# Advanced Practice Provider
# *Dedicated Follow-up/Survivorship Clinics*

## The National Cancer Policy Forum
## February 11, 2019

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# Meetings to Address Workforce Issues

- IOM 2005        From Cancer Patient to Survivor
- ASCO 2006       Future of the Oncologist Workforce
- IOM 2008        Ensuring Quality Care through the Oncology Workforce

Overarching Question:

"Who will care for cancer survivors in the future?"

- Recommendations: *Changing traditional models of care*
  - Integrate & expand the role of APPs within the collaborative/team-based care model

1. Hewitt M, Greenfield S, Stovall E. IOM. National Academies Press, Washington: 2006.
2. ASCO Annual meeting June, 2007.
3. National Cancer Policy Forum, IOM, The National Academies Press, Washington, 2009.

# IOM Report 2006
## From Cancer Patient to Cancer Transition: Lost in Transition

- How many survivors receive comprehensive survivorship care?
  - Many are "*lost in transition*"
- Transition from active treatment to survivorship care
  - How is this accomplished & by whom?
  - How is the patient prepared for this transition & educated about plan?
- "Patients completing primary treatment should be provided with a comprehensive 1) *treatment summary* & 2) *follow-up plan* that is clearly & effectively explained."
  - Cancer type, treatments, & consequences
  - Timing & content of follow-up care

Hewitt, Greenfield, & Stovall (2005). *From Cancer Patient to Cancer Survivor: Lost in Transition.* The National Academies Press: Washington, D.C.

**2.**

## Key Findings

- **Supply of oncology visits will rise about 14%**
  - Aging workforce
  - Limited plans for new training slots
- **Demand for visits will be up about 48% by 2020**
  - Aging population (48% increase in incidence)
  - Increased cancer survivorship (81% increase)
- **Challenge for entire oncology care system**
  - Project a shortfall of 2,550 to 4,080 oncologists by 2020
  - Assuring access and quality care will require a concerted and multi-faceted effort and significant changes to practice of oncology
- **Study with alternate methodology confirmed findings**
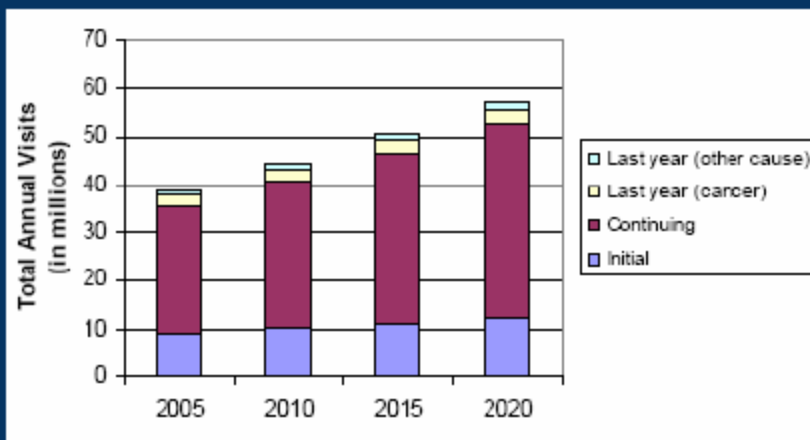
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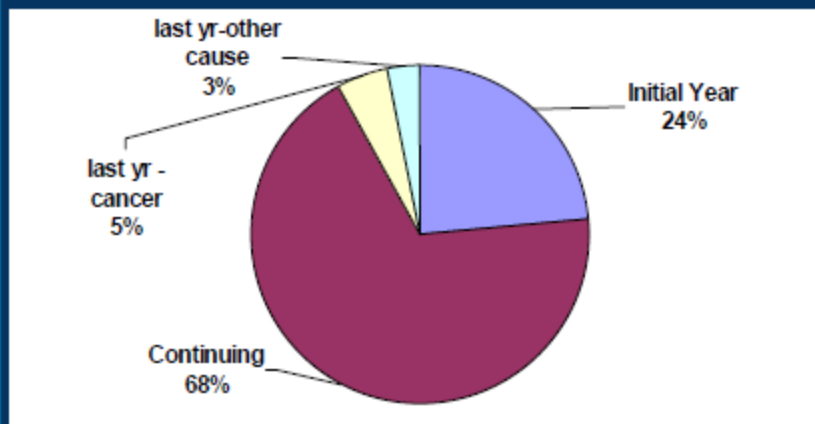


