

How Can We Deliver High-Quality Cancer Care in a Healthcare System in Crisis?

This provocative question was addressed in a report from the Institute of Medicine (IOM), 2013), *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*. An interdisciplinary committee synthesized many of the changes that are occurring in our society and health care that will challenge our existing cancer care system. These changes are familiar to many of us: an aging population along with the resulting increase in the number of cancer survivors, an inadequate number of and increased demand for trained healthcare providers, and rising healthcare costs. The IOM report recommended a framework of six interconnected components for improving the quality of cancer care (see Figures 1 and 2). Each of these components is worthy of an editorial and more. I would like to focus, however, on one of them: an adequately staffed, trained, and coordinated workforce. And, for good reason, as I want to retire someday and know that others will be taking my place in caring for cancer survivors across the care continuum. So let's explore this one component in more detail.

Adequately Staffed and Trained

An estimated 1.6 million people in the United States will be diagnosed with cancer this year, and 14.5 million Americans are cancer survivors (American Cancer Society, 2014; National Cancer Institute, 2014). The Oncology Nursing Society (ONS), 2014) has about 35,000 members, but we know that other nurses also are caring for people with cancer; however, these figures give you a sense of the ratio of oncology nurses to people with cancer. And the number who are diagnosed is expected to grow to 2.3 million each year by 2030, with more than 19 million

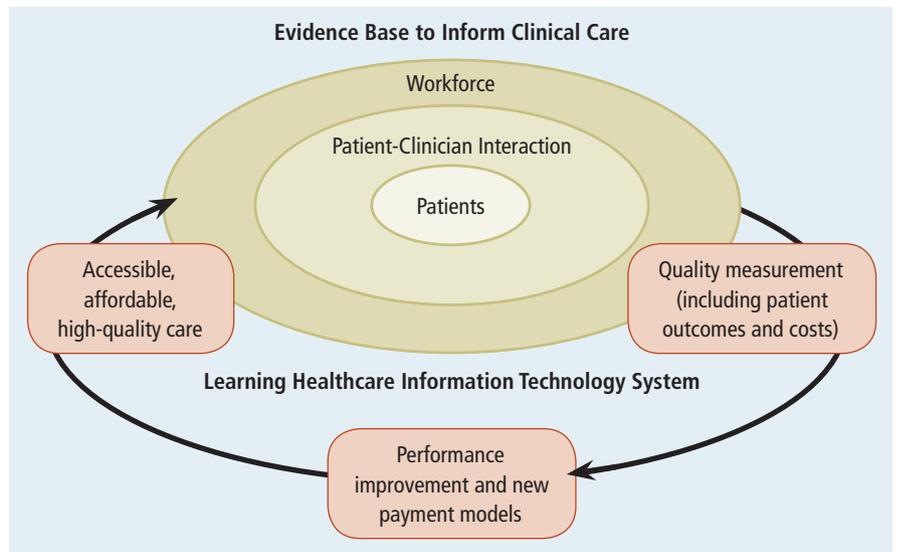


FIGURE 1. High-Quality Cancer Care Delivery System

Note. From *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* (p. 36), by Institute of Medicine, 2014, Washington DC: National Academies Press. Copyright 2014 by the Institute of Medicine. Reprinted with permission.

survivors (Smith, Smith, Hurrian, Hortobagyi, & Buchholz, 2009). How many of us will be needed to care for them? What do we need to do to make sure there will be enough nurses who will want to provide cancer care?

One concern I have is that, because oncology is a specialty, others may not think they need to learn much about it. Gerontology is similar in that some nurses specialize and develop greater depth of knowledge in this specialty; however, we all need to learn how to care for older adults. Similarly, we will need to educate healthcare professionals, in general, about cancer. If we explored the

curriculum in nursing schools, I wonder how much cancer-related content would be included in general sessions? My guess is not enough. And if we looked at how many cancer-specific programs we have, my guess is that there aren't enough of them either.

