







# Models of Survivorship Care Delivery

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### **Models of Care**

- Structure of the model and type of provider depend on:
  - Risk of recurrence and late effects
  - Type of services to be provided
    - Medical
    - Psychological
    - Social
    - Rehabilitation
    - Financial
  - Timing of the services
    - Transition visit at the end of therapy
    - Specified time points after treatment ends
    - Ongoing care



### Models of Care High Risk

Multidisciplinary Care Model Pediatric survivorship care model. Care is provided by different providers with expertise in long-term effects, such as cardiology, psychology and endocrinology. Takes place in a setting separate from the oncology practice.

### **Models of Care Moderate Risk**

Disease/Treatment Specific Clinic

Type and Intensity of follow-up care is determined by type of cancer treatment received

Integrated Care Clinic

Imbedded in the oncology practice of a cancer center, community hospital or private practice. May be physician (MD), nurse practitioner (NP) or physician assistant (PA) as provider. Care is coordinated with primary care provider (PCP).

Consultative

One time consultation to coordinate the survivorship plan of care. Follow-up may be with the oncologist or PCP. May be a MD, NP or PA as provider.

### Models of Care Low Risk

Community
Generalist
Model

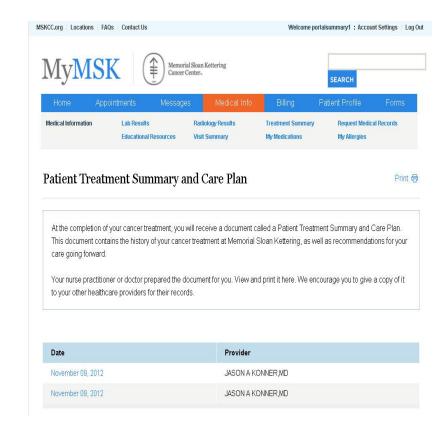
Transition of survivor occurs early with follow-up care provided by Primary care physician, internist, nurse practitioner or physician assistant.

#### Provider Models - State of the Science

- Comparisons of providers
  - Nurse-led and PCP follow-up may be equivalent to oncologist care in detecting recurrence
  - Patient satisfaction with this approach is mixed even when care is focused on recurrence
- Most models of care assume a role for the PCP
- Transition care processes require written information between providers, but the details are not established.
- Diverse outcomes measured across models and often focus on recurrence and QoL endpoints.

## Self Management Model

- Evidence supports health improvements for:
  - Arthritis, diabetes, heart disease and lung disease
- Promote skills for chronic illness management
  - Problem solving
  - Decision-making
  - Timely communication with health professionals
  - Taking action (motivation and self-efficacy)
- Survivorship research has focused on:
  - Psychosocial support
  - Managing symptoms
  - Healthy behaviors



Wilson P J Cancer Surviv, 2008 Beckmann K, Austral J Prim Health, 2007 Krouse R, Pscho-Onc, 2016

### **Group Visits**

- Well established evidence supporting cost effectiveness and health improvement for:
  - Diabetes, heart failure, prenatal care and dermatology
- Components
  - Health Assessment
    - Medical or psychological issues related to cancer or its treatment
  - Education
    - Core content is critical, but interactive format allows for patient-focused issues to be addressed
  - Support
  - Knowledgeable facilitator
  - Evaluation

Trotter, K CJON, 2011 Sirorsky Arch Derm, 2010 Vachon JNMA, 2007 Wagner Diab Care, 2001



### Virtual Follow-up Care

- Telemedicine visits
  - Symptom management
    - Psychosocial screening
  - Counseling
    - Health promotion
  - Survivorship Care Plan
- E-Health self reports
  - Identify and monitor problems
  - Risk stratify care pathway
- Telephone
  - Counseling
    - Psychosocial
    - Health promotion
  - Reinforcement
    - Care plan implementation
  - Triage





Warrington L Acta Onc, 2015 Bomar K JCO supp, 2016 Cole-vadjic K JCO supp, 2016

### Survivorship Models of Care Research

- Develop a common understanding of "usual care" to compare with survivorship models
- Develop a common taxonomy for the various models of survivorship care
- Develop a set of outcomes that are important for each group of survivors based on their risk
  - Apply a common set of characteristics for evaluation
- Evaluate the content, delivery and utility of Care Plans to the recipients
- Assess cost of formal survivorship care and services in order to determine the value in terms of the individual/family and the health care system
- Identify the unique needs of survivors in underserved populations

Halpern, M. JOP 2015 Howell D. J Cancer Surviv, 2012