the MIRACLE of SCIENCE with SOUL

City of Hope®

SURVIVORSHIP PROGRAM DESIGN AND SUSTAINABILITY

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CITY OF HOPE

January 27, 2019

Objectives

- Discuss the importance of building a survivorship program
- Provide a roadmap for establishing a survivorship program
- Provide strategies to overcoming patient and physician resistance to transferring patients to survivorship

About City of Hope: Overview

City of Hope is an independent, biomedical research institution and comprehensive cancer center founded in 1913, dedicated to the prevention, treatment and cure of cancer and other life-threatening diseases.

1913

Today

About City of Hope: Designations

- National Cancer Institute-designated Comprehensive Cancer Center
- Founding member, National Comprehensive Cancer Network, an alliance of top cancer centers that sets national standards for cancer care
- One of the nation's Best Cancer Hospitals by *U.S. News & World Report* for more than ten years, with superior survival rates cited as a major ranking factor

NCI CCC
A Comprehensive Cancer Center Designated by the National Cancer Institute

NCCN National Comprehensive Cancer Network®

BEST HOSPITALS U.S.News NATIONAL 2016-17

About City of Hope: Size & Volume (FY2018)

DUARTE CAMPUS

Licensed Beds	217
Inpatient Discharges:	6,595
Exam Rooms:	109
Patient Visits:	~200,000

BREAST PROGRAM

Patient Visits:	~26,000
Physicians:	14

Largest Solid Tumor program

High proportion of late stage disease patients

VOLUME STATS FOR CANCER

#4 in California

#2 in Primary Service Area

(Primary service area includes Los Angeles, San Bernardino, Riverside and Orange counties)

*Source: OSHPD data calendar year 2015 – Cancer Cases – Market Share

OTHER KEY INFO

EHR Migration in December of 2017

Pursuing Nursing MAGNET designation

Defining the Issue

- Due to advances in early detection, increased efficacy of treatment, and improvements in follow-up and surveillance of cancer, ***the number of survivors has increased substantially***.[1]
- ***Two-thirds*** of those diagnosed with cancer are expected to survive ***five or more years***.[2]
- As of 2016, there were roughly 15.5 million cancer survivors living in the US– by 2026, that number is expected to reach ***20.3 million***.[3]

1 Hoffman, McCarthy, Recklitis & Ng., 2009
2 Duska & Dizon, 2014, Hoffman, McCarthy, Recklitis & Ng., 2009
3 Mayer, Nasso, & Earp, 2017; Halpern & Argenbright, 2017

Platform for Change

1. ENSURE APPROPRIATE PATIENT
E

2. IMPROVE PATIENT ACCESS

Platform for Change

Cancer survivors frequently have difficulty readjusting to life after cancer treatment. [4]

- ***Physical Symptoms:*** pain, fatigue, nausea, peripheral neuropathy, alopecia, loss of cognitive function, infertility, sexual dysfunction, and even second cancers. [5]
- ***Psychological issues:*** which may include depression, anxiety, and post-traumatic stress disorder. [6]
- ***Distress related issues:*** related to cancer surveillance, uncertainty about the future, fear of recurrence, and a sense of loss regarding foregone opportunities, hopes, and plans. [7]
- ***Practical consequences:*** such as issues related to finances, academics, employment, legal issues, and insurance. All of these physical, psychosocial, and practical consequences of cancer can have negative and long-lasting impacts on survivors' quality of life. [8]
- Data has shown that PCPs are not always comfortable with the unique problems of Cancer Survivors.[9]

