Wrap Up- July 25, 2017
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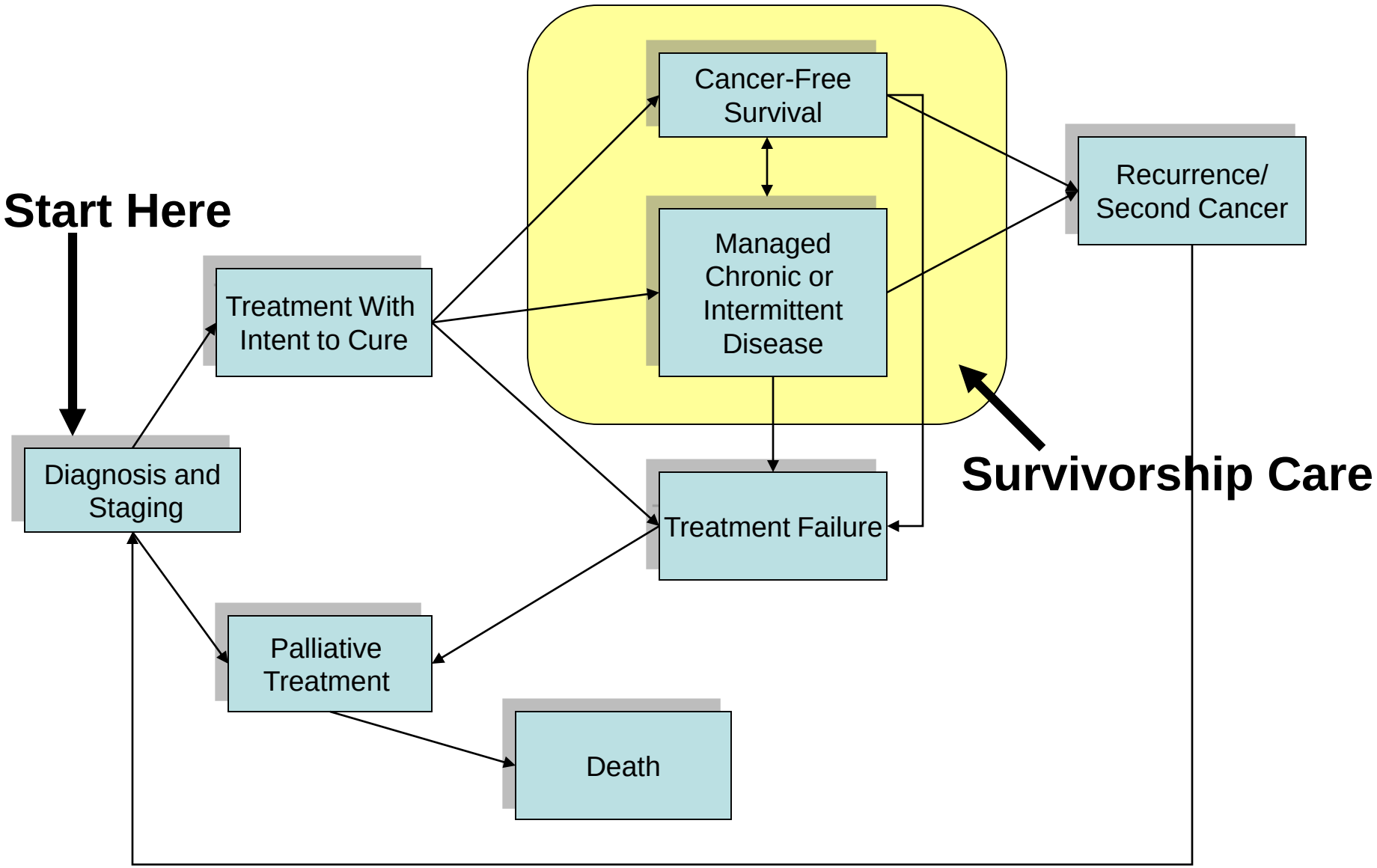
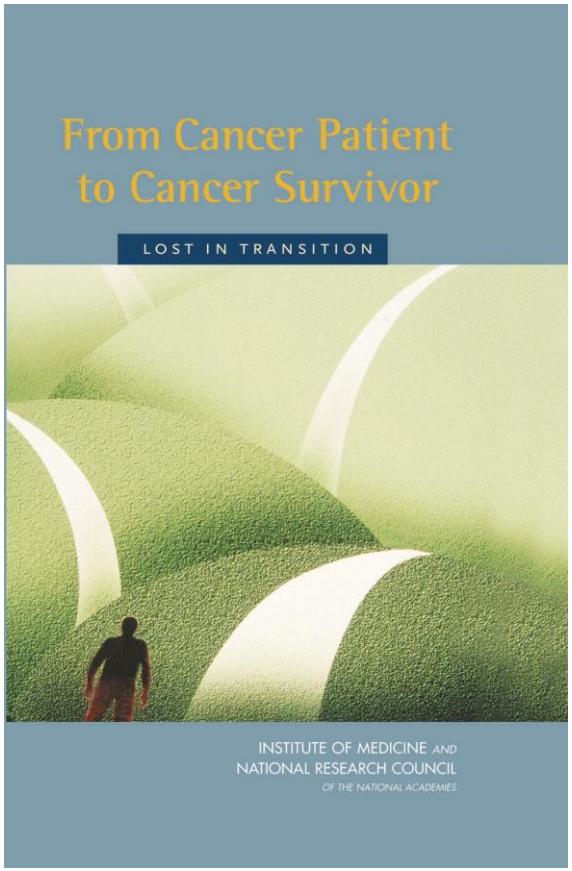
Cancer Care Trajectory



