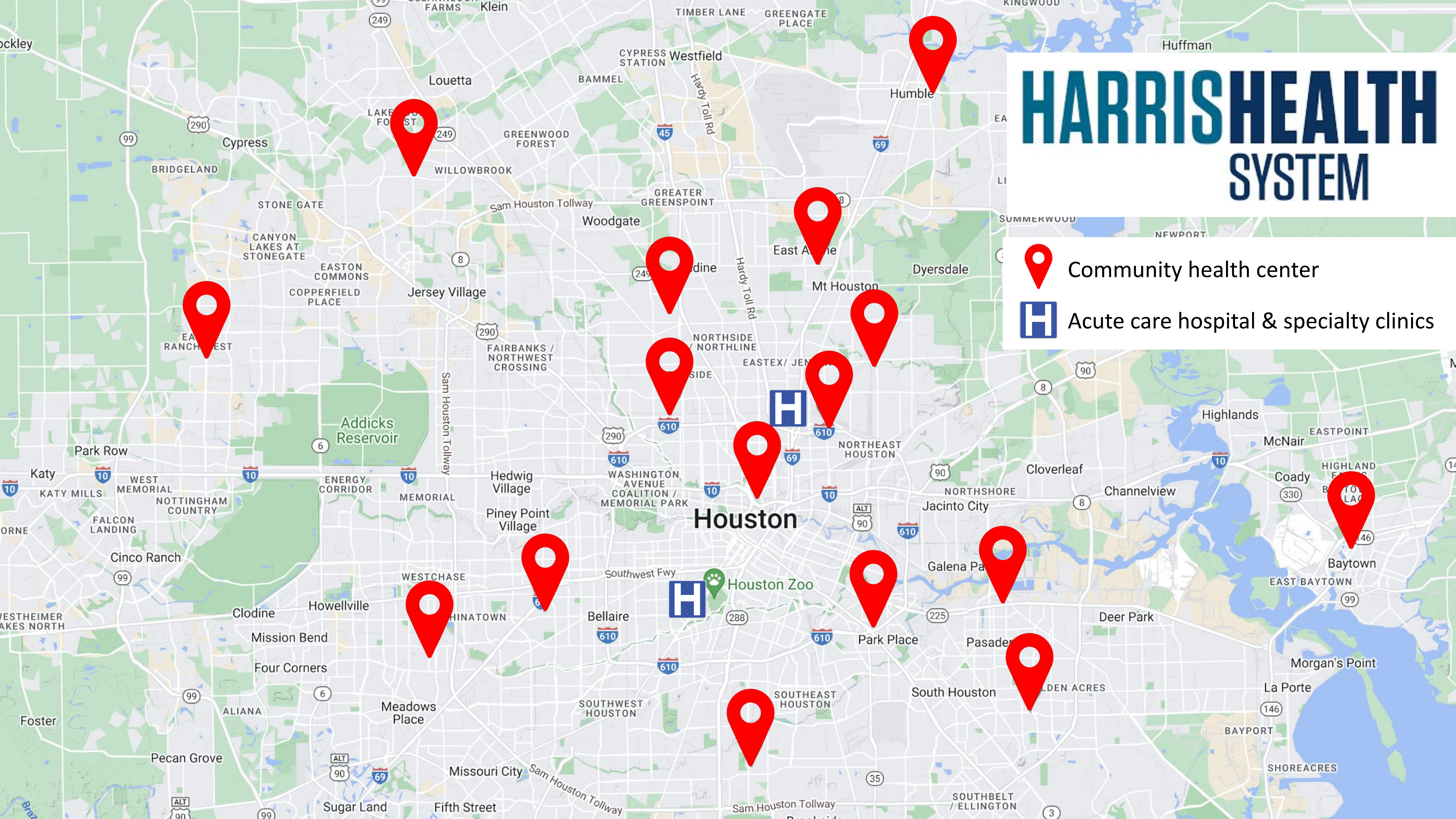
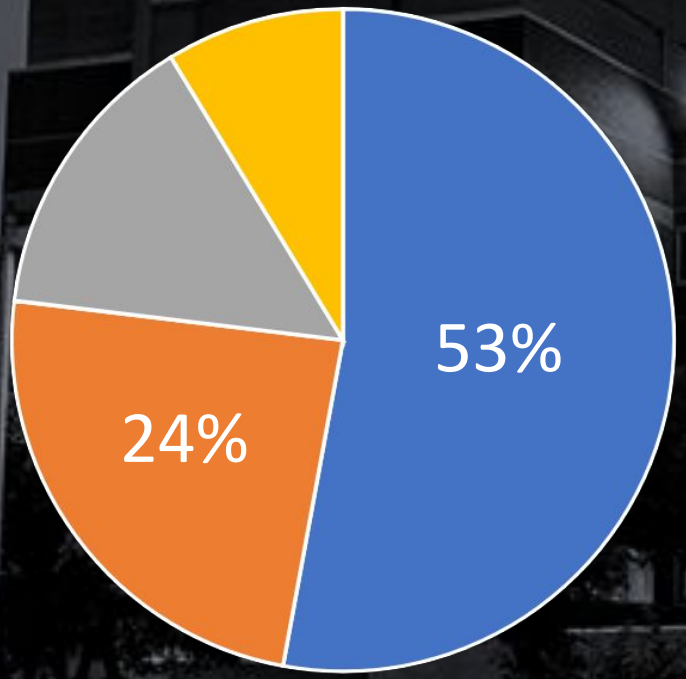
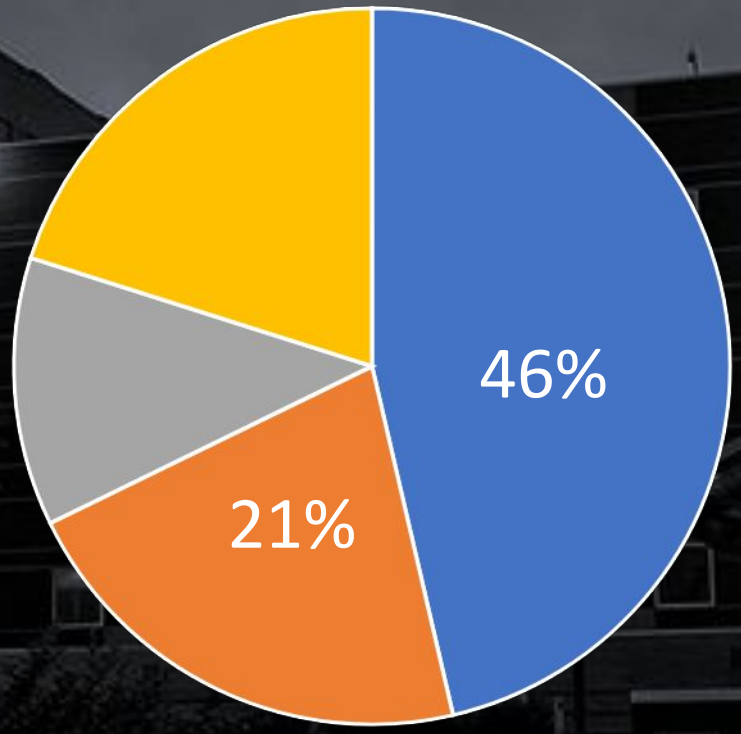