Therefore, we will need to be creative in how we educate both generalists and specialists about cancer care and oncology nursing. One example is the online program developed by ONS for advanced practice providers new to oncology (http://www2.ons.org/CourseDetail.aspx?course_id=115). This program will be helpful in providing foundational

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Engaged patients

A system that supports all patients in making informed medical decisions consistent with their needs, values, and preferences in consultation with clinicians who have expertise in patient-centered communication and shared decision making.

An adequately staffed, trained, and coordinated workforce

A system that provides competent, trusted, interprofessional cancer care teams that are aligned with patients' needs, values, and preferences, as well as coordinated with the patients' noncancer care teams and their caregivers.

Evidence-based cancer care

A system that uses scientific research, such as clinical trials and comparative effectiveness research (CER), to inform medical decisions.

A learning health care information technology (IT) system for cancer

A system that uses advances in IT to enhance the quality and delivery of cancer care, patient outcomes, innovative research, quality measurement, and performance improvement.

Translation of evidence into clinical practice, quality measurement, and performance improvement

A system that rapidly and efficiently incorporates new medical knowledge into clinical practice guidelines; measures and assesses progress in improving the delivery of cancer care and publicly reports performance information; and develops innovative strategies for further improvement.

Accessible, affordable cancer care

A system that is accessible to all patients and uses new payment models to align reimbursement to reward care teams for providing patient-centered, high-quality care and eliminating wasteful interventions.

FIGURE 2. Institute of Medicine Recommendations for Delivering High-Quality Cancer Care

Note. From *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* (p. 35), by Institute of Medicine, 2014, Washington DC: National Academies Press. Copyright 2014 by the Institute of Medicine. Reprinted with permission.

knowledge to those entering the specialty without formal oncology education. I would like to see this provided during orientation for all of these advanced practice providers. ONS also offers an online OCN® review course and a number of other offerings intended for the oncology nurse. But cancer survivors are cared for by others as well. How will they learn about cancer care? What is our role as a specialty organization in reaching out and educating others about the needs of this population? I hope that we share our expertise with others, whether they are homecare nurses or primary care nurse practitioners. We also may want to develop programs for others providing care to people with cancer, such as caregivers and lay navigators. In this way, we will extend and enhance our ability to share our expertise to improve cancer care.

Coordinated Workforce

This is the other part of the IOM component. *Coordinated* is defined as “ef-

fectively organized so that all the parts work well together” (Cambridge Online Dictionary, 2014). Now, this is where I think the IOM report was on target about a system in crisis. Cancer care is delivered by members of interdisciplinary teams but may not be as coordinated as we would like. We need to be educated in effective communication and collaboration and learn how to deliver cancer care with others. We need to begin learning this in our formative education as health-care providers. We also need systems that help facilitate communication and care coordination, such as electronic health records (EHRs). The current rollout (stage 2) for meaningful use of EHRs calls for the ability to have electronic

transmission of patient care summaries across multiple settings by 2014 and to be able to have access to comprehensive patient data through patient-centered EHRs by 2016 (HealthIT.gov, 2014). That will help facilitate the care we want to deliver, but we will still need to improve how we communicate and collaborate in cancer care delivery. We need more research and demonstration projects on how to do this well.

The IOM (2013) report states that “the central goal of its conceptual framework is to deliver patient-centered, evidence-based, high-quality cancer care that is accessible and affordable to the entire U.S. population regardless of the setting where cancer care is provided” (p. 34). This is a lofty goal and one that I hope we can achieve with an adequately staffed, trained, and coordinated workforce.

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Correction

In the June 2014 issue of the *Clinical Journal of Oncology Nursing* (Vol. 18, No. 3), “Evidence-Based Management of Sepsis,” by C. O’Leary, page 281 contained the sentence, “In patients with normal blood pressure, decreased lactate can be an indicator of hypoperfusion, impending sepsis, and organ dysfunction.” The sentence should have read “increased” instead of “decreased.”