

2013 National Meeting Discussion Guide

Coordinating Seamless Transitions Across Care Settings

Cancer patients typically receive care in many sites outside of the cancer center during the course of their treatment, including independent oncology offices, emergency departments, inpatient units, or hospice. Given the significant quality and cost implications of poor coordination between sites, cancer program leaders should engage patients and leaders from other sites of care to improve patient transitions across care settings.

I. Leveraging Data to Identify Priorities

While improving care transitions is a priority for most cancer center leaders, they often lack a robust understanding of which transitions are most problematic for their organization. Such understanding is essential for cancer programs seeking to implement high-impact improvements with limited resources.

1. What are the most common transitions your patients go through? What sites of care do your patients transition to and from the most often?
2. Which transitions are the most challenging?
 - a. For the cancer center?
 - b. For your patients?
 - c. Why?
3. Which sources of information to understand the quality of patient transitions are the most accessible?
4. What information would be the most helpful to understanding the quality of patient transitions?
5. Where does the topic of cancer patient transitions fall on the cancer center's list of priorities? Where does it fall on the institution's list of priorities?

II. Coordinating with the Core Team

Engaging Patients

Although patients currently bear a significant burden for cross-setting care coordination, cancer care providers devote little time to preparing patients for transitions. Even simple education about various sites of care can have outsized impact on transition quality.

1. What types of information about transitions should we equip our patients with?
2. When is the best time to educate patients on transitions between sites of care?

Engaging Independent Oncologists

Independent oncologists and hospital-based cancer programs are partners in the provision of cancer care, but varying processes and priorities present challenges to communication and coordination. It is vital to ensure seamless transitions between these two sites of care.

1. How collaborative are your current relationships with independent oncologists?
 - a. What are the underlying causes of the status quo?
2. How confident are you that the cancer center and independent oncology practices understand each other's operations and transitions priorities?
3. What forums can we create, or what existing forums can we leverage, to engage independent physician practices to improve transitions?

III. Ensuring Smooth ED Transitions

Although the ED is not the best place for cancer patients, the frequency with which cancer patients seek care there necessitates closer alignment between ED clinicians and the cancer center. Equipping the ED to better manage the needs of cancer patients ensures better quality of care and responsible use of resources.

1. How often, and for what reasons, do cancer patients visit the ED?
2. How would you ideally like to partner with the ED to support the management of cancer patients?
3. Who are the right stakeholders to engage to improve care transitions for cancer patients to and from the ED?

IV. Improving Continuity of Inpatient and Outpatient Care

Although cancer centers and inpatient units are separate sites of care, they should strive to operate in concert in order to create a seamless patient experience.

1. What is the current level of communication between the inpatient unit and the cancer center?
2. What would facilitate greater collaboration between the inpatient unit and the cancer center?
3. Given your understanding of current transition challenges between the inpatient unit and the cancer center, who are the right stakeholders to engage to improve transitions? given
4. What resources do you have to improve transitions between the inpatient unit and the cancer center? What resources might you have to add?

V. Developing Collaborative Hospice Relationships

In the face of physical and psychosocial challenges and lack of appropriate guidelines for referrals, transitions to hospice can be a difficult process for both patients and physicians. Developing a strong, sustainable hospice-cancer center relationship can mitigate some of the common barriers to a timely and seamless hospice transition.

1. How would you characterize your current hospice relationships?
2. What would transitions to hospice ideally look like?
3. What forums can you utilize and what resources can you deploy to engage local hospices in improving transitions and care quality?