HARRISHEALTH
SYSTEM
Community health center
Acute care hospital & specialty clinics
Klein
Timber Lane
Greengate Place
Kingwood
Huffman
Cypress Station
Westfield
Louetta
Bammel
Hardy Toll Rd
Humble
Cypress
Greenwood Forest
Bridgeland
Willowbrook
Stone Gate
Sam Houston Tollway
Greater Greenspoint
Woodgate
Summerwood
Newport
Canyon Lakes at Stonegate
Easton Commons
Copperfield Place
Jersey Village
Mt Houston
Dyersdale
Fairbanks / Northwest Crossing
Northside / Northline
Addicks Reservoir
Highlands
McNair
Eastpoint
Park Row
Katy
West Memorial
Katy Mills
Energy Corridor
Memorial
Hedwig Village
Washington Avenue Coalition / Memorial Park
Northeast Houston
Cloverleaf
Northshore
Channelview
Coady
Jacinto City
Nottingham Country
Falcon Landing
Piney Point Village
Houston
Cinco Ranch
Westchase
Southwest Fwy
Houston Zoo
Galena Park
Baytown
East Baytown
Clodine
Howellville
Bellaire
Mission Bend
Park Place
Pasadena
Deer Park
Four Corners
Morgan's Point
South Houston
La Porte
Aliana
Meadows Place
Southwest Houston
Southeast Houston
Foster
Bayport
Pecan Grove
Missouri City
Shoreacres
Sugar Land
Fifth Street
Southbelt / Ellington

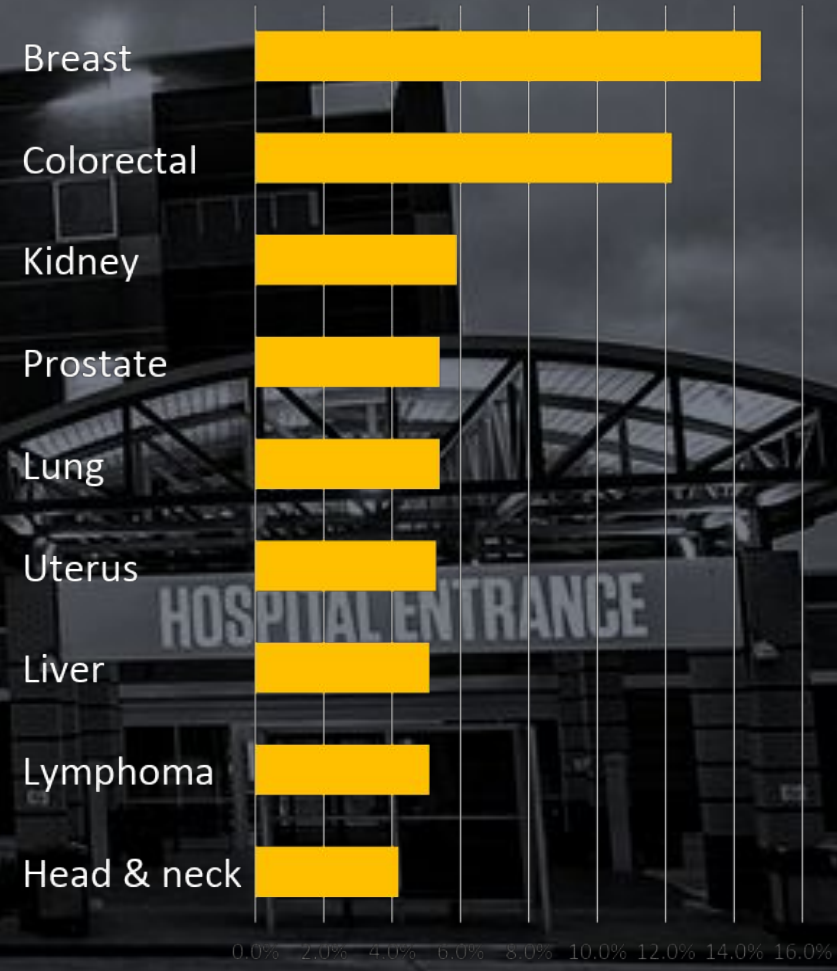
RACE & ETHNICITY



PAYOR

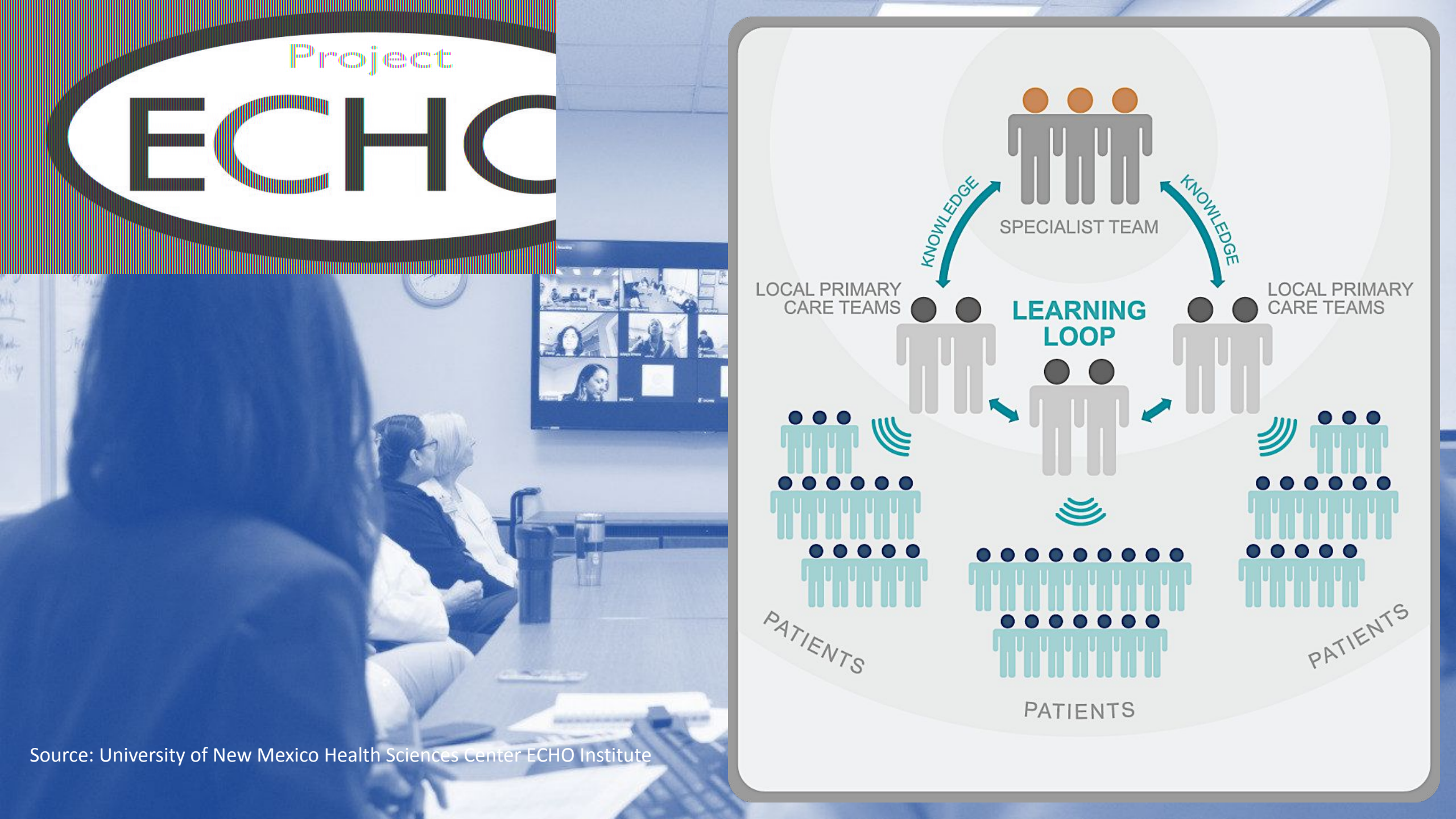


CANCER TYPE (LBJ)



Source: Harris Health System

Project ECHO



Source: University of New Mexico Health Sciences Center ECHO Institute


Project
ECHO

UTHealth / MD Anderson Cancer Survivorship ECHO

PIs: Bijal Balasubramanian, MBBS, PhD & Hilary Ma, MD

Funded by UTHealth-MD Anderson Population Health Initiative

Acres Home Health Center

Lyndon B. Johnson Hospital

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

Baytown Health Center

Unmute | Stop Video | Participants 17 | Chat 6 | New Share | Pause Share | Annotate | Remote Control | Apps | More

You are screen sharing | Stop Share

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Su

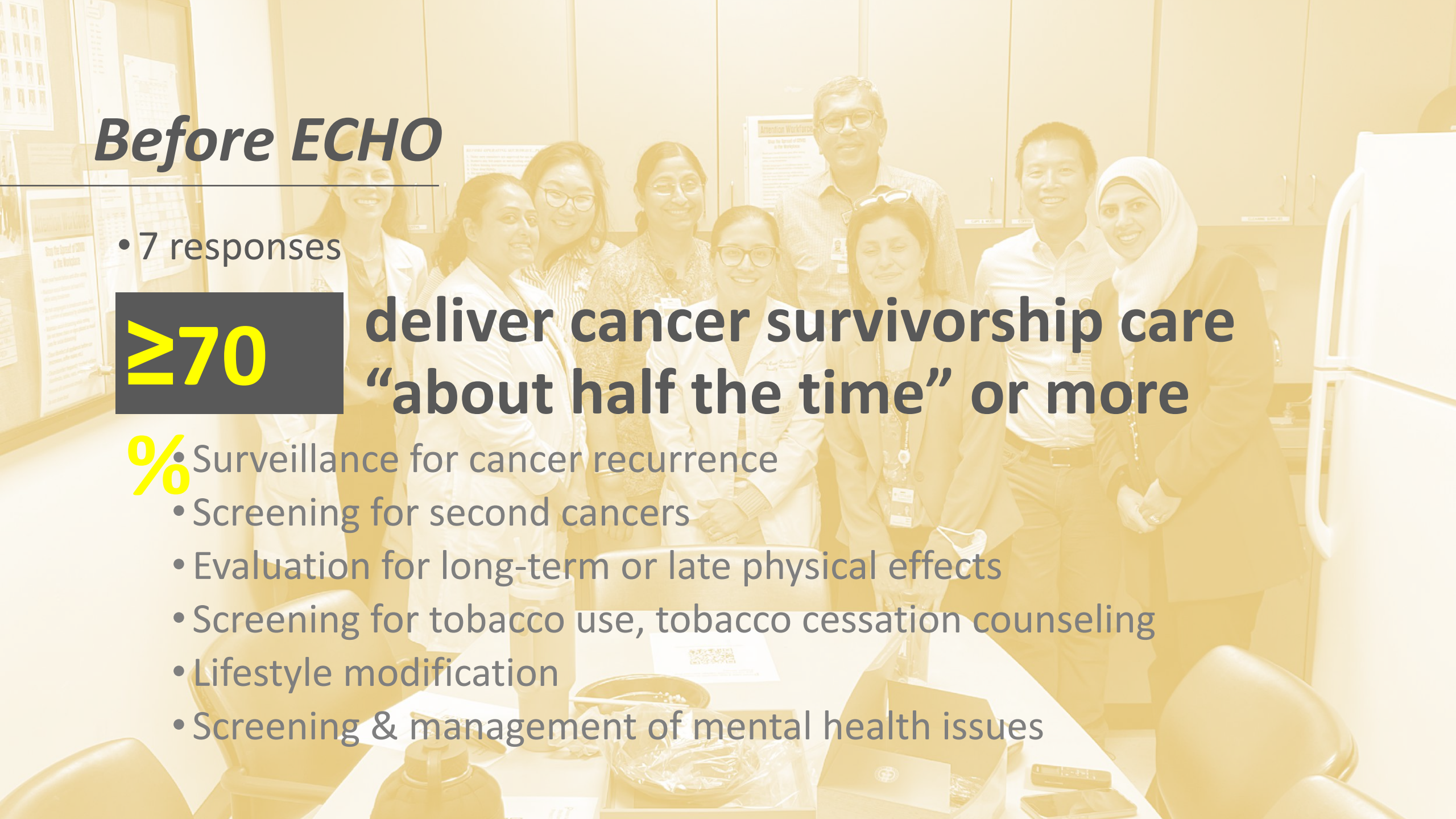
.M. Alma Rodriguez, MD, MACP
Professor, Department of Lymphoma-Myeloma
Medical Director, Survivorship Programs, M.D. Anderson Can

October 2022

UTHealth / MD Anderson Cancer Survivorship ECHO: Curriculum

Date	Topic	Speaker/discussant
Oct 2022	Principles of Cancer Survivorship	Dr. Alma Rodriguez, MDACC
Nov 2022	Breast Cancer Survivorship	Dr. Carlos Barcenas, MDACC
Dec 2022	Long-term Follow-up Care for Childhood, Adult & Young Adult Cancer	Dr. Rebecca Eary, UT Southwestern
Jan 2023	Lung Cancer: Case discussion	Dr. Aileen Chen, MDACC
Feb 2023	Energy Balance in Cancer Survivorship	Dr. Karen Basen-Engquist, MDACC
Mar 2023	Psychosocial Distress in Cancer Survivorship	Dr. Jose Arriola Vigo, UTH
Apr 2023	Lung Cancer Survivorship	Dr. Aileen Chen, MDACC
May 2023	Survivorship Care Plan: Workshop	Katherine Gilmore, MDACC
Jun 2023	Prostate Cancer Survivorship	Dr. Archana Radhakrishnan, University of Michigan
Aug 2023	Colon Cancer Survivorship	Dr. Benny Johnson, MDACC


Attention Workforce
Stop the Spread of COVID
in the Workplace
Attention Workforce

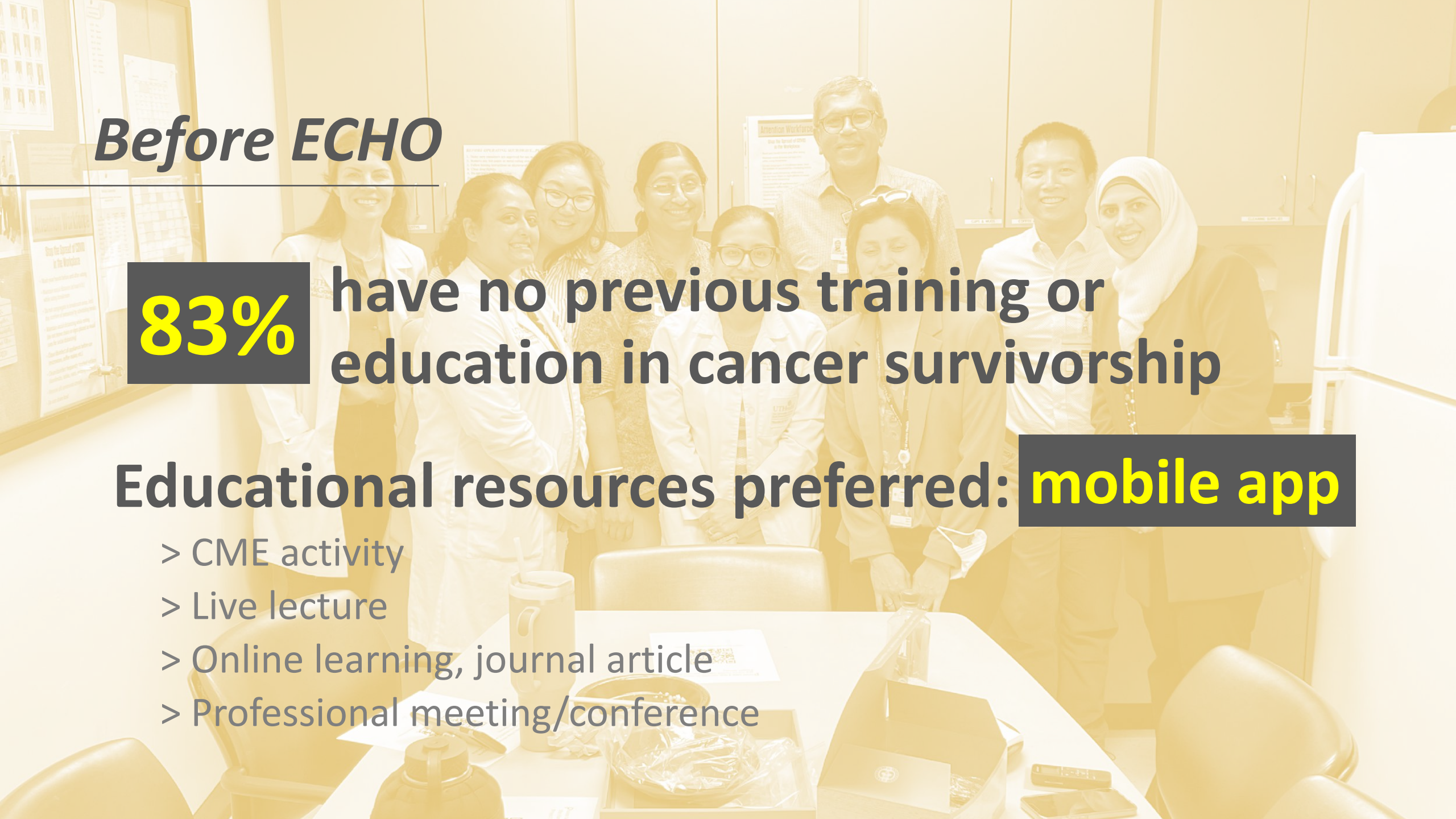


Before ECHO

- 7 responses

≥70% **deliver cancer survivorship care “about half the time” or more**

- Surveillance for cancer recurrence
- Screening for second cancers
- Evaluation for long-term or late physical effects
- Screening for tobacco use, tobacco cessation counseling
- Lifestyle modification
- Screening & management of mental health issues



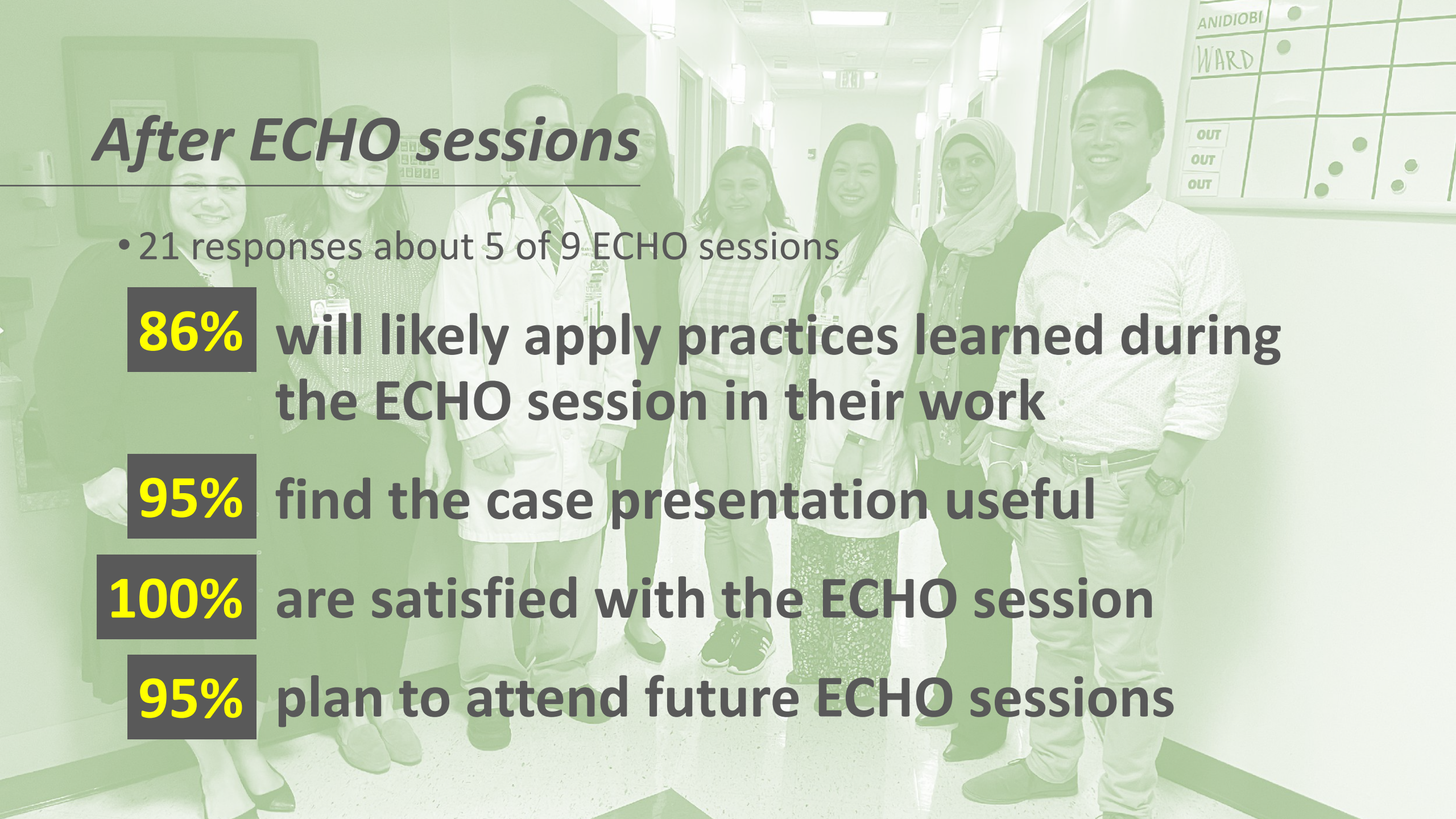
Before ECHO

83% **have no previous training or education in cancer survivorship**

Educational resources preferred: mobile app

> CME activity
> Live lecture
> Online learning, journal article
> Professional meeting/conference


ANIDIOBI
WARD
OUT
OUT
OUT
EXIT



After ECHO sessions

- 21 responses about 5 of 9 ECHO sessions

86% will likely apply practices learned during the ECHO session in their work

95% find the case presentation useful

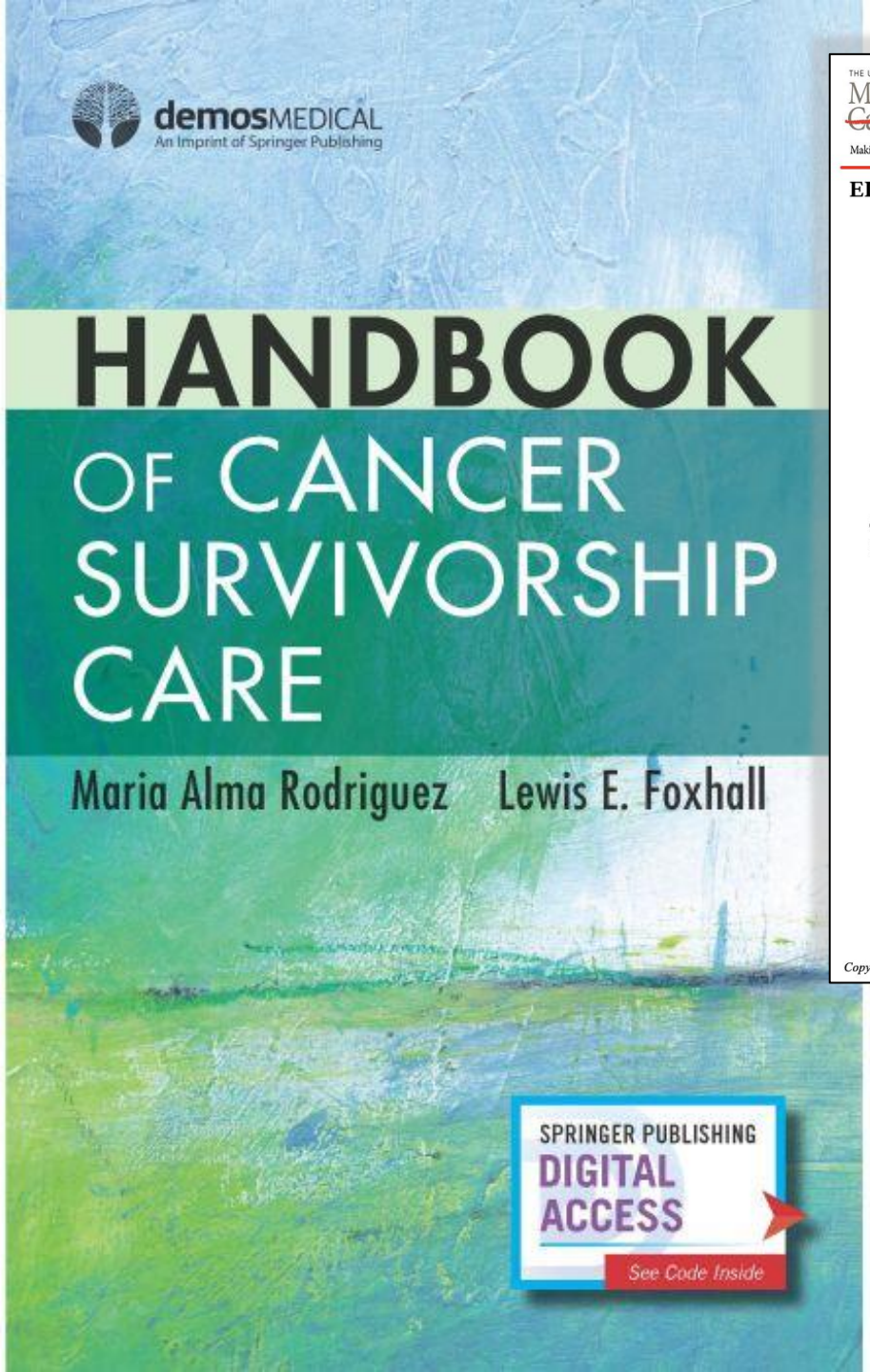
100% are satisfied with the ECHO session

95% plan to attend future ECHO sessions

Interviews

- 8 interviews with PCPs

Attending ECHO on a clinic day	*"[We] really want to be there. … If it is one hour [of ECHO], there are 4 or 5 patients [the healthcare system is] gonna lose, we're always worried about patient number and revenue associated with it. That's the main challenge."*
Learning from patient case presentation	*"… [cases presented so far have] a good balance of not going into too much detail [about cancer treatment] and presenting the after-treatment."*
Applying knowledge from ECHO into practice	*"We are PCP, we try to [address] overall health of the patient. … we just have to see if we can incorporate 5-10% of [knowledge from ECHO] into our practice, that will be very helpful."*
Communicating with oncologists	*"… quick [communication about] could this [symptom] possibly be related to their cancer diagnosis, or is it something that I need to work up."*



THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

Survivorship – Colon Cancer

Page 1 of 5

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

ELIGIBILITY CONCURRENT DISPOSITION

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Making Cancer History®

Survivorship – Invasive Breast Cancer

Page 1 of 5

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

Note: Mammograms may continue as long as the patient has a 10-year life expectancy and no co-morbidities that would limit the diagnostic evaluation or treatment of any identified problem.

ELIGIBILITY CONCURRENT DISPOSITION

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Making Cancer History®

Survivorship - Non-Small Cell Lung Cancer (NSCLC)

Page

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ELIGIBILITY

Non-small cell lung cancer 3 years post-treatment and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Category 1[1]
- Years 3 and up:
  - History and physical annually
  - CT chest/lung surveillance low-dose annually

Category 2[2]
- Years 3 to 5:
  - History and physical annually
  - CT chest with or without contrast every 6 months
- Years 6 and up:
  - History and physical annually
  - CT chest/lung surveillance low-dose annually

Positive findings?
- Yes → Return to prir treating physi
- No → Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

Assess for:
- Fatigue
- Cardiovascular screening[3]
- Pulmonary status
- Neuropathy

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment[4]
- Cancer screening[5]
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management and Hepatitis C Virus (HCV) Screening algorithms)
- Limit alcohol consumption
- Vaccinations[6] as appropriate
- Routine sun protection

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Depression
- Financial stressors
- Social support
- Access to primary health care

→ Refer or as indica

NED = no evidence of disease

[1] Category 1 = Stage I-II (primary treatment includes surgery with or without chemotherapy)

[2] Category 2 = Stage I-II treated with radiation or Stage III-IV

[3] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health

[4] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

[5] Includes breast, cervical (if appropriate), colorectal, liver, pancreatic, prostate, and skin cancer screening

[6] Based on Centers for Disease Control and Prevention (CDC) guidelines

Department of Clinical

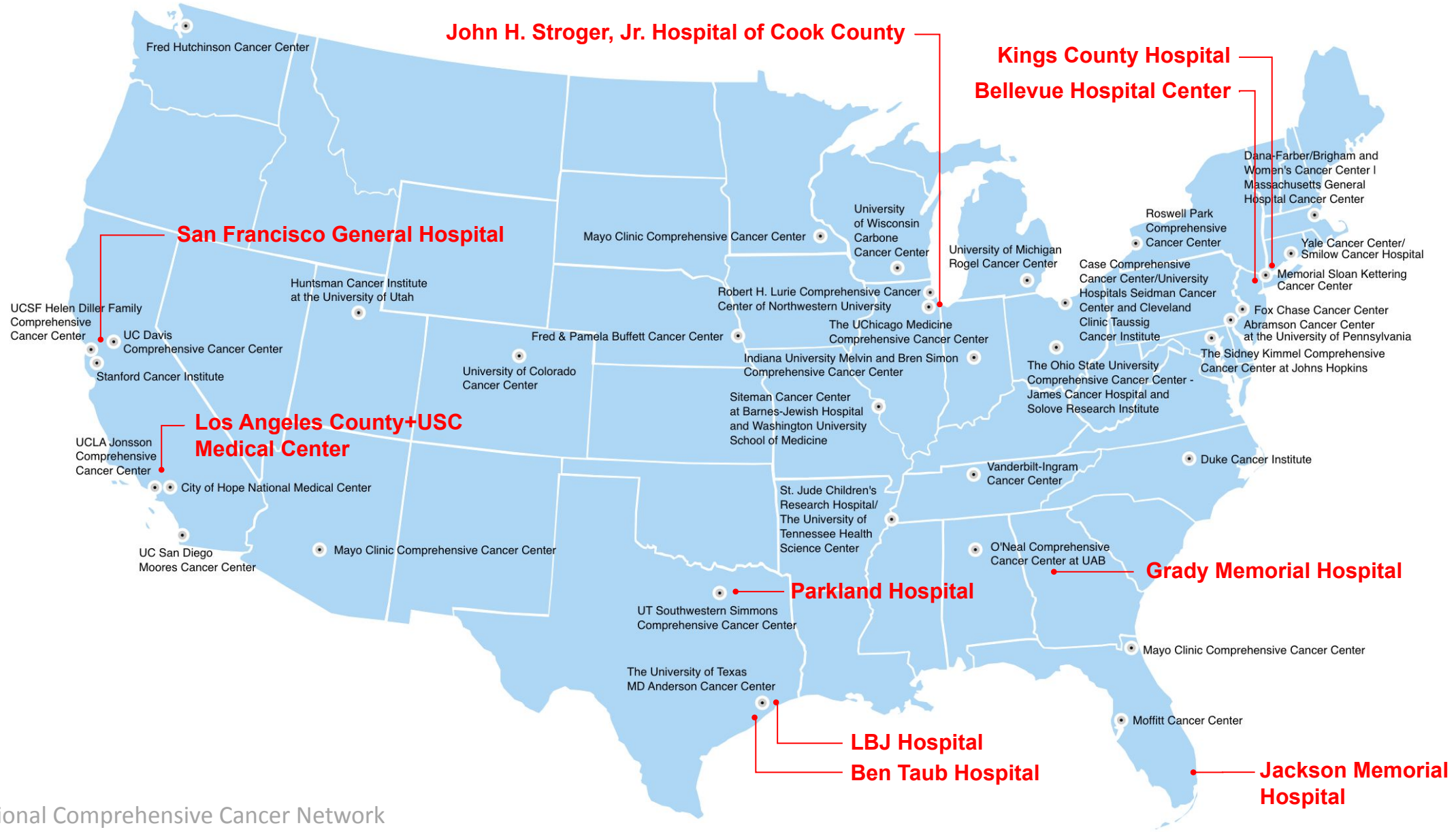
Approved by the Executive Committee of the Medical Sta

Source: MD Anderson Cancer Survivorship Algorithms

Lessons learned + next steps

- **Be flexible & adaptable** – in design and execution of ECHO sessions
- **Strengthen relationships** with PCPs at Acres Home & Baytown Health Centers – assess unmet local needs
- **Expand ECHO** – include other HHS community health centers
- **Fine-tune curriculum** – broaden coverage of topics (2-year curriculum); management-focused content
- **Revisit outcome measures** – quantify changes in practice pattern
- **Apply for funding** – *Addressing the Primary Care Needs of Cancer Survivors* (NCI U01)

NATIONAL CONSORTIUM



Source: National Comprehensive Cancer Network