4 Institute of Medicine & National Resource Council, 2006; Knobf, 2011
5 Hoffman, McCarthy, Recklitis, & Ng, 2009; Institute of Medicine & National Resource Council, 2006; Lowe, Andersen, Sweet, Standfish, Drescher, & Goff, 2012; Taylor & Monterosso, 2015
6 Buffart, De Backer, Schep, Vreugdenhill, Brug, & Chinapaw, 2012
7 Buffart, De Backer, Schep, Vreugdenhill, Brug, & Chinapaw, 2012; Hoffman, McCarthy, Recklitis, & Ng, 2009; Knobf, 2011).
8. Institute of Medicine & National Resource Council, 2006; Hoffman, McCarthy, Recklitis, & Ng, 2009; Lowe, Andersen, Sweet, Standish, Drescher, & Goff, 2012
9 Shapiro, C. L. (2018)

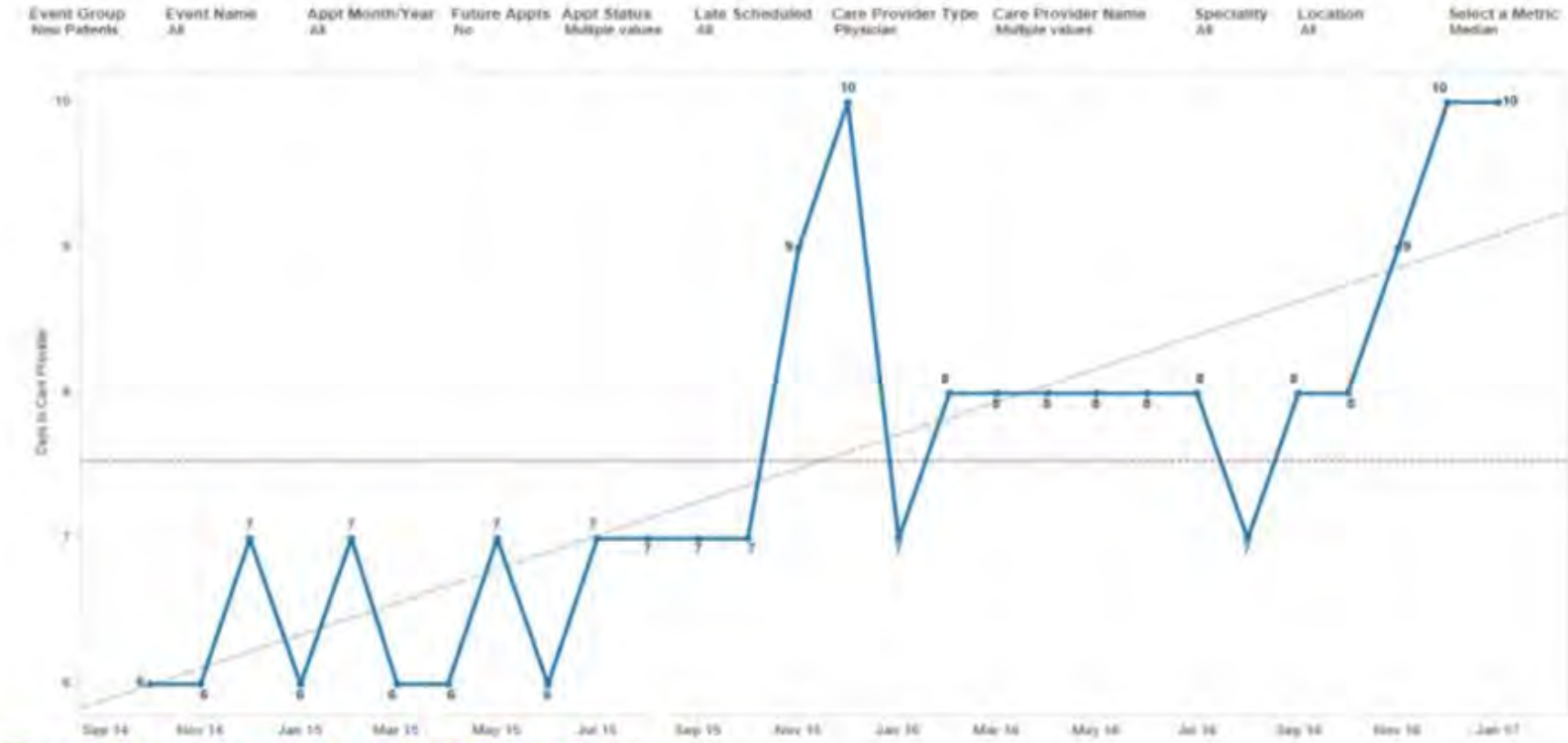
Platform for Change

More than ***a third*** of cancer survivors report having ***five or more unmet needs*** [10]