IOM, 2005

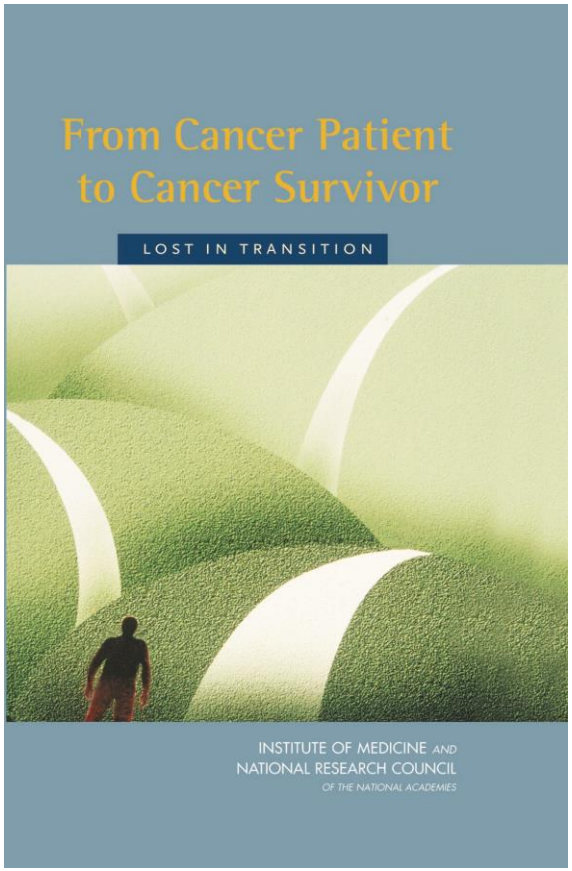
IOM Findings: Survivorship Care

- Survivorship care is a neglected phase of the cancer care trajectory
- Cancer recurrence, second cancers, and treatment late effects concern survivors
- Few guidelines on follow-up care
- Providers lack education and training



