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A three-year, $15 million federal grant to the UAB Comprehensive Cancer Center will help create a national model for decreasing the cost of cancer care.

With the Health Care Innovation Challenge Grant Award from the Center for Medicare and Medicaid Innovation, UAB will develop a new program called the Deep South Cancer Navigation Network aimed at providing as much as $49.8 million in savings in cancer care costs over three years while creating more than 50 new jobs to carry out the work.

Through the Deep South Cancer Navigation Network, the UAB Comprehensive Cancer Center, UAB Medicine and participating UAB Cancer Care Network affiliates will focus on helping cancer patients make the most appropriate choices for their treatment, reduce the use of ineffective therapies and maximize the appropriate use of healthcare resources.

Many communities in the Deep South are challenged by economic, educational and social disparities, as well as poor nutrition, limited access to cutting-edge medical services and substantial psychosocial barriers to receiving appropriate cancer care.

“Because of our location and our long-standing commitment to addressing healthcare disparities, we’ve always had the responsibility to provide the highest quality care to cancer patients who need it the most,” says Edward Partridge, M.D., director of the UAB Comprehensive Cancer Center and lead investigator on the grant. “Now we have an incredible opportunity to play a significant role for our nation by being a transformative engine in reducing the burgeoning cost of cancer care.”

In collaboration with participating UAB Cancer Care Network affiliates – representing community hospitals and cancer centers in 10 communities across Alabama, Mississippi, Georgia, Tennessee and the Florida Panhandle – the Deep South Cancer Navigation Network will deploy a workforce of lay navigators who will provide patients with information about the process of cancer treatment, help patients make informed choices about their care, provide emotional support and problem-solving, assist with overcoming common barriers to cancer treatment and encourage patients to make wise use of healthcare resources. This approach, Partridge says, also will improve the overall quality of life for cancer patients and their families by encouraging age-appropriate screenings, tobacco-use cessation, healthy eating, increased physical activity and co-morbidity management during longer term cancer survivorship.

Based on the premise that guideline-driven cancer management leads to decreased overall cost, the multidisciplinary teams at the UAB Comprehensive Cancer Center will work with local oncologists in the UAB Cancer Care Network to emphasize the importance of using evidence-based, cost-effective treatments when caring for cancer patients. A trained navigation team including a registered nurse, trained lay navigators, community educators and other support staff will assist the oncologists in each community. In addition, physicians and patients will be encouraged to make appropriate use of hospice care for advanced illness and eliminate the use of ineffective chemotherapy treatments in the advanced stages of disease.

The UAB Comprehensive Cancer Center long has been recognized as a national leader in community outreach, most notably with its work in increasing education and awareness of cancer in minority and underserved populations.

“We are building a sustainable new method to address cancer costs for a population that faces the greatest burden, without the resources,” says Partridge. “This grant allows us the opportunity to maximize our extensive experience in recruiting, training and implementation of lay health workers across the cancer continuum, from prevention, early detection, treatment and survivorship.”

The UAB Comprehensive Cancer Center is among the 41 cancer centers in the nation to meet the stringent criteria for the National Cancer Institute's comprehensive designation. The center is a leader in groundbreaking research, reducing cancer disparities and leading-edge patient care.