## Survivorship Care

By 2020, 81% increase in cancer survivorship

Oncologists Survey:
- 68% of oncologist visits are for continuing care

Initial Analysis:
- Collaboration with primary care providers and use of NPs/PAs
- Best practices for survivorship care

# *Ensuring Quality Cancer Care Through the Oncology Workforce*
## Institute of Medicine October 20-21, 2008

## Some Issues for Cancer Care  & Survivorship Care

Any model of cancer care & survivorship care that does not take into account:

- Increasing complexity cancer care
- Increasing complexity of survivorship care when done well
- Oncology workforce issues
- PCP workforce issues
- Financial considerations
- Space issues
- Need to provide care in academic & community settings

*Will likely not succeed in meeting the needs of these patients*

# *Ensuring Quality Cancer Care Through the Oncology Workforce*
## Institute of Medicine October 20-21, 2008

## Integrated Care Model

- Survivorship follow-up visits in all oncology collaborative practices
  - APP survivorship/follow-up visits at the end of treatment/yearly
  - Treatment summary & care plan completed & discussed
- Referral to Primary Care
  - **variable timing/disease specific**
- Education & information dissemination
  - patients, oncology/primary care providers, sub-specialists
- Outcome evaluation
  - patients & providers

# 2019
# Cancer Survivorship/Follow-up Care

# Penn Model: Goals
## Advanced Practice Provider (APP) Led
## Cancer Follow-up Care

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- Goal: Improving Patient Care through Clinical Practice reorganization
  - better survivorship/follow-up care
  - increased New Patient Visit slots in MD schedules
  - Increased ability to manage on-treatment patients

- Requires provider & administration buy-in & support

# Penn Model: Principles
## Oncology APP Led Cancer Follow-up Care

- Physician/administration supported model

- APPs provide independent survivorship/follow-up care
  - within the oncology practice
  - separate from acute care/treatment practice

- APP practice can occur within
  - Medical, surgical, or radiation oncology

- ***Good survivorship care = Good ongoing follow-up care***

# Practice Structure

- Follow-up visits within oncology practices

- APPs identified to lead the effort, and committed to provide care

- Medicine, surgery, radiation oncology all participate

- Non-redundant, efficient care supported by Penn developed pathways (when care transitions to follow-up clinic and which specialty follows pts
  - NCCN, ACS, ASCO, etc. guidelines used in development