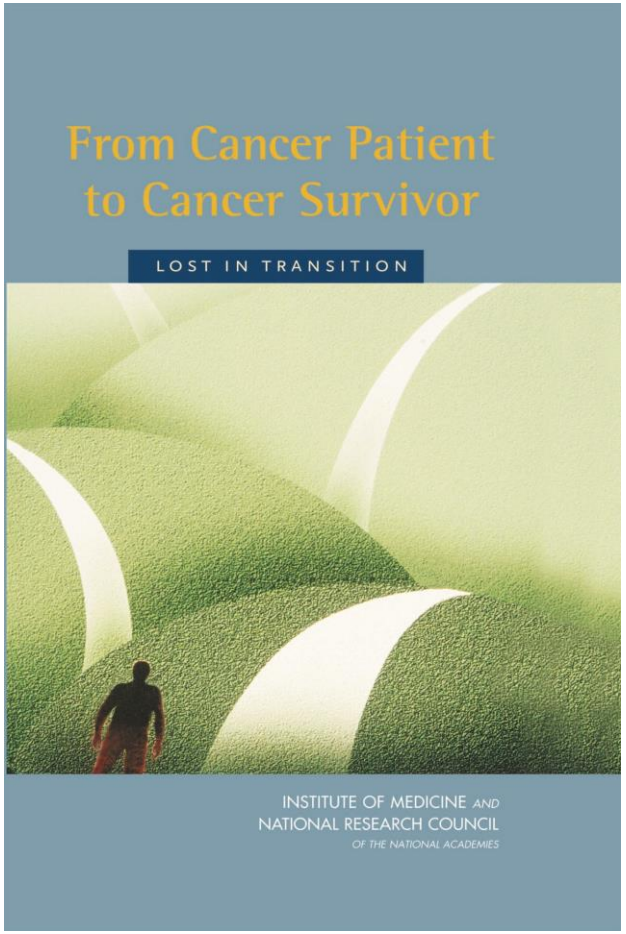
IOM Findings: Survivorship Care

- Survivors may:
  - be unaware of risk
  - have no plan for follow-up
- Opportunities to intervene may be missed
- Cancer care is often not coordinated
- Models of survivorship care not tested



IOM Findings: Survivorship Care

- Chronic care model applies
- Essential care components
  - Prevention
  - Surveillance
  - Intervention
  - Coordination



When does survivorship begin?

- Definitional problems…should it begin at the moment of diagnosis when treatment decisions are being made?
- The eye is in the beholder…for some patients and clinicians, it is only many years later, or after some of the late effects are apparent
- Problem of labeling

What is the role of cancer rehabilitation?

- “Cancer rehabilitation is the process aimed at prevention of the physical and psychosocial dysfunction which may result from the disease or its treatment.”

  … Dr. Susan Mellette, 1987

- As part of this process clinicians must anticipate sequelae and initiate preventive strategies.

Why is cancer different from other chronic diseases?

- Cancer treatment is….
  - Complex
  - Multi-modal
  - Multi-disciplinary
  - Toxic
  - Expensive
  - And often poorly coordinated
- Cancer treatment usually occurs in isolation from primary health care delivery

Why does cancer care present such a challenge?

- An average of 3 specialists/patient, with treatments across time and space…outpatient, inpatient, specialized treatment facilities…. limited communication among treating physicians, multiple medical records

Other Challenges

- Limited systematic study of the late effects of cancer therapy
- Follow-up care plans have been *ad hoc*, with focus on surveillance for recurrence
- When should health promotion and chronic disease prevention become the focus?

Proposed Strategies to Address these Challenges

- Integrated, electronic medical records
- Patient navigators
- Consultation planning

