# Real World Examples of Providing Multidisciplinary, Multispecialty Expert Care for Individuals with Cancer

## *Rehabilitation Medicine Care Models*

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# Rehabilitation Services in Oncology
## *Embedded Care Delivery Models*

- Rehabilitation provider co-located in the cancer care clinic
- Screening and consultative service for functional needs is provided at point of cancer care
- Low intensity interventions may be provided (education, exercise advice, connection to local resources)
- Referrals are generated based on functional need
- Examples
  - Clinically-integrated rehab professional
  - Rehabilitation navigation program
  - Embedded processes for screening and triage within the EHR
  - Remote interventions

# Embedded Rehabilitation Care Delivery
## *Foundational Principles*

- Rehabilitation Clinician-driven, PRO supported
- Embed processes into clinical workflow
- Based on the Prospective Surveillance Model:
  - Screen at repeated intervals
  - Identify functional deficit
  - Stratify severity of need
  - Decide on next best step in care
- May be a billable service depending on structure and/or next best step in care
- Warm hand offs between providers improve patient confidence and follow up

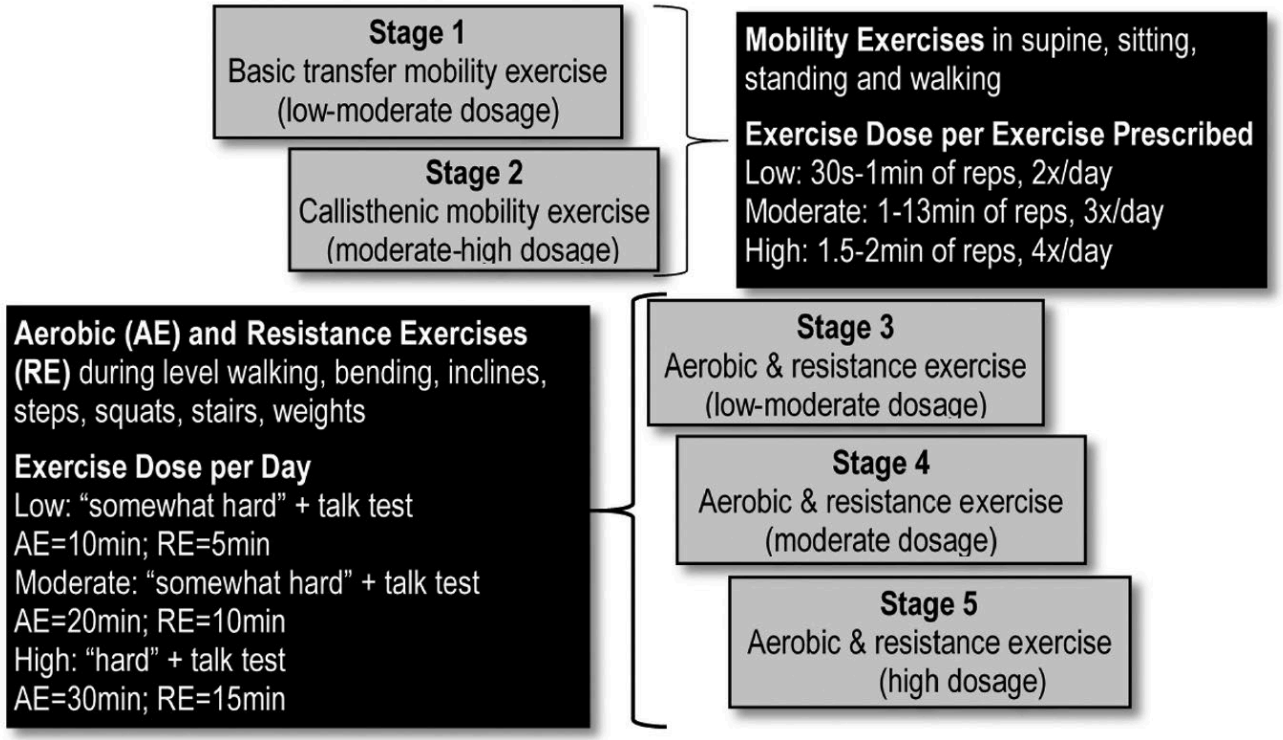
# Clinically Embedded Therapist Model

## *Huntsman Cancer Institute*

### *Precision Exercise Prescription in Patients with Lung Cancer Undergoing Surgery*

- Baseline and repeated measures
  - Brief PT consultation to review PROs and conduct clinical performance measures
    - 6MWT, Short physical performance battery
  - Provides intervention at point of service
  - Connects to appropriate support services within system or community
- Scaled to HSCT service

*Pragmatic, barrier-free, patient-centric, data-driven approach to integrating rehabilitation as part of standard care*




AM-PAC stage: exercise mode and dose. AM-PAC, Activity Measure for Post-Acute-Care.

