Models of Care Delivery Aligning Programs with Patient Needs

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Making Cancer History®

Effective triage and referral: What's needed?

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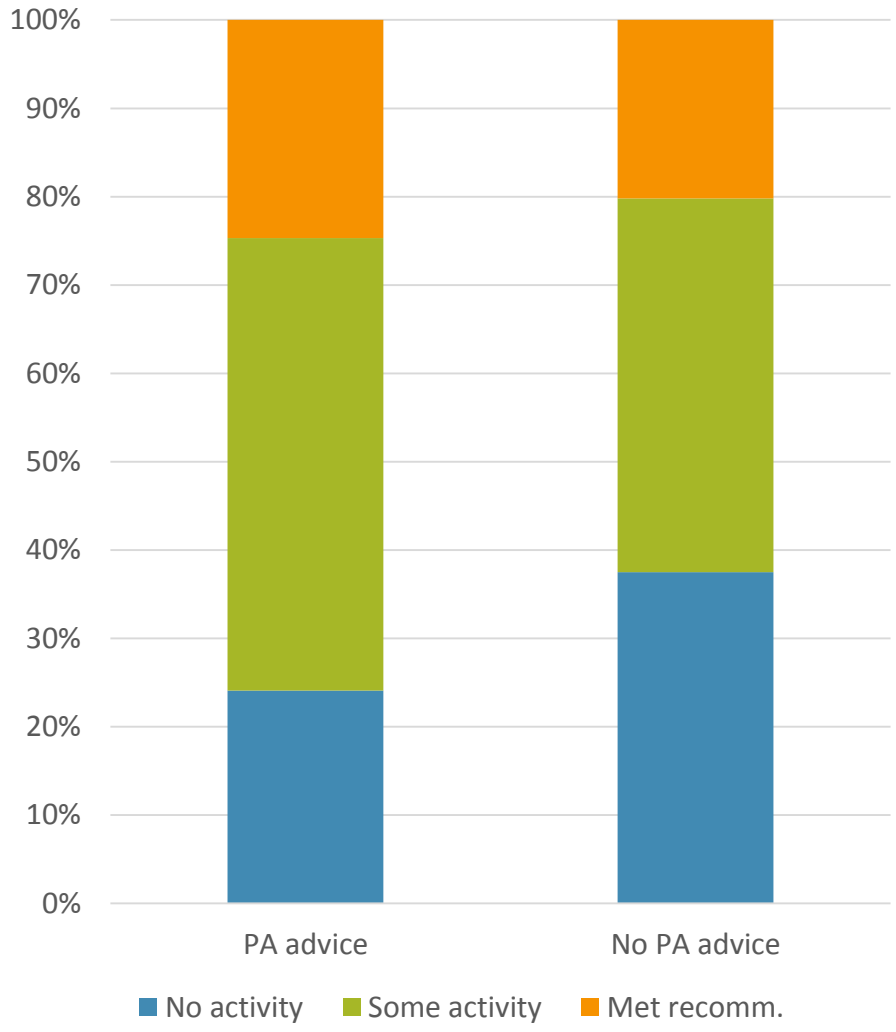
Provider advice can support behavior change

Fisher et al BMJ, 2015

- 15,254 cancer survivors in UK National Health Service, 2010-2011
- Those who recalled advice from provider
  - more likely to be active
  - more likely to meet recommendations

Only 31% recalled receiving advice about PA from provider

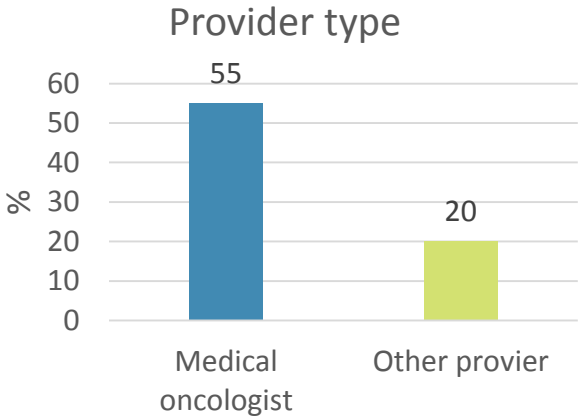


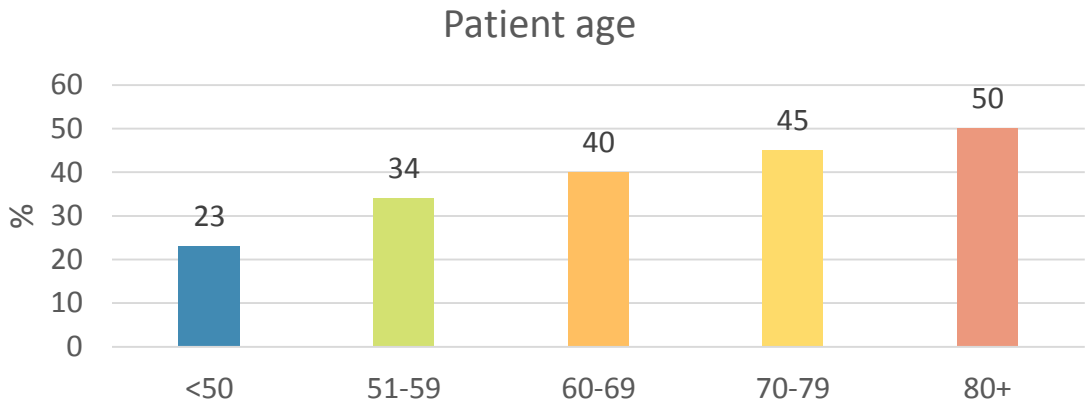
Fisher et al BMJ, 2015

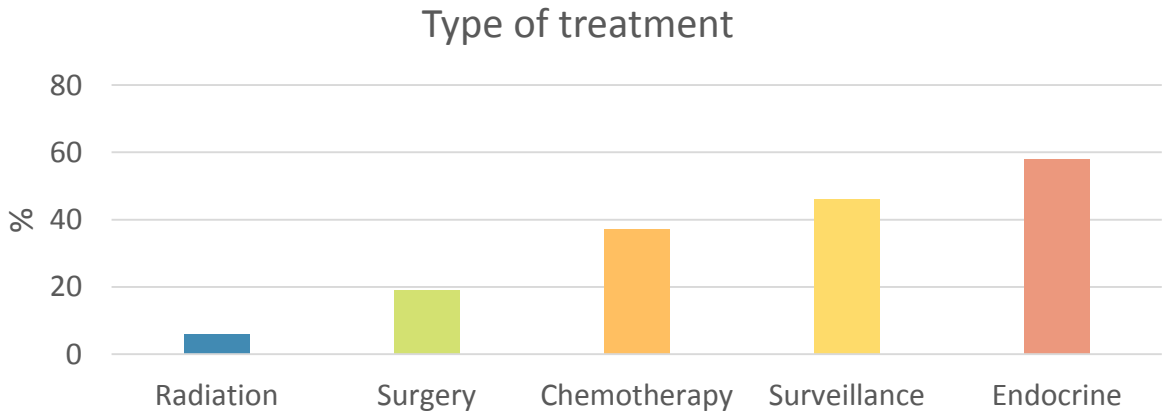
Are Providers Asking/Advising?

Nyrop et al, Cancer, 2016

- Chart review of clinical encounters with early stage prostate, breast, colorectal cancer patients
- Identified documentation of inquiries or recommendations related to physical activity
- 55 oncology providers, 361 encounters
- Overall, 35% of the encounters included discussion of PA








Ask/
Advise
Assess:
Physical condition
Assess:
Interests,
experience

ACSM exercise screening recommendations

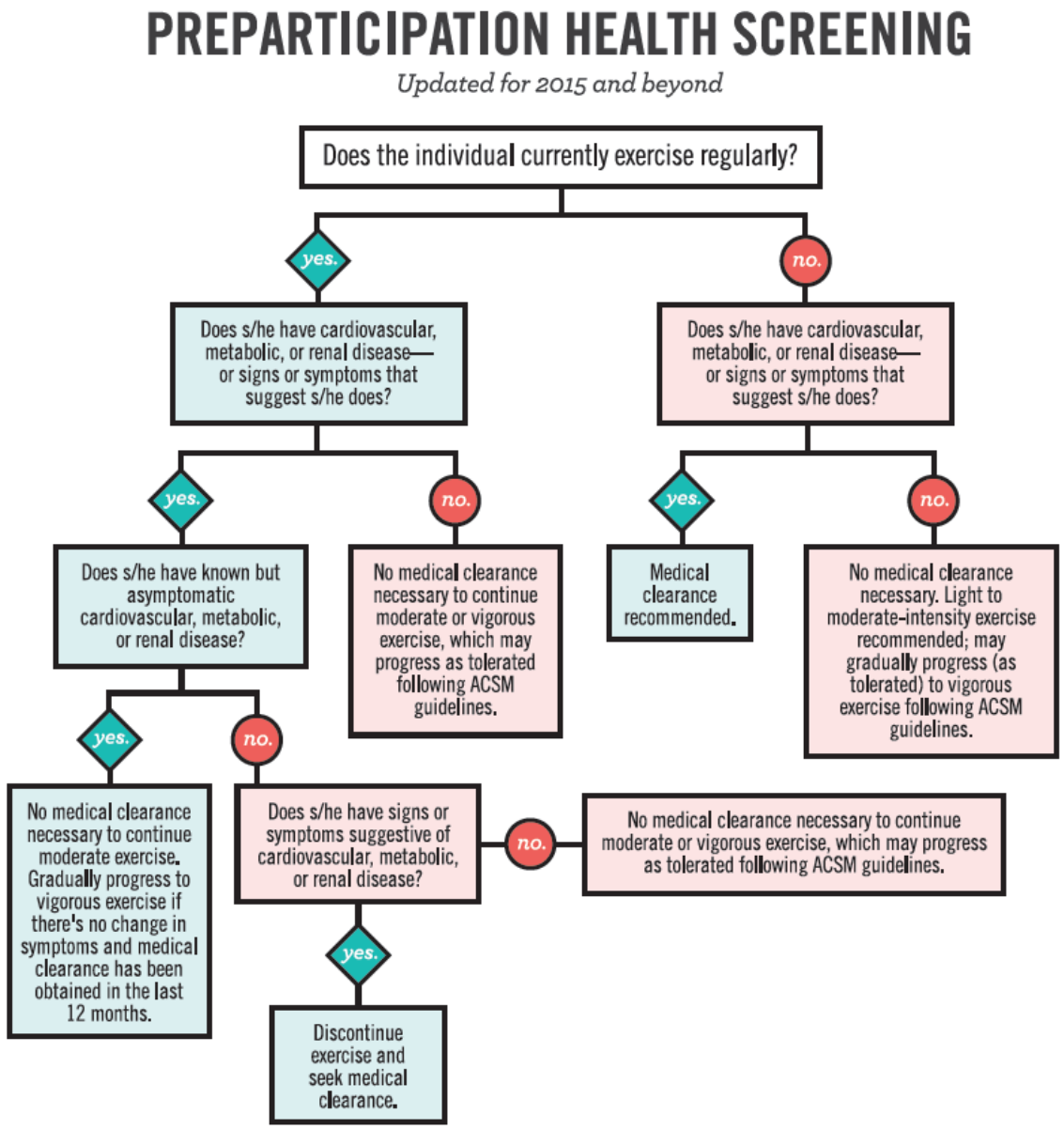
Riebe et al, MSSE, 2015

To consider before starting an exercise program

- Current activity level
- Sign/ symptoms of certain disease
- Desired intensity level

For cancer survivors (Schmitz, MSSE, 2010)

- Fracture risk, lymphedema, neuropathy, ostomies



Risk level of patient/survivor						
	Patient/survivors experiencing cancer sx or side effects of treatment that could make exercise riskier.	Consult with physician prior to exercise	Cancer rehab	Cancer rehab	Cancer rehab	Cancer rehab
	Patient/survivor at increased risk for symptoms/ side effects of treatment that could make exercise riskier (e.g., lymphedema)	Community/home based program	Consult with physician prior to exercise	Supervised exercise program, cancer-specific	Supervised exercise program, cancer-specific	Cancer rehab
	Patient/survivor with comorbidities in need of management (e.g., moderate hypertension	Community/home based program	Consult with physician prior to exercise	Consult with physician prior to exercise	Supervised exercise program, cancer-specific	Cancer rehab
	Post-treatment survivor, with comorbidities/symptoms that are known to benefit from physical activity (CVD, fatigue, constipation, metabolic syndrome, etc.)	Self-selected activity, self-monitoring	Community/ home based program	Consult with physician prior to exercise	Consult with physician prior to exercise	Supervised exercise program, cancer-specific
	Post-treatment survivor, no/well-managed comorbidities, minimal treatment side effects	Self-selected activity, self-monitoring	Community/ home based program	Consult with physician prior to exercise	Consult with physician prior to exercise	Supervised exercise program, cancer-specific
		Reduce sedentary behavior, light intensity	Moderate-intensity aerobic	Vigorous intensity aerobic	Strength training	Other, e.g., high-intensity interval training
		Risk level of activity Low ←----------→ High				

Risk level of patient/survivor					
	Patient/survivors experiencing cachexia, severe sarcopenia	Consult with physician/dietician	Dietician counseling	Dietician counseling	Medically supervised/ research study
	Morbidly obese (BMI ≥40, or ≥35 with obesity-related co-morbidities)	Community/home based program	Consult with physician/dietician	Dietician counseling	Medically supervised/ research study
	Overweight or obese	Community/home based program	Community/home based program	Dietician counseling	Medically supervised/ research study
	BMI < 25	Community/home based program	Community/home based program, short term only, for weight gain prevention	Not recommended	Medically supervised/ research study
		Healthy guidelines-based nutrition/ eating behavior	Weight loss program, 1-2 lb loss per week	Weight loss program, targeted loss > 2 lbs per week	Other, e.g., ketogenic diet
		Degree of risk in activity Low ←----------→ High			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Intervention Settings

- Home-based
- Community-based
- Clinic-based

Home-Based

- Print materials
- Videos
- Smart phone apps and wearables
- Social media interventions
- Telephone/video conference coaching

Community-Based

LIVE STRONG .COM

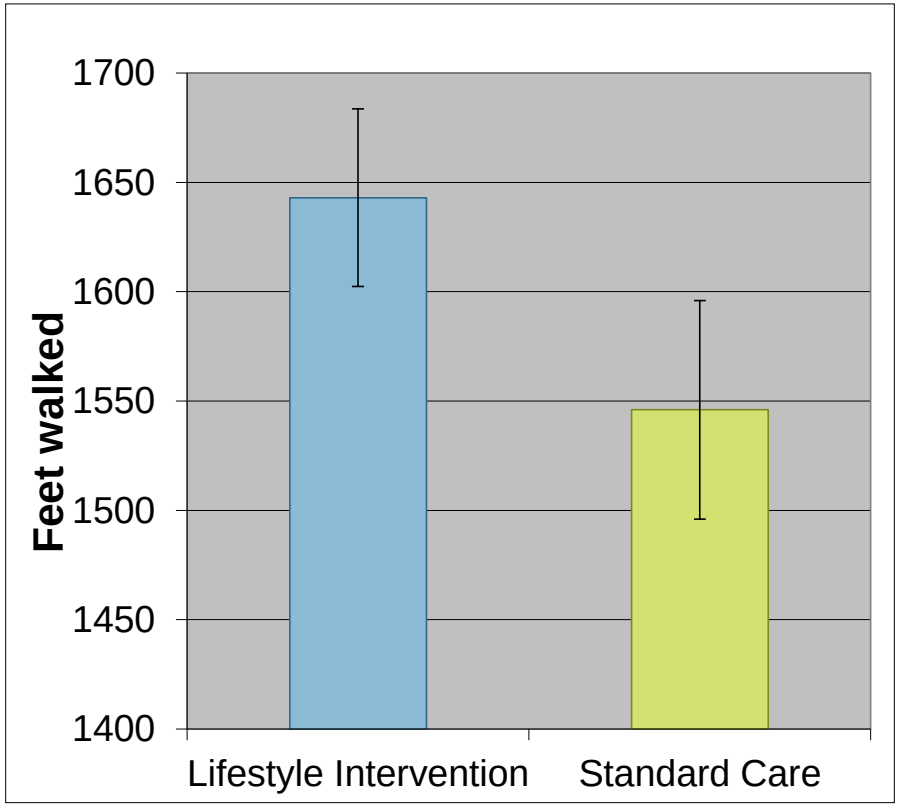
the YMCA

weightwatchers

Active Living after Cancer: Lifestyle Physical Activity Intervention for Cancer Survivors

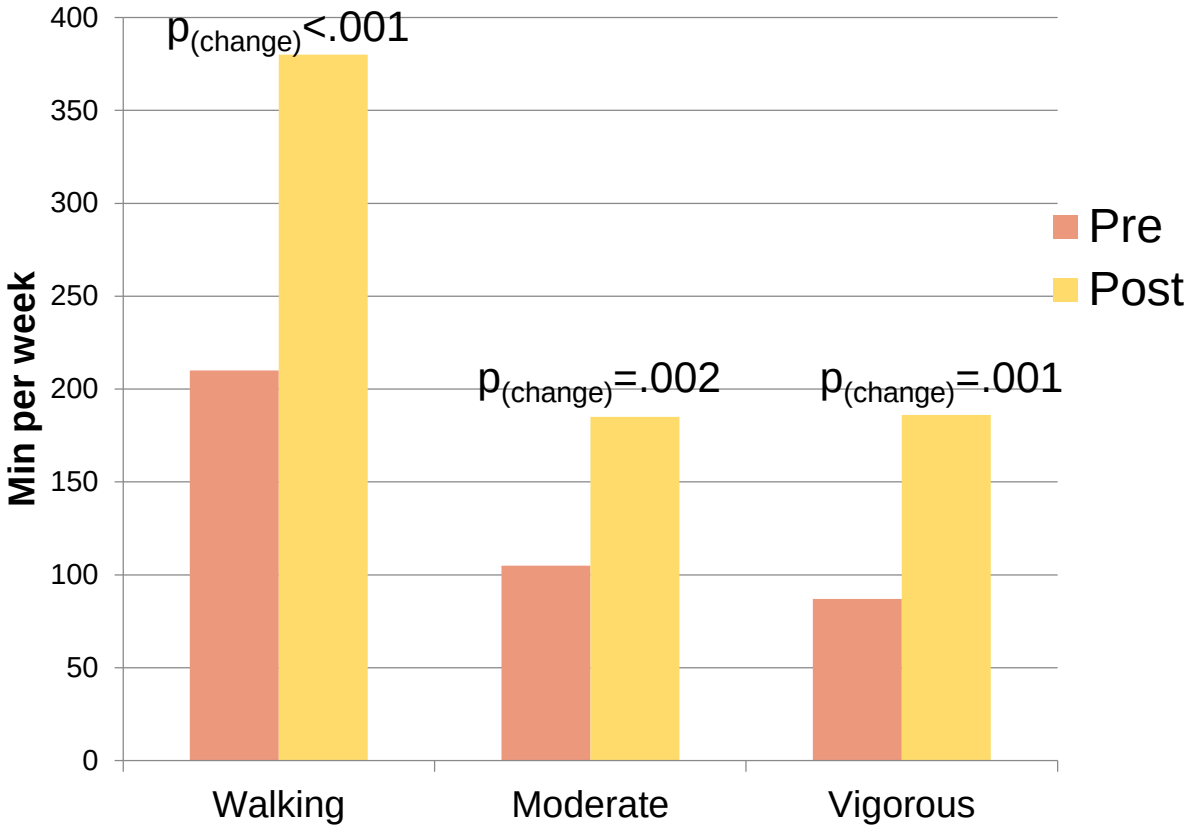
- Intervention group had higher self-efficacy, lower cons, increased use of some changes processes, increased stage of change
- QOL benefits: Increased physical functioning, improvements in general health, pain, & role limitations
- Received state funding to disseminate in the Houston community (CPRIT)

- **At 6 months, survivors in the LPA intervention could walk farther in 6 minutes than controls (p=0.005).**