10 Armes, et al., 2009.

Platform for Change

- Within Breast Medical Oncology physicians, scheduled to seen time for ***new cancer patients*** had increased from ***6 days*** in late 2014 to ***10 days*** in 2017.
- The department also had major issues with long term follow up patients consuming follow up slots needed for chemotherapy/active treatment patients



Platform for Change

- The voice of the patient also indicated that Patient Access was a major concern.

Press Ganey Survey Scores

Question Analysis

Section / Question	All Respondents Mean	All Facilities N = 343 Mean	All Facilities N = 343 Rank	C4QI Special N = 12 Mean	C4QI Special N = 12 Rank
Std Scheduling Your Visit	89.0	90.9	24	87.4	65
Scheduling Your Visit	89.0				
Wait time: calling & 1st sched appt	87.3	90.6	12	87.4	46

Patient Comments

"It took four months to schedule an appointment"

"The first available appointment time with the doctor of choice was in 3 weeks."

"The wait time for each appointment is minimum 3 weeks."

"Had to wait more than 3 weeks for first appointment"

"I've been a patient for 5 years, and scheduling has gotten worse. It now takes much longer to schedule appointments. and I'm told because everything is booked up."

"Trying to schedule my next appointments was terrible."

Platform for Change

Long-term survivors consume physician template appointment slots needed for ***newly diagnosed*** patients and patients on ***active treatment.***

Key Elements to Establishing Survivorship Program

1. IDENTIFY PHYSICIAN AND EXECUTIVE CHAMPIONS/ GAIN PHYSICIAN BUY IN
2. DEVELOP FUTURE STATE VISION OF PROGRAM
3. DEFINE AND IDENTIFY POSSIBLE SURVIVORS AND FOLLOW UP PATHWAY
4. IDENTIFY AND OBTAIN NECESSARY RESOURCES
5. DEVELOP EVIDENCE-BASED ALGORITHMS
6. INTEGRATE RESEARCH OPPORTUNITIES
7. DEVELOP EDUCATION AND SUPPORT
8. TRANSITION PATIENTS
9. EVALUATE, REVISE, IMPROVE

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1. IDENTIFY PHYSICIAN AND EXECUTIVE CHAMPIONS/ GAIN PHYSICIAN BUY IN

JOANNE MORTIMER, MD, FACP
DIRECTOR, WOMEN'S CANCERS PROGRAM
VICE CHAIR MEDICAL ONCOLOGY

SUSAN BROWN, PHD, RN, NEA-BC
SVP AND CHIEF NURSING OFFICER

BREAST LEADERSHIP
SURGICAL ONCOLOGY

LAURA KRUPER, M.D., M.S.
LOCATION DUARTE

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VERONICA C. JONES, M.D.
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SURGICAL ONCOLOGY

LESLEY TAYLOR, M.D.
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MEDICAL ONCOLOGY

YUAN YUAN, M.D., PH.D.
LOCATION DUARTE

1. IDENTIFY PHYSICIAN AND EXECUTIVE CHAMPIONS/ GAIN PHYSICIAN BUY IN

- MD Champion engaged ***entire*** breast physician group through disease team meetings and other venues.

- By including ***all*** physicians, the process took ***longer*** but was ***more effective*** in the long run.