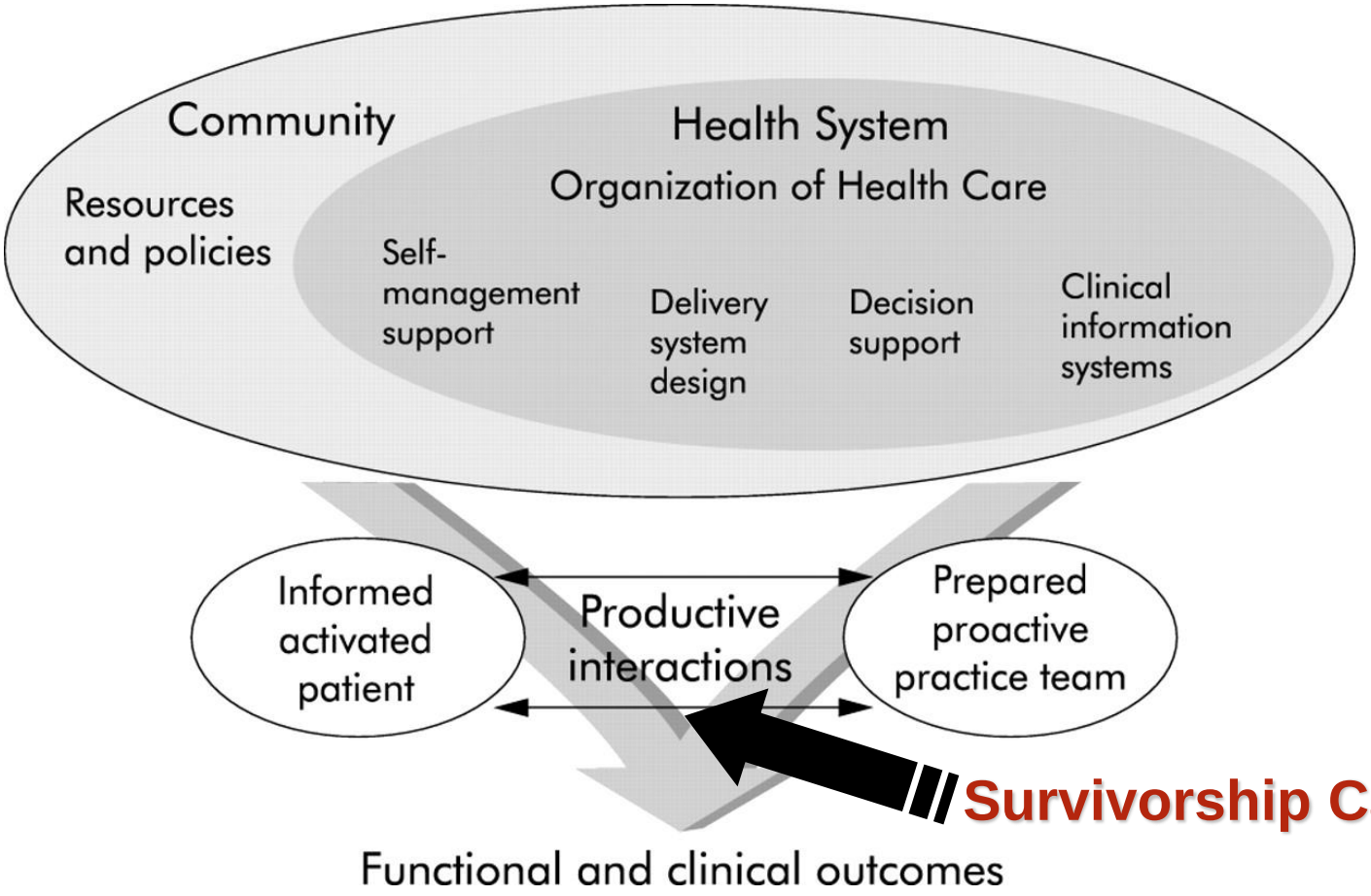
None of these strategies are widely available for patients receiving active treatment!

What happens when treatment ends?

Why do we need a survivorship care plan?

- To summarize and communicate what transpired during cancer treatment
- To describe known and potential late effects of cancer treatments, with expected time course
- To communicate to the survivor and other members of the health care team *what has been done* and *what needs to be done* in the future
- To promote a healthy lifestyle to prevent recurrence and reduce the risk of other comorbid conditions

Where does the Survivorship Care Plan fit in the Chronic Care Model?



