)

Engage Patients		
Question	Yes	No
Do all patients know where/who to call when they experience treatment-related symptoms?		
Do all patients know when to contact their care team for treatment-related symptoms?		
Do you regularly perform distress screening in the cancer center for all of your patients?		
Do you leverage technology (e.g., tracking app, patient portal) that allows patients to report their symptoms from home?		
Do you respond to patients' urgent symptoms needs and questions on the same day (ideally within 1-2 hours)?		
Do you have a channel through which patients can report if they receive urgent care outside of the cancer program (e.g., your organization's ED, another organization's ED)?		
Total:		

For help engaging patients, review:

- [Strategies to Engage Patients and Caregivers](#)
- [Delivering on the Promise of Patient-Centered Care](#)
- [Build the High-Value Cancer Care Team](#) (Use technology to extend care team capacity)
- [Oncology Distress Screening and Management](#)

Source: Oncology Roundtable interviews and analysis.

End-of-Life Care Self-Assessment

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Instructions: Cancer program leaders should evaluate how they approach end-of-life care. This assessment will help you measure your performance on four key elements. After completing the assessment, add up the number of “Nos” within each step to determine which is the greatest opportunity for improvement. Then, visit the resources listed below each section to identify best practices for your organization.

Integrate Palliative Care		
Question	Yes	No
Does your organization offer outpatient palliative care?		
Are palliative care referrals automatically triggered for certain patients (e.g., pancreatic, advanced stage)?		
Does everyone in your organization, including executives, clinicians, and staff, know the difference between palliative care and hospice care?		
Does everyone in your organization, including executives, clinicians, and staff, understand the benefits of palliative care?		
Do you track and report individual physician’s referrals to palliative care?		
Total:		

For help integrating palliative care, see:

- [Integrating Palliative Care Into Oncology Practice](#)
- [Cancer Support Services Volumes, Staffing, and Operations Benchmark Generator](#)
- [How to Capture the Value of Palliative Care](#)

Provide Tools to the Care Team		
Question	Yes	No
Have you, as well as your staff and clinicians, completed your own advance care plan?		
Are clinicians easily able to access completed advanced directives through the EHR (or another technology platform)?		
Do you provide regular opportunities for staff and clinician training about end-of-life conversations (e.g., Respecting Choices, internal seminars)?		
Do physicians consistently document prognosis for every patient?		
Have you clearly outlined the roles and responsibilities of all care team members (e.g., social workers, physicians, navigators) for improving end-of-life care?		
Do you track and report physician performance on metrics related to end-of-life care (e.g., chemo in last two weeks of life, ICU utilization)?		
Total:		

For tools to help the care team, see:

- [Training Programs to Facilitate End-of-Life Discussions](#)
- [Cancer Quality Dashboard Metric Selection Tool](#)

End-of-Life Care Self-Assessment

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Improve Hospice Transitions		
Question	Yes	No
Do you have standardized protocols in place for transferring patient information to hospice providers?		
Does your program have someone in charge of helping patients transition to hospice?		
Does the care team contact patients after they transition to hospice?		
Do you track and report timeliness of hospice referrals and patient length of stay in hospice?		
Do you invite hospice representatives to cancer events (e.g., cancer committee, tumor board)?		
Total:		

For help improving hospice transitions, read:

- [Coordinating Seamless Transitions Across Care Settings](#)
- [Key Lessons for Developing Collaborative Cancer Center-Hospice Relationships](#)

Engage Patients and Caregivers		
Question	Yes	No
Do you proactively offer all patients the opportunity to complete an advance care plan?		
Do you provide patients with copies of your state's advanced directive?		
Do you provide patients and caregivers with tools (e.g., scripting, coaching) to help them ask their care team about prognosis and goals for care?		
Do you provide tailored support for family members and friends of advanced stage patients?		
Do patients and caregivers understand the goals of palliative care?		
Total:		

For help engaging patients, see:

- [UPMC Patient Question Prompt List for End of Life](#)
- [Overview of End-of-Life Documents](#)
- [Strategies to Engage Cancer Patients and Caregivers](#)



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