

Leading Change: Implementation of a New Care Coordination Model

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Today's healthcare environment is characterized by a multitude of changes: acquisitions and mergers, streamlining of operations, restructuring and leadership shifts, new regulatory requirements with the 10th revision of the *International Statistical Classification of Diseases and Related Health Problems*, implementation and meaningful use, and advances in technology driven by the employment of electronic health records. The impact of these changes is complex and fraught with challenges in an industry that historically and culturally is cautious and slow to change.

The oncology specialty is simultaneously witnessing significant advances in cancer treatments with the introduction of numerous immunotherapeutic and biologic agents as effective therapies for the most challenging diseases. Many of these treatments include oral agents, necessitating a shift in ambulatory care delivery models to ensure adherence and astute toxicity assessment, reporting, and management for patients outside the traditional chemotherapy infusion suite. With President Barack Obama's recent proclamation of a "moonshot" to eradicate cancer, the cancer community is challenged by increasing numbers of pipeline and fast-tracked treatments as we effectively double down on the precision medicine initiative (The White House, Office of the Press Secretary, 2016). Although this is exciting progress, the pace and magnitude of managing the changes can often

be overwhelming. Cancer care organizations are responding to shifting demands in care delivery by restructuring space and systems and acquiring new skills, while ensuring clinical efficiency and patient satisfaction with the overall experience.

Implementation of a New Model

City of Hope National Medical Center, a National Cancer Institute–designated comprehensive cancer center in Duarte, California, has implemented a care coordination model designed to provide patient- and family-centered care and to organize care through multispecialty disease management teams rather than treatment specialty clinics (Johnson, Giesie, Ireland, Rice, & Thomson, 2016). This new model of care incorporates the role of a nurse care coordinator (NCC) to provide support for high-risk, high-complexity patients across the care trajectory. Objectives of the NCC role are to improve patient access to necessary care, enhance the patient experience, and strengthen coordination throughout the care continuum. Success will be measured by reduced rates of admissions, readmissions, and hospital lengths of stay and increased patient satisfaction. Provider and nursing satisfaction also will be assessed as a measure of disease team effectiveness in strengthening patient and clinician interactions.

The new care model was implemented first in City of Hope's new Women's Center. This center offers