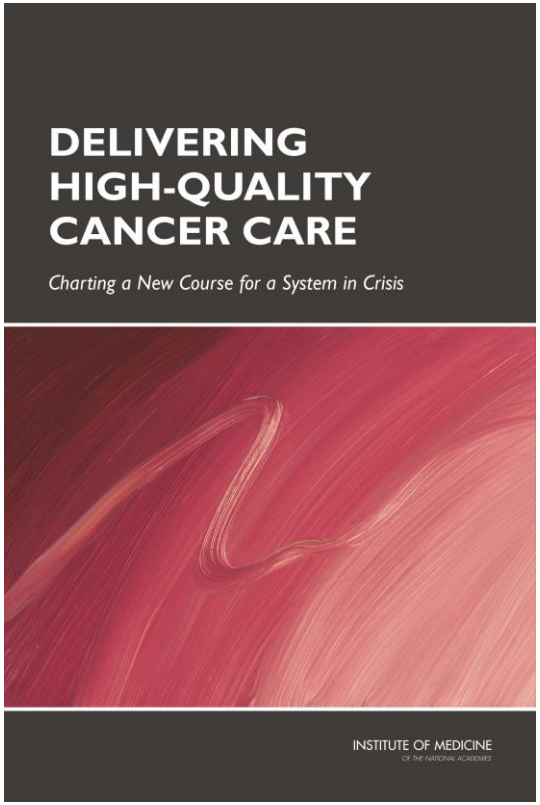
Epping-Jordan, J E et al. Qual Saf Health Care 2004;13:299-305

What happened between 2005 and the present?

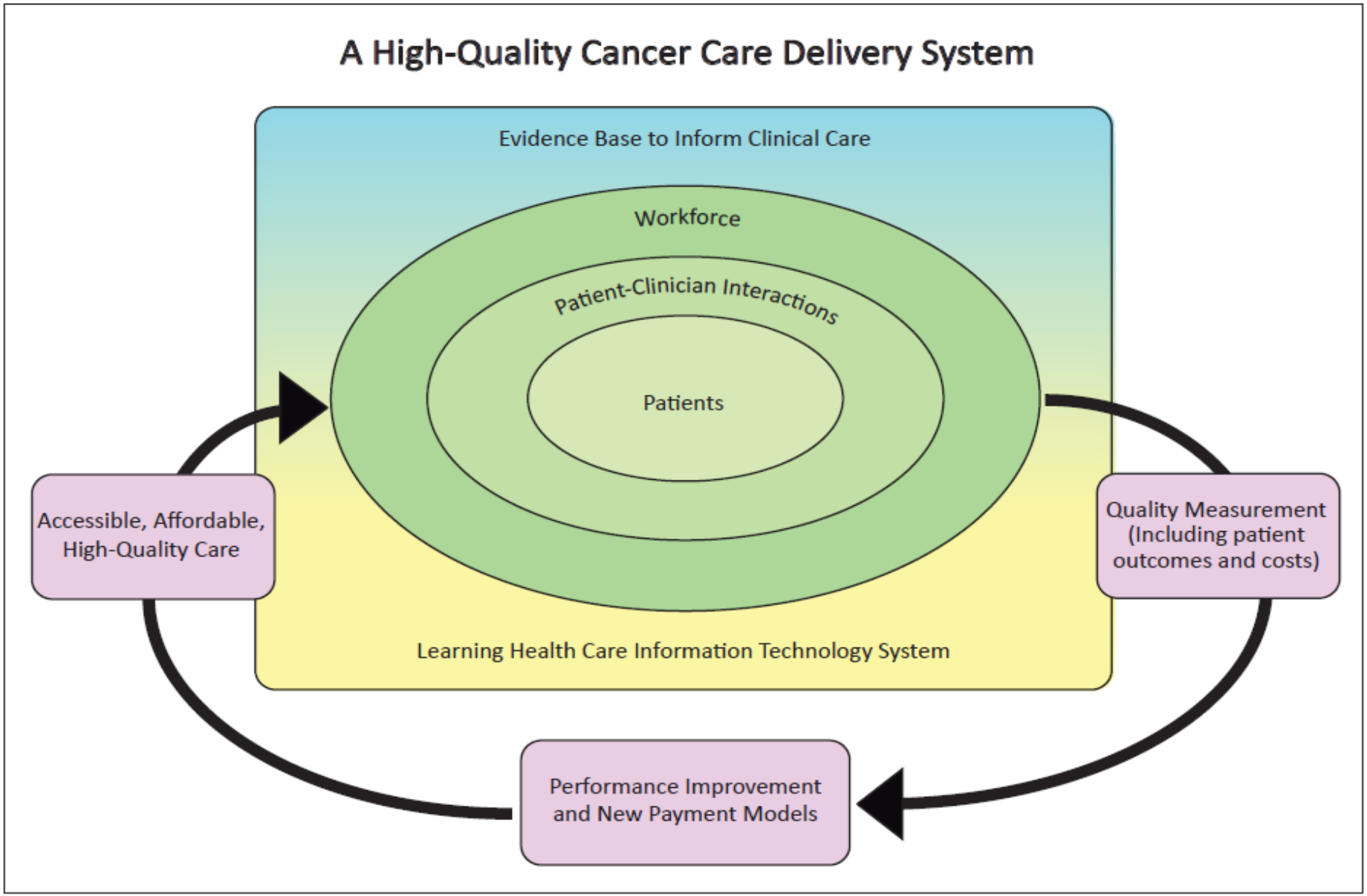
- Cancer treatments became even more complex
- The cost of care increased exponentially and the term financial toxicity was coined
- The ACA expanded access to health insurance, removed life time caps on coverage
- Pre-existing conditions could no longer be excluded
- But coordination of care is even more challenging……

