

PS1-10:

**Patient-Centered Cancer Communication and Care Coordination Research in the Cancer Communication Research Center**

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**Background/Aims:** For over four years, CRN Cancer Communication Research Center (CCRC)-affiliated investigators have conducted research into patient-centered cancer communication and care coordination. One of 5 National Cancer Institute-funded Centers of Excellence in Cancer Communication Research, the CRN CCRC is the only center whose primary focus is studying and improving clinical care. This abstract describes CCRC research, lessons learned, and future directions. **Methods:** CCRC research studies include two ROI-type projects; one focuses on enhancing communication and coordination through innovative use of nurse navigators in oncology care; the other focuses on understanding and improving clinician-patient communication related to breakdowns in cancer care. CCRC pilot studies have explored diverse topics including improving communication to reduce home medication errors in pediatric oncology, clinician-patient communication around prostate cancer screening decisions, the relationship between “oral” health literacy and colorectal cancer screening, and direct-to-consumer communication about genetic testing. An NCI-funded supplement explored stakeholders’ views on collecting patient reports of cancer-related communication, while another examined the feasibility of cancer prognostic tools in clinical practice. **Results:** Setting CCRC studies in CRN clinical systems has provided the distinct advantage of allowing researchers to examine feasibility as well as effectiveness of interventions. Patients, clinicians and clinical leaders have all expressed support for CCRC efforts to improve communication and care coordination, acknowledging the importance of communication in cancer care. At the same time, leaders and clinicians are conscious of increasing time constraints, competing priorities, and limited resources. Patients are willing to share their experiences and insights, as long as doing so does not jeopardize their care, or distract them from their battle with cancer. **Conclusions:** Patient-centered communication and care coordination are central to quality cancer care. CCRC research projects have engendered support and enthusiasm among the clinical systems, but have also faced significant challenges. Ultimately, the CCRC has provided CRN researchers with opportunities to develop and test multi-level interventions focusing on cancer communication and care coordination in clinical systems. Going forward, CCRC-affiliated researchers look forward to implementing systems for collecting patient reports of communication experiences across the cancer care continuum, and to expanding communication research capabilities within the CRN.

**Keywords:** Cancer; Communication; Care Coordination

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PS1-11:

**A Dissemination and Implementation Research Agenda for the Cancer Research Network: Looking Back and Looking Forward**

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**Background/Aims:** 2013 is the fifth year for the Cancer Research Network’s (CRN) only funded research center, the Cancer Communication Research Center (CCRC), an NCI-designated Center of Excellence in Cancer Communication Research (CECCR). This CRN center has sister centers at the University of Pennsylvania, University of Michigan, University of Wisconsin, and Washington University in St. Louis. An emphasis of the CRN center has been the application and study of dissemination and implementation (D&I) concepts in relation to external validity tests of interventions, spread of evidence-based interventions, and best practices for high-quality implementation. Now, with the funding of CRN4 (years 16-20), leadership for defining the future orientation to D&I research may be assumed by the CRN4 scientific working group charged with D&I research. **Methods:** I pose several questions about future D&I research within the Cancer Research Network. Which aspects of dissemination study most deserve attention, and why? What have we learned about implementation research and practice in the CCRC and in the CRN? What D&I study questions do we not need to

ask? How is the larger scholarship of D&I most applicable to the CRN context as we go forward? **Results:** New types of data are suggested as objects for baseline measurement across CRN institutions; a recommendation that implementation research be clearly distinguished as consisting of two types is made; greater emphasis is called for to study the sustainability of effective practices and programs by identifying key outputs and outcomes that constitute sustainability. Lastly, a research agenda is proposed that lists key topics for study concerning dissemination, implementation, and sustainability for the CRN. **Conclusions:** Federal attention to issues of dissemination and implementation research in health is rapidly escalating. The new Cancer Research Network 4 has the opportunity to lead the nation in demonstrating innovative and effective approaches to the study of D&I. Expertise for this research expertise will be a primary legacy of the Cancer Communication Research Center.

**Keywords:** Dissemination; Implementation; CRN

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PS1-12:

**CRN4 Communication and Dissemination Scientific Working Group: Research Emphases and Planned Activities**

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**Background/Aims:** The Communication & Dissemination (C&D) Scientific Working Group (SWG) is one of four research groups in the new CRN4. This SWG combines four distinct scientific areas of research: communication, decision-making, dissemination, and implementation. These four scientific areas represent some of the highest priorities of the National Cancer Institute for healthcare reform, improving patient-centered care, empowering patients, and spreading and scaling-up effective practices throughout the nation. **Methods:** Four scientific areas are targeted for the generation of new research proposals: (1) Communication (including patient-clinician communication, intra-team communication, organization interactions with patients, peer-to-peer communication, social media, health literacy, and the operation of health literate organizations); (2) Decision-making (including how patients make decisions, clinician decision-making, and how patient-clinician interactions shape decision-making); (3) Dissemination (including pre-production research to improve evidence-based practices, programs, and guidelines prior to dissemination, comparative studies of alternative modalities for communicating with potential adopting clinicians and patients, and diffusion outcomes that reflect behavioral responses of those targeted for adoption); and (4) Implementation (including fidelity-adaptation, core-periphery components of interventions that are implemented, practitioner contributions to evidence-based practices and programs, and the study of sustainability). Research proposals will be generated in each of these four scientific areas on the basis of targeted outreach to publishing researchers in each of these areas, personal networking by SWG co-chairs with researchers external to the CRN; and monthly meetings and messaging with CRN investigators. Co-chairs will participate in a variety of conferences to publicize the CRN and themselves be involved in leading, and in facilitating, research. **Results:** Metrics for success will include the number of research proposals submitted, research proposals funded, external collaborators on proposals, external collaborators on funded teams, number of participants in C&D SWG monthly calls, and in the longer term, the extent to which SWG members contribute to and are representatives to decision making bodies for national research agendas. **Conclusions:** Co-chairs are pairing short- and medium-term activities with a progressive long-term research agenda that will make contributions to healthcare reform and the testing of disruptive innovations in clinical practice.

**Keywords:** Cancer Research Network; Communication; Dissemination

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