- The guiding principles developed by City of Hope physician input:
  - Survivorship may be executed differently ***depending upon specialty***
  - Entity-wide survivorship program to be developed in phases, starting with ***Breast Cancer Survivors*** (highest population of survivors)
  - ***Improve patient access*** to physician schedules
  - Allow MD's to ***maintain relationships*** with patients
  - Encompass ***research*** and the long-term monitoring of patients after treatment
  - Encompass caring for the ***whole well-being*** of patients and ***provide additional value***

1. IDENTIFY PHYSICIAN AND EXECUTIVE CHAMPIONS/ GAIN PHYSICIAN BUY IN

Proactively listened to and addressed the concerns of the physicians, and included them in program design/guiding principles:

Concern	Action
• MD desire to maintain relationship with patient. • Healthy survivors that are interspersed with stage IV patients help keep MDs optimistic, and reinforce positive aspects of the job.	• Include MDs in long term follow up development process, which resulted in gradual transfer to survivorship. • Full transfer to occur at 5 years allows for portion of MD panel to still be healthy survivors. • Did not require MDs to transfer ***all*** eligible patients– goal was 80%. • Co-location/kept program embedded within same clinic to maintain relationship.
• Medical Oncologists often uncomfortable with transferring patients to PCPs. • Research shows PCPs are sometimes uncomfortable addressing cancer specific long term side effects.[11]	• Hired survivorship NP with experience in breast oncology. • Embedded survivorship NP in all disease team meetings to allow for relationship and trust building with MDs.
• RVU loss for MDs.	• Provided data to ensure MDs that there was sufficient new patient and follow up demand to fill the offload void.

11 Shapiro, C. L. (2018)

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2. DEVELOP FUTURE STATE VISION OF THE PROGRAM

The Institute of Medicine identifies four components of survivorship care:

1. ***Prevention and detection*** of new cancers and recurrent cancer
2. ***Surveillance*** for recurrence or new primaries
3. ***Interventions*** for long term and late effects from cancer and its therapies
4. ***Coordination*** between specialists and primary care providers to ensure that all survivor needs are met

2. DEVELOP FUTURE STATE VISION OF THE PROGRAM

ASCO suggests that 'High Quality' survivorship care should also include the following:

1. Monitoring for and managing psychosocial and medical long-term and late effects
2. Screening recommendations for secondary cancer
3. Health education regarding diagnoses, treatment exposures, and potential late and long-term effects
4. Referral to specialists and resources as needed.
5. Familial genetic risk assessment when appropriate
6. Guidance about diet, exercise, and health promotion activities
7. Resources to assist with financial and insurance issues

2. DEVELOP FUTURE STATE VISION OF THE PROGRAM

Program gap analysis identified several major opportunities:

Component	Pre-Project status
Standardized follow up pathway	No
Survivorship care plan delivery compliance	Very low compliance
Education materials	Very few
Support groups	No
Psychosocial screening	Yes
Referral to specialists as needed	Sometimes
Surveillance for recurrence and secondary cancer	Yes
Familial genetic risk assessment when appropriate	Yes
Resources to assist with financial matters	Yes

2. DEVELOP FUTURE STATE VISION OF THE PROGRAM

Overall, there is very little research documenting which models of survivorship care are most effective and which components lead to the best patient outcomes.

Model	Definition	Advantages	Disadvantages
Nurse-Led Program	RN prepares treatment summary and care plan, presents to patient during teaching visit	• Staffing costs lower than for other models	• Cannot bill for services • Onus on patient to complete recommended care
NP-Led Survivorship Clinic	NP conducts H&P, makes referrals for supportive care and screenings, educates patient, prepares treatment summary and care plan, coordinates with PCPs and oncologists	• Clinic visits may be reimbursed • Facilitates transition back to primary care	• Difficult to make financially self-sustaining • Requires clinic space
Multidisciplinary Survivorship Clinic	Multidisciplinary team, including MD/NP, social worker, registered dietician, physical therapist, and pharmacist, meet individually with patient to provide care and referrals; collectively develop treatment summary and care plan, which are later presented to patient	• Very comprehensive approach to care • Clinic visits may be reimbursed	• Resource intense • Difficult to make financially self-sustaining • Requires clinic space
PCP-Led Survivorship Care	APN prepares treatment summary and care plan; meets with patient to present it and provide in-depth education about late- and long-term effects, screenings for recurrence and secondary cancers; ongoing group education sessions available; goal to make patient "conduit of information" for other health care providers involved in care	• Staffing costs lower than for other models • Facilitates transition back to primary care	• Cannot bill for service • Assumes patient has access to full spectrum of health services • Onus on patient to complete recommended care

