Creating a Survivorship Model of Care

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Objectives

- Discuss the meaning of survivorship care.
- Describe the purpose of a survivorship care plan.
- Explain the benefits and barriers in providing survivorship care.
Survivorship

- There are approximately 14.5 million cancer survivors alive in the United States and that number is predicted to grow to nearly 19 million by 2024 (American Cancer Society, 2014).

- The need for survivorship care stems from a larger aging population, earlier detection, and improved treatment (American Cancer Society, 2016).
Complex Survivor Needs

- Information
- Physical Issues
- Psychosocial Issues
- Management of long-term/late effects
- Surveillance
## Quality Organizations

- **Institute of Medicine (IOM):** 2005 landmark consensus report.

- **Commission on Cancer (COC):** 2012 updated standards for accreditation.

- **Quality Oncology Practice Initiative (QOPI)**
Survivorship Care Plans

- The Institute of Medicine recommends oncology patients receive a survivorship care plan (SCP) at the conclusion of treatment to facilitate:
  - Communication between providers
  - Document information about treatments administered
  - Provide follow-up guidelines including additional screening
  - Discuss symptoms of late effects from treatment or signs of recurrence (Hewitt, Greenfield, & Stovell, 2005).
Despite more than 10 years of advocacy by the IOM and numerous studies on survivorship, the benefits of providing the SCP are still unclear.

- Use and development of SCP
- Models of care
- Few measurable outcomes
Barriers

- Preparation and review of the SCP with the patient requires extensive resources and information which is rarely efficiently integrated into the electronic medical record (Parry, Kent, Forsythe, Alfano, & Rowland, 2013).

- No clear financial incentive for survivorship care (Balogh et al., 2011).
Models of Care

- Models of care for survivorship have been defined as “a broad and holistic approach to follow-up care for cancer survivors, addressing multiple needs” (Halpern et al., 2014, p. e19).

- Components used to guide a model of care include patient characteristics, organizational structure and setting, provider responsibilities, payment consideration, and risk stratification.
The cancer survivorship experience has been defined as an experience that begins at diagnosis and continues for the length of the patient’s life (K. Miller, Merry, & Miller, 2008).

**Framework**

- **Acute Survivorship**
  - (Initial diagnosis, testing, staging, treatment)

- **Transitional Survivorship**
  - Maintained remission
  - Cancer free
  - Living with cancer

- **Permanent Survivorship**
  - Cancer free, free of cancer
  - Long-term/late problems
  - Second cancers
  - Secondary cancers
Program Description

New Patient ➔ Survivorship Consult ➔ Treatment/Toxicity ➔ Care Planning

Physician completes assessment, interventions, education.

APRN completes APRN visits for symptom management.

Alternating physician and APRN visits for symptom management.

Provide SCP, management of treatment effects, coordination of care, and surveillance with alternating visits.
Methods

- Sample: Convenience, over 18 years of age, breast cancer, patients at Oklahoma Cancer Specialists and Research Institute (OCSRI) between 2013 and 2015 with 25 patient in the experimental group and 25 in the control group.

- After IRB approval, two reviewers collected data independently from each group.
Results

- The physician and APRN team had notable fewer triage calls than the control group which may indicate better symptom management.

- The physician and APRN team had significantly fewer hospitalizations.
The physician and APRN team had substantially more patients completing treatment.

The average number of physician appointments in the control groups was nearly twice that of the experimental group even though the patients were evaluated on average with approximately the same number of visits.
Strengths and Limitations

- The review included a control group and an experimental group which strengthens the results.
- The review sample was small making it difficult to generalize findings.
- This was a retrospective review versus a well-controlled study which allows for multiple extraneous variables to influence study results.
Oncology Medical Home Model

- Centers for Medicare and Medicaid specialty model trial beginning in 2016.

- Payment arrangements based on six month episodes triggered by chemotherapy initiation.

- Goal is to increase coordination of care and decrease costs.


Practice and Process Changes

- Chemotherapy class: Added to treatment regimens and considered a requirement.

- Triage nurses and “Call Us First” campaign.

- Triage Advanced Practitioner.

- Survivorship visits added to treatment regimens.

- Standardized survivorship care plans built into the EMR.
Survivorship Clinic

- Advanced practitioner led clinic
- Transition care after completion of survivorship visit
  - Allows physician to focus on treatment patients
  - Frees physician to see more new patients
- Coordinate with surgeons to avoid duplicate visits
Conclusion

- As treatment innovations continue to improve cancer survival, models for providing comprehensive survivorship care will become increasingly important.

- Through this journey we have improved organizational outcomes using a team model of care with improvements in lower costs, better resource utilization, increased workflow efficiency, and improved patient satisfaction.
Winning!


References


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