- Financial decisions support model

# Models for Follow-up Care

## *1. End of Treatment patients*

- Options for Meeting NAPBC & COC standards
  1. Treatment APP does Survivorship Care Plan (SCP) at the end of treatment
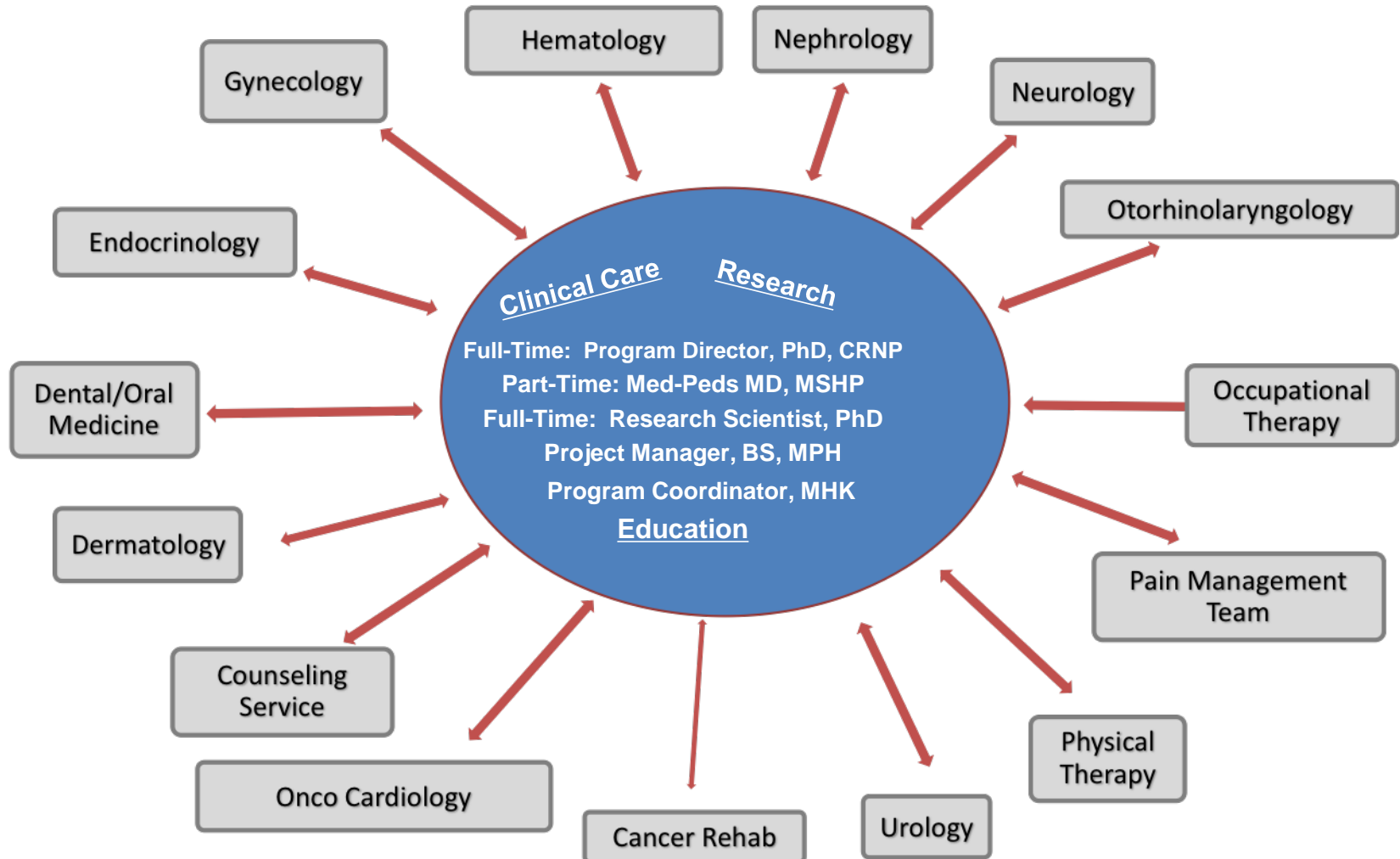  2. Consultation with APPs in follow-up clinics for SCP

## *2. Long term follow-up patients*

- Appropriate patients from practice referred to & seen in Follow-up Clinic
- NOT transferring care out of practice or to primary care (shared care with PCP who manages diabetes, etc)

# Metrics for Success

- Clinical practice reorganization
  - Data needed to support implementation and sustainability
    - Decreased new patient wait time/increase in new patients
    - Increase percent of new pts on physician schedules
    - Improved patient satisfaction
    - Increased revenue
    - Health economic implications of managing risk

# Coordination of Care and Research

Hematology

Nephrology

Gynecology

Neurology

Endocrinology

Otorhinolaryngology

Dental/Oral Medicine

**Clinical Care** **Research**

**Full-Time: Program Director, PhD, CRNP**
**Part-Time: Med-Peds MD, MSHP**
**Full-Time: Research Scientist, PhD**
**Project Manager, BS, MPH**
**Program Coordinator, MHK**
**Education**

Occupational Therapy

Dermatology

Pain Management Team

Counseling Service

Physical Therapy

Onco Cardiology

Cancer Rehab

Urology

# Lessons Learned at Penn

- All oncology patients should have
  - PCP/internist/family physician
- Transition some patients/certain diseases out of oncology (Risk Stratification)
  - Very low risk
    - Disease recurrence
    - Long-term/late effects
- Majority of patients stay in the oncology practices
  - Select low/moderate risk patients transition to APP follow-up clinic for that disease
- Ongoing challenge
  - Future directions aided by technology

# Goals for 2019

- Further development of guidelines & Penn pathways for follow-up care for each cancer

- On-going education for providers centered around risk-stratification model

- Continued endorsement by leadership to advance utilization of follow-up clinics & APPs

# Better Clinical Care Through Technology

- Use of Electronic Systems & Internet-Based programs
  - IT Integration of data into Electronic Health Record (EHR)
    - Web-based Interface
    - EHR data & Registry data mapped
      - Auto-populate
        - SCPs within EHR, within visit note
        - Appears in EPIC Encounter
  - Ongoing work with IT/EPIC groups
    - Better use/expansion of EPIC capabilities

**Thank you!!**