Source: The Advisory Board Company Oncology Roundtable, 2014

We embedded our NP led clinic in the breast multidisciplinary clinic: allowed us to leverage existing administrative and nursing support staff.

Projected volume justified coverage of NP labor cost.

Allowed us to address MD concerns previously mentioned through co-location

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3. DEFINE LONG TERM FOLLOW UP PATHWAY AND IDENTIFY POSSIBLE SURVIVORS
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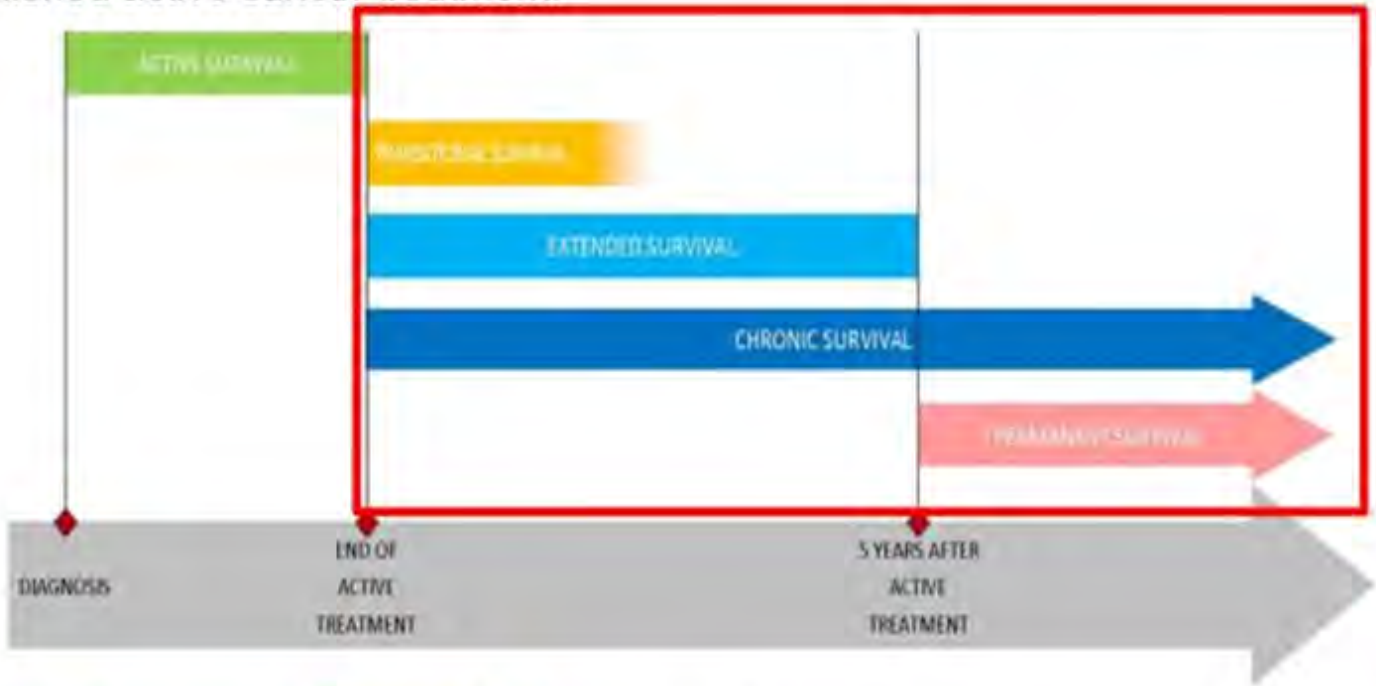
