Incorporating a Survivorship Clinic/Visit Into Practice
Pretest Question #1

Meeting the compliance requirements for the CoC Standard 3.3 for survivorship care plans (SCPs) includes which of the following:

A. Providing a process to meet SCP dissemination  JL10
B. Gathering data to identify numbers of SCPs provided  JL11
C. Implementing, monitoring, and evaluating the plan, and presenting it to the cancer committee  JL12
D. All of the above  JL13
Pretest Question #2

You are responsible for the planning and implementation of an advanced practice (AP) survivorship clinic in your institution. Which of the following is NOT a key initial step in this process?

A. Assess existing services and resources  JL14
B. Begin scheduling patients for survivorship AP appointments  JL15
C. Collaborate with the medical team to determine what patients will be served  JL16
D. Identify a care delivery model that will best meet patient needs  JL17
Incorporating a Survivorship Clinic/Visit Into Practice

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Learning Objectives

1. Describe the American College of Surgeons CoC Standard 3.1 phase-in requirements for survivorship care plans in 2015
2. Identify best-practice barriers and opportunities to incorporating survivorship care into clinical practice
3. Describe advance practitioner roles in developing, implementing, and evaluating survivorship care
4. Identify at least 2 models of survivorship care delivery
   - Disease specific
   - Multidisciplinary
   - Consultative
   - Integrated/ongoing care
Overview of Survivorship Care 
Leading to Change in Practice

Denice Economou, RN, MN, CHPN
City of Hope
18 Million Cancer Survivors Projected in 2022

Estimated Numbers of US Cancer Survivors by Site: In Men

Male Survivors Jan 1, 2014

- Prostate: 43%
- Colon & Rectum: 9%
- Melanoma: 8%
- Urinary bladder: 7%
- Non-Hodgkin Lymphoma: 4%
- Testis: 4%
- Kidney & Renal: 3%
- Lung & Bronchus: 3%
- Oral cavity & Pharynx: 3%
- Leukemia: 3%

Estimated Numbers of US Cancer Survivors by Site: In Women

Female Survivors-Jan 1, 2014

- Breast: 41%
- Uterine corpus: 7%
- Colon & rectum: 8%
- Melanoma: 6%
- Thyroid: 3%
- Non-Hodgkin lymphoma: 4%
- Uterine cervix: 3%
- Lung & Bronchus: 3%
- Ovary: 3%
- Urinary bladder: 2%

LIVESTRONG Essential Elements 2011

20 essential elements included within Tiers 1, 2, and 3. They provided a consensus guideline of survivorship components rated as:

- Tier 1: Consensus Elements
- Tier 2: High-Need Elements
- Tier 3: Strive Elements

Consensus Elements: Tier 1

- Provide a survivorship care plan and treatment summary, including psychosocial care needs
- Screening and surveillance
- Care coordination strategy between primary care provider and primary oncologist
- Health promotion
- Symptom management/palliative care

Consensus Elements: Tier 2

- Late effects education
- Psychosocial assessment
- Comprehensive medical assessment
- Nutrition counseling
- Transition visit; cancer-specific transition
- Psychosocial care
- Rehabilitation for late effects
- Family and caregiver support
- Patient navigation

Consensus Elements: Tier 3

- Self-advocacy skills training
- Counseling for practical issues
- Ongoing quality-improvement activities
- Referral to specialty care
- Continuing medical education

Survivorship Challenges

- Increasing expectations for good quality of life after cancer
- Increasing identification of life challenges
  - Long-term effects: Effects that persist after completion of treatment
  - Late effects: Effects that arise after treatment has been completed
Medical Consequences of Treatment

- Potential wide range of long-term and late effects
  - Risk depends on the tissue and age of patient at the time of treatment
  - Dose and modality specific (e.g., surgery, radiation, chemotherapy)
  - Combined-modality therapy can have additive risks

Dimensions of Quality of Life

Physical Well-Being & Symptoms
- Functional ability
- Strength/fatigue
- Sleep and rest
- Nausea
- Appetite
- Constipation
- Organ toxicity

Psychological Well-Being
- Control
- Anxiety
- Depression
- Enjoyment/leisure
- Fear of recurrence
- Cognition/attention
- Distress of Dx & treatment

Social Well-Being
- Family distress
- Roles & relationships
- Affection/social function
- Appearance
- Enjoyment
- Isolation
- Finances
- Work

Spiritual Well-Being
- Meaning of illness
- Religiosity
- Transcendence
- Hope
- Uncertainty
- Existential meaning

Medical Sequelae of Cancer and its Treatment

- Bone and soft tissue
- Cardiovascular
- Dental/oral
- Endocrine
- Gastrointestinal
- Genitourinary
- Hematologic
- Hepatic
- Immune system
- Integumentary
- Musculoskeletal
- Nervous system
- Neurocognitive
- Ophthalmologic
- Pulmonary
- Renal
- Reproductive

Neuropathic pain is the leading source of pain in cancer survivors.

