



# **ENSURING HIGH-QUALITY CANCER CARE**

**MARKEY CANCER CENTER  
AFFILIATE NETWORK**  
2022 ANNUAL REPORT

## CONTENTS

<b>01</b> Caring for Our Commonwealth	<b>02</b> Improving Lives Through Innovation & Commitment	<b>03</b> Leadership and Key Personnel
<b>04</b> Supporting Patients, Empowering One Another	<b>06</b> Kentucky Leads in Early Detection of Lung Cancer	<b>10</b> Quest for Quality Drives Our Standards
<b>12</b> A Century of Vision Lights Our Path	<b>16</b> Research Collaboration	<b>18</b> By the Numbers
<b>20</b> Top 10 Highlights for 2022		

### On the Cover

Susan Reffett, MCCAN Quality Director, cherishes the photo of her mother who died at the age of 51 from lung cancer. Like many on the MCCAN team, Reffett's personal experience with cancer ignited her interest in a healthcare career.

**The University of Kentucky Markey Cancer Center Affiliate Network (MCCAN)** is a collaboration between community hospitals and the Markey Cancer Center, Kentucky's only cancer center designated by the National Cancer Institute.

MCCAN assists doctors, nurses, pharmacists and other medical staff at local hospitals who provide excellent care in their communities. When patients need care that is not available locally, they can be referred to the Markey Cancer Center in Lexington. When that happens, Markey doctors work with community doctors and oncologists to minimize travel for patients and their families.

**Mission:** To enhance access to high-quality cancer services and programs through collaboration with community hospitals

**Vision:** For all in the Commonwealth and surrounding areas to have access to high-quality cancer care

### Programs and Services:

- Network Support
- Professional Education and Training
- Quality Assurance and Improvement
- Community Outreach, Education, and Screening
- Marketing and Public Relations

### CREDITS

The UK Markey Cancer Center Affiliate Network Annual Report 2022 is a publication of UK HealthCare Brand Strategy and the UK Markey Cancer Center Affiliate Network. For more information, write: 2333 Alumni Park Plaza, Suite 300, Lexington KY 40517.

Manager: John Kim  
Editor: Cheri Tolle  
Brand Strategy: Erin McElwain; Kelli Patrick; Jeff Walker  
Design: BORN  
Photographers: Adam Padgett; Tim Mullett, MD  
Writers: Adrienne Sylver; Cheri Tolle; John Kim

Copyright © 2023 University of Kentucky. All rights reserved. An equal opportunity university. No part of this publication may be reproduced without written permission of UK HealthCare Brand Strategy, [ukhcbbrand@uky.edu](mailto:ukhcbbrand@uky.edu).

## MARKEY CANCER CENTER AFFILIATE NETWORK



# CARING FOR OUR COMMONWEALTH

*The Markey Cancer Center Affiliate Network is committed to serving the needs of Kentuckians and those beyond our borders. Our team is proud to collaborate with MCCAN sites that strive for excellence in clinical service and community outreach. Together, we make it possible for Kentuckians to remain in state, closer to home, for cancer care.*

- Clark Regional Medical Center**, Winchester
- Georgetown Community Hospital**, Georgetown
- Harlan ARH Hospital**, Harlan
- Harrison Memorial Hospital**, Cynthiana
- Hazard ARH Regional Medical Center**, Hazard
- Highlands ARH Regional Medical Center**, Prestonsburg
- King's Daughters Medical Center**, Ashland
- Lake Cumberland Regional Hospital**, Somerset
- Mercy Health - Lourdes Hospital**, Paducah
- Meadowview Regional Medical Center**, Maysville
- Middlesboro ARH Hospital**, Middlesboro
- Owensboro Health Regional Hospital**, Owensboro
- Rockcastle Regional Hospital**, Mt. Vernon
- St. Claire Regional Medical Center**, Morehead
- St. Elizabeth Healthcare**, Edgewood
- Taylor Regional Hospital**, Campbellsville
- The Medical Center at Bowling Green**, Bowling Green
- TJ Samson Community Hospital**, Glasgow
- Tug Valley ARH Regional Medical Center**, South Williamson

# IMPROVING LIVES THROUGH INNOVATION & COMMITMENT



In 2022, we emerged from the COVID-19 pandemic with a renewed sense of purpose for our sites, our staff, and our communities. As masking and social distancing restrictions eased, we planned in-person events, maintained a full schedule of virtual opportunities, and developed new programs to address the needs of our sites. We introduced Physician Masterclass, a new physician-led webinar to promote physician engagement and share evidence-based best practices in oncology. Additionally, we collaborated with the UK College of Nursing to create Oncology Nurse Grand Rounds, an opportunity for nurses at Markey and across our MCCAN sites to focus on clinical issues and evidence-based nursing guidelines. A MCCAN Clinical Trial Referral Ambassador Program was launched to create a positive culture for clinical trial discussion at community hospitals. Twenty-five Ambassadors from 15 MCCAN sites were trained, and MCCAN was awarded a \$50K grant to evaluate the impact of the program. To help MCCAN sites with nursing education opportunities, we created the MCCAN Nursing CE Education Program, which provides financial and educational support for online courses. Twenty-three nurses from 10 sites received awards from the program.

Our MCCAN Affiliate Liaison Program was renamed the MCCAN Nurse Liaison Program to reflect the clinical nature of the program and the expertise of our oncology nursing staff in providing patient care and assessing barriers. Referrals to the Markey Cancer Center from our MCCAN sites continued to increase and we added a third nurse liaison to support the need. We are proud to offer this personalized service to our MCCAN sites when a referral to Markey is necessary for their patients.

This year's annual report focuses on quality, and our quality team stayed busy in 2022 helping our MCCAN sites with Commission on Cancer accreditation standards. Seven of our 19 MCCAN sites renewed their commitment to high-quality cancer care with successful site visits from the Commission on Cancer. It's great to see the ever-expanding roles in local cancer committees and tumor boards, assuring patients that a multidisciplinary program is coordinating their care.

We continued to share the success of MCCAN across the country, at other cancer centers and at national meetings such as the American College of Surgeons, the Association of Cancer Executives, the American Cancer Society, and the National Cancer Institute. And in 2022 we took our story to the International Oncology Leadership Society in Barcelona, Spain!

The work that is being done in Kentucky is changing the landscape of cancer care. Our colorectal cancer screening rates over the past 20 years moved Kentucky from 49th in the nation to 17th. We rank 2nd in lung cancer screening and our late-stage incidence rate for lung cancer is declining 2-3 times faster than the U.S. Those rates and rankings translate to fewer Kentuckians dying of cancer – and we are grateful to our MCCAN sites for making a difference in their communities.

**Timothy Wm. Mullett, MD, MBA, FACS**  
MCCAN Medical Director

**Cheri Tolle, MAEd, CHES**  
MCCAN Administrative Director

## LEADERSHIP AND KEY PERSONNEL

### LEADERSHIP

---



**Timothy Mullett, MD, MBA, FACS**  
Medical Director  
timothy.mullett@uky.edu



**Cheri Tolle, MAEd, CHES**  
Administrative Director  
cheri.tolle@uky.edu



**Susan Reffett, MSN, RN, CNOR**  
Quality Director  
susan.reffett@uky.edu



**John Kim, EdD, MPH**  
Education Director  
john.kim@uky.edu

### STAFF

---



**Allissa Anderson, MJ, CTR**  
Quality Program Manager  
allissa.anderson@uky.edu



**Beverly Arthur**  
Office Coordinator  
beverly.arthur@uky.edu



**Debbie Carey, CSW, OSW-C**  
Quality Coordinator  
deborah.carey@uky.edu



**Melissa Darsey**  
Program Coordinator  
melissa.darsey@uky.edu



**Sabrena Fulkerson, BSN, RN**  
Quality Coordinator  
sabrena.fulkerson@uky.edu



**Paige A. Harder, MS**  
Multimedia Designer  
paige.harder@uky.edu



**Alisa Hughes, BSN, RN**  
Nurse Liaison  
alisa.hughes@uky.edu



**Stephanie Malicote, BSN, RN, OCN**  
Nurse Liaison  
stephanie.malicote@uky.edu



**Asia Netherton, BSN, RN**  
MCCAN Nurse Liaison  
asia.rice@uky.edu



**Kristal Vaughan, RN**  
Quality Coordinator  
kristal.vaughan@uky.edu

## KENTUCKY ONCOLOGY NAVIGATION NETWORK

# SUPPORTING PATIENTS, EMPOWERING ONE ANOTHER

*The Kentucky Oncology Navigation Network (KONN) provides navigators with tools and information to give patients the best experience.*

On any given day, Sabrena Fulkerson, RN, might find herself searching for policies on bladder scans, arranging for a software vendor to present its product to MCCAN affiliate members, attending a cancer committee meeting at one of the sites or determining where to direct patients who want to buy wigs.

Like many of her co-workers, the former nurse navigator turned MCCAN quality assurance coordinator wears multiple hats. What began as a necessity grew into a trait that has enabled MCCAN team members to see the bigger picture. In the case of patient navigation, it has meant using the expertise from MCCAN staff to create the Kentucky Oncology Navigation Network (KONN) for navigators throughout the state.

It was a frustrating search for pertinent resources in 2020 that piqued the curiosity of Fulkerson and Kristal Vaughan, RN, also a MCCAN quality assurance coordinator. They realized that their go-to organization for navigation support and information, the Academy of Oncology Nurse & Patient Navigators (AONN+), encouraged the development of statewide networks — yet in Kentucky, no such thing existed.

With a desire to broaden MCCAN's program beyond their own members, the two approached their supervisor, Susan Reffett, RN, MCCAN quality director. Shortly after, KONN was born.



*"If you are a lone navigator out there, you have to have someone to turn to for help"*

**SHARON GENTRY, RN,  
PROGRAM DIRECTOR OF AONN+**

"If you are a lone navigator out there, you have to have someone to turn to for help," said Sharon Gentry, RN, program director of AONN+. "If you have a network like MCCAN, you have resources at your fingertips. MCCAN is aggressive in the best way. They don't stand in the background. They share knowledge that makes the navigators stronger. When there is a strong navigation program, care becomes truly patient-centered with patients in the middle of the table."

KONN holds regular meetings, providing networking opportunities, education and professional development for navigators, all with the intent of improving care for patients.

"Many of Kentucky's hospitals are very small and very rural," Vaughan said. "They may not have the resources that a large hospital would have, and they are often working with a population that faces many barriers to care. When we come together to discuss the issues and share what has worked at one facility, it may benefit their patients as well."



Sabrena Fulkerson, RN, and Kristal Vaughan, RN, launched the Kentucky Oncology Navigation Network in 2020.

“Navigation is an undefined profession that is different at every institution,” explained Fulkerson. “Collaborating, we can solve problems, whether that is how to better use the electronic medical record to follow patients and ensure they are getting the care they need, or how to help fund transportation for patients who are having difficulty making their appointments.”

For Stephanie Bonfilio, RN, oncology navigation manager at St. Elizabeth Cancer Center in Edgewood, KY, the value of both MCCAN and KONN is undisputable. “Being part of AONN+ is great because you get information filtered through the national organization, but when you are part of a group that has similar patient needs, you can really bounce ideas off one another. We are all passionate about oncology care and about our patients.”

Bonfilio said the affiliation with MCCAN has helped navigators at St. Elizabeth with everything from bringing a clear understanding of clinical trials to patients (partly by providing simple myth and fact backgrounders for patients) to ensuring the referral process goes smoothly. “When the patient knows they have a contact at both facilities, and they can reach out to either person, they don’t feel stuck in the middle.”



Stephanie Bonfilio, RN,  
Oncology Navigation Manager at  
St. Elizabeth Cancer Center

KONN also hosts a journal club meeting quarterly where navigators, whether they are nurses, social workers or others in the position, can discuss the latest research on a variety of oncology topics. Recently, the group explored the pros and cons of the bell-ringing ceremony at the completion of radiation therapy. “Being with like-minded people is important. You discuss the research, but you also have a conversation that is enlightening. We share what may or may not have worked well at our own facilities,” Bonfilio said.

Gentry, who has spent 42 years in oncology nursing, the last 22 of them in navigation, believes local and state navigation networks are critical in providing the best care. “Local networks really understand their specific patient population. Navigators are the answer to health inequities.”

## THE KENTUCKY LEADS COLLABORATIVE

# KENTUCKY LEADS IN EARLY DETECTION OF LUNG CANCER

Jamie Studts, PhD, dreams of the day when getting a low-dose CT scan for lung cancer is as second nature as scheduling a mammogram for breast cancer. He understands the change won't happen overnight. But he and other collaborators in the Kentucky LEADS (Lung Cancer. Education. Awareness. Detection. Survivorship.) initiative are determined to rid Kentucky of its long-held title of having the most lung cancer deaths in America.

Studts, adjunct professor at the University of Kentucky College of Medicine, is also principal investigator of Kentucky LEADS. He works closely with researchers from UK Markey Cancer Center and MCCAN affiliates, as well as other Kentucky organizations including the University of Louisville, the Kentucky Cancer Consortium and the Lung Cancer Alliance on the components the collaborative has identified as crucial to tackling the state's lung cancer problem.

*"Lung cancer is part of our society here. Every Kentuckian knows someone who has died of lung cancer, and often it's two or three people or family members. There's a bit of a fatalistic view. Many people feel that nothing can be done. We need to change the culture."*

**-JAMIE STUDTS, PHD**



Kentucky LEADS, which got its start in 2014 with a \$7 million grant from the Bristol Myers Squibb Foundation, uses its networks and community-based programs to help:

- Educate providers and the public about evidence-based lung cancer diagnosis and treatment.
- Increase prevention awareness.
- Promote low-dose CT scans for early detection.
- Offer a variety of tobacco cessation programs.
- Build survivorship programs.

“Lung cancer is part of our society here. Every Kentuckian knows someone who has died of lung cancer,” Studts says. “And often it’s two or three people or family members. There’s a bit of a fatalistic view. Many people feel that nothing can be done. We need to change the culture.”

At the start of the project, Studts said he expected resistance because of the long history of tobacco farming and its continuing role in Kentucky’s economy. “It was like the third rail. You didn’t touch it, you didn’t talk about it,” he says. “But we are seeing that people are ready for change. They are energized behind the effort.” Radon exposure and second-hand smoke are the second and third leading causes of lung cancer, with Kentucky having noteworthy radon pockets.

Timothy Mullett, MD, MBA, FACS, medical director of MCCAN, often says, “Today’s lung cancer is not your grand-father’s lung cancer.” And he should know. In addition to being a cardiothoracic surgeon and the national chair for the Commission on Cancer, he has a personal experience with lung cancer. His father died of the disease.

In the last decade, physician scientists focused on lung cancer research have been responsible for a number of breakthroughs, including a new FDA-approved treatment for early-stage cancers that involves the use of a combination of chemotherapy and immunotherapy before surgery. In addition, targeted drugs and evolving radiation therapy techniques are contributing to survivorship.

---

Left: Jamie Studts, PhD, Adjunct Professor at the University of Kentucky College of Medicine, Professor in Medical Oncology at the University of Colorado School of Medicine and Co-Leader of the Cancer Prevention and Control Program at the University of Colorado Cancer Center

“It’s important that patients and providers such as primary care physicians know that there are new treatments and we are getting out there and educating them,” Mullett says. “But where we are seeing a significant impact is early detection through screenings.” In 2013, the U.S. Preventive Services Task Force began recommending annual low-dose CT screening, which is quick, painless and non-invasive, for those who meet high-risk guidelines.

Because of networks like MCCAN, Kentucky was better prepared than other states to move forward in the implementation of low-dose CT scans, says Mullett, who is also a principal investigator in the Kentucky LEADS research. “Having this network ignited the conversation,” he explains.

Eighteen percent of Kentucky’s high-risk lung cancer population received low-dose CT scans in 2020, which is the second highest rate in the nation according to the State of Lung Cancer Report by the American Lung Association. The national average was 6% and in California, just 1% of the high-risk population was screened.

### Improvement in early diagnosis

“As a result of screenings, we are catching cancer earlier,” Mullett says. “We have seen nearly a 19% drop in late-stage diagnosis. It will take a few more years before we see survival curves following the same path, but if we can take a group of people who would have a 4-10% five-year survival rate because they were diagnosed with late-stage disease and move them to a stage where the survival rate is 50-70%, we are going to see a significant change in survivorship.”

The work being done in Kentucky is attracting attention. “The National Lung Cancer Round Table through the American Cancer Society recognized state-based initiatives as an important component of improving lung cancer screening throughout the country,” says Michael Gieske, MD, a family practitioner who is director of Lung Cancer Screening at St. Elizabeth Healthcare, a MCCAN affiliate. “The Kentucky LEADS collaborative is well recognized across the country as one of the really landmark initiatives for state-based initiatives and is continuing to grow and get attention.”

Gieske recalls first learning about low-dose CT lung cancer screening a few years after it had already been available. “I realized what a tremendous impact we could make,” Dr. Gieske says. “We had strained resources and I had to push to



get St. Elizabeth to become one of the Kentucky LEADS participants." When he received approval, he ran with the program.

"We have now performed over 30,000 LDCT lung cancer screens since we started our program in 2013, completing 8,200 lung cancer screenings in 2022. To date we have identified 460 lung cancers through our program," Gieske says. "The best news is that last year we discovered 118 lung cancers and 82 (70%) of these were stage 1, where the chance of cure can exceed 90%. We are finding one lung cancer for every 30 unique patients screened—an incredibly high yield for a quick, simple and painless test."

Felicia Nicely, a practice administrator at MCCAN affiliate Owensboro Health, says Kentucky LEADS has helped open the discussion about smoking and lung cancer. "Nobody used to talk about it and now it's a national language," she says. "We are doing so many more scans. If you looked at our numbers in 2018, most of our cancers were found at stage 3 or 4. Today, 85% are found in stage 1 or 2." Owensboro has also added a full-time tobacco treatment specialist to its staff of part-timers and has greatly increased community outreach.

MCCAN affiliates from Appalachian Regional Healthcare hospitals also report progress, moving from approximately 700 scans in 2019 to more than 2,100 for 2022. At the suggestion of the Kentucky LEADS initiative, they added a physician champion.

*"This collaborative is well recognized across the country as a landmark, state-based initiative. It continues to grow and get attention."*

**-MICHAEL GIESKE, MD**

"We want our primary providers to be able to speak to patients in simple terms, so we have worked very hard on communication," says Rochelle Waddell, service line coordinator for lung cancer screening for the ARH system. "We are also notifying patients in a more timely manner to remind them about getting their annual screening."

What was a manual data collection process will become automated soon, Waddell says, thanks to support from Kentucky LEADS that has made it possible for the health system to purchase screening software for better tracking.

Like the other Kentucky LEADS principal investigators, Jennifer Knight, DrPH, assistant professor of health management and policy at UK's College of Public Health, is excited about the organization's future and how it can have the most impact. "In order to improve the quality of lung cancer screening across the country and to facilitate translation into community settings, we are providing a system and a structure to measure and monitor quality implementation of lung cancer screening. This is known as the QUILS™ system," she says.

QUILS, or Quality Implementation of Lung Cancer Screening, evaluates a variety of areas in a program and incorporates everything from responsible marketing standards to clinical radiology operations to the interdisciplinary makeup of the clinical team.



**More work to be done**

“We are doing no victory laps because there is still way too much to do,” says Studts, whose work also centers on helping facilities build programs to support those diagnosed with lung cancer. “It’s really about community partnerships and trust. We don’t have to go out and hit people over the head with our message. When you do that, they just fall down. It’s important for patients to develop trust with their community providers.”

He adds, “We need to help patients better manage symptoms, but it’s also about helping them face down some of the stigma that comes with a lung cancer diagnosis. We can help them better understand their disease and change behaviors if they are ready, such as helping them eat better, exercise more, or stop smoking. Instead of us telling them that we know what’s right for them, we want them to tell us what will help them most. It’s really about the patient.”

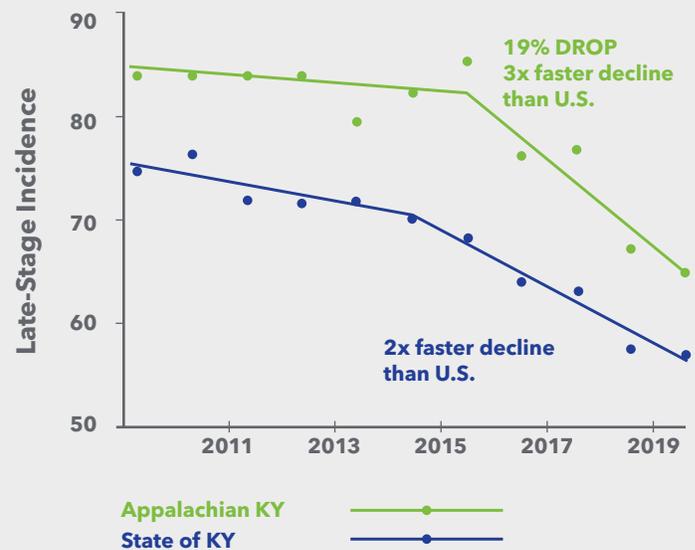
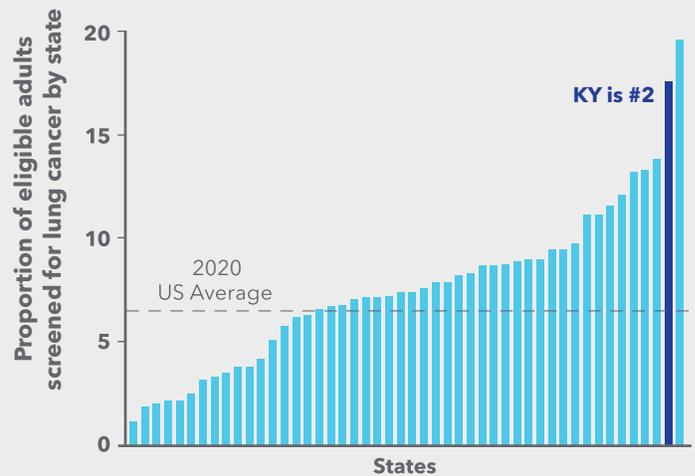
The program is also addressing disparities in care, a particularly severe problem in Kentucky where large portions of the population live in rural areas. Many of them have low income levels and a lack of educational attainment.

Still, Studts is optimistic. “People didn’t understand the value of mammography when it started decades ago,” he says. “But today if you ask 100 people on the street what a mammogram is, every one of them can tell you what it is and why you do it. If you ask them what a low-dose CT scan is and what it is for, we are at a zero. It’s important to engage people and have them involved in the decision-making and to keep talking with them.”

Top Left: Jennifer Knight, DrPH, Assistant Professor of Health Management and Policy, UK College of Public Health

Bottom Left: Michael Gieske, MD, Director of Lung Cancer Screening, St. Elizabeth Healthcare

**LEADING THE NATION IN LUNG CANCER SCREENING**



**Policy changes**

- 2018 Cigarette tax increased from \$0.60 to \$1.10 (House Bill 366)
- 2019 100% Tobacco-Free Schools policy (House Bill 11)
- 2022 Kentucky Lung Cancer Screening Program created (House Bill 219)

## QUALITY ASSURANCE

# QUEST FOR QUALITY DRIVES OUR STANDARDS

British philosopher John Ruskin once said, “Quality is never an accident. It is always the result of intelligent effort.” While his words may be nearly 200 years old, they still ring true today, especially for the quality team from the Markey Cancer Center Affiliate Network (MCCAN).

“We look at quality care from two dimensions,” says MCCAN Quality Director Susan Reffett, MSN, RN, CNOR. “It’s quality care and it’s access to care. Our premise is quality care close to home.”

When MCCAN was established 16 years ago, it was decided that quality and consistency were so important that in order to become an affiliate, members needed to either be accredited or working toward accreditation from the Commission on Cancer (CoC). Accreditation ensures that hospitals are meeting the standards necessary to provide high-quality, comprehensive, multidisciplinary care.

With that priority in mind, the MCCAN quality team’s work entails helping affiliates:

- Stay current with CoC standards, identify needed improvements and discuss solutions.
- Collect and analyze data.
- Update their policies and procedures.
- Document and follow up on cancer committee issues.
- Bridge the gap between their community cancer program and Markey’s academic medical environment.
- Connect with other affiliates.
- Review their programs across the spectrum of cancer care, from prevention through survivorship and end-of-life care.
- Assess barriers that may be an obstacle to patient care.

“Cancer care is an ever-changing field of medicine and without quality improvement, you quickly become stagnant,” says Kristal Vaughan, RN, quality assurance coordinator for MCCAN. “The CoC standards drive us toward quality, patient-centered care.” She sees her role as equal parts educator, mentor and support person to the affiliates assigned to her.

The MCCAN quality assurance coordinators host monthly roundtables, which allow them to present network-wide initiatives and in-depth education on standards. In addition, speakers from Markey Cancer Center and the affiliates share best practices. “It’s not just about checking off boxes,” explains Sabrena Fulkerson, RN, quality assurance coordinator for MCCAN. “Our affiliates are far from cookie-cutter facilities. Each has its own needs and challenges, yet we must be on the same page.”



Left: Susan Reffett, MSN, RN, CNOR, MCCAN Quality Director



Because many of the affiliate hospitals are small, and some are rural facilities, the task of staying on top of changes can be particularly difficult because they may lack some of the resources in staffing, technology, and funds of larger facilities.

“Some hospitals have one social worker or one nurse handling the quality program for an entire hospital, not just the cancer program,” says Deborah Carey, the newest quality assurance coordinator at MCCAN. “I have been a quality social worker for 10 years and I was the sole social worker at a hospital in my previous position. I know how lonely and isolating that can feel. I can take some of the burden off by handling details and getting them information more easily than if they had to search for it on their own.”

Allissa Anderson, MJ, CTR, quality program manager for MCCAN, has a background in cancer registry reporting and is helping train staff at affiliate programs to become certified tumor registrars, or CTRs. These data information specialists gather and document statistics on patients. “It’s not just looking at raw data,” she says. “It’s often eye-opening for our hospitals to really dig deep into their information. Having this real-time snapshot helps them understand what is happening at their hospitals.”

---

Above: The MCCAN Quality Assurance team participated in the 2022 Cancer Care Conference at the Central Bank Center. Pictured Left to Right, Allissa Anderson, MJ, CTR; Sabrena Fulkerson, RN; Kristal Vaughan, RN; Debbie Carey, CSW, OSW-C, and Susan Reffett, MSN, RN

Reffett is impressed by the passion of the quality assurance team. Many, like her, come with a story about why they chose their profession. “I was born and raised in Appalachia. My mother was only 51 when she died of lung cancer 32 years ago. There was no psychosocial support. I can remember the quality of care back then, if you want to call it that. It is certainly much better now. And I am proud that my team is so engaged and part of the reason for the improvement,” Reffett says.

She is also acutely aware of the impact the COVID-19 pandemic has had on hospital staffing. “Standards of care don’t change because a hospital is short-staffed. You can’t take your foot off the gas pedal. With a quality program like ours, and a network like MCCAN, our programs provide resources for the full continuum of care.”

## THE COMMISSION ON CANCER

# A CENTURY OF VISION LIGHTS OUR PATH

*MCCAN's standards for improving cancer care in Kentucky are grounded in 100 years of forward thinking at the Commission on Cancer.*

Inspect a map of Commission on Cancer (CoC) accredited facilities across the U.S., and you'll notice that Kentucky stands out. It's exceptional as just one of a handful of states that is home to a large number of accredited cancer programs located in rural areas. Also noteworthy is that the state boasts more accredited programs than other states its size — even more than many highly populated states.

Expanding and improving cancer care in the most remote areas of Kentucky was one of the dreams of the University of Kentucky Markey Cancer Center Affiliate Network (MCCAN) when it launched in 2006. But MCCAN's founders understood it was about much more than placing the Markey Cancer Center logo on doors and recruiting more specialists.

To ensure quality, MCCAN made a deliberate and thoughtful decision: Its affiliate members would be required to be accredited or on the path to accreditation. They knew

the standards required of CoC accreditation demanded a commitment to providing optimal care, monitoring and improving quality, and offering multidisciplinary comprehensive care across the spectrum from prevention to survival.

This relationship between MCCAN and its affiliates, with the CoC and its standards at its core, has been beneficial for patients, improving access to care and increasing quality and outcome measures. In addition, MCCAN's influence can be felt beyond Kentucky's borders as other states that are dealing with rurality as a significant barrier to cancer care are looking to MCCAN's model for guidance.

### **A century in the making**

MCCAN's program is built on a 100-year-old foundation that began with a forward-thinking group of physicians from the American College of Surgeons who created the Commission



Heidi Nelson, MD,  
Keynote speaker at the 2022  
MCCAN Cancer Care Conference.

on Cancer in 1922. A gallon of gas cost 30 cents, Time magazine published its first issue, it was the start of music's Jazz Age and for \$60 a month, you could rent an entire apartment in New York City.

There were big changes ahead for America, and in terms of medicine, the establishment of the CoC's first six standards a few years later set the stage for the future of cancer care.

"I think the reason the CoC has lasted 100 years is because the vision and founding principles are rock solid," says Heidi Nelson, MD, a colorectal surgeon who is medical director of cancer programs for the American College of Surgeons. "Their vision was to reduce the suffering and mortality of cancer, and they understood that meant standardizing best practices and putting that knowledge into routine practice."

Today, more than 1,500 facilities across the U.S. are accredited by the CoC. In addition to having high numbers of accredited rural cancer programs, Kentucky also outshines many states in overall accreditation.

With a population of approximately 4.5 million, Kentucky has 37 accredited hospitals, according to the Commission on Cancer. Compare that to Louisiana's 26 (with a population of 4.6 million) or Alabama's 13 (with a population of 5 million). Kentucky even outperforms much larger states, such as Michigan (with a population of 10 million and 30 accredited programs), Maryland (with 6.2 million people and 27 accredited programs) and Colorado (with 5.9 million people and 18 accredited facilities).

UK's Markey Cancer Center is also the only program in the state to receive designation from the National Cancer Institute (NCI). Currently just 71 cancer research institutions across the country have been awarded designation from NCI as world-class programs.

### **Kentucky's cancer facts**

Unfortunately, Kentucky's need for quality cancer care is undisputed, long ranking among the worst in the nation when it comes to cancer. Kentucky has the highest incidence of lung cancer in the United States and has been number one for many years. In the 2000s, the state also ranked first in colon cancer incidence and mortality. Today it is second in colon cancer cases, a drop largely due to a concerted effort to increase colon cancer screenings. Kentucky also has an



Timothy Mullett, MD, MBA, FACS,  
Medical Director for MCCAN

overall mortality rate that is 17 percent higher than the overall U.S., according to the Centers for Disease Control and Prevention (CDC).

Because of risk factors such as smoking, obesity, diabetes, a lack of physical activity, poverty and other problems that are in high numbers in Kentucky, many residents have an increased chance of developing cancer.

These and other sobering cancer statistics have been motivators for action, says cardiothoracic surgeon Timothy Mullett, MD, MBA, FACS, medical director for MCCAN. Mullett is also the national chair for the Commission on Cancer, where he leads the identification of priorities and builds relationships between the CoC and its accredited programs. Involved with the CoC for nearly 30 years, Mullett has held numerous other leadership roles, including that of state CoC chair.

"Historically, the CoC has been recognized as the gold standard for measuring quality of cancer programs at all levels, from community programs to large academic programs," Mullett says. "By saying that MCCAN affiliates needed to be CoC accredited, we raised the bar as far as expectations. It also allowed us to hold our affiliates to an objective standard."

Among today's 38 accreditation standards are national evidence-based treatment guidelines, rules for cancer registries and data collection, and the requirement that facilities have a formal referral process for patients whose complex cancers need extremely specialized services.



---

**John Montville**  
Executive Director of Oncology at Mercy Health - Lourdes Hospital in Paducah

### Beyond referrals

Although a streamlined referral process exists, it's not the point of MCCAN, Mullett says. "It's kind of the opposite," he explains. "It's really about creating and strengthening cancer programs elsewhere so that more patients can stay closer to home."

With several decades as a cancer program administrator under his belt, John Montville, executive director of oncology at Mercy Health – Lourdes Hospital in Paducah, says the challenges faced by smaller cancer programs would be nearly impossible to overcome without a network like MCCAN.

"Not only can I pick the brains of great people at UK and MCCAN, but I can go to the affiliates and ask them how they solved a particular problem," Montville says. "Being accredited and part of MCCAN means that we are not working in a vacuum. Oncology is an incredibly fast, evolving field. Staying on the cutting edge is important. We would not have the program we have today without MCCAN or the CoC. They make us better."

Erin Collins-Buchanan, MSW, oncology service line director for Lifepoint's Georgetown Community Hospital and Clark Regional Medical Center, says that CoC accreditation and MCCAN have helped provide the blueprint for the two small Kentucky programs to grow and improve.

"The network affiliation has been instrumental in our development. Previously, I worked at facilities that were not part of MCCAN. They lacked the support that MCCAN provides," she says. "It's the education that helps us achieve the standards, it's communication between our nurse navigators and Markey's that keeps cancer care seamless. Sharing best practices and hearing from leadership at the other affiliates are extremely helpful. This is a stamp of quality on our program."

One of Emmy Hammons' roles as quality assurance and performance improvement coordinator at Markey Cancer Center is to serve as a liaison with affiliates, answering their questions about best practices and meeting with them regularly to identify challenges and implement new quality projects.

"It's proven that adherence to standards is associated with improved patient outcomes," says Hammons, who also coordinates cancer committee meetings. "CoC accreditation challenges programs to address patients' needs and enhance the care they provide. I particularly love the multidisciplinary collaboration this requires. Markey and MCCAN are a great example of using a team to tackle issues together. We need everybody on board to continue the fight."



---

**Maureen Killackey, MD,**  
CoC Site Reviewer, Gynecologic/Surgical Oncologist and Chair of the New York State Cancer Advisory Council

As a CoC site reviewer, gynecologic/surgical oncologist Maureen Killackey, MD, is particularly impressed with the way MCCAN has implemented community-based cancer care. "They really go out and understand the needs," says Killackey, who also chairs the New York State Cancer Advisory Council.

### Lung cancer in the crosshairs

Reducing lung cancer deaths in Kentucky is a top priority for Mullett. "Our burden of lung cancer in Kentucky is unique, but at the same time, we aren't the only ones with the problem," Mullett says. Lung cancer is, in fact, the number one cause of cancer-related death in the nation and kills more people than breast, colon and prostate cancer combined, according to the American Cancer Society.

MCCAN is helping develop programs aimed at raising the awareness and need for low-dose CT screenings and smoking cessation programs, and its affiliates receive a stipend to assist with the development of screening programs in their communities.

Mullett combines his roles with MCCAN and the CoC to put lung cancer on the agenda. "Being a thoracic surgeon allows

---

Right: Emmy Hammons, Quality Assurance and Performance Improvement Coordinator at Markey Cancer Center

me to speak on the disease. At every CoC meeting, I take the opportunity to ask what we are doing about lung cancer," Mullett adds.

With an already existing network, MCCAN has helped speed the process of pulling together the teams that can make a difference in Kentucky. (Read more about the KY LEADS initiative on Page 6.) Their work with numerous organizations and agencies across the state has resulted in Gov. Andy Beshear's signing of new legislation to establish funds for lung cancer screenings, particularly free screenings for those who qualify, and to create a Lung Cancer Screening Advisory Committee.

### **Pulling together for the good of all**

Mullett is optimistic that deaths from lung cancer — and all cancers — will decline thanks to new treatment discoveries, continued research, targeted therapies, sophisticated technologies and adherence to quality standards. And he doesn't underestimate the power of collaboration.

"We need to get past being competitors," he says. "I think it's one of the things MCCAN has done well. It's about education and relationship building. We are a resource to our affiliates as we actively work together toward best outcomes for our patients."

Listening and learning from one another is essential when large organizations are working individually, yet also in groups to solve problems that affect society as a whole. "I think the world of MCCAN and Markey Cancer Center. We can learn a lot from one another and a lot from Kentucky," Killackey says. "Dr. Mullett and MCCAN are bringing attention to the importance of networks, particularly in rural communities. They are bringing cutting-edge treatments like precision medicine to communities, even if it's by consulting or telehealth. They are doing some great things with lung cancer prevention and early detection. We can learn from what they are doing."

Nelson agrees. "You never build the best from one perspective," she says. "You need to make sure all the voices are heard from the outset. MCCAN is a leader with its model."




---

Bottom: Erin Collins-Buchanan, MSW, Oncology Service Line Director for Lifepoint's Georgetown Community Hospital and Clark Regional Medical Center

## COMMUNITY RESEARCH

# RESEARCH COLLABORATION

The Markey Cancer Center Affiliate Network supports a broad array of non-clinical research at the University of Kentucky, UK HealthCare, and Markey Cancer Center. MCCAN works with the Markey Cancer Center Community Impact Office to facilitate collaboration between faculty and our affiliate members interested in participating in research studies.

### **Comprehensive Connected Cancer Care (C4) Program**

**Principal Investigators:** Timothy Mullett, MD, Pamela Hull, PhD, and Ming-Yuan Chih, PhD

**Funding source:** Merck Foundation

**Synopsis:** The Comprehensive Connected Cancer Care (C4) Program is a multi-level intervention that combines evidence-informed patient navigation, education, and digital tools to overcome barriers to using supportive care services and resources that address social needs for patients undergoing cancer treatment. The short-term goal of the C4 Program is to improve timely access to patient-centered and culturally-appropriate care, treatment adherence, quality of life, and other patient-reported outcomes among patients with high needs, and thus, reduce geographic, socioeconomic, and racial disparities in overall survival.

**Contact:** Ming-Yuan Chih, PhD | [mch266@uky.edu](mailto:mch266@uky.edu)

### **An evaluation of the clinical trial referral ambassadors program to promote clinical trials within community hospitals**

**Principal Investigator:** Jerod Stapleton, PhD

**Funding Source:** Markey Cancer Center

**Synopsis:** This study seeks to evaluate the MCCAN Clinical Trial Referral Ambassadors (CTRA) Program for training clinical research referral champions in community hospitals throughout MCCAN. CTRA is designed to provide education to support staff in community hospitals to encourage participation in clinical research and is modeled after existing education programs and best practices for community oncology. MCCAN staff administered the four-session CTRA, which began in April 2022 with 25 champions identified from network hospital partners. The purpose of this two-phase study is to evaluate the impact of CTRA. Specifically, the team will survey training participants immediately following the conclusion of the training in a formal evaluation of the program and conduct focus groups with them four months after the training to explore the implementation outcomes.

**Contact:** Jerod Stapleton, PhD | [jerod.stapleton@uky.edu](mailto:jerod.stapleton@uky.edu)

---

Right: Providers and patients participated in the Comprehensive Connected Cancer Care (C4) Innovation Studio, hosted by the Markey Cancer Center. Participants collaborated on ways to connect patients to support resources and services in a timely manner.



# BY THE NUMBERS

## FAST FACTS



## IMPACT

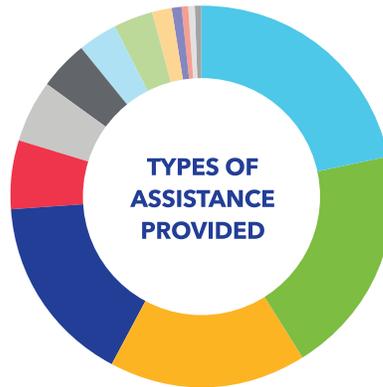
MCCAN sites contribute to Kentucky's ranking of **#2 in the nation for lung cancer screening.**



## NURSE LIAISON PROGRAM

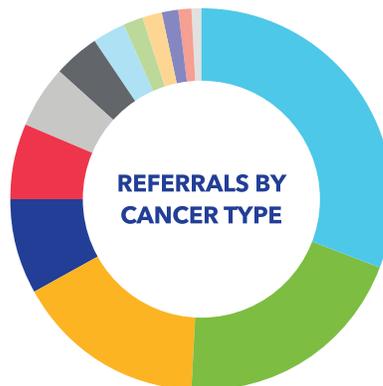
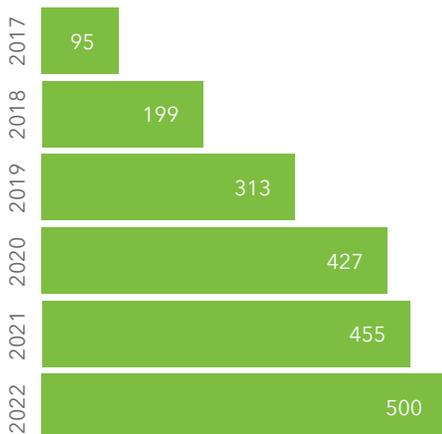
**1,433**  
Total Encounters

**500**  
Total Referrals



- 602 Pre-appointment Phone Calls
- 536 Appointment Assist
- 467 Communication w/Affiliates
- 439 Post-appointment Phone Calls
- 162 Records Requested/Sent
- 151 Medical Concerns Addressed
- 113 Follow-up Calls
- 92 Miscellaneous
- 90 Social Work Referrals
- 48 Maps/Directions Provided
- 25 Coordination of Care
- 15 Financial Assistance
- 15 Lodging Assist
- 11 Emotional Support

## PATIENT REFERRALS FROM MEMBER SITES



- 155 GI
- 100 Lung
- 80 Hematology
- 40 GU
- 32 Breast
- 27 H/N
- 19 GYN
- 14 Brain
- 9 Skin
- 8 Ortho
- 7 Neuroendocrine
- 5 Sarcoma
- 4 Unknown
- 0 Non-Cancer

## EDUCATIONAL PROGRAMMING

### Monthly Webcasts

#### Spotlight Series

Four sessions (February, April, August, October)

**Topics included:** palliative cancer care, genetic testing, building blocks to cultivating resilience

**Continuing Education:** CME, CNE, SW

#### Physician Masterclass

Three sessions (March, July, November)

**Topics included:** innovative treatment options in GI surgical oncology, colorectal cancer, multidisciplinary approach and management of CAR t-cell toxicities

**Continuing Education:** CME, CNE, CPE

#### Oncology Nurse Grand Rounds

Three sessions (October, November, December)

**Topics included:** genetics primer for oncology nurses, clinical trials and research protocol, recognizing and addressing compassion among oncology nurses

**Continuing Education:** CNE

### Workshops and Conferences

#### Making the Connection: Meeting the Needs of Kentucky Cancer Survivors

Eight presentations (May 4-5, virtual conference)

**Topics included:** health and older adults, financial toxicity and food insecurity, digital storytelling and leadership development, oncology nutrition services, cancer rehabilitation

**Participants:** 125

**Continuing Education:** CME, CNE, SW, CHW

#### 3rd Annual Kentucky Hematology/Oncology Pharmacy Symposium

Seven presentations (hybrid conference)

September 15, UK Gatton Student Center

**Topics included:** new drug update, infusion revenue cycle, regulatory considerations for the oncology pharmacist, specialty pharmacy accreditation, management of hepatic arterial infusion pumps, best of ASCO 2022 meeting

**Participants:** 176

**Continuing Education:** CME, CNE, CPE

### 2022 Cancer Care Conference

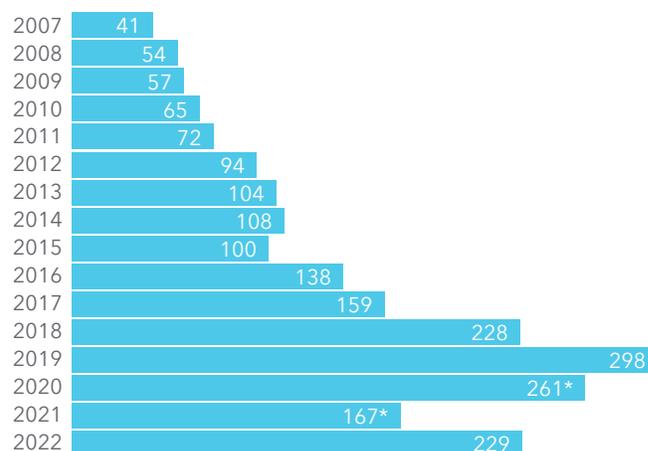
Seven presentations (in-person conference) December 14-15, Central Bank Center

**Topics included:** 100 years of advancing cancer care, why standards matter, leveraging data and partnerships to change the story of cancer in Kentucky, oncology navigator, health equity and disparities, the cancer crisis in Appalachia and the ACTION program, lung cancer progress and prospects

**Participants:** 229

**Continuing Education:** CME, CNE, CPE, SW, CTR, CHES

## ANNUAL CANCER CARE CONFERENCE ATTENDEES



\*virtual attendees

## QUALITY IMPROVEMENT SUPPORT

### 2022 Oncology Roundtables and Workshops

MCCAN's quality assurance coordinators provided routine opportunities to enhance the work and services of oncology teams.

- Four virtual Oncology Roundtables, one virtual open forum and one in-person workshop. All of these activities target enhancement of and support for Commission on Cancer accreditation and oncology service line optimization.
- Four Kentucky Oncology Navigation Network (KONN) meetings. Membership and meetings are open to all staff that support oncology patients and their families.
- Four KONN Journal Club meetings. These meetings are open to all KONN members and MCCAN affiliate staff.

## TOP 10 HIGHLIGHTS FOR 2022

1

16 MCCAN sites participated in the **CoC Just ASK Quality Improvement Project.**

2

The MCCAN **Clinical Trial Referral Ambassador Program** established its first cohort of 25 ambassadors from 15 MCCAN sites.

3

**Mercy Health - Lourdes Hospital** received initial CoC accreditation.



4

The MCCAN **Nursing CE Education Program** provided financial and educational support for 23 nurses from 10 MCCAN sites.

5

To keep MCCAN sites better informed about news and events from UK and Markey, MCCAN began publishing a bi-weekly **MCCAN Happenings: News to Use** e-newsletter.

6

The MCCAN **Physician Masterclass** debuted, offering a new webinar series designed and delivered by leading oncology experts.

7

MCCAN hosted a **15th anniversary celebration** in April, delayed for a year due to the COVID-19 pandemic.

8

Established the **Oncology Nurse Grand Rounds** webinar series in partnership with the UK College of Nursing in October.

9

Hosted the **Kentucky Hematology and Oncology Pharmacy Symposium (KHOPS)** as our first successful virtual/in-person event in September.

10

After three years, the annual MCCAN **Cancer Care Conference** returned to an in-person format in December with over 200 attendees!



2195 Harrodsburg Road  
2nd Floor, T2000H  
Lexington KY 40504  
859-323-0285

[ukhealthcare.uky.edu/MCCAN](http://ukhealthcare.uky.edu/MCCAN)