New IOM report released September 10, 2013

- “Cancer care is often not as patient-centered, accessible, coordinated, or evidence based as it could be.”
- Report concludes that the cancer care system is in crisis
- Recommendations for delivering high-quality cancer care



Conceptual Framework



Engaged Patients

GOAL 1

The cancer care team should provide patients and their families with understandable information on:

- Cancer prognosis
- Treatment benefits and harms
- Palliative care
- Psychosocial support
- Estimates of the total and out-of-pocket costs of care

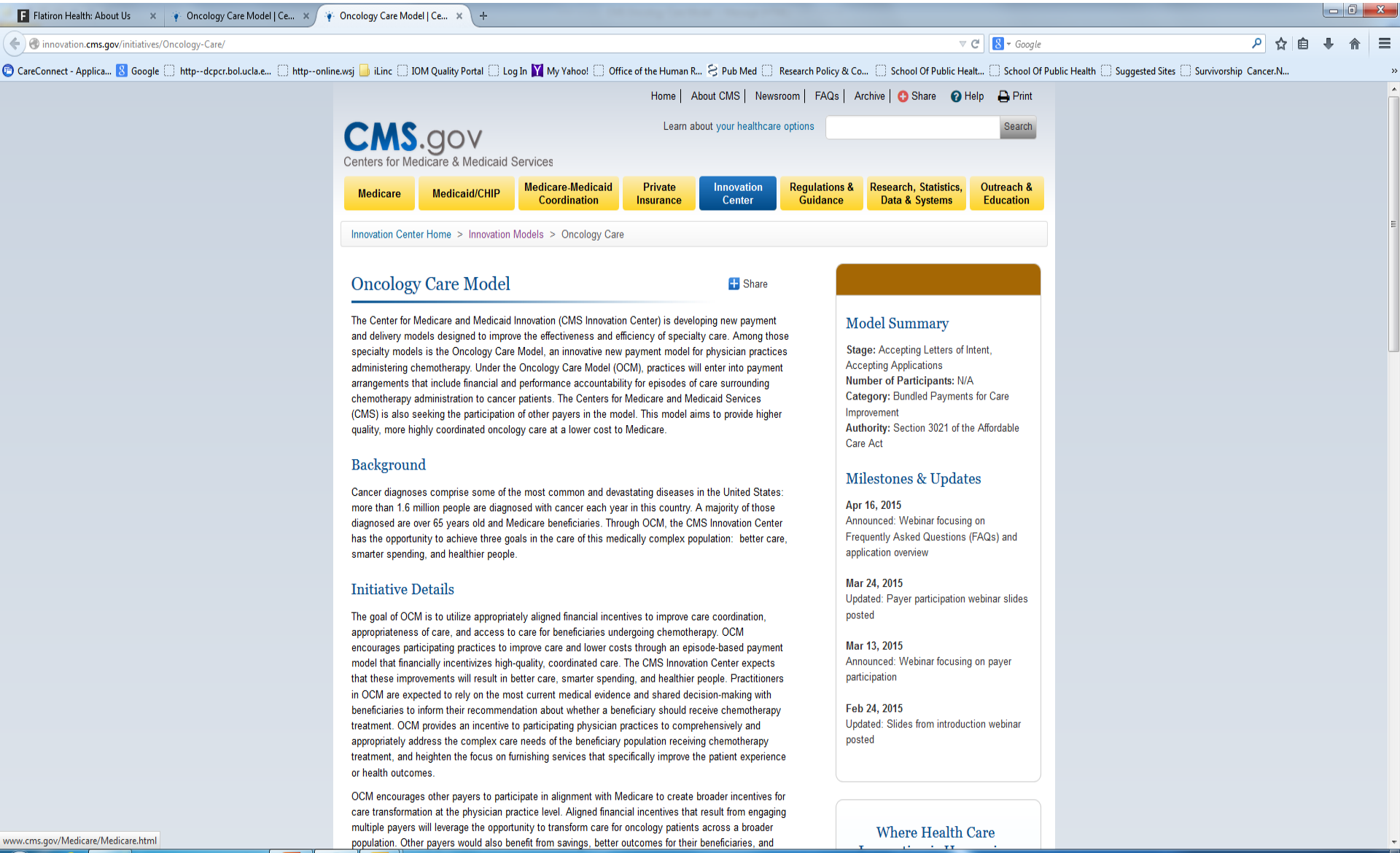
Recommendation 1

- The federal government and others should **improve the development and dissemination** of this critical information, using decision aids when possible.
- Professional educational programs should **train clinicians in communication.**
- The **cancer care team** should:
  - **Communicate and personalize** this information for their patients.
  - Collaborate with their patients to **develop care plans**.
- CMS and others should design, implement, and evaluate **innovative payment models**.

Information in a Cancer Care Plan

- Patient information
- Diagnosis
- Prognosis
- Treatment goals
- Initial plan for treatment and duration
- Expected response to treatment
- Treatment benefits and harms
- Information on quality of life and a patient's likely experience with treatment
- Who is responsible for care
- Advance care plans
- Costs of cancer treatment
- A plan for addressing psychosocial health
- Survivorship plan

CMS Responds to IOM Report



Episode of Care Payment for High-Quality Cancer Care

- Starts with chemotherapy administration (including oral meds)
- Covers 6 months of prospective care
- $160/beneficiary additional payments to provide high-quality cancer care
- Now joined by multiple private payers as well
- Bundled payments are the future for many types of chronic specialty care

http://innovation.cms.gov/initiatives/Oncology-Care/.

To be compliant with Oncology Care Model…..

Information in a Cancer Care Plan*

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- Survivorship plan

*Listed in total as part of CMS Oncology Care Model demonstration for episode of care payment

This is an important first step…

- **But we need to do more**
  - An adequately trained workforce and a focus on the needs of caregivers
  - Collect better data on diverse populations with cancer who are not represented in our research studies
  - Integrate evidence-based psychosocial services into standard care and eliminate services for which no evidence exists (routine surveillance tests)
  - Develop and implement quality measures for survivorship care

Cancer Care Trajectory