A. True  JL18
B. False  JL19
A high number of cancer survivors deal with depression but do not seek help.

A. True  JL20
B. False  JL21
Survivors’ Needs
Lance Armstrong Foundation LIVESTRONG Poll  N = 1,020

- Secondary health problems (53%)
  - 54% deal with chronic pain
  - 33% deal with infertility

- Nonmedical support
  - 49%, nonmedical cancer needs were unmet
  - 53%, practical and emotional consequences of cancer are often more difficult than medical issues

- Emotional support
  - 70% deal with depression
  - 78% did not seek professional services

- Relationships
  - 58% deal with loss of sexual desire and/or sexual function

Survivors’ Needs (cont)
Lance Armstrong Foundation LIVESTRONG Poll, N = 1,020

- Financial problems
  - 43%, decreased income as a result of cancer
  - 25%, in debt as a result of treatment
  - 12%, turned down a treatment option because of cost

- Job issues
  - 32%, lack of advancement, demotion, or job loss
  - 34%, trapped in job to preserve insurance coverage

Cancer Care Continuum

Prevention and Risk Reduction:
- Tobacco control
- Diet
- Physical activity
- Sun and environmental exposures
- Alcohol use
- Chemoprevention
- Immunization

Screening:
- Age and gender specific screening
- Genetic testing

Diagnosis:
- Biopsy
- Pathology reporting
- Histological assessment
- Staging
- Biomarker assessment
- Molecular profiling

Treatment:
- Systemic therapy
- Surgery
- Radiation

Survivorship:
- Surveillance for recurrences
- Screening for related cancers
- Hereditary cancer predisposition/genetics

End-of-life Care:
- Implementation of advance care planning
- Hospice care
- Bereavement care

Survivorship Care: Usual Practice

- Follow-up by oncologists is routine
- Patients find it reassuring
- Duration of follow-up is variable
- Follow-up guidelines are limited and recent
- Follow-up care focused on surveillance for recurrence
- Limited transfer of knowledge and information to primary care provider
National Direction for Cancer Survivorship Initiatives
Institute of Medicine Report
November 2005

- Implement survivorship care plan
- Build bridges between oncology and primary care
- Develop and test models of care
- Develop national guidelines, institute quality assurance, strengthen professional education
- Make better use of psychosocial and community support services
- Address employment and insurance issues
- Invest in survivorship research

Standard 3.3: Survivorship Care Plan

- A survivorship care plan (SCP) must be provided to all eligible patients.
- Definition of *eligible*: “The subset of survivors who are treated with curative intent, and have completed active therapy (other than long-term hormonal therapy); this includes patients with cancer from all disease sites…. Patients with metastatic disease, though survivors by some definitions, are not targeted for delivery of comprehensive care summaries and follow-up plans under Standard 3.3.”
- The Standard per the recent update:
  - As of January 1, 2015: A pilot survivorship care plan process involving 10% of eligible patients should be implemented.
    - Relying on current programs in breast, pediatrics, and prostate to meet this requirement
  - By January 1, 2016, 25% of eligible patients should receive a SCP.
  - 2017: 50%
  - 2018: 75%
  - 2019: 100% of eligible patients will be receiving a care plan.

Elements Required in the Care Plan
Outlined in the IOM Fact Sheet, Nov 2005

- Contact information of the treating institutions and providers
- Specific diagnosis, including histologic subtype when relevant
- Stage of disease at diagnosis
- Surgery
- Chemotherapy
- Radiation
- Ongoing toxicity or side effects of all treatments received at the completion of treatment. Any information concerning the likely course of recovery from these toxicities should be covered.
- For selected cancers, genetic/hereditary risk factors or predisposing conditions and genetic testing results if performed
- Follow-up care plan
- Need for ongoing adjuvant therapy for cancer
- Schedule of follow-up related clinical visits
- Cancer surveillance
- Cancer screening for early detection of new primaries
- Other periodic testing and examinations
- Possible symptoms of cancer recurrence
- A list of likely or rare but clinically significant late and/or long-term effects that a survivor may experience based on his or her individual diagnosis and treatment
- Resources for psychological, social, and spiritual needs as appropriate

Long-Term Follow-up Programs: Rationale

- A need to figure out how to care for the large number of individuals in follow-up
- Greater understanding of the consequences of cancer and its treatment
- Focus on the application of interventions to eliminate/reduce sequelae
- Follow-up care setting can be a platform for research
- Begin to focus on survivorship education and training

Coordination
Communication management between patients, oncologists, primary care physicians, and other health care professionals
Survivorship care plans
Treatment summaries

Prevention and detection
1. Promote healthy behaviors
   - Physical activity
   - Diet
   - Tobacco cessation
   - Sun protection
2. Screening procedures

Surveillance
- Assessment for recurrence
- Late effects

Interventions for consequences of cancer and/or treatment
- Physical
- Psychological
- Social
- Spiritual

Incorporating Survivorship Care Into Practice

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Expanding Role of Advanced Practitioners (APs)

Nurse practitioners (NPs) and physician assistants (PAs)

- Provide quality, cost-effective care
  - High rates of patient and provider satisfaction
  - Improved practice efficiency

- Expanding opportunities
  - Growing number of cancer survivors
  - Anticipated shortage of oncologists
    - Shortage of > 1,480 oncologists by 2025
  - Increasing number of APs

- Ability to practice in many health-care settings
  - Community
  - Academic
  - Private practice

Key Considerations for Developing AP-Led Survivorship Care

- Review of the current service
  - Goal of the program
- Available services
- Survivor population
  - Complexity of needs
- Financial infrastructure
  - Reimbursement
  - AP salary
Survivor Population

- Collaborate with medical team to determine what population(s) will be served
- Broad or specific
  - Disease, treatment, stage
- Time interval since treatment completion
  - Surgery
  - Chemotherapy
  - Radiotherapy
  - Hormonal therapy
Survivorship Visit Components

- Surveillance for recurrence
- Screening for new cancers
- Identification and management of long-term and late effects
- Health-promotion counseling
- Communication with primary care providers (PCPs) and other providers
- Survivorship care plan (SCP)
Goal: To best address survivors’ long-term needs

Conduct a needs assessment
- Setting’s strengths and deficits
- Available resources
- Number of survivors expected to be cared for
- Program oversight

Model of Care Selection

American Society of Clinical Oncology. ASCO Cancer Survivorship Compendium.
www.asco.org/practice-research/asco-cancer-survivorship-compendium
Shared-Visit Model

Two subcategories

- Specific or multiple disease model
  - MD and AP collaborate, specializing in one or many diseases
  - Different responsibilities
- Multidisciplinary model
  - Multiple providers and services available
  - Serves a variety of diagnoses
  - Resource and cost intense
Independent-Visit Model

Two subcategories

- Consultative model
  - AP provides independent, one-time visit
  - Survivorship focused: late-effect monitoring, screening recommendations, health promotion, SCP
  - Serves a variety of diagnoses

- Integrated/ongoing care AP model
  - Focus on specific diagnosis
  - May be embedded in disease/treatment area
  - AP independently cares for posttreatment patients
    - Focus on long-term needs
Transition to Primary Care

- Risk-based approach
  - Patients appropriate for transition from oncology specialist to PCP
    - Low risk for late treatment effects
    - Low risk for disease recurrence

- Communication between providers
  - SCP and ongoing information sharing

- Patient preparation and expectations
  - Important to promote understanding and acceptance

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In considering survivorship care delivery in a small community setting with few resources, which model of care might work best to address the needs of the greatest number of survivors?

A. Multidisciplinary  JL22
B. Consultative  JL23
C. Integrated/ongoing care  JL24
Implementing AP-Led Survivorship Care

- Consider program scope and resources
- Establish timeline
- Space
- Financial structure
  - AP billing
- Staff support
  - Administrative, nursing
Survivorship APs: Experience Counts!

- AP selection
  - Adapt or expand an existing role
  - Recruitment
  - Credentialing

- Orientation
  - Oncology knowledge
  - Subspecialty expertise
  - Long-term and late effects
  - Cancer screening
  - Health promotion
  - Internal and external resources and referrals
  - Documentation and billing
  - Evaluate competencies
Getting Started

- Educate staff
  - Inservices, online resources
- Method to identify eligible patients
- Process for referral to AP clinic
- Patient notification of referral
  - At time of diagnosis or another predetermined date
- Patient education material
PATIENT & CAREGIVER EDUCATION

Survivorship Nurse Practitioners and Physician Assistants

This information describes the role of survivorship nurse practitioners (NPs) and physician assistants (PAs) in the Survivorship Program at Memorial Sloan Kettering (MSK).

In our Survivorship Program, NPs and PAs provide follow-up care for patients who have been treated for cancer at MSK. NPs are registered nurses who have completed advanced education and training, and have been part of the healthcare team at MSK since the 1990s. PAs are medical professionals who are certified to practice medicine under the supervision of a physician. They have been part of the healthcare team at MSK since the 1980s.

What to Expect During Your Survivorship Clinic Visit

If you choose to continue your care in our Survivorship Program, you will be seen by an NP or PA. He or she will work directly with the doctor(s) who treated you to help you manage your life after cancer. You will see your NP or PA in our Survivorship clinic, where he or she will:

- Look for signs of the cancer returning
- Manage any effects of treatment, such as pain and fatigue
- Recommend screening tests for other cancers
- Provide counseling about living a healthy lifestyle, such as diet, exercise, and quitting smoking
- Provide your local doctor with information about your treatment
- Talk with you about your medical history
- Perform a physical exam
Resources and Referrals

- Nutrition
- Smoking cessation
- Physical therapy
- Sexual health
- Rehabilitation
- Clinical genetics
- Integrative medicine
- Community support groups
- Financial assistance
- Social work

American Cancer Society: www.acs.org
Leukemia and Lymphoma Society: www.lls.org
Cancer Care: www.cancercare.org
Documentation

- Based on survivorship visit
  - AP visit
    - Joint or independent
  - SCP
  - Patient self-assessment
  - Psychosocial screening
- Written or electronic
  - Technologic compatibility between documents
- Method to distribute to PCP
Reimbursement

- Type of visit
  - Shared or independent
- Level of visit
- Ability to bill
  - Centers for Medicare and Medicaid Services (CMS)
  - Private payer contracts
- State laws
- Physician practice plans
- Compliance with billing requirements
Key steps in implementing AP-led survivorship care include which of the following?

A. Staff and patient preparation  JL25
B. Financial infrastructure  JL26
C. Space  JL27
D. All of the above  JL28
Evaluating AP-Led Survivorship Care

- Based on program objectives/goals
- Process measures
  - Rate of referral from MD to AP
  - Patient acceptance
  - Patient satisfaction
  - Patient adherence to screening guidelines recommendations
  - Incidence of psychosocial counseling based on distress screening
  - SCP delivery rate
Evaluating AP-Led Survivorship Care

- Cost metrics
  - APP revenue
  - Payer reimbursement
  - Downstream referrals and revenue at institution
National organization metrics

- Oncology Nursing Society’s *Putting Evidence Into Practice* (PEP)
  - Assessment and management of pain, cognitive dysfunction, fatigue, dyspnea, depression
- ASCO’s *Quality Oncology Practice Initiative* (QOPI)
  - SCP provision
  - Tobacco cessation referral
  - Fertility counseling
- American Cancer Society’s *Moving Beyond Patient Satisfaction: Tips to Measure Program Impact*
  - Evaluate patient adherence to clinical recommendations
    - Second malignancy screening
  - Self-management skills, e.g., coping

Oncology Nursing Society: Putting Evidence Into Practice (PEP). www.ons.org/practice-resources/pep
ACS. Moving Beyond Patient Satisfaction: Tips to Measure Program Impact. www.cancer.org/acs/groups/content
Conclusions

- APs: Ideal candidates to provide follow-up oncology care
  - Clinical expertise
  - Practice in wide variety of settings
  - Leaders in developing and evaluating innovative care models
- Need supporting evidence addressing AP impact
  - Access to care
  - Quality of life
  - Health outcomes
Resources

- American Society of Clinical Oncology
  http://www.asco.org/practice-research/cancer-survivorship

- Commission on Cancer: Cancer Program Standards 2012
  www.facs.org/cancer

- Institute of Medicine Report: From Cancer Patient to Cancer Survivor, Lost in Transition, 2005

- MSKCC: The Survivorship Nurse Practitioner Fact Sheet
  http://www.mskcc.org/cancer-care/survivorship/healthcare-professionals
Thank You!

Contact Information

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Posttest Question #1

Meeting the compliance requirements for the CoC Standard 3.3 for survivorship care plans (SCPs) includes which of the following:

A. Providing a process to meet SCP dissemination JL29
B. Gathering data to identify numbers of SCPs provided JL30
C. Implementing, monitoring, and evaluating the plan, and presenting it to the cancer committee JL31
D. All of the above JL32
Posttest Question #2

You are responsible for the planning and implementation of an advanced practice (AP) survivorship clinic in your institution. Which of the following is NOT a key initial step in this process?

A. Assess existing services and resources  JL33
B. Begin scheduling patients for survivorship AP appointments  JL34
C. Collaborate with the medical team to determine what patients will be served  JL35
D. Identify a care delivery model that will best meet patient needs  JL36