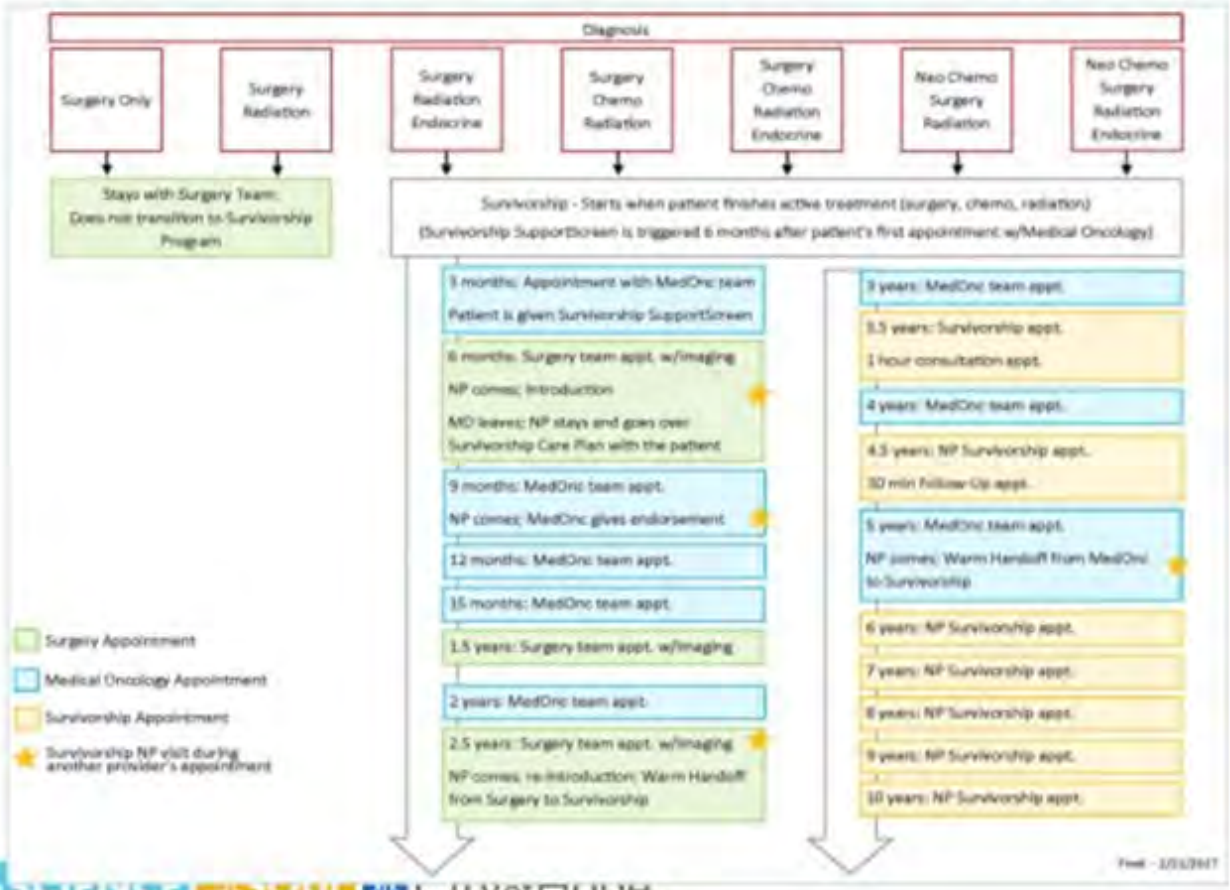
3. DEFINE FOLLOW UP PATHWAY AND IDENTIFY POSSIBLE SURVIVORS

- While definitions of who is a cancer survivor vary, it is widely agreed upon that the term "survivorship" refers to the life of a person diagnosed with cancer following treatment until the end of life.
- This term excludes active survival and focuses on the remaining four "seasons of survival."
- Thus, survivorship care should focus on meeting the specific needs of those who have finished active cancer treatment.



