Chapter 18

From Macro to Micro: Transdisciplinary Statewide Networks Drive Innovations in Cancer Care

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ABSTRACT

Transdisciplinarity characterizes the collaborative statewide networks organized around the disease continuum of cancer care in Georgia, United States. By exploring the driving forces at the macro level of policy formation and state cancer control efforts, the transdisciplinary team approach translates to the meso level where statewide workgroups organize to develop implementation initiatives designed to influence improvements in cancer control. Georgia’s statewide cancer control efforts apply three cross-cutting priorities of quality, care coordination and palliative care/survivorship in association with the top five site specific priorities. The influence of transdisciplinarity is demonstrated through the Georgia Colorectal Cancer Roundtable (GCCRT) initiatives impacting colorectal cancer screenings at the micro level where practitioner and patient interactions occur. A medical home achieves improvements in colorectal cancer screening after participating in the GCCRT annual meeting.

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INTRODUCTION

Closing the gap in quality of cancer care for Georgia residents of the United States bonded together professionals and lay persons on a journey expressive of transdisciplinarity in practice. In the arena of oncology, multifaceted factors underlie disease development and population management and present challenges for states seeking to reduce cancer incidence and mortality rates. Often it is the multidisciplinary team involved in solving cancer related issues, notable through the promotion of multidisciplinary activity for cancer program accreditation by the American College of Surgeons (CoC, 2015). Team science researchers view the multidisciplinary style as a rudimentary step toward involving various disciplines in collaborative discussions and problem solving (Hall et al., 2012). Feedback from each discipline comes from the perspective of the discipline without transcending the multidisciplinary boundaries (Choi & Pak, 2006). For Georgians focused on improvements in cancer care, transdisciplinary engagement of all stakeholders became the foundational construct of teamwork.

Beyond the multidisciplinary team, the transdisciplinary team bridges the clinical and research perspective to include patients, community, caregivers, educators, health specific advocacy groups and policy makers as critical to producing solutions (Graham et al., 2017). Depending on the team’s purpose, a place exists for each type of engagement, from multidisciplinary and interdisciplinary to transdisciplinary. As seen in Georgia’s cancer control undertakings spanning almost two decades, teams evolved from multidisciplinary to the transdisciplinary approach. Through the development of a network of partnerships and relationships Georgia’s cancer control efforts are indicative of transdisciplinarity in practice. As a demonstration, this chapter presents the evolution of the Georgia Cancer Control Consortium (GC3), and how two of its member organizations, the Georgia Center for Oncology Research and Education (GA CORE) and the American Cancer Society - Georgia Chapter (ACS GA) embraced the transdisciplinary approach to establishing and operating the Georgia Colorectal Cancer Roundtable (GCCRT).

The conceptual framework of the state level cancer control steering team and the subsequent improvements Georgia achieved toward increasing colorectal cancer screenings attend to a multidimensional problem addressed by transdisciplinary solutions. The phenomenal accomplishments occurring in Georgia’s cancer control activities begin with macro level of engagement with the GC3, GA CORE, and GCCRT followed by meso level of statewide collaborative workgroups that promoted evidence-based practice change at the micro level within clinics and health systems.

MACRO: THE EVOLUTION OF GC3 AND GA CORE

In 1998, along with 16 other states, Georgia sued to recover health related costs associated with tobacco use and received a 2 billion dollar settlement from four major tobacco companies (Montoya, 2013; Seward, 2012). Two decades ago, through assigning a measure of the tobacco settlement funds toward improving the quality of cancer care, then Governor Roy Barnes set in motion activities aimed at ensuring Georgians would not have to leave the state to receive cutting edge cancer care (Mealor, Canterbury, Paris, Irby, & Johnson, 2008; Paris, Burke II, & Schnell, 2013). A vision-based strategy of saving Georgian lives from cancer set in motion conceptual planning and subsequent undertakings spanning over a decade. Sustaining the longevity of effort relied less on the tobacco settlement funds and more on the engagement of individuals across specialties and communities advocating for funds and attention to the quality of cancer care across Georgia.
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