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OnChronicle

AN EXCLUSIVE NEWSLETTER OF ALAMELU CHARITABLE FOUNDATION, SUPPORTED BY TATA TRUSTS

Welcome Note

Dear Reader

We are delighted to bring you the first volume and issue of ONCHRONICLE, the exclusive newsletter of Alamelu Charitable Foundation (ACF), supported by Tata Trusts.

ACF was conceived and conceptualised by the Tata Trusts in 2017, to mitigate the problems that ail cancer care in India. Since then it has been fighting against the lack of infrastructure and trained workforce, deficient diagnostic and therapeutic medical equipment, limited financial access, lack of cancer and palliative awareness, absence of quality care and more, while encouraging detection of cancer in its early stages.

To address these issues, the team is working at multiple levels and collaborating with like-minded state governments and organisations, who could join us in achieving the mission of transforming cancer-care in the country.

We have built and transferred to the Department of Atomic Energy, a 352-bedded facility – Mahamana Pandit Madan Mohan Malviya Cancer Centre at Varanasi, to run under the aegis of TMC. The infrastructure and facilities have been enhanced at the Indian Railway Cancer Institute and Research Centre, Varanasi (rechristened as Homi Bhabha Cancer Hospital) and Meherbai Tata Memorial Hospital, Jamshedpur.

To ensure access to high-quality cancer pathological diagnostic services to cancer patients across the country and to address the demand and supply gap of pathologists specialising in cancer diagnosis, Centre for Oncopathology (COP) has been set up in Mumbai.

Assam Cancer Care Foundation, a joint initiative of Government of Assam and Tata Trusts, is the most significant arm of the programme – with 10 under-construction hospitals and multiple operational projects, some of which are first of their kind.

The state of Assam, which reports 32,000 new cancer cases every year, of which 70% of cases are reported in later stages, needed a structured early detection and screening programme. Through an MOU with National Health Mission (NHM), capacity building, screening for early detection and awareness programme has been launched in 8 districts. Opportunistic screening kiosks have been opened up in 4 Medical College Hospitals.

We have also entered into an understanding with NHM in Maharashtra, Jharkhand, Andhra Pradesh and Odisha and the capacity building, early detection and screening programmes are being rolled out in respective catchments.

To provide the ease of access to cancer patients for chemotherapy and radiotherapy facilities, we have introduced novel Day Care Centres. Two of them are already operational at Dibrugarh and Tirupati, and two more are under way

With the pandemic of COVID-19 hitting the country in the first quarter of 2020, impacting almost everyone and everything in each sphere of life, the programme also received its blows. However, the ambitious and focused team quickly adopted the new way of life and started functioning accordingly. As on date, most of our projects are back on track and making consistent progress.

In this issue, we have highlighted some interesting updates of Cancer Care Programme.

Hereafter, we will aim to bring you the salient highlights of the programme, quarter on quarter.

Happy Reading!

Content

Distributed Model of Cancer Care

Distributed Model of Cancer Care is the response of Cancer Care Programme team of the Trusts to tackle the burgeoning issue of cancer in India. The innovative model which will be implemented by ACF, has been put in place, taking into consideration the unique cancer care issues of the country. **The model has four pillars,** and each of these pillars addresses the wide array of cancer care problems.

Enhanced access pillar is our response to the lack of cancer care infrastructure and trained workforce to treat and manage cancer patients. Following a step-down approach, different levels of hospitals (L1, L2, L3 – differentiated by capacity, and services offered) are being constructed in various parts of the country, that will ensure cancer treatment is available within a few hours of reach. At present, construction work is on for a network of 10 hospitals in Assam, one hospital each in Tirupati, Allahabad, Ranchi, Chandrapur, Mangalore, and 5 hospitals in Odisha. Capacity is being enhanced for yet another hospital in Cachar in Assam.

To make sure that standardised quality treatment is provided to patients across hospitals, a Digital Nerve Centre (DiNC) is being put in place. All the hospitals will be linked to DiNC, reducing turn-around time for cancer care and bringing treatment closer to patients by synergising people, processes, platforms, and networks. Thus, **technology and standard operating procedures** form the second pillar.

One of the key concern issues of cancer in India is late stage detection in over 70% of the cases. To tackle the problem an **'Awareness, Screening, Early Detection and Palliative Care'** pillar has been put in place. The team is working both at advocacy and implementation level to reverse the current 30:70 ratios of early to late detection to 70:30 over a period of time.

The fourth pillar focuses on **affordable care**. Efforts are on to empanel all centres under National and respective State Government's health insurance schemes for cashless treatment of all eligible patients. In addition, to ensure that no cancer patient leaves treatment mid-way due to the lack of funds, we are trying to leverage various public schemes, and voluntary donations from NGOs, philanthropists, etc. In parallel, policy advocacy work is being done for the inclusion of a larger number of procedures and a broader cross-section of the population and increasing package rates under both state and central insurance coverages.

When fully operational, we are expecting to achieve an appreciable increase in early diagnosis and reported cases, a substantial reduction in travel and treatment time, reduction in treatment expenses and a strong cadre of trained oncology professionals.

3 Swasth Assam – kiosks for opportunistic screening and health awareness

While Assam Cancer Care Foundation (ACCF) has taken multiple initiatives to propagate regular screening and awareness, in a one-of-its-kind effort, ACCF collaborated with Medical College Hospitals of Assam through Directorate of Medical Education, and developed a novel concept called 'Swasth Assam.'

The 'Swasth Assam' are kiosks providing opportunistic screening and health awareness.

'Swasth Assam' kiosks are bright and attractive centers, set up in heavy footfall areas of select Government Medical College Hospitals for conducting health check-up of family members and relatives accompanying the patients and patients' visitors. The services include: general health check-up (including BMI), screening for hypertension, diabetes and oral, breast and cervical cancers. Awareness is also provided on lifestyle, nutrition and varied health-related topics, in local languages that are easy to understand.

Introduced in January 2020, the team has since launched 'Swasth Assam' kiosks at four Medical College Hospitals in Assam – Guwahati, Barpeta, Tezpur and Dibrugarh. Kiosks at other locations are under way. On a daily average, a kiosk has 60 to 80 beneficiaries visiting and availing the services.

Going by the success of 'Swasth Assam' model, the Cancer Care Programme team is soon introducing such kiosks in Chandrapur, Ranchi and Tirupati.

Cancer Care Delivery in short term

While the main units are under way, to strengthen cancer care delivery in short term, ACF is setting up Day Care Centres at all L2 cancer centre locations. OPD services, day care chemotherapy and radiation services will be provided at these day care centres.

Two Day Care Centres are already operational, one at Assam Medical College and Hospital, Dibrugarh and the second at SVICCAR (Sri Venkateswara Institute of Cancer Care and Advanced Research), Tirupati.

For supportive disciplines and surgical oncology requirements at Assam, partnership with the medical college is being leveraged, providing comprehensive cancer care to patients. To provide the required navigation and counselling support, an e-helpdesk has been put in place, complemented by an onsite patient navigator. The patient navigator helps the patients in filling out required forms and guides them through doctor consultations and tests, etc.

At Tirupati, while the main unit is under way, the centre has a tie-up with select hospitals for all other cancer care services. The e-helpdesk at the centre is actively engaged in managing patient solutions.

Three more day care centres are under way at Diphu, Barpeta and Silchar.

Efforts to reach the last person possible

There are 21 Amalgamated Plantations Pvt. Ltd. (APPL) tea gardens in the state of Assam with a total estimated captive population of around 86,000. The health status of the tea garden workers is sub-optimal due to low awareness levels and humble financial conditions.

To ensure early detection and timely treatment of Non-Communicable Diseases (NCDs) including easily identifiable cancers and an eventual reduction of morbidity and mortality, ACCF has collaborated with APPL to conduct screening of all eligible workers and their families.

A referral program for the treatment of suspected cases has been put in place, making sure that the entire screening and treatment loop is completed. Suspected cases of hypertension and diabetes are referred to Referral Hospital and Research Centre. Those suspected for oral, breast, and cervical cancers are referred to the hospital and are also provided with free ambulance services.

The screening work at tea gardens, which was stalled for a while due to COVID-19 pandemic restrictions has been reinitiated. The team is now spreading awareness and adopting preventive measures of COVID-19 along with other lifestyle modifications. An increased focus is on tobacco control activities, as tobacco consumption in any form increases serious complications from COVID-19. Stationed in the tea garden itself, the outreach team of ACCF, has been conducting its activities as before. This, on completion, would perhaps be one-of-its-kind population-based cancer registry in North East India.

Initiatives to control tobacco consumption at every level

Tobacco consumption is considered to be one of the key risk factors for many cancers, including oral and lung cancers. In India, the average age of initiation of tobacco consumption is around **18 years**, and prolonged usage of the substance, impacts its users adversely. The country also has the highest burden of smokeless tobacco consumption at **75%** of global consumption.

As a part of the programme's understanding with the National Health Mission (NHM), the team is working with the National Tobacco Control Programme (NTCP) on a number of tobacco control activities.

To stop the initiation of tobacco consumption, the teams have got associated with the NSS in order to connect with the youth. Awareness and sensitisation activities are being conducted actively with the youth. The teams are working with educational institutes and local police to discourage the sale of tobacco products within 100 feet radius of the school and to have Tobacco Free Educational Institutes (ToFEI).

As per recent publications, tobacco consumption in any form is not only a threat to the spread of the COVID-19 pandemic, but also makes its consumers more vulnerable to it.

Taking into consideration this fact, an anti-spitting campaign and a multitude of digital initiatives have been planned and rolled out in the States of Assam, Maharashtra, Karnataka, Andhra Pradesh, Jharkhand, Uttar Pradesh, and Odisha.

Moving ahead, the plan is to sustain these efforts virtually at present and later on, on ground, and to make a considerable difference to the tobacco cessation and initiation graph of the country.

One-of-its-kind - Nursing Fellowship Programme

Nursing personnel are said to be one of the key driving forces for the transformation of the healthcare industry. While patient care and administrative responsibilities have always been the mainstay of nursing responsibilities, their role has evolved with time and with care becoming more specific and specialised.

As a part of 'human resource development and up-skilling for cancer care' component of the 'Increased Access' pillar of the Distributed Model of Cancer, the Programme team has introduced a 'Nursing Fellowship Programme' (NFP).

The programme has been rolled out initially in Assam by ACCF.

The aim of NFP is to provide an opportunity for professional nurses to develop specialised knowledge, skills and experience in Oncology Nursing. The course is divided into four modules and classroom, clinical and field training followed by assessments after each module and a final assessment on completion of the course.

Each module is designed to provide the Registered Nurses (RNs) with specific competencies, enabling them to deliver evidence-based, high-quality nursing care to patients diagnosed with various types of cancer.

Through the course, the nurses will be able to learn specialised skills required in caring for patients undergoing treatment such as anti-cancer drug therapies, surgery, radiation therapy, palliative care, and community Oncocare services. It will also enable RNs to develop specific competencies required to participate in prevention, early detection and providing appropriate education to patients and their family members based on the disease type, treatment, and rehabilitation requirements.

The eleven months' programme will be followed by two years of commitment by the nurses for serving this noble initiative.

Going forward, NFP will be rolled out at all cancer-care centres developed by ACF.

Highlight: CCCF, working relentlessly towards setting up the Cancer Care Facility at Chandrapur

With 89 cancer cases per 100,000 people, the district of Chandrapur situated in the Nagpur Division of Maharashtra, has the second-highest incidence of cancer in the state.

To address the cancer-care needs of the catchment, Government of Maharashtra, Directorate of Medical Education and Research (DMER), District Mineral Foundation (DMF) and Tata Trusts got together to form the Chandrapur Cancer Care Foundation (CCCF).

A 140-bedded Cancer Centre is being set up in the New Government Medical College and Hospital Campus by ACF. Expecting to start operations in mid-2021, this centre will be able to fulfil radiology, radiotherapy, nuclear medicine, and other needs of the people in the region related to cancer care.

While the cancer centre is under way, the screening, early detection, and palliative care team of the Cancer Care Programme has been engaged in capacity building of NHM centres in the region, by training frontline workers and community health officers for NCDs screening. The team is also involved in tobacco control and awareness activities.

In recent times, when the State of Maharashtra is one of the worst impacted states from the COVID-19 pandemic, Chandrapur is one district in which the virus hasn't taken much toll. Kudos to the efforts of district administration, the operations at CCCF were held up for a very short while. At present, the construction work for the hospital is in full swing with COVID-19 comprehensive precautions and testing being in place for the construction workers.

Screening and awareness work has also begun, with COVID-19 awareness, tobacco control, NCD screening, and capacity building activities. Once the centre is fully operational, it would entail a better cancer registry, more and more cancer patients completing their treatment, early detection of cancer, and eventually reduction in the incidence of cancer.

Byline: Strengthening Cancer Care in India through Quality Improvement

- Dr. Paul Sebastian, Head - Preventive Oncology, Palliative Care & SOPs, ACF, Supported by Tata Trusts

Tata Trusts have always symbolised humanitarianism and also an impressive force that forays into new frontiers of quality socio-economic and human development. The essence of such development lies in a healthy citizen of our country who, if he falls ill, should necessarily have immediate recourse to quality healthcare.

As per the NCRP Report 2020, our country is estimated to have a 12% increase in cancer cases. Cancer care and its related diagnostic and treatment modalities are grossly underserved in our country and so has become one of our most relevant intervention arms.

Over the decades, the Tata Trusts have demonstrated their commitment to developing unique cancer care programmes across India, delivering high-quality care which relies on efficient integration of systems and teams that optimises care outcomes, i. e. be it through timelines, efficacy, survival, functionality or the quality of life.

The need to educate clinical teams and facilitate quality improvement, led to a collaboration between ACF, supported by Tata Trusts, Stanford Medicine, USA, and the National Cancer Grid (NCG), with an aim to build capacity and self-sufficiency for healthcare quality improvement in India.

As a first step, the Quality Improvement (QI) India Hub was set up within the NCG, followed by the setting up of a learning platform, known as 'EQuIP (Enable Quality Improve Patient Care) India'. Virtual QI training sessions were conducted through the NCG e-learning portal, to selected teams. The learning aimed at identifying existential gaps or problems and devising interventions implementable over a period of time.

The primary learning methodology was the A3, which is a consensus-building communication tool that gains alignment and agreement. It develops thinking problem-solvers and tells the problem-solving story. The QI virtual training sessions began in 2018 with a focus on palliative care teams. However, 2019-2020 was a mix of palliative care and oncology projects. From 2018 until now, 15 clinical teams (30 personnel) have been trained in the QI learning methodology, and 12 India mentors have been identified and trained.

Going forward, quality improvement will be used to strengthen our network hospitals, beginning with four centres in the initial phase – Guwahati, Jorhat, Dibrugarh and Tirupati and eventually, cascading to the other centres.

The objective is to concurrently conduct quality assurance surveys to understand the gaps, followed by devising on-job training curricula-based on the A3 methodology to arrive at pragmatic interventions that can be implemented over a reasonable period of time.

It is definitely feasible to apply the science of quality improvement within the complex environments of cancer care in India through stakeholder engagement and empowering teams. Sharing concepts of improvement methodology with on-going support to implementing healthcare establishments are possible remotely, and this can be the way forward to address some of the most challenging quality concerns in cancer care.