Clinical Oncology Society of Australia
Cancer Care Coordinator Position Statement

Summary

The growing demand for cancer care, increasing complexity of cancer and its treatments, a shrinking workforce, and rising costs, present major challenges to the delivery of cancer care. In this context, effective coordination of care across different clinicians, teams and health services is essential to high-quality cancer care. Consumers consistently identify coordination of care to be a priority issue and an important influence on their cancer experience. Coordination of care has also been identified as a critical element of person-centred care and is an important element of national safety and quality standards for health care services.

Coordination of care is a complex task that requires action at a number of levels and engagement of a wide range of health professionals. The purpose of the Cancer Care Coordinator Position Statement is to outline the position of the Clinical Oncology Society of Australia (COSA) regarding the role of dedicated care coordinator positions, one key strategy that has been implemented in many health services to achieve improved care coordination. Specifically, this paper seeks to provide an overview of the role of cancer care coordinators and to provide guidance for consumers, health professionals, health service managers and funders on the effective integration of these roles into cancer care delivery. For the purposes of this document, we focus on the role of professional care coordinators who perform clinical or health service functions associated with coordination of a person’s care. Issues associated with implementation of coordinator roles that involve primarily an administrative function are not addressed in this paper.

It is COSA’s position that:

- All people affected by cancer require effective care coordination.
- Effective care coordination is an essential element of person-centred care and critical to ensuring optimal cancer outcomes and delivery of high quality and efficient cancer services.
- Effective care coordination involves interventions at many levels, including the health system, health care provider and individual consumer level.
- Designated care coordinator positions should be implemented within the context of a comprehensive approach to care coordination that includes health system, health care provider and consumer level interventions.
- Care coordinator roles should be implemented following a comprehensive assessment of existing care pathways and service capabilities to inform the way in which the roles will be operationalised. This assessment should be undertaken on a regular basis to ensure care coordinator roles are responsive to new developments in cancer treatments and supportive care, and changing service needs.
- When implementing care coordinator positions, careful consideration should be given to distinguishing between roles that require coordination of a person’s clinical care from roles which serve primarily an administrative function.
- Consistent with CNSA’s position on the role of cancer care coordinators, key elements of the care coordinator role that involves coordination of a person’s clinical care and health services include:
  - Assessment and screening for clinical and supportive care needs and people at risk for adverse clinical and psychosocial outcomes
  - Facilitating delivery of cancer care consistent with established evidence based guidelines
Ensuring timely and appropriate referral to specialist, allied health and support services

Facilitating continuity of care between health professionals and across settings for care delivery

Providing timely and consistent education and information to patients and their families

Participating in service improvement activities that aim to improve coordination of care and optimise outcomes for individuals and services.

- While no studies are available to confirm the qualifications and experience required for cancer care coordinator roles, the complexity of cancer care coordinator functions requires that cancer care coordinators have sufficient experience, qualifications and capabilities that enable them to perform a broad range of clinical, supportive care and strategic roles in the cancer context.

- A shared understanding of the roles and functions of the care coordinator is required by all involved in the cancer care team, including consumers.

- Referral pathways for access to a care coordinator service should be clearly defined and based on policies and criteria that support the holistic assessment of an individual’s needs.

- The effectiveness of care coordinator services should be evaluated using indicators that are relevant and sensitive to the specific nature of this care coordination strategy.

- Care coordinators require a supportive professional practice environment and adequate professional development opportunities to enable them to function optimally.

- Ongoing efforts are required to ensure care coordinator roles evolve in response to changing service needs.

COSA calls for:

- Appropriate resourcing of interventions to improve the coordination of cancer care at all levels, including resourcing for dedicated cancer care coordinator positions and administrative support to enable coordinators to achieve optimal outcomes.

- The development of a national framework for cancer care coordinator positions, which provides guidance for workforce planning in relation to these roles and which describes the experience, qualifications, capabilities, principles, role responsibilities, expected outcomes and key performance indicators for these positions. This framework should be flexible to accommodate local circumstances and clearly define minimum standards associated with implementation of the roles to minimise unacceptable variation.

- Application of the Oncology Nursing Society Nurse Navigator Core Competencies and/or the Canadian practice framework for Nurse Navigators to inform the design, implementation and evaluation of care coordinator roles (in the absence of an Australian Framework).

- Ongoing efforts to ensure care coordination is a major priority for health services and embedded as part of standard practice.

- The development of a systematic process where indicators of effective care coordination are routinely incorporated into cancer data systems and used to drive service improvements.

References


