

**POSTER SESSION 3 ABSTRACTS**  
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**Developing a Model for High Quality Cancer Care - Results from Community Focus Groups**

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**Background:** The Institute of Medicine (IOM) report "Crossing the Quality Chasm" proposed six aims for high quality health care - effective, safe, timely, efficient, equitable, and patient-centered, and emphasized coordination of care. We conducted focus groups with cancer patients, families, and providers in two communities - Spokane, WA, and Detroit, MI, to understand barriers and facilitators to these aims in relation to high quality cancer care. The goal of this project is to combine our focus group findings with results from expert interviews, site visits, and a literature review to inform a model for high quality cancer care.

**Methods:** We held three group discussions in Spokane with 11 patients, 7 family members, and 7 providers (including primary care physicians, medical oncologists, and other non-physician providers). In Detroit, we held four group discussions with 10 patients, 11 family members, 1 physician, and 7 non-physician providers. We asked participants about barriers and facilitators throughout the cancer journey (diagnosis, treatment, and surveillance) and about innovations that might improve the quality of cancer care. Each discussion was transcribed by a court reporter. Two analysts independently reviewed and coded each transcript using ethnographic software (Atlas.ti) to generate a list of major themes.

**Results:** The major barrier to achieving high quality cancer care in both communities was the lack of emotional and functional support for patients and families throughout the cancer care journey. Providers felt they were not equipped (in terms of skill and time) to provide the level of assistance that patients and families needed, particularly during diagnosis when patient anxiety is high. Other barriers included delays in diagnosis, lack of insurance and access to care (more common in Detroit), and a lack of coordination between all medical specialties involved and patients (more common in Spokane). Groups suggested two major facilitators: 1) patient navigators that provide emotional support and guide patients and families through the medical system; and 2) electronic medical records that facilitate communication.

**Conclusions:** Despite differences in the racial, cultural, and socioeconomic backgrounds of our communities, barriers and facilitators to high quality cancer care were similar. We anticipate the problems and solutions mentioned here will inform a cancer care model that can be generalized to other communities.