

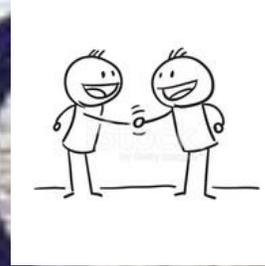
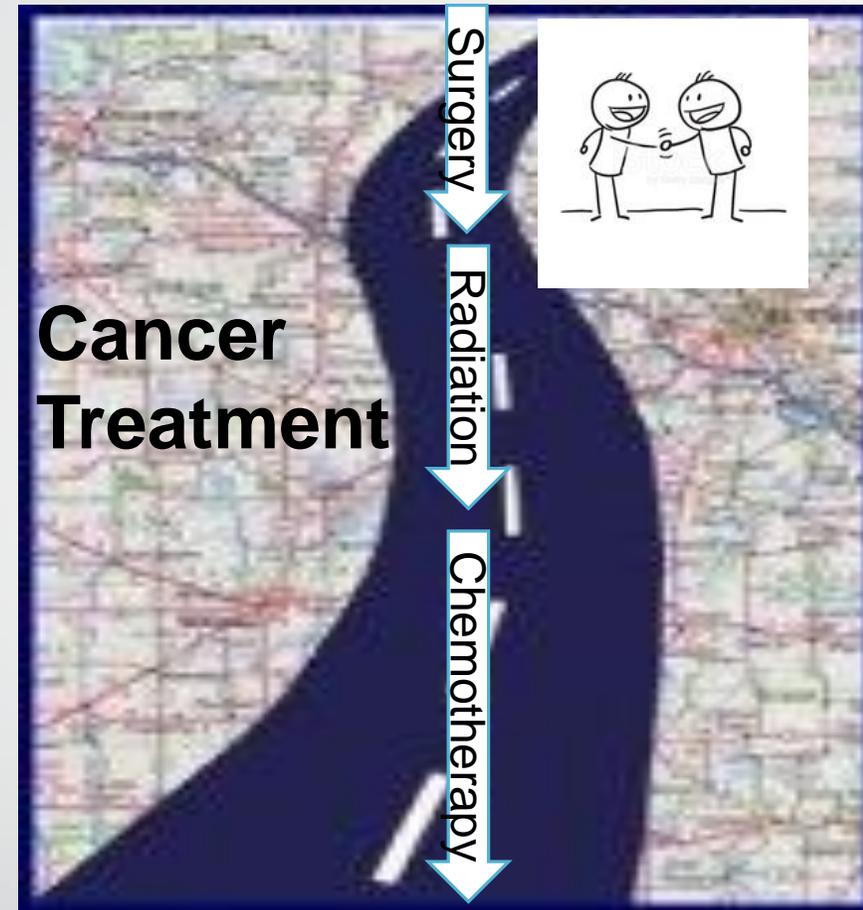


Transition to Cancer Survivorship

Zach Moore
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FMSRE 2017- Project #1

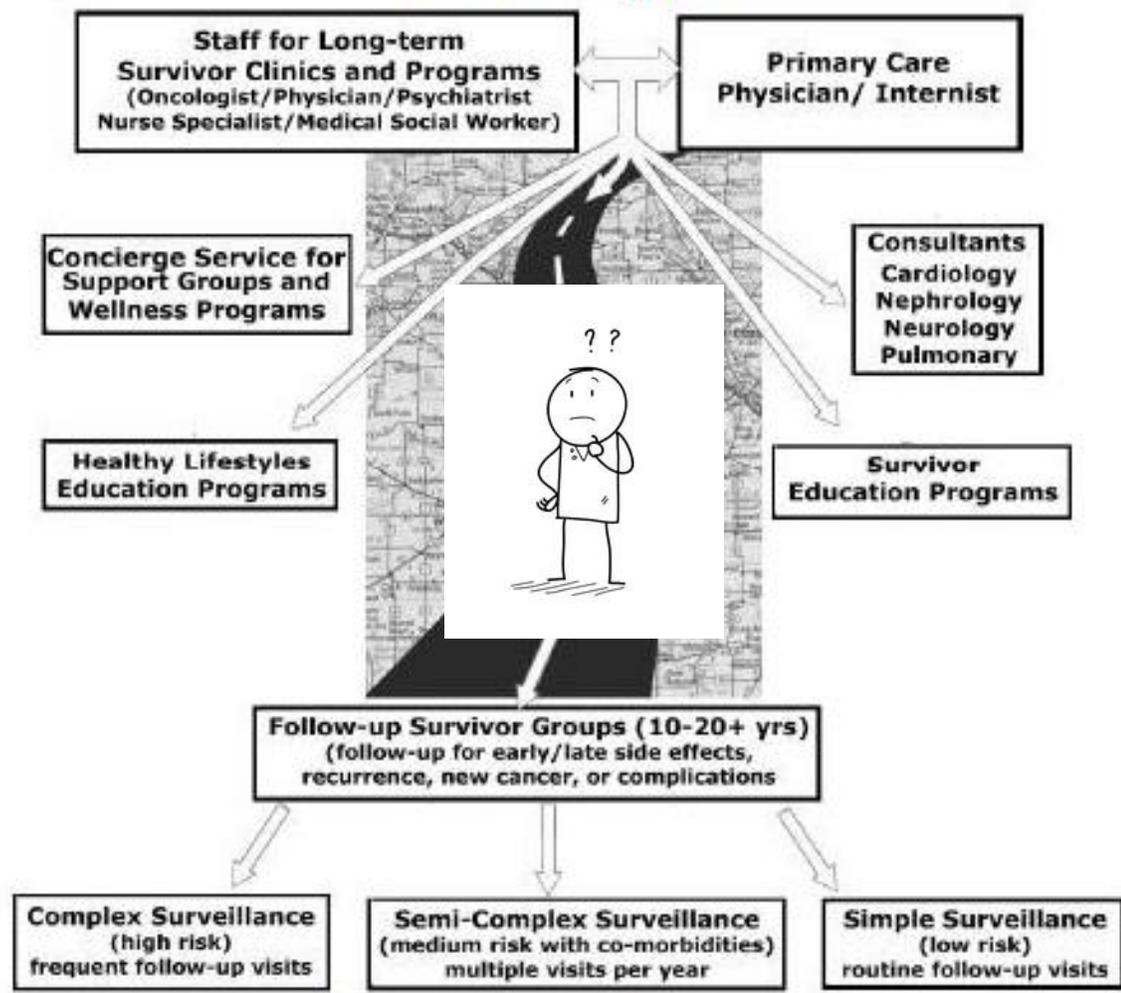
Cancer Diagnosis



Cancer Survivor



**Cancer Survivorship Care Program
A Roadmap for Cancer Survivors
A Shared Plan Approach**



Ernest Rosenbaum, MD and Rita Sellin, MD (MD Anderson Cancer Center, Houston, TX)

Our Focus

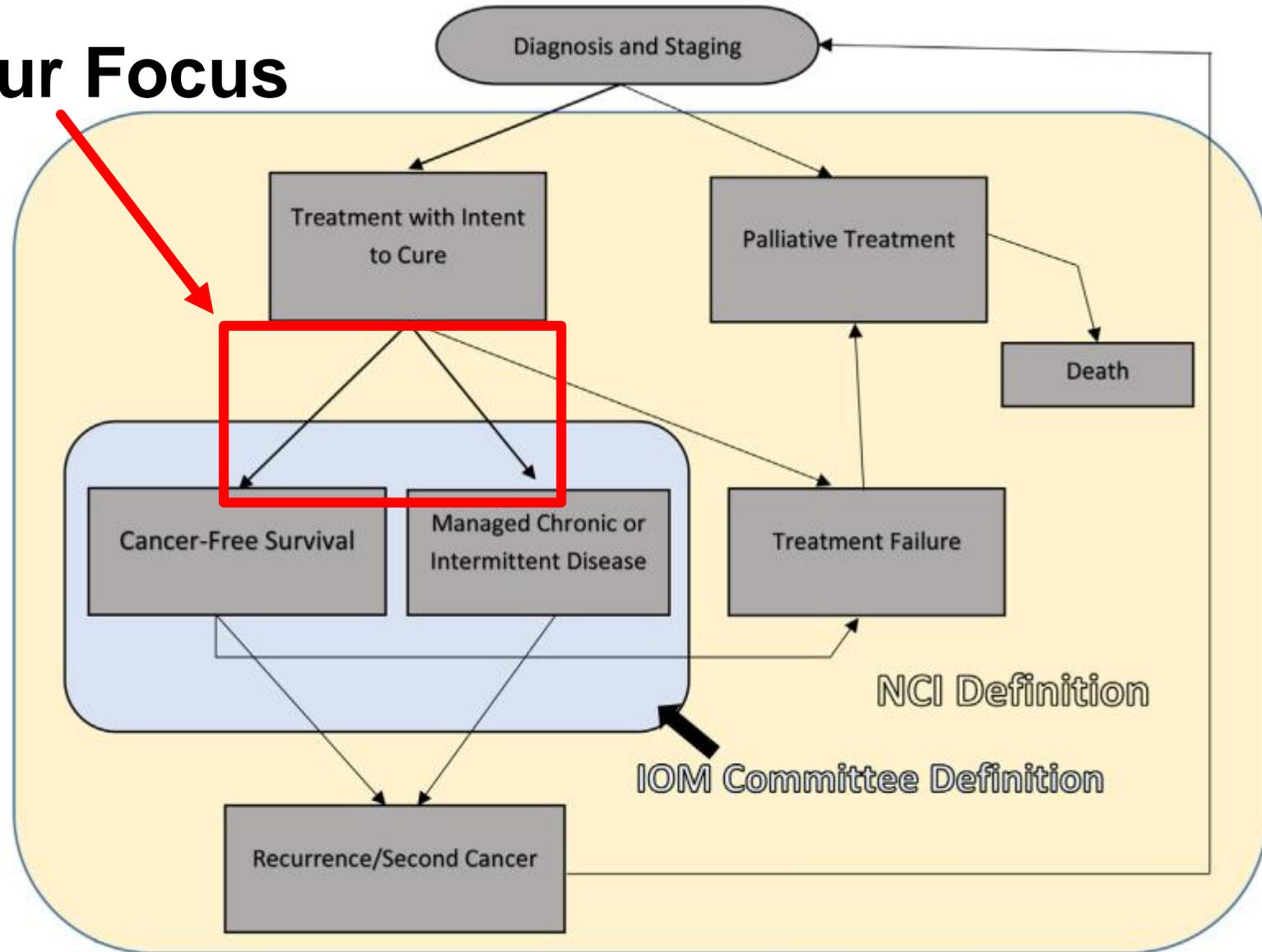


Fig. 1. Definitions of survivorship care. (From Hewitt ME, Ganz P. Implementing cancer survivorship care planning: workshop summary. Washington, DC: National Academies Press; 2007.)

Background Information

- The number of cancer survivors is on the rise.
- Estimated 20.3 million cancer survivors by 2026⁴
- Survivorship care includes: prevention, surveillance, and intervention⁵
 - Poor coordination of care can result in overlooking or duplicating certain procedures
- The increasing health care burden of additional survivors is being managed almost entirely by primary care physicians and oncologists⁶
- The number of PCPs and oncologists will likely become inadequate to meet the needs of the growing cancer survivor population⁷

The Problem

- From the Institute of Medicine: *Many cancer survivors do not receive aspects of posttreatment care from their cancer care or primary care providers... [for those that do receive care] such care is rarely comprehensive or coordinated. Many survivors are not aware of their increased risk for late effects and do not seek the care they need.*²
- Unmet survivor concerns are related to elevations in anxiety or depressive symptoms among patients.³ This represents a missed opportunity for patient-centered care that could improve quality of life and patient outcomes

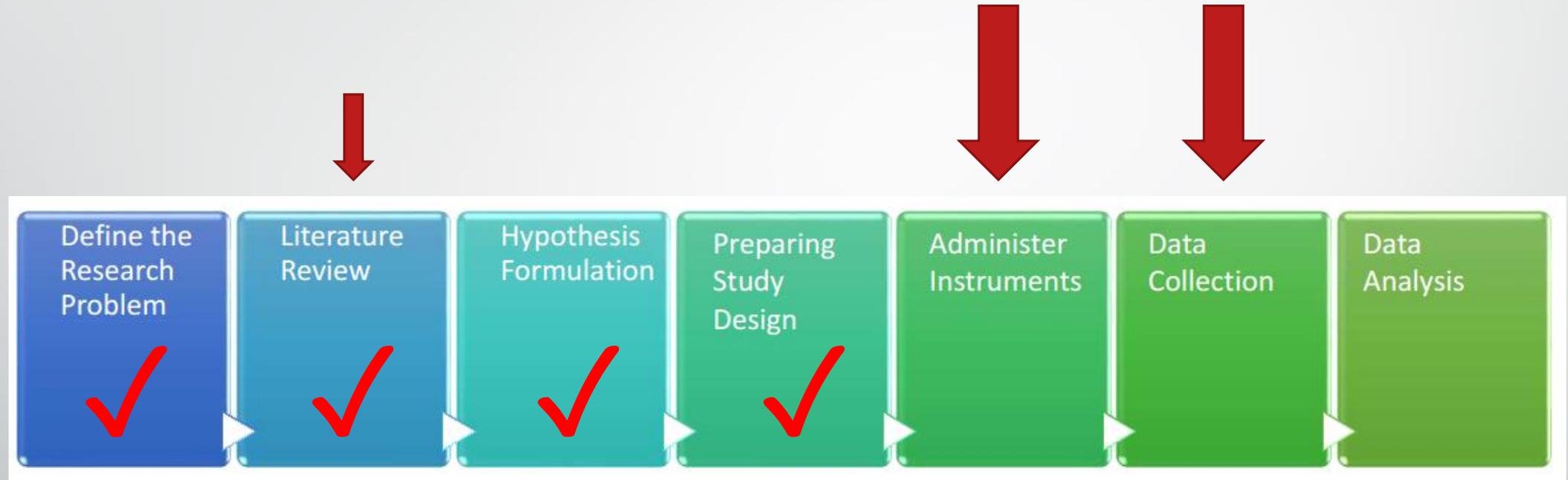
The Problem

- Patients can become lost in the transition from highly structured support systems provided during active cancer treatment to less organized follow-up cancer care with their primary care physician.
- Substandard coordination of care between oncologists and PCPs leaves many patients without any formalized plan when transitioning from oncology to primary care¹

The Goal of this Study

- Assess where current practices are failing patients.
- Achieve a better understanding of the transition experience of cancer survivors when moving from active cancer treatment to follow-up care within the primary care system.
- Act as pilot study to cultivate a more mature survey and interview process that could be used to assess larger and more diverse patient populations.
- The ultimate goal is to develop an improved practice method for the transition process which would improve the quality of the cancer survivorship experience as well as improve health outcomes among cancer survivors.

The Research Process



Study Process

1. Screen for eligible patients

- 18 to 80 years old
- Active primary care patients (appointment with FMC within past two years)
- Have a cancer diagnosis (C00-96,C7A, D37-48, excluding: C27-29, C42, and C59)
- Have completed active cancer treatment (curative surgery, radiation, chemotherapy) at least (about)1 year prior.

2. Obtain provider consent

- Provide all new residents with documentation about the study, and obtain their written consent to access information about their patients in the FMC billing records in order to screen for eligible patients.
- Obtain verbal authorization from primary care physician to contact their eligible patients with information about the study

Study Process

3. Contact eligible patient-participants to participate in the study

- Patient-participants were contacted several days prior to scheduled FMC appointments to inquire about their interest in participating in the study
- Eligible and interested patient-participants were instructed to arrive 30 minutes early on the day of their appointment in order to complete the necessary paperwork
- The study was designed to include 25 patient-participants

4. Paper survey administration

- After completing the required informed consent process patient-participants were administered a written survey
- The survey focuses on questions about survivorship care and coordination along with questions to determine demographic information and health status.
- Total of 46 questions

Study Process

5. Phone Interview

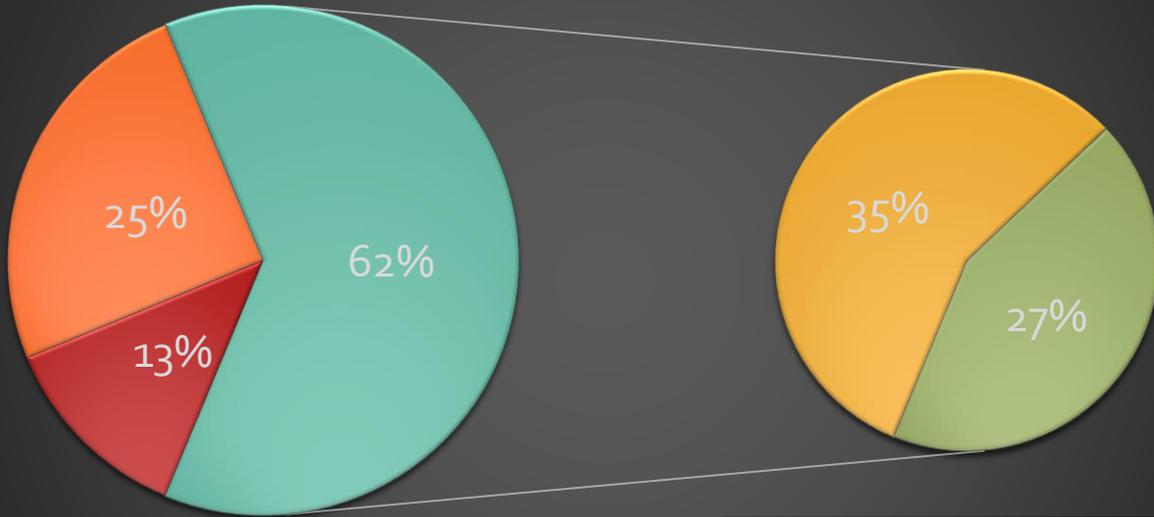
- 10 patient-participants who have completed the paper survey, and have indicated a willingness to be interviewed over the phone, will receive a follow-up, semi-structured phone interview
- The purpose of this interview is to obtain a more detailed understanding of individual patient-participant's experience with the transition from active cancer treatment to primary care and their impressions of the care coordination of cancer survivors.

6. Data analysis

- The written patient surveys are converted to numerical values using a codebook
- Allows for data manipulation and analysis to assess broad trends such as patient perceptions on care coordination, provider responsibilities, and quality of care

OU-FMC Statistics

Age of Screened Patients

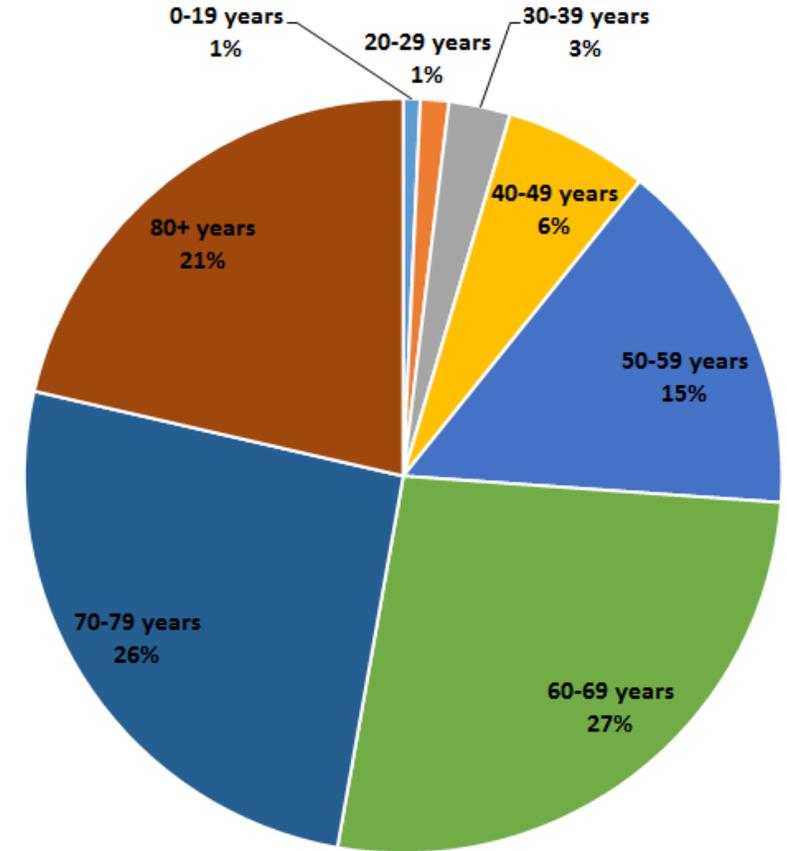


40-49 50-59
60-69 70-80

Total Screened: 48
Mean- 62.7 (SD 10)
Median- 63

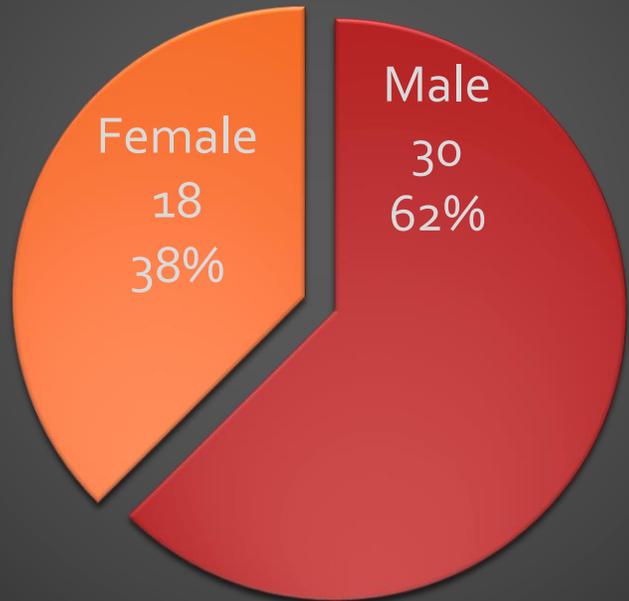
National Statistics

Estimated Number of Cancer Survivors in the U.S., by Current Age – More Detail

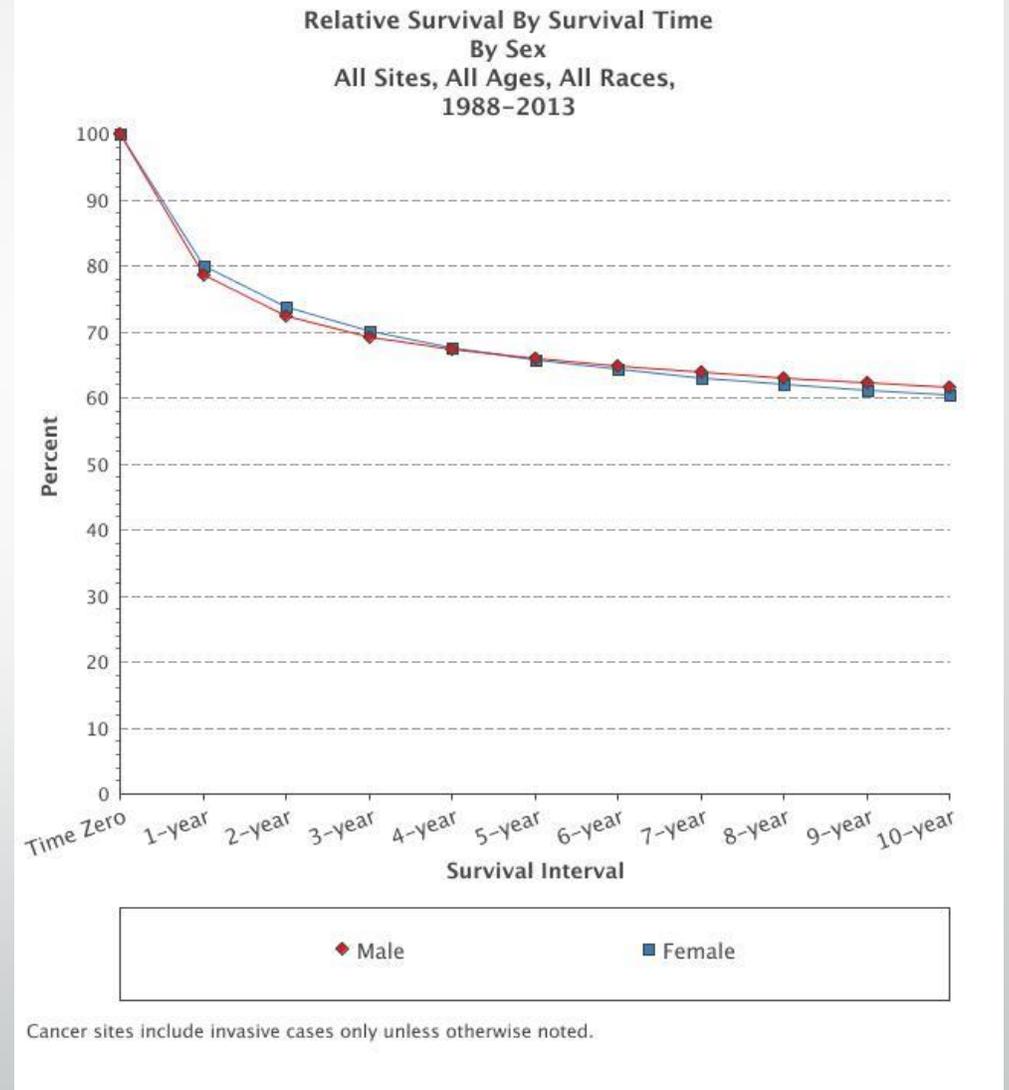


OU-FMC Statistics

Gender Distribution of Screened Patients

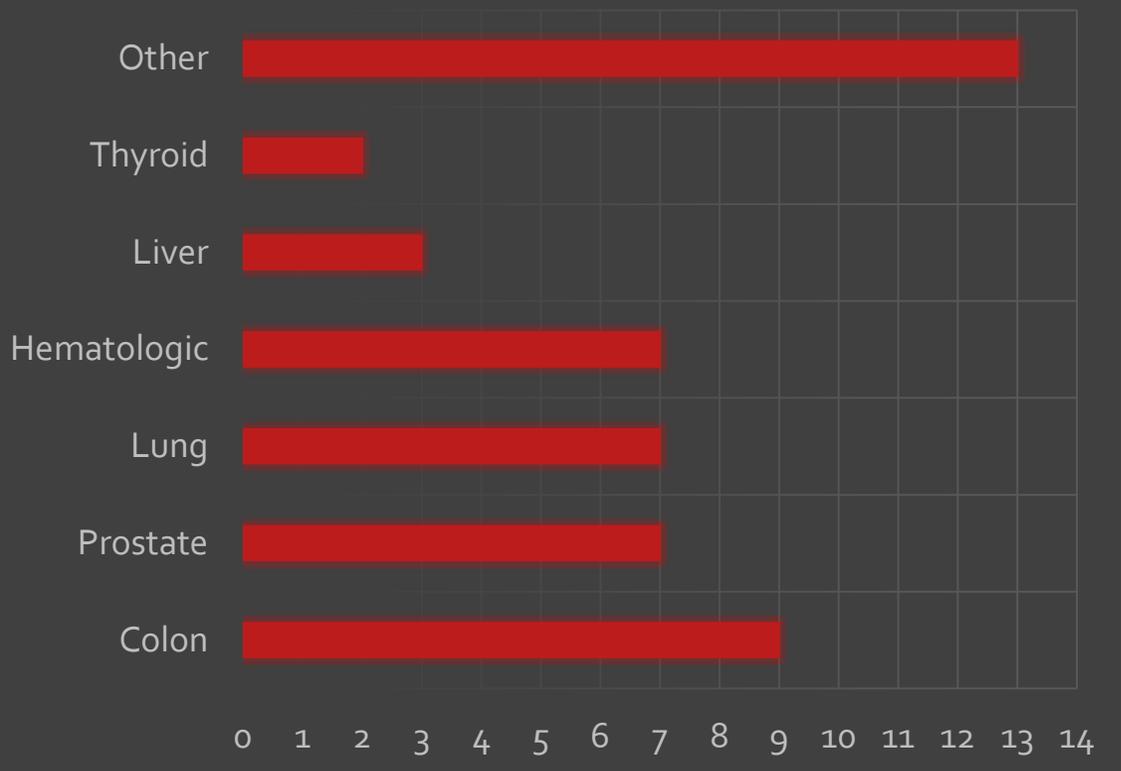


National Statistics

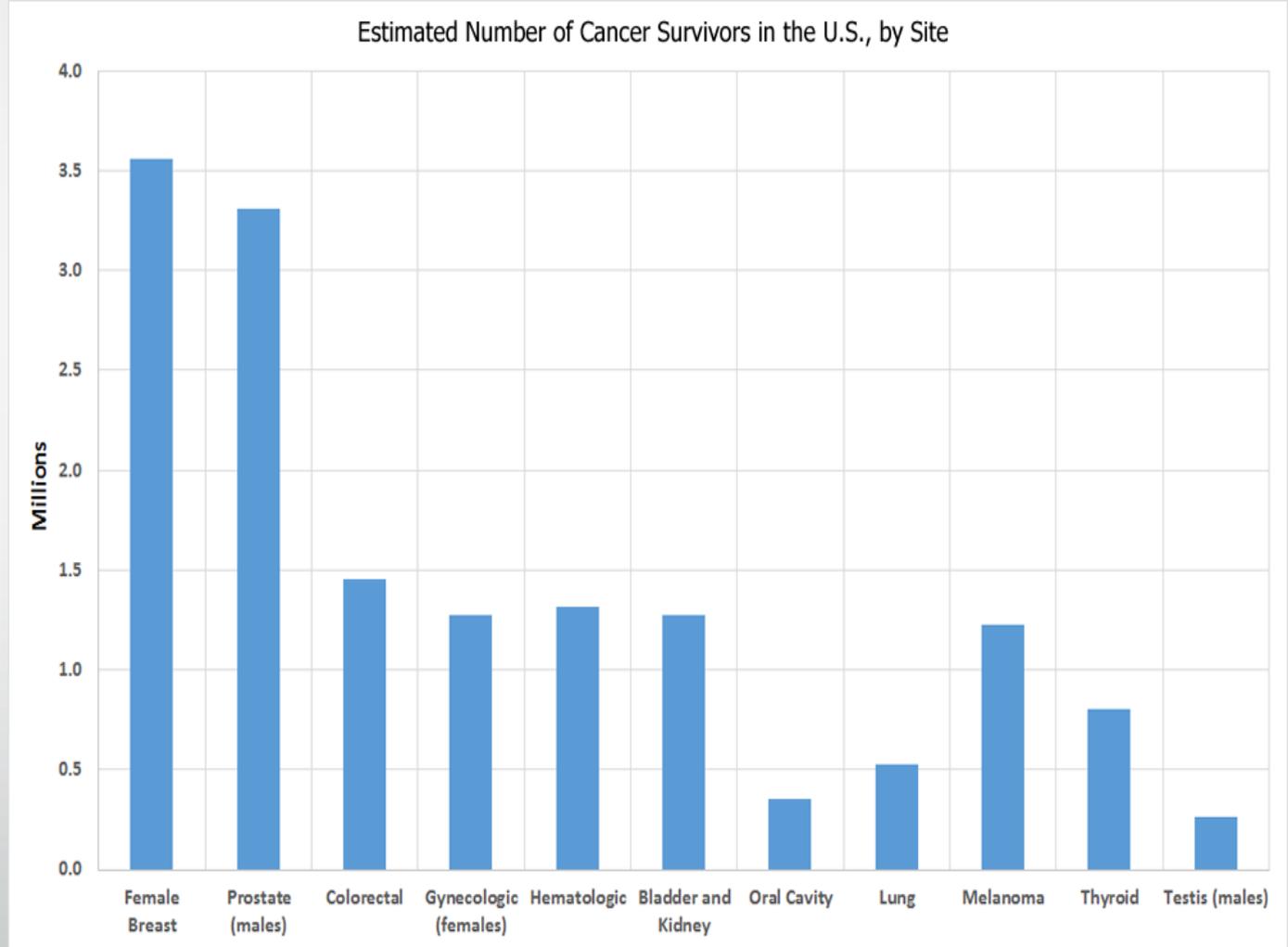


OU-FMC Statistics

Screened Patients by Cancer Type



National Statistics



Trends thus Far

- Patients are often confused about when their active cancer treatment has formally ended.
- The transition from oncology care to primary care can be confusing and overwhelming to patients.
- There is no standard procedure for transitioning patients out of oncology care.
- The process typically goes better for patients when both the PCP and specialist are in close communication.

Problems

- Sample isn't necessarily characteristic of the larger population.
 - This could skew results as it appears that the transition experience can be very dependent on the patient's cancer type.
 - After completing this pilot study, either a larger sample or a more narrowly defined sample (depending on the study goal) could reduce this problem.
- The current procedure limits the opportunities for recruiting new patient-participants.
 - Few eligible patients at any given time, sick people get sick, and schedule conflicts limit opportunities further.

Where do we go from here?

- 4 of 25 patient surveys
- 4 of 10 patient interviews
- Continue to administer the study instruments and collecting data
- Begin data analysis



Patient and Family Advisory Council (PFAC)

FMSRE 2017- Project #2

What is a PFAC

- Method of deeper patient engagement
- Panel consisting of 10-15 members including patients, family/caregivers, clinic staff, and clinic leadership
- The goal is to include a patient perspective to clinic operations and policy
- Requirement of CPC+
 - Track 1: at least one meeting in FY2017, and integrate recommendations into care as appropriate
 - **Track 2: at least two meetings in FY2017, and integrate recommendations into care as appropriate**
- Comprehensive Primary Care Plus (CPC+) – primary care medical home model that aims to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation.⁸

Results of an Effective PFAC

- Successful clinic improvement projects
 - Ex: Better tailored patient education materials, improvements to waiting rooms, revising phone policies, suggesting PDSA projects, parking, etc.⁹
- Improved quality assessment scores resulting in higher VBP scores¹⁰
- Increased patient engagement [9-12]

Current OU-FMC Patient Advisory Committee

- Has been in existence for many years
- Group of about 15 individuals including patients, family, staff, and department leadership (Drs. Crawford and Franklin).
- Members meet quarterly for a lunch meeting
- Agenda set and mediated by clinic leadership
- Members asked for feedback on some topics of interest
- “Show and tell”
- OU Physicians is currently working on implementing PFACs with each of their service lines.

Goals for PFAC

- Increased patient/family engagement
- More detailed council structure
 - Members playing a larger role in leading PFAC, setting goals and agenda
- Greater involvement in clinic quality improvement projects
- Members that are more representative of OU-FMC's patient panel

Process

1. Develop surveys to assess readiness for increased patient engagement.
2. Survey Patient Advisory Committee and staff members.
3. Work in collaboration with OU Physicians on how best to implement PFACs throughout OU clinics.
4. Develop a toolkit with useful documents and instructions to simply and effectively implement a PFAC.
5. Report the results of the surveys to leadership along with recommendations for implementing an effective PFAC.
6. Begin gradual implementation of recommendations to move the current committee forward, or develop a new PFAC alongside the current group.

Recommendations [9-12]

- Recruit patients that are more representative of the clinic's patient population.
 - This will help direct the goals of the council to be more in line with the patient population that the clinic serves.
- Institute terms for council members
 - This will ensure that there is an influx of new ideas and prevent member "burn out."
- Encourage PFAC members to take leadership of the council
 - This will work to give the members more ownership of the council and encourage them to further direct the council's activities.

Recommendations [9-12]

- Empower patient/family advisors to set and mediate meeting agendas.
 - This ensures that the meetings are focused on topics important to patients.
- Involve patient/family advisors in quality improvement projects.
 - In other institutions, patient input has been shown to be invaluable to developing effective patient documentation, care protocols, and patient amenities.
- Inform the PFAC on the outcomes of their recommendations.
 - This will show members that their input is valuable and has tangible results.

Where are we at?

- Two surveys have been designed.
 - One for current Patient Advisory Committee members and one for OU-FMC clinic leadership
- A toolkit for implementing PFACs has been assembled and is being revised.
- We are working in collaboration with OU Physicians.
- Next, the surveys need to be administered, results collected, analyzed, etc.

References

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Other Summer Experiences

- Shadowing opportunities
 - Dr. Scheid: primary care
 - Dr. Orwig: cancer supportive care
 - Dr. Holter-Chakrabarty: oncology
- Grand rounds
- Patient support group meeting



Questions?