



Addressing Cancer Together Design Principles and Definitions

This document is intended to clarify the intent behind the Design Principles for the ACT (Central Texas Addressing Cancer Together) initiative. Taken in combination, these Principles operate as a mission statement for the initiative: to aid in selection and prioritization of strategies and work **to improve the cancer care ecosystem for the uninsured**. Ultimately, we will not be successful unless we meet these Design Principles. The six Principles were defined at the 10/30/18 meeting of the Addressing Cancer Together coalition, with definitions of success clarified in the 1/30/19 meeting. They continue to guide us as we design, launch, test, and implement a better model for care.

1. Shared Services Model

Cancer care for the uninsured in Central Texas is provided by an array of providers who share both the risks and community/financial resources to serve these patients. A successful model to address regional gaps will include hospitals, cancer care private providers, FQHC's and clinics, nonprofit organizations, and providers of wraparound services such as navigation.

Definitions of Success:

- Utilize existing infrastructure / delivery system (connect to the system)
- Equitable participation relative to role in community, delivery system, and capacity
- A 'cancer coalition' that rises above individual participants, focused on patients: boundary-less from the patient's perspective and makes the process seamless for the patient

2. Transparent: Money and Access

A successful systemic approach to regional cancer care will share information among coalition members, with patients, with public and private funders, and with the community. Increased transparency will improve trust, reduce friction between steps in the continuum of care, and improve communication across all stakeholders.

Definitions of Success:

- Transparency of:
 - o Who needs services: number and types of patients and utilization
 - o Cost of care by stage of treatment
 - o How community dollars are used, what providers and partners are paid for what services, and the benefits derived by our target population served
 - o Navigation: how best for every patient to connect to needed services

3. Maximize Efficiency of Resources

Medical care is expensive, and the resources to support care for uninsured patients are constrained. To ensure that high-quality care can be delivered to as many patients as possible, these limited resources must be used as effectively and efficiently as possible. At the same time, we must take advantage of all federal and state resources that we may not be maximizing for patient benefit today.

Definitions of Success:



- Understand and leverage existing resources, assets and activities
- Identify gaps and strategize action regarding high risk populations: ethnic, socioeconomic, geographic
- Prioritize efficient and effective strategies for cancer control (be opportunistic) to address critical needs for the greatest number of patients possible
- Respect / identify unique barriers to care (expertise, experience, SES, trust, etc.)

4. Data Driven

Extensive data is collected as patients move through the screening and treatment process. Decision-making and prioritization should be motivated by these quantitative and qualitative data. Data must be collected and shared across care providers and with the community to evaluate effectiveness of this model for improved cancer care for the uninsured.

Definitions of Success:

- Transparent and complete data managed by a third-party administrator, with governance structure to define how data is collected and shared with funders and the larger community
- All contributing entities have appropriate access to data
- Develop systems and collection to address gaps in data

5. Regional

Cancer does not follow county lines. An effective regional solution will ultimately include all patients in the six county Central Texas region.

Definitions of Success:

- Interconnected county effort (intra / inter)
- 6 counties to begin (Bastrop, Burnet, Caldwell, Hays, Travis, Williamson) – grow to 10
- Substantial local community, business, clinical, political, survivor engagement
- Support local accessibility to care; leverage local assets, resources, and needs

6. Focus on Highest Need

The intention of Addressing Cancer Together is to increase access to cancer care for patients currently facing higher risks of negative cancer outcomes and lower access to care.

Definitions of Success:

- Ultimately include: uninsured, low income, rural / proximity to care / connectivity to resources, fear / skepticism, equity / diversity includes African American community (high mortality)
- Launch model focused on uninsured patients and following federal guidelines for their care. While we intend to improve the model of care for all high needs patients, this critical target population can be readily measured and provide a platform for positive change.
- Success: connection to primary care, screening, earlier screening and diagnosis, improved quality of life and decreased mortality