Implementing Cancer Treatment Planning
Lessons Learned in Survivorship Care Planning (SCP)

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SCP Experiences

- ACS funded study of survivors and primary care providers preferences regarding SCP
- CDC funded study implementing SCP in early stage colon cancer survivors
- Clinical practice with women with breast cancer

Take Home Messages

- SCP are tools while survivorship care is a process
  - Tool should be used at multiple time points across continuum
- One size does not fit all
  - Patient centeredness warrants varied options
  - Primary care providers have different needs
- Until IT issues are resolved, this will be a laborious effort
- This is not an evidence-based intervention; outcomes need to be identified and measured. Need to answer the ‘so what’ question before full buy in.

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Survivor Focus Groups

- 4 groups
  - 29 survivors
    - Mean age 55.6 (20-82)
    - 23 women; 6 men; 21 Caucasian, 8 AA
    - 19 breast, 6 gyn, 3 prostate, 2 colon, 2 NHL, 1 thyroid
- Shown 5 SCP templates created for same fictitious patient
  - Journey Forward
  - LAF/Oncolife
  - ACS
  - 2 Homegrown variations

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Survivor Focus Groups

"In the beginning you just don't know. Lightning has hit you. You don't want to think about this until you've gone through some of the treatments."

"The words we are hearing for the first time are part of your vernacular but not ours. Be patient and make sure we understand what you are telling us."

Survivor Focus Groups

- Findings
  - Most report receiving information verbally
  - Confused about who to call about what
  - Most verbal information is about next visit or next tests
  - Obvious when oncology team and PCP are/aren't on the same page
  - No one addresses health promotion or nutrition
  - Journey Forward format preferred

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Survivor Focus Groups

"I was given a lot of information but I didn't feel like reading it. I felt like I was living it. And you don't want to read something."

Survivor Focus Groups

- Survivors want:
  - Print and web-based information
  - Diagnosis information at time of diagnosis
  - Treatment plan at time of treatment
  - Resources [local] up front
  - To know what recurrence looks like
  - More health promotion, nutrition, etc. at transition off treatment
  - Information for family
  - *Peer* navigators

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What would you do with a SCP?

- Use it in discussions with my doctor or health care provider.
- Use it in my discussions with family and friends.
- Use it to change my lifestyle and health habits.

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Survivor Focus Groups

"I wish I had something like this. It is very helpful….it will tell you things you don't remember, dates that you don't remember."

"Providers need to talk to each other so we don't hear different things from different providers."

PCP Interviews

- 5 in-depth interviews
  - Public health, community and academic family practices
  - All had cancer survivors in patient panel
- Showed the same 5 SCP templates as survivors

PCP Interviews

- Communication varied from awful to good based on relationship (or lack of)
- Continuity with patient varied
- Patient often kept PCP in loop
- If access to EHR more informed
- Scaled down version of Journey Forward preferred

PCP Interviews

- Findings: What they want
  - Will put in patient record for next visit
  - Needs to be short and sweet
    - Diagnosis
    - OVERVIEW of treatment (no acronyms)
    - What to look for recurrence/late effects
    - What surveillance is needed and who will do it
  - Provide resources/references
    - Either citation, link, or .pdf

CDC Study in Colon Ca

- Time to complete ≥ 1 hour depending on whether chemotherapy used
- Delivery of Journey Forward provides more structure to usual visit but doesn't add much time
- Patient and PCP evaluation ongoing (10/11)

Breast Cancer Clinical Practice

- Developed by someone else
- Deliver SCP during transition visit or first survivorship visit
- Code for time of visit with detailed notes on % of time spent delivering/counseling on survivorship care

How can models of cancer treatment planning be evaluated and disseminated to encourage broader implementation?

Evaluation

- Answer the '*so what*' question
- Patient/PCP satisfaction
- Better adherence to surveillance

Dissemination

- Make development easy (IT, standing orders)
- Patients/PCP should expect as standard of care

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What are some of the lessons from different models of treatment planning that could improve implementation and quality of cancer treatment plans?

- Get buy in from providers
- Automate reminders for delivery
- Automatically create SCP for review within EHR
- Ability to modify templates for practice, population, local resources

In what ways can electronic health records facilitate cancer treatment planning? What electronic tools can assist the formation and discussion of a cancer treatment plan with a patient?

- Need to have menu of options to personalize it
  - Amount of *understandable* information
  - Local resources
- Need to populate template if within EHR
- If external, need interface or ability to include it in EHR

Can quality metrics facilitate implementation of cancer treatment planning? What metrics are important for assessing the effectiveness of cancer treatment plans?

- Tumor registry involvement to track?
- Patient satisfaction?
- Patient: provider communication?
- Surveillance adherence?

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