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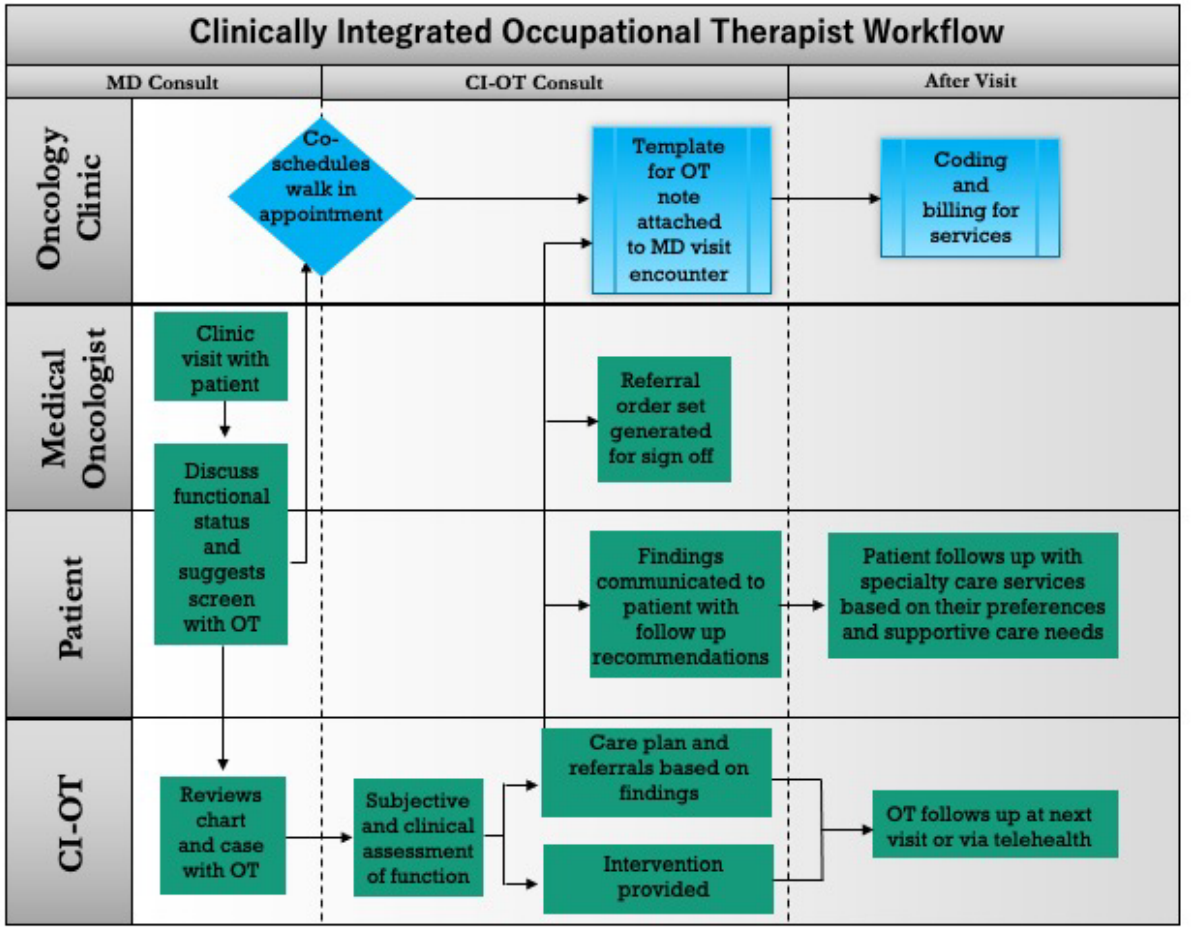
*Trial registration number NCT03306992.*

*Ulrich, CM, Himbert, C, . . . Varghese, TK (2018). BMJ open, 8(12), e024672. doi:10.1136/bmjopen-2018-024672*
*Barnes, CA, Stout, NL, Varghese, TK, Ulrich, CM.,. . . LaStayo, PC (2020). Phys Ther, 100(3), 543-553. doi:10.1093/ptj/pzz169*

# Clinically Embedded Therapist Model
## *WVU Cancer Institute Brain Tumor Clinic*

*Implementing a Care Delivery Model to Improve PRO Guided Care for Patients with Brain Tumors*

- Occupational Therapist (OT) embedded care model
  - Co-located, tandem schedule to Neuro Oncologist
  - Oncologist assesses performance -> OT follow up to screen and provide next best step in care.
- PROMIS Cancer Function Brief 3D PRO*
  - Introduced to patient at check in
  - OT to review and guide care




**The PROMIS Cancer Function Brief 3D Profile is sensitive to changes over time in patients with cancer. The measure may be useful in clinical practice and as an end point in clinical trials.*
*Smith SS et al. (2022) Cancer, 128*(17), 3217-3223.
doi:10.1002/cncr.34376