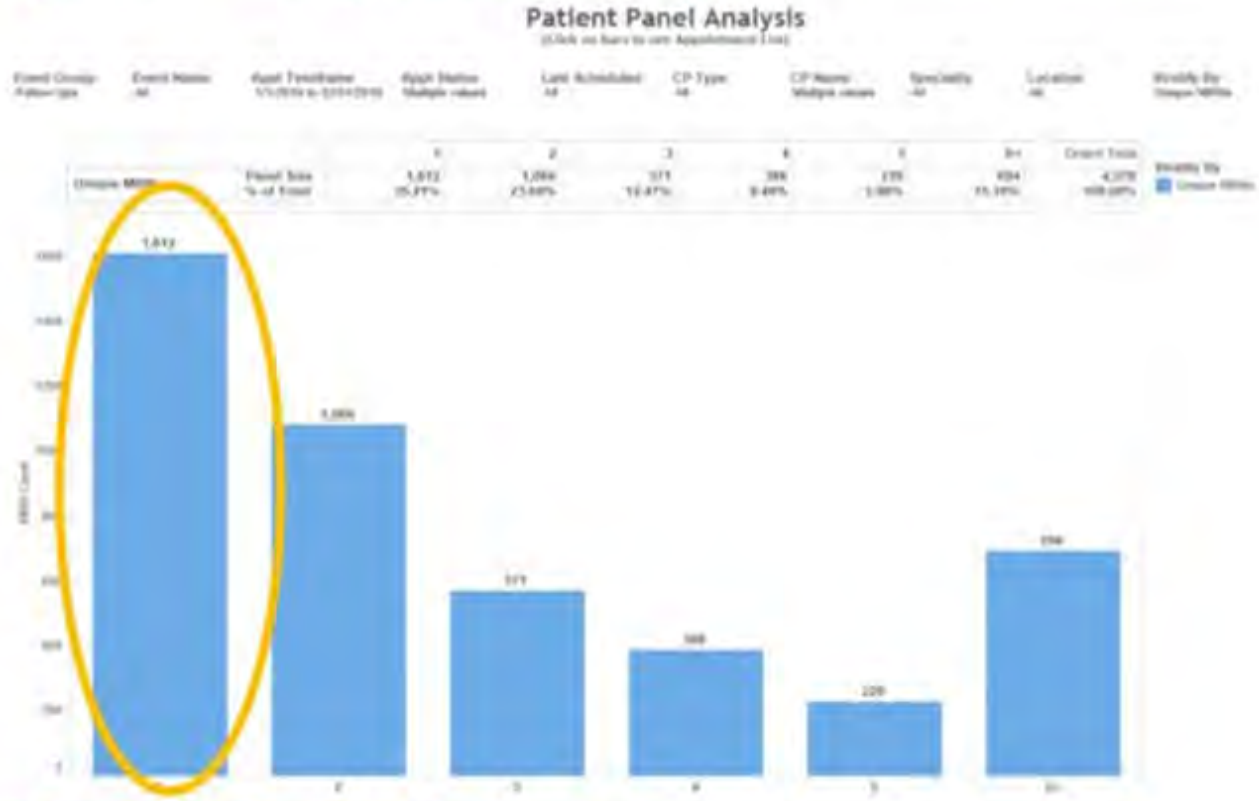
3. DEFINE FOLLOW UP PATHWAY AND IDENTIFY POSSIBLE SURVIVORS

- Interdisciplinary physician team agreed to long term follow up pathways, and when transition to survivorship should take place.
- Goal: reduce unnecessary duplicate visits, and ensure appropriate transition to survivorship.
- This pathway was also used to drive Survivorship Care Plan template compliance.



3. DEFINE FOLLOW UP PATHWAY AND IDENTIFY POSSIBLE SURVