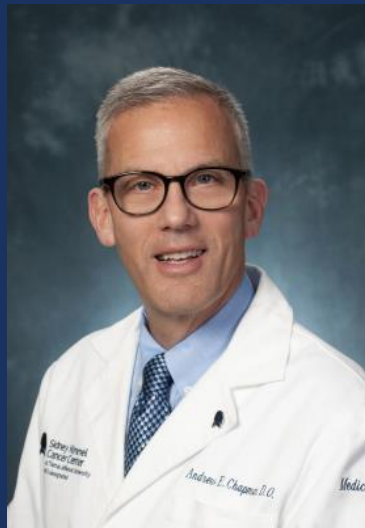


CLINICAL IMPLEMENTATION CORE



Andrew Chapman, DO
Core Chair



Rawad Elias, MD
Junior Faculty Lead

CLINICAL IMPLEMENTATION MEMBERS

- *Andrew Chapman*
Core Chair
- *Rawad Elias, MD*
JF Lead
- *William Dale, MD, PhD*
PI liaisons
- *Ashley Rosko, MD*
Member
- *Leana Chien, MSN, RN*
Member
- *Andy Artz, MD*
Member
- *Jason Zittel, MD*
Member
- *Selina Chow, MD*
Member
- *Christopher Steer, MBBS, FRACP*
Member
- *Elana Plotkin CMP-HC*
Member



CARG
CANCER & AGING RESEARCH GROUP
Infrastructure Grant

Funded by NIH/NIA

Grant No. 1R21AG059206

CORE MISSION

The Core will support clinical healthcare professionals interested in integrating aging principles into cancer clinical care in efforts to develop Geriatric Oncology practices, and thus promote the growth of a global coordinated geriatric oncology clinical network that would foster collaborations around implementation of clinical practices, quality improvement, and research.



ACCOMPLISHMENTS

- The idea of the core
- mission, structure, membership developed
- CORE launched/operational
- 6 inquires received
- White paper & a core-unique inquiry form in progress



INQUIRY REQUEST TYPES

- To establish a Geriatric Oncology Program
 - Inquiry Stage: conceptual stage/identification of resources, preparing a proposal, seeking guidance regarding structuring a Geriatric Oncology Program and identifying necessary resources.
- To develop Geri Oncology program
 - Inquiry Stage: conceptual stage/identification of resources
- In developing a new Geriatric Oncology program
 - Inquiry Stage: seeking to generate preliminary data and establish the operations necessary for an adaptive/ responsive model for optimizing care for older adults
- In building a pre-hematopoietic stem cell transplant geriatrics clinic, how to navigate the initial ramp up period? Meaning, developing HCT provider buy-in, geriatrician buy-in. If the geriatrics team is reluctant to utilize the CARG GA, what measures should be utilized and in what order?
 - Inquiry Stage: developing/reviewing study design
- To implement CARG chemo toxicity tool in EPIC
 - Inquiry Stage: Brainstorming



WHAT'S WORKING/WHAT'S NOT?

- A coherent group with clinical implementation focus / expertise
- A “successful” learning curve so far → example: the inquiry form
- Challenges: streamlining the process and creating follow up strategies



FUTURE DIRECTION

- Refine our processes leading to more efficient and “data”able strategies.
 - Template development for implementation?
- Develop a sustainability strategy based on the development of a network of clinical geriatric oncology practices and in the long term a real-world geriatric oncology database.
- Proposed Metric
 - # of programs developed
 - ACCC Gap Analysis Tool Utilization (acc-cancer.org/geriatric)
- The process, policies and structure for joining the network are under development (i.e. quality of the services offered, quality of the data collected, etc.)



CLINICAL IMPLEMENTATION CORE: FRAMEWORK TOOLKIT

- Inquiry Form completion
- Tiered Pathways based on setting/resources
 - Practice standards
- Operational steps
- Business development

CLINICAL IMPLEMENTATION CORE: NAVIGATION

- Structured steps across cores ex.
 - Data base development/maintenance and analysis
 - Defined standard measures
- Tracking step completion
- Structured program for follow-up
 - CARG CIC responsibilities to program
 - Program responsibilities to the CARG CIC

CLINICAL IMPLEMENTATION CORE: SUSTAINABILITY

- Branding Opportunities
 - High quality standardized Network Data Base development
 - Member fee to access?
 - Role of Pharma?
 - Junior Investigator Career development certification?
 - Consulting for program development and implementation: tools, education etc.
 - Quality Certifications and Credentialing from CARG?
 - Working with ACCC, ASCO, AACI, SIOG?
- Implementation Science Research Funding Opportunities
 - Assess benefit of structured program development?
- Role of eHR companies
 - Standardized templates?



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APPENDIX

- FUNCTION
- WORKFLOW
- POLICIES AND PROCEDURES
- INTERACTION WITH OTHER INFRASTRUCTURE CORES
- SUSTAINABILITY

CORE FUNCTION

- Lays the foundation for a collaborative network of clinical geriatric oncology centers with the goal of synchronizing clinical practices and establishing a cooperative database that serves to advance cancer and aging research.
- Serves as a hub of clinical healthcare professionals with expertise in Geriatric Oncology models of care
- Facilitates the implementation of geriatric oncology evidence-based principles.
- Provides guidance for the development of geriatric oncology clinical practices and programs.
- Assists with strategic planning and development of business models supporting the clinical implementation of geriatric oncology services.
- Supports clinical healthcare professionals and promotes their development as geriatric oncology leaders within their respective institutions.
- Advocates for the integration of geriatric oncology into standards of daily care.
- Commits to a patient-centered and culturally sensitive vision as the foundation of clinical geriatric oncology practices development.

WORKFLOW

- The Core will identify areas of interest related to the clinical implementation of geriatric oncology principles.
- The areas of interest will be based on the intersection of geriatric domains and oncology disciplines.
- A webform on the CARG website will be the first point of contact for investigators. This form will match the investigator's request for guidance with an "area of interest".
- Core members will be the first checkpoint once a request is received. They will determine the path moving forward based on identified areas of interest and after a brief consult with the investigator
- Received requests will be tracked as they move through the following phases : 1) Concept Creation; 2) Plan Development; 3) Implementation; 4) Growth; 5) Interval Practice Assessment.
- The core will support investigators with already established geriatric oncology practices and by providing assistance with process improvement and guidance to address specific hurdles.
- The core will aim to track received requests, evaluate the application process as it goes through the phases of development, implementation, and assessment. The core will identify barriers and facilitate the development of solutions.

POLICIES AND PROCEDURES

- The “areas of interest” will serve as cornerstones for the core structure development.
- A Webform: Serves as initial interaction with investigators
- A Tracking system: Based on the area of interest and the implementation phase .
- An evaluation process: to support process development through the implementation phases
- A Network: Members & Ad Hoc core participants

INTERACTION WITH OTHER INFRASTRUCTURE CORES

- The inception mission of the core is clinical implementation of geriatric oncology principles. However, among the Core goals is the development of a collaborative clinical network that would facilitate the dissemination of geriatric oncology. The Core will establish effective interaction processes with other infrastructure Cores with the goal of supporting investigators from within the clinical network or those planning to use it as basis for the development of their scholarly activity.
- Active collaboration with the leadership and communication with all the CARinG Cores is going to be essential to promote the activity of the clinical implementation core.
- The clinical implementation core will serve as a liaison between the CARinG cores and clinical geriatric oncology programs aiming to develop their scholarly profile.

SUSTAINABILITY

- The Clinical Implementation core will aim to develop a collaborative network of global clinical geriatric oncology centers. Once the network structure is developed, we will suggest that participating practices support the logistical structure of the core.
- The core members appreciate the importance of the core mission and therefore acknowledge that volunteer efforts are going to be needed to support the purpose of the core. Core members will aim to promote a “pay it forward” strategy that will maintain the core activities and dissemination of geriatric oncology clinical principles.