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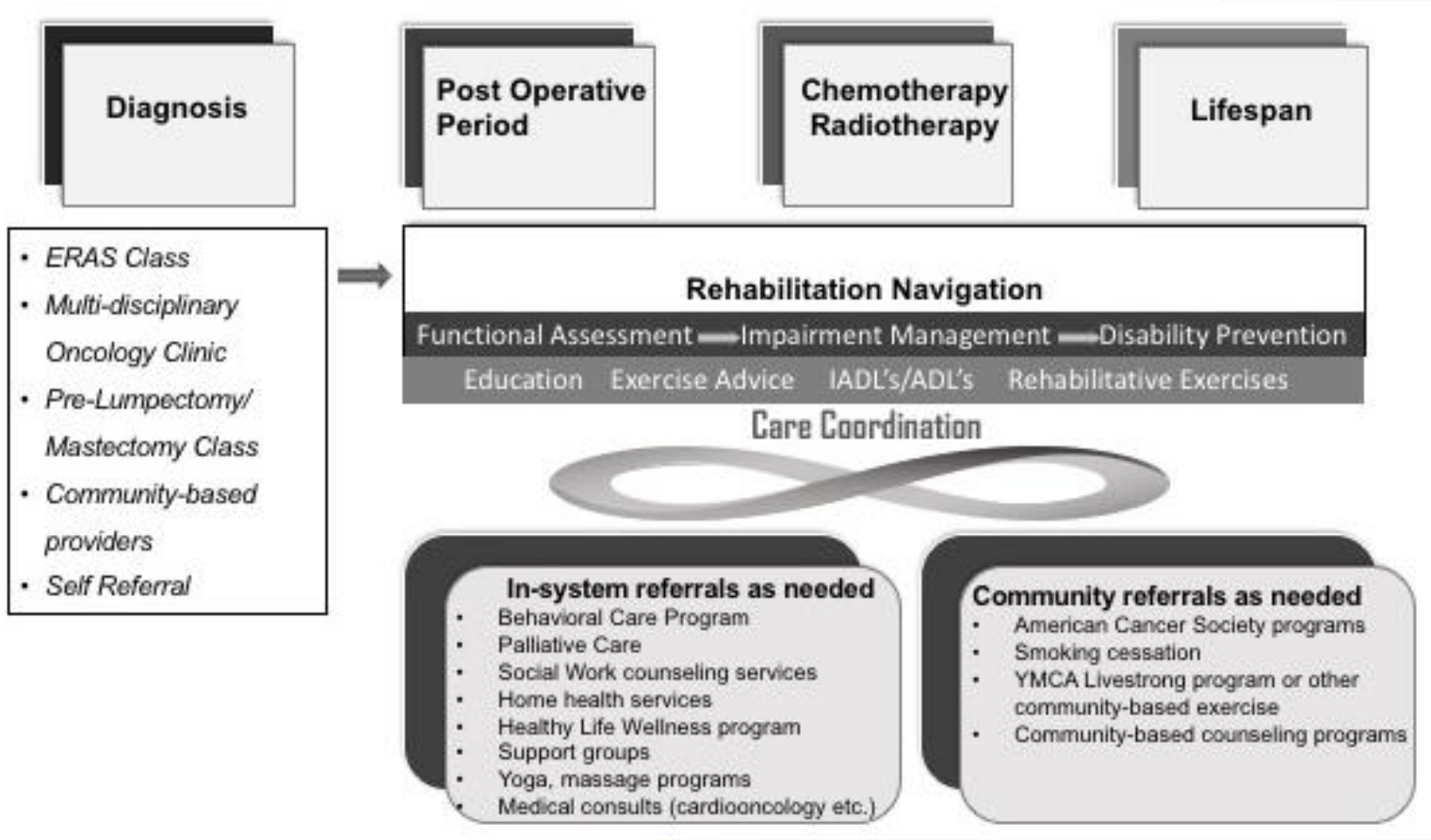
Funding: PROTEUS Consortium
PI: Stout NL, Aulakh S

*Stout NL, Greenfield J, Aulkah S. Feasibility of a Clinically Integrated Rehabilitation Therapist in a Neuro-Oncology Clinic. In Review, Neuro-Oncology Advances, June 2023.*

# Rehabilitation Navigation Model

## Lee Health Cancer Center, Fort Myers, FL

- Physical therapist (PT) in the navigation position
- Coordinates cancer care through the lens of functional assessments
- Specific position description and navigation roles
- Consultative service for functional needs and referral to appropriate services






*Stout, N. L., Sleight, A., et al. (2019). Support Care Cancer, 27(12) doi:10.1007/s00520-019-04741-0*

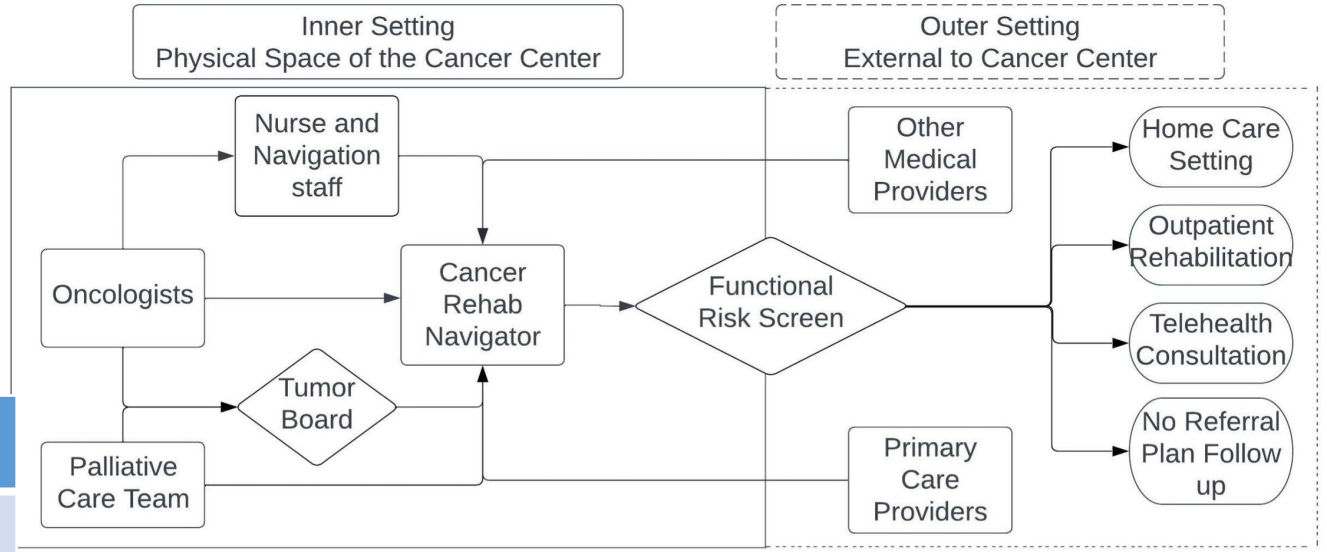
# Rehabilitation Navigation Model

*Brooks Rehabilitation/Halifax Health Cancer Center, Daytona, FL*

*Implementation of Cancer Rehabilitation Navigation (CRNav) Program*

Workflow mapping: how patients move to and from the navigator

Assessment of determinants and strategies to support implementation




| Pathway | n (%) |
|---|---|
| **Patients referred to the navigator*** | 1,083 - |
| **# screened** | 996 (92%) |
| **Received outpatient services** | 421 (41%) |

| Satisfaction factors | Percentage |
|---|---|
| **Overall experience** | **94.5%** |
| **Expectations for rehab** | **94.2%** |
| **Likely to recommend B/H** | **94.9%** |
| **Likely to return** | **94.9%** |

Factors influencing the inner setting
- Characteristics of the navigator
- Leadership and stakeholder engagement
- Patient engagement strategies
- Technical infrastructure
- Legal and regulatory factors
- Adaptability of the program
- Process and policies
- Sustainment costs and ROI

Influencing factors of the outer setting
- Community awareness
- Patient preferences and personal factors
- Staffing and staff training
- Process and policies
- Communication strategies
- Cost

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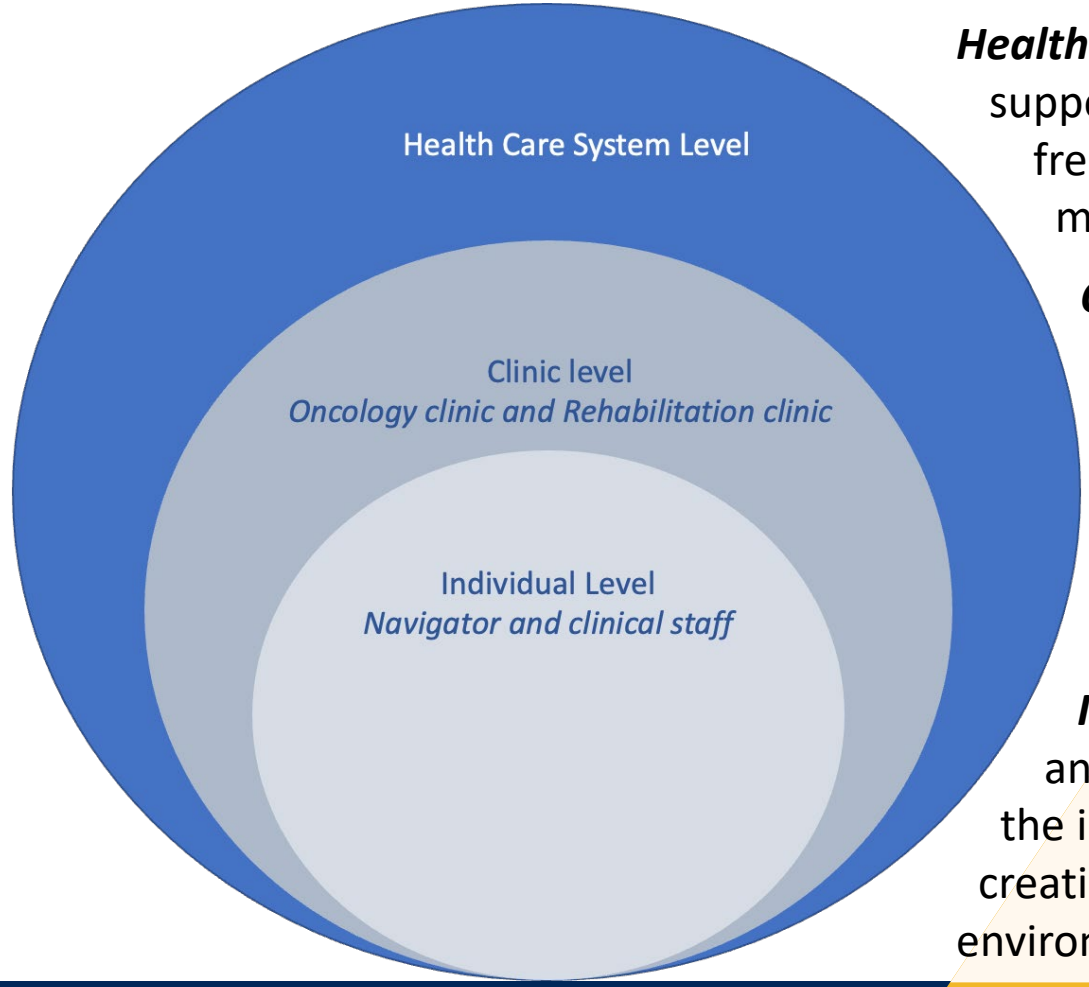
Funding: Academy of Oncologic Physical Therapy
PIs: Stout NL, Harrington SE.

*Stout, N. L., Harrington, S. E., (2023).epub J Cancer Surv, 1-14.* doi:10.1007/s11764-023-01374-5
*Perry, A., Harrington, S., et al. (2022). CSM 2022 Oral Presentations. Rehab Oncology, 40(1).*

# Rehabilitation Navigation Model
## *Multilevel Implementation Strategies*

*"Having support from… executive level and physician stakeholders was probably the single most important step we took to succeed…It was 10 /10 in importance."*




***Health system level*** Administrative support, alignment to strategic priorities, frequent progress reporting, ROI metrics of system-level importance.

***Clinic level*** Clear role definition, task shifting, formal and informal communication, technical infrastructure, continuous evaluation and iterative change, adaptations in workflow and EBI delivery.

***Individual level*** Provider education and awareness, characteristics of the individual leading the program, creating a supportive learning environment, change agent.

WVU Cancer Institute

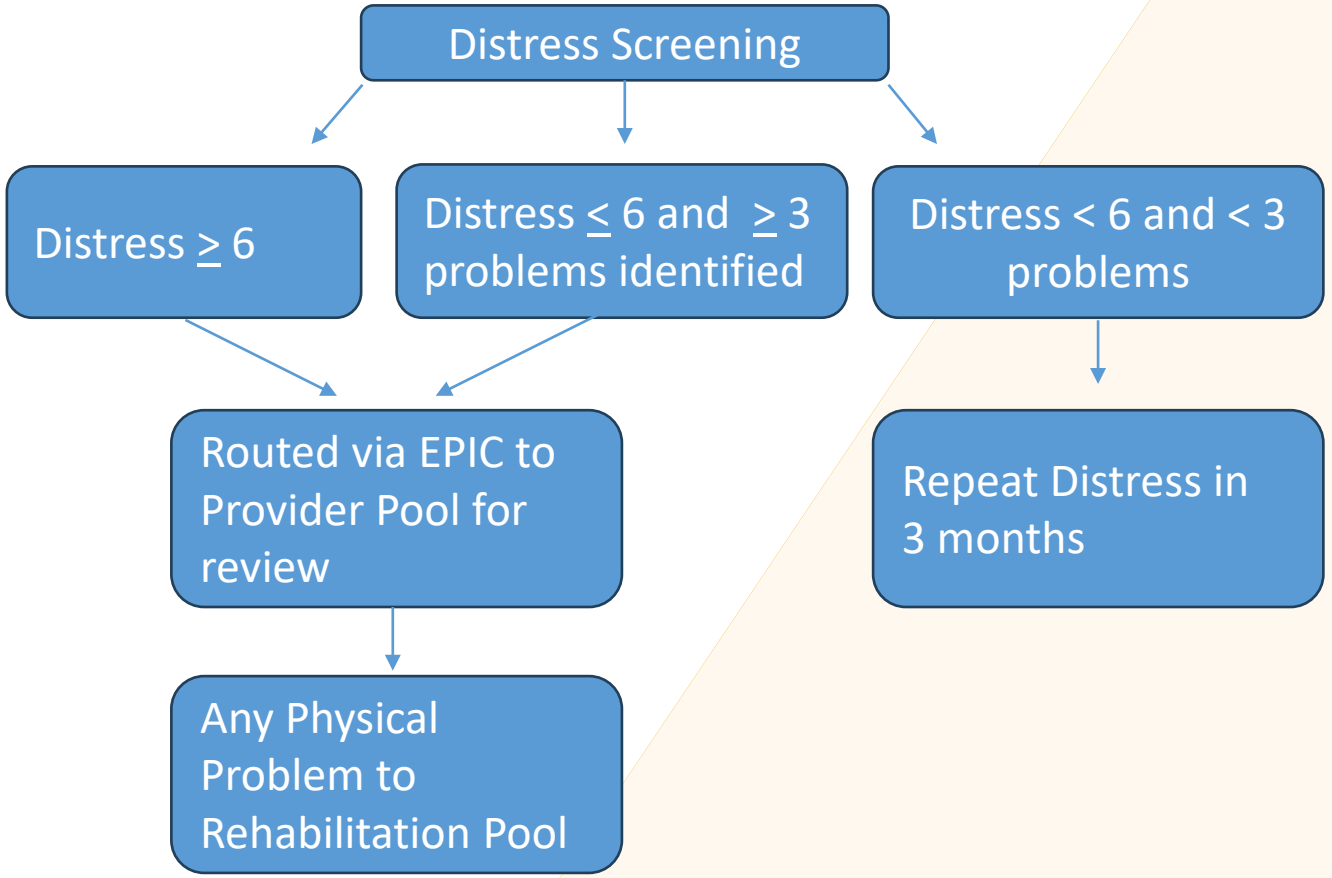
Funding: Academy of Oncologic Physical Therapy
PIs: Stout NL, Harrington SE.

*Stout, NL, Harrington SE et al. (2022). Academy Health D&I Conference, Washington, DC.*
*Stout NL, Harrington SE et al (2023) in review, PM&R*

# Embedded EHR Processes for Screening and Referral

## Distress screening-based opt-out model

- Distress flow sheet in EHR uses algorithm to send patients to a provider pool for review
  - Rehabilitation Pool with OT and PT
- Provider reviews DT score and chart, identifies upcoming appointments
  - Call to patient to discuss their needs
  - Touch base at upcoming appointment for lower needs
  - Scheduled for rehab intervention if high needs
  - Provides community-based resources for exercise and exercise recommendations





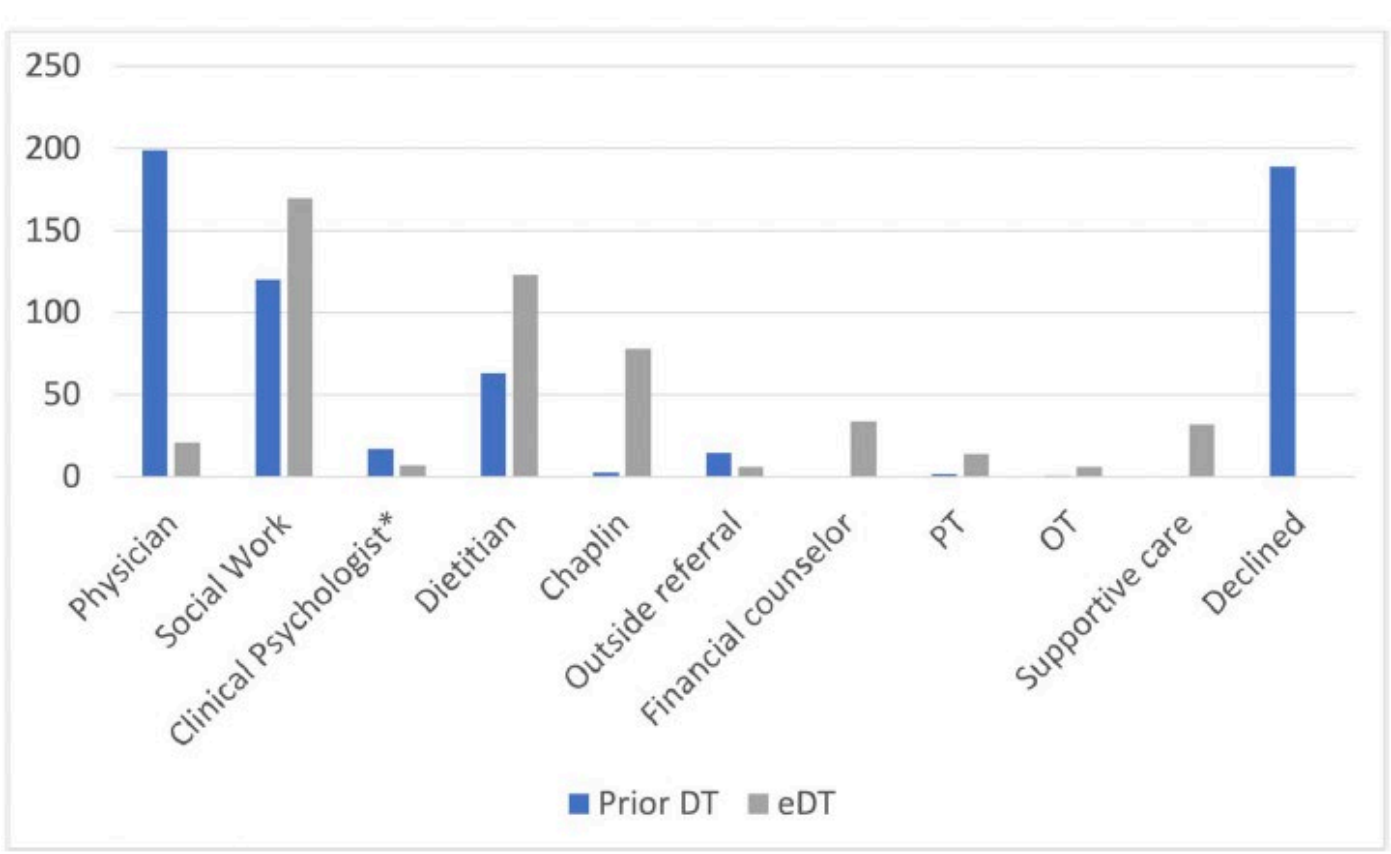

*Stout, N. L., Street, C., et al. (2023). Epub Support Care Cancer, 31(6), 351. doi:10.1007/s00520-023-07821-4*

# Distress screening-based model
## *Preliminary insights*

Opt-out model has reduced physician burden and increased use of supportive care services across several disciplines

*Rehabilitation Pool*

- Functional Problems (n=462)
  - Contact made: 180
  - Time spent/call: 18 min
  - Results of phone consult:
    - No need identified, or no longer a need
    - Phone consult with touch base in clinic
    - Scheduled for rehabilitation visit

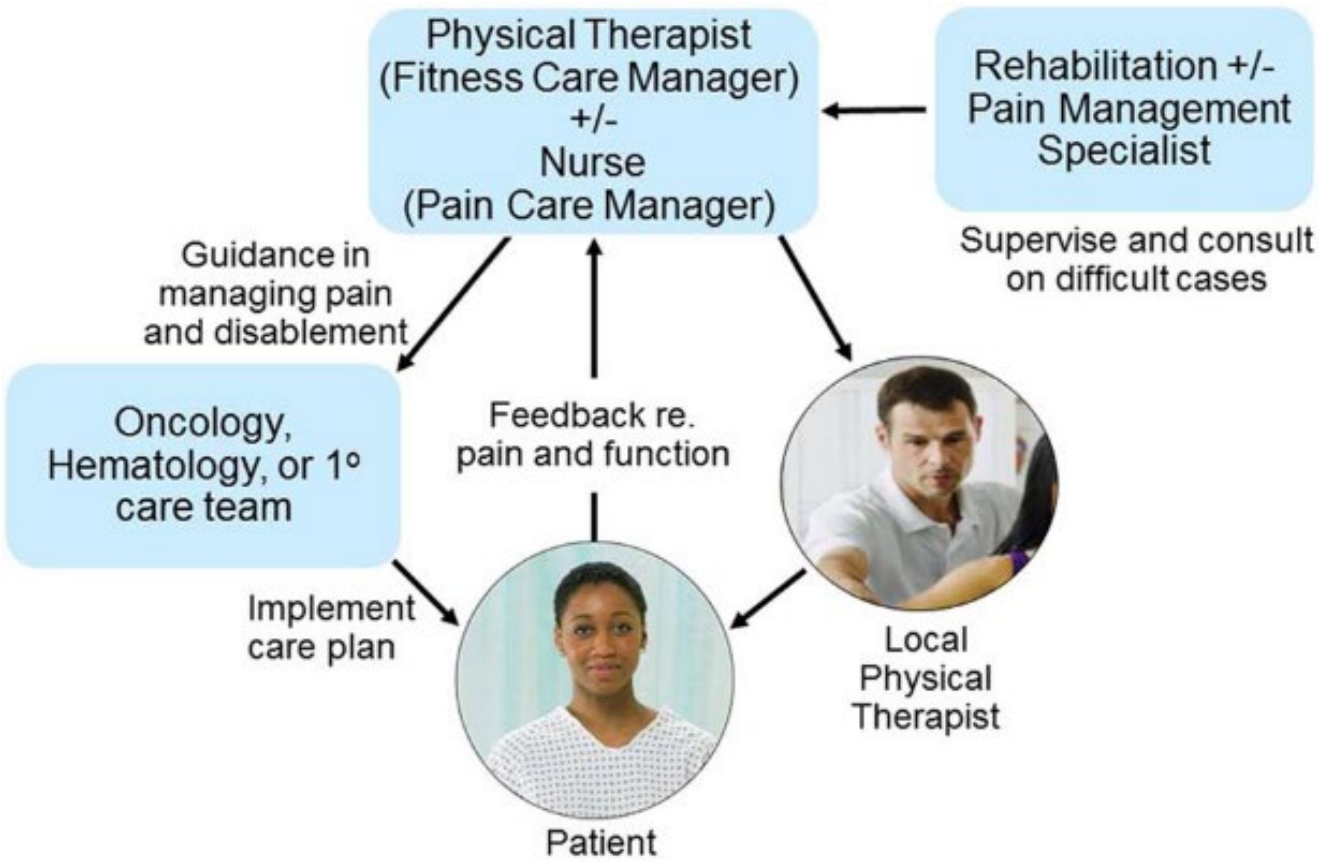





*Stout et al. Supportive Care in Cancer (2023) 31:351*
*https://doi.org/10.1007/s00520-023-07821-4*

# Technology Driven Rehabilitation Model

## *Collaborative Care to Improve Performance in Cancer (COPE)*




Oncology PT provided intervention

Remote, peer-to-peer engagement between local, generalist PT and Oncology PT to adapt program

~ 7 contact sessions @ 16 min avg/ session

Reduced hospital days

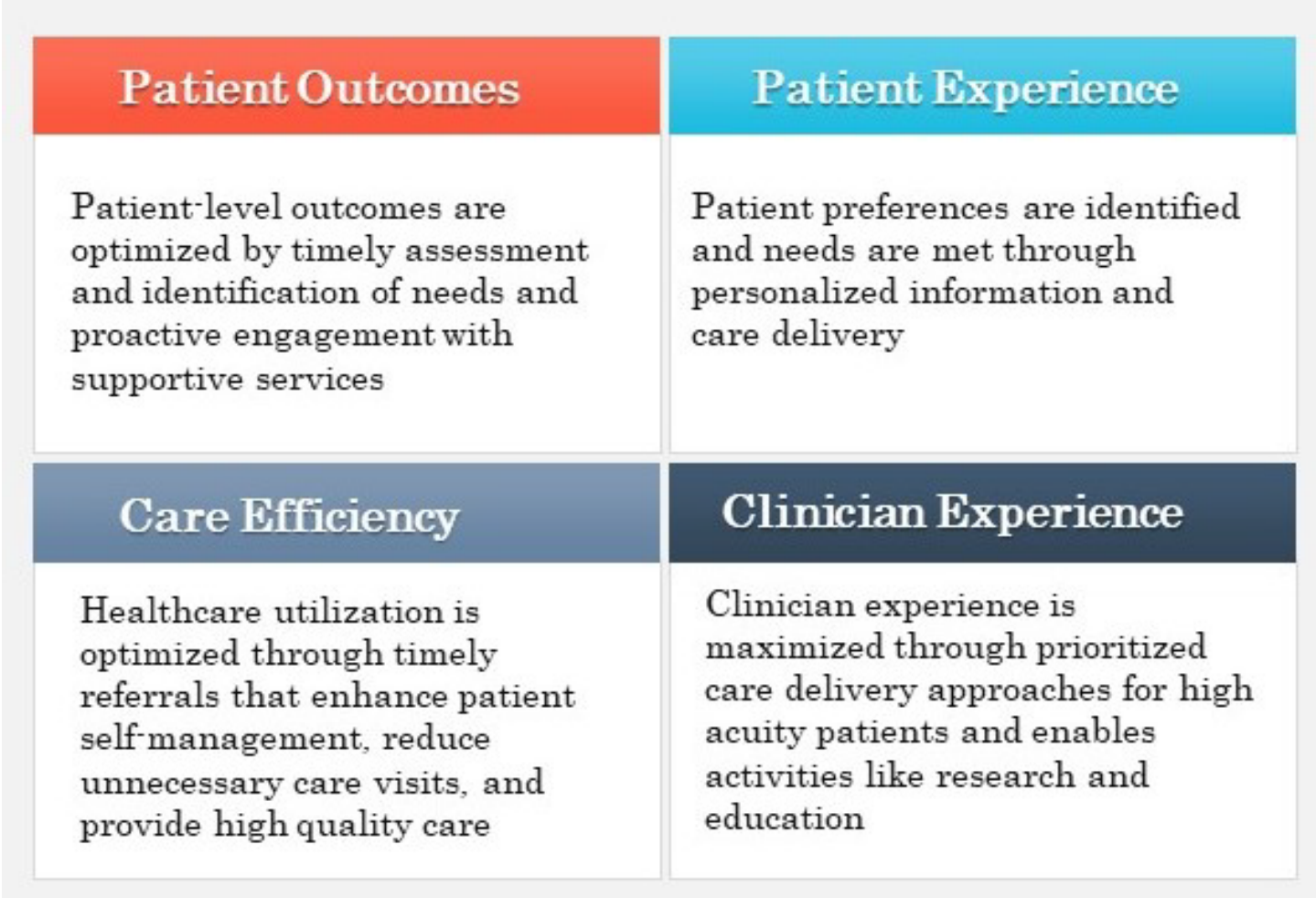


Trial Registration number
NCT01721343

*Cheville A.L. et al. Contemporary Clinical Trials 64 (2018) 254–264.*

Cheville, A. L., Moynihan, T., Herrin, J., et al(2019). *JAMA oncology*, *5*(5), 644-652.

# Value Proposition in the Greater Context of Survivorship






Alfano CM, Oeffinger K, Sanft T, Tortorella B..
*Am Soc Clin Oncol Educ Book*. Apr 2022;42:1-11.
doi:10.1200/EDBK_349391

# Recommendations

- **Standardize function-driven care**: clinical pathways for functional assessment that include PROs + clinical performance measures throughout the care continuum
- **Expand cancer care delivery research to study embedded rehabilitation models:** focus on implementing functional assessment tools and pathways for management of function.
- **Create shared services** between rehabilitation service line and oncology service lines in healthcare systems.
- **Optimize rehabilitation providers capacity:** Leverage existing competencies to promote workforce education that encourages translation of knowledge and skills to the cancer population.
- **Consider payment incentives for comprehensive multidisciplinary survivorship care services** (e.g. Merit-based Incentive Program)