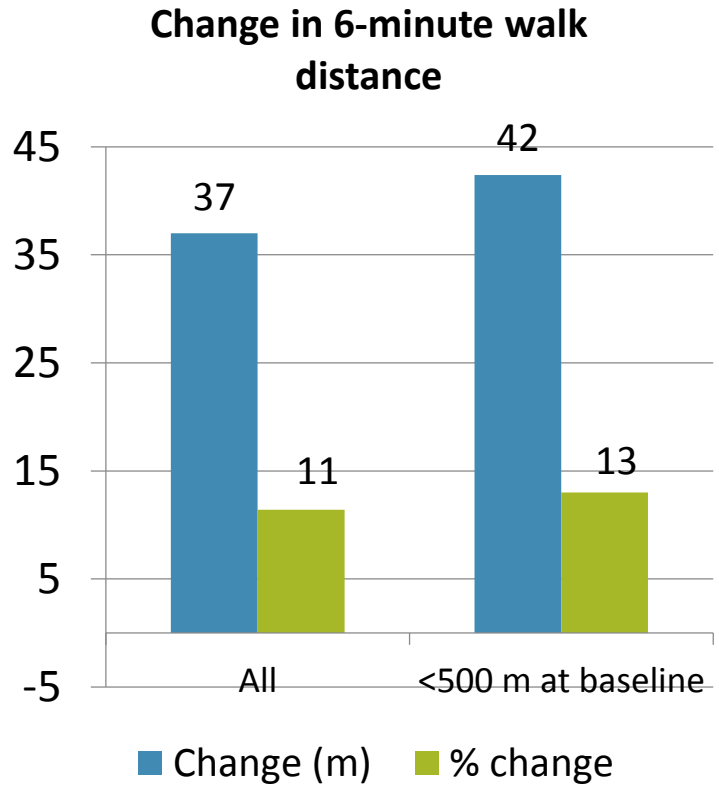


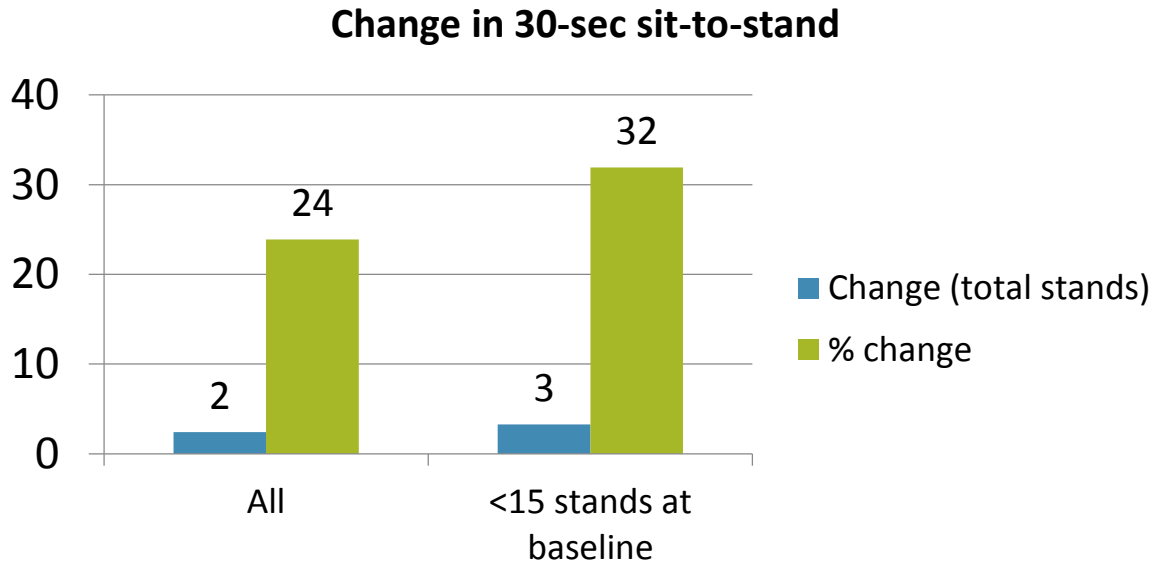
Basen-Engquist et al., Patient Education and Counseling, 2006

Results in the community program



% with ≥ 150 Moderate-Vigorous PA min/week: 36.2% at Baseline; 65% at end of program





Clinic-Based

- Rehabilitation programs
- In-patient exercise and nutrition programs
- Nutrition programs, community dieticians
- Medical weight loss programs

Important program referral considerations

- Program quality and reliability – how to do providers know what to recommend
- Do we need cancer-specific programs
  - May depend on health condition of the survivor, the risk level of the activity, comfort level of the survivor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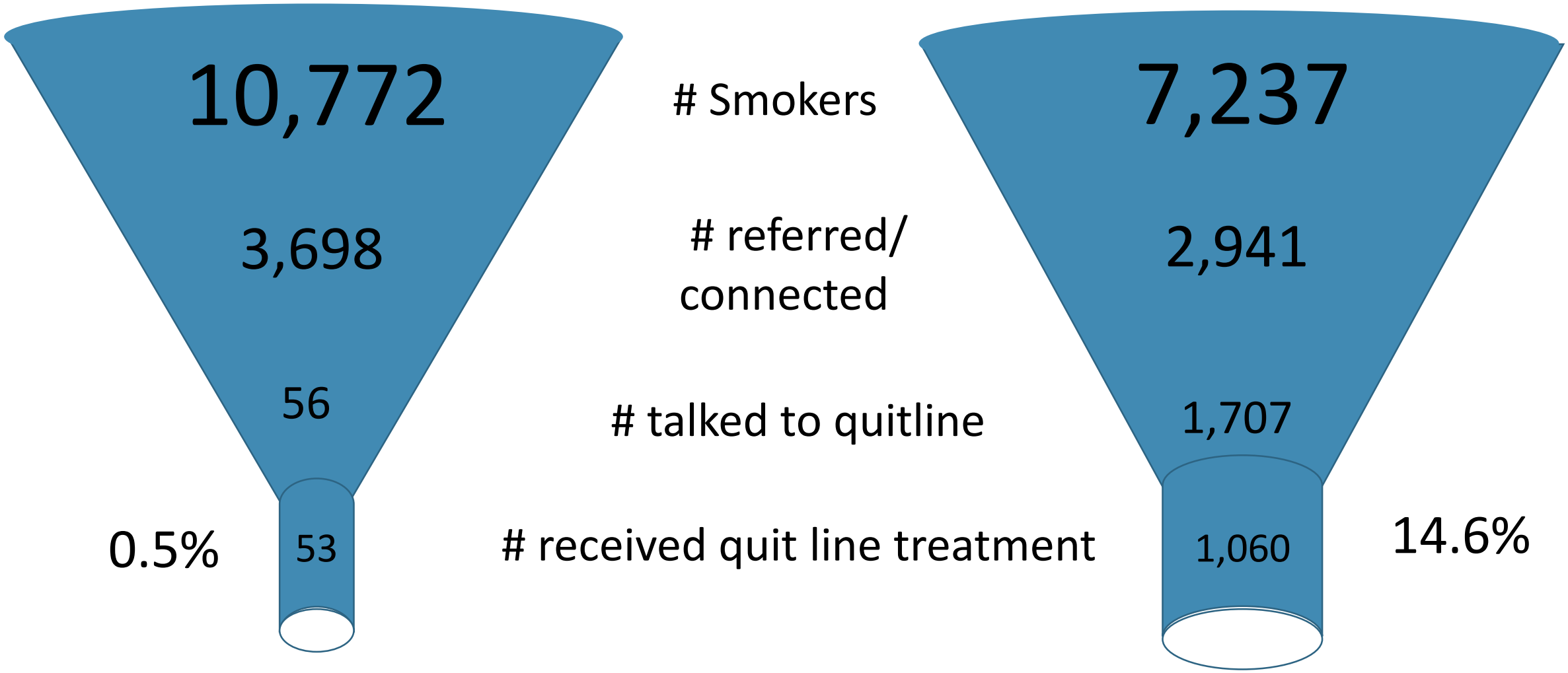
Increasing uptake of tobacco quit line treatment

J. Irvin Vidrine et al, JAMA Internal Medicine 2013, Am J Prev Med, 2013



Putting the pieces together

- Need to take evidence-based programs and study models of implementation and dissemination
- In screening, consider patient health condition and interest/desires of patient
- Learn from those who have gone before…
- Think about more active models than referral only
- Move toward better/consistent program standards for a variety of programs