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Donna Handley

Vice President
of Operations,
Hartford
HealthCare
Cancer
Institute

Compacts are good for patients — and physicians

When the Hartford HealthCare Cancer Institute (HHCCI) was formally certified as the charter member of the Memorial Sloan Kettering (MSK) Cancer Alliance last September, it was clear that our membership in this pioneering alliance would hinge in large part on the willingness and commitment of our medical staff to carry out our vision of clinical integration and affiliation.

Aligning with standards as established by a world-class partner like MSK is good not only for our Institute or the patients who come to us for care — it is also good for our physicians. As enormously skilled and accomplished as our physicians are, the opportunity to share and learn with other experts in the field can only help broaden our ability to bring the very best care to patients.

With that in mind, one of the requirements of membership in the alliance is a written compact that our physicians will be asked to sign in order to be considered a part of HHCCI and the MSK Alliance. Such compacts are becoming increasingly common at healthcare organizations across

the country due to dramatic shifts in the health-care landscape.

Some physicians have raised concerns that these changes may be detrimental to their profession, but in truth, they signal an opportunity for physicians and organizations to work more closely together. Our goal of eliminating long-standing obstacles to patient care and working collaboratively to provide coordinated care will be supported through the development of the compact, which we are calling the HHCCI Physician COMPACT. This is an opportunity for physicians to work in a multidisciplinary team-based culture in which their expertise and skills will be put to even better use.

Creating that culture begins with the physician compact, which is why I'm asking our physicians to view the compact for what it is — an opportunity to bring enhanced care to patients.

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Physician compacts built around a team-based approach to care

As the Hartford HealthCare Cancer Institute (HHCCI)'s membership in the Memorial Sloan Kettering (MSK) Cancer Alliance continues to evolve, physicians who practice within the Institute soon will have the opportunity to enter into an agreement that reflects the goals

behind the alliance and outlines the commitment to clinical integration across the Institute.

Anyone who participates in disease management teams and who practices — including Backus Hospital, Hartford Hospital, MidState Medical Center, The Hospital of Central Connecticut and

Windham Hospital — will be asked to sign a physician compact that reflects the changing role that providers are being asked to fill as part of HHCCI and its relationship with MSK.

HHCCI is the charter member of the

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MSK Cancer Alliance, which was established to make MSK clinical trials and research protocols to a broader population of patients. This is part of HHCCI's mission to create a single standard of care across all of the cancer centers within the Institute.

Signing the compact goes hand in hand with the opportunities that will be available as part of HHCCI's membership in the MSK Cancer Alliance. In fact, the creation of the compact was one of the conditions that HHCCI was asked to meet in order to become certified as a member of the MSK alliance.

The compact, which is in the process of being drafted, will ask physicians to make several commitments and adjustments in some of the ways they have traditionally worked with cancer centers and hospitals to provide care for their patients. At the same time, the compact will provide commitments to physicians in terms of resources and relationships.

"The traditional model of patient care in which physicians have operated autonomously or independently of hospitals or hospital-based caregivers is shifting dramatically," said Donna Handley, vice president of operations for HHCCI. "As the

largest provider of comprehensive cancer care in our region — and as part of our pioneering partnership with MSK — our Institute needs to quickly and efficiently adapt to these new realities so that patients receive the very best care possible."

While the compact will ask physicians to commit to several adjustments in traditional models of care, the document also will outline numerous areas where physicians can expect to receive critical resources from the cancer programs across HHCCI as well as MSK, Handley said.

"The compact is a two-way street," she said. "We realize we are asking physicians to make adjustments and to be adaptable, but we also want them to know we will assist them with the resources they need to make these adjustments successfully."

The compact is expected to ask commitments of physicians in several areas, including adopting clinical standards of care as established by the disease management teams (DMTs) within the Institute. Other commitments expected to be in the compact include:

- Ensuring that the infrastructure is in place for patients to receive ac-

cess to MSK clinical trials

- Creating a platform and access to an electronic medical record

- Participation in HHCCI conferences, DMTs and goals

Benefits that physicians can expect under the compact include:

- Access to early-phase and novel clinical research trials, including MSK trials

- Access to nurse navigators to ensure seamless integration of excellent care for patients

- Branding opportunities as members of MSK Alliance

Physician compacts have become increasingly commonplace in recent years as healthcare organizations adjust to new realities that emphasize value-based outcomes for patients instead of traditional models based on volumes.

One of the main advantages of compacts, Handley said, is that they encourage physicians to become more engaged with the hospitals and healthcare settings where their patients receive care.

The goal is to create a culture in which physicians view their role as a critical part of a multidisciplinary team providing comprehensive, coordinated care to patients.

On the cover

One of the benefits of a physician compact such as the one being drafted for physicians within the Hartford HealthCare Cancer Institute is the opportunity it will provide for closer collaboration among medical staff and other caregivers in various specialties across the Institute. Here, members of the breast cancer disease management team for HHCCI contribute to a recent discussion on some of the latest advances in research and treatment. From right to left, Diana James, MD; Thomas Banever, MD and Andrew Ricci Jr., MD.

Breast cancer testing



Anca Bulgaru, MD, a medical oncologist at Eastern Connecticut Hematology and Oncology, talks about genetic testing for breast cancer during a special presentation for medical, nursing and oncology support staff. Dr. Bulgaru described the contribution of genetics in breast cancer risk and explained how genetic test results can be used to reduce that risk. The presentation was given at the Hartford HealthCare East Region Support Office in Norwich.

Former smoker benefits from early screening — and a dedicated team of physicians

Richard Caplan smoked a pack of cigarettes a day for more than 30 years, but quit the habit four years ago after watching his daughter complete the New York City Marathon. Inspired, the 65-year-old Wallingford resident took up running himself, building up to an average of four to five miles every other day, and discovered that he no longer had an interest in smoking.

But despite his apparent good health, his wife, who is a palliative care provider at The Hospital of Central Connecticut (HOCC), urged him to undergo a free low-dose CT scan lung screening at HOCC, which, as part of Hartford HealthCare, was one of the first hospitals in the state to offer free screenings last year. The screening program was implemented based on findings in the National Lung Screening Trial (NLST) that concluded that screenings are an effective way to detect lung cancer in its early stages.

Caplan, who fit the criteria for the screenings as established by the NLST, was relieved to learn that no cancer had been found in his lungs, but stunned to learn that a large mass had been found on his thymus which would require surgical removal.

After consulting with both his primary care physician and his wife, Caplan made an appointment with surgical oncologist Dr. James Flaherty at HOCC, who told Caplan that the mass could be removed without opening up his chest by using a minimally invasive procedure that called for a series of small incisions on the side of his body. The procedure would take about 50 minutes, Dr. Flaherty estimated.

But as the procedure got under way, Dr. Flaherty discovered that the mass had extended beyond the thymus and had wrapped itself around part of Caplan's heart. So instead



I always got the sense that everyone was fully committed to helping me get through this in good shape, and that's what they did.

— Richard Caplan, Wallingford

of performing a relatively simple 50-minute procedure, the surgeon spent more than five hours meticulously and thoroughly removing the mass from Caplan's heart.

Once the procedure was complete, Caplan was apprehensive about the possibility of requiring follow-up chemotherapy. But because all traces of the mass were successfully removed, he was able to avoid chemotherapy and underwent an additional five weeks of radiation therapy performed by Dr. Neal Goldberg's radiation oncology team at HOCC.

Caplan is among more than 800 patients who have received free screenings across the Hartford HealthCare Cancer Institute over the past year. He is profoundly grateful for the programs and services that were provided to him.

"I have to say that all of the people who cared for me in this case were extremely impressive," said Caplan, a social worker. "I always got the sense that everyone was fully committed to helping me get through this in good shape, and that's what they did."

Research shows the importance of proper

Q: Broadly speaking, what is the evidence that supports the role of proper nutrition in the care of cancer patients?

A: Many studies suggest that providing education and resources about nutrition during cancer treatment may lead to fewer side effects, fewer hospitalizations and better quality of life. Inadequate management of side effects and symptoms can result in a decline in a patient's nutritional status and potentially lead to malnutrition, which has been linked to poorer treatment outcomes.

Q: Is there any evidence that poor or improper nutrition contributes to the incidence of cancer?

A: An estimated one-third of some of the most common cancers and one-quarter of cancer overall could be prevented by healthy patterns of diet and physical activity. The American Institute for Cancer Research and the World Cancer



Elizabeth Churchill,
RDN, CSO, CDN

*Registered Dietitian/Nutritionist, Hartford
HealthCare Cancer Institute*

Research Fund developed recommendations for cancer prevention that were based on systemic reviews of the literature on food, nutrition, physical activity and cancer.

Q: How can proper nutrition help prevent cancer?

A: The key to a healthy cancer-prevention diet is consuming a predominantly plant-based diet. High consumption of a variety of plant foods protects against cancers at various sites. Plant foods are rich

in phytochemicals, vitamins and minerals. Foods containing selenium and lycopene protect against prostate cancer. Foods rich in vitamin C and beta-carotene protect against esophageal cancer. Foods that supply carotenoids, such as dark green and orange vegetables and fruits help protect against cancer of the mouth, pharynx, larynx and lung. Allium vegetables such as garlic, onions and leeks protect against stomach cancer. Foods that contain dietary fiber protect against colorectal cancer. Nutrients and phytochemicals from plant foods seem to work independently and synergistically to decrease cancer risk.

Q: What diet advice can you give for cancer prevention?

A: Here are some key points:

- Limit consumption of red meat and avoid consumption of processed meat such as bacon, salami, hot dogs, and sausages.

HOT TOPICS

Research suggests marijuana can benefit

Connecticut adopted a statute legalizing the use of medical marijuana for



Andrew Salner,
MD

certain types of patients in 2012, and earlier this year, the state opened its first marijuana dispensaries. Connecticut is one of 23 states across the country, as well as the District of Columbia, to adopt laws for the legal use of marijuana for patients with chronic health conditions, including cancer. The Connecticut law allows qualified patients to receive physician-authorized

prescriptions on a monthly basis.

Many consider the use of medical marijuana to be controversial or questionable, as the drug is widely recognized for its recreational use. Yet increasingly, research is showing that marijuana can bring legitimate medical benefits to patients suffering from a variety of ailments.

"Plus" asked Andrew Salner, MD, medical director of the Hartford HealthCare Cancer Institute at Hartford Hospital, to share his thoughts on the benefits of medical marijuana for cancer patients.

Medical marijuana may help to control and palliate symptoms for patients with selected

medical conditions. In particular, it might help to alleviate pain, appetite loss and nausea for selected cancer patients; eye pressure for selected glaucoma patients; seizure frequency and intensity for selected epilepsy patients; and spasticity for selected patients with neurologic conditions — among other possible benefits. In Connecticut, debilitating medical conditions recognized under the state's medical marijuana statute include: cancer, glaucoma, positive status for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome, Parkinson's Disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objec-