

Partnership and Empowerment Program: A Model for Patient-Centered, Comprehensive, and Cost-Effective Care

Corinne Brown, RN, BSN, OCN®, Elizabeth Bornstein, MSSA, LCSW, and Catina Wilcox, RN, OCN®

The Partnership and Empowerment Program model offers a comprehensive, patient-centered, and cost-effective template for coordinating care for underinsured and uninsured patients with cancer. Attention to effective coordination, including use of internal and external resources, may result in decreased costs of care and improved patient compliance and health outcomes.

Corinne Brown, RN, BSN, OCN®, is a clinical practice specialist in the Day Treatment Center, and Elizabeth Bornstein, MSSA, LCSW, is an oncology clinical social worker and Catina Wilcox, RN, OCN®, is an oncology care coordinator, both in Cancer Care Services, all at Sarasota Memorial Health Care System in Florida. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the authors or editorial staff. Brown can be reached at corinne-brown@smh.com, with copy to editor at CJONEditor@ons.org.

Digital Object Identifier: 10.1188/12.CJON.15-17

he cancer program at a nonprofit, Magnet®-designated hospital initiated an oncology patient assistance drug program (PADP) in the fall of 2003. The PADP was designed to reduce the financial burden in treating uninsured and underinsured patients receiving chemotherapy by applying to drug assistance programs on behalf of the patient. The PADP was highly successful in mitigating financial strain on the hospital and led to the creation of a full-time position dedicated to the PADP known as oncology care coordinator (OCC) (Borsellino, 2006).

After introducing the PADP, the staff at the hospital's Day Treatment Center (DTC)—an outpatient infusion center that provides chemotherapy and supportive therapy to patients with cancer who are uninsured or underinsured-recognized that an exclusively financial approach was inadequate because many other variables were affecting patients' treatment plans. In an effort to maximize efficiency and effectiveness, the PADP was expanded to include a pretreatment appointment prior to the initiation of chemotherapy. Those present at the appointment include the patient, the OCC, an oncology social worker (OSW), and an oncology pharmacist. The PADP has evolved into what is now called the Partnership and Empowerment Program.

Program Development

The Partnership and Empowerment Program builds on the PADP to include elements of patient navigation (Paskett, Harrop, & Wells, 2011), and fosters cooperation between the patient and the Partnership and Empowerment Program team from the point where treatment begins through the end of treatment. The Partnership and Empowerment Program is not a traditional linear model. Instead, it has a circular, ongoing flow that assumes patient needs are constantly changing (see Figure 1).

The pretreatment appointment is the first step of the process. In it, the patient is assessed by the Partnership and Empowerment Program team prior to initiation of therapy. The patient and the program team work collaboratively to identify and address patient needs through efficient coordination of care, education regarding treatment, psychosocial support, and resource referrals (Institute of Medicine, 2008; Watson,

2006). The program team was able to expand the scope of available professional services by focusing on internal and external resources (see Figure 2).

Active patient participation results from patient empowerment to engage in self-care and plan of care development while adapting to the cancer diagnosis, treatment, and the medical environment. As a result, the patient is more informed, expectations of the patient and the program team are clearer, and the patient is better equipped to adhere to the care plan. The Partnership and Empowerment Program is a mission-based service that links well with the hospital's mission and vision by emphasizing quality and efficiency.

The hospital continues to support the Partnership and Empowerment Program because the proactive interventions are economically advantageous: Patients appreciate the financial benefit from linking them with patient-assistance funding, and the patient and team collaboration substantially reduces the financial losses typically seen in this population, including unnecessary emergency room and acute inpatient visits. For scheduled patient visits, nursing productivity is maximized because patients come to scheduled visits prepared (e.g., with laboratory work results, necessary home prescriptions) and chemotherapy orders have been reviewed for questions.

Limited resource coordination in the private office setting is related to the lack of a billing structure to support preventive coordination of those resources. Because the hospital will be caring for the patients regardless of insurance status, the Partnership and Empowerment Program helps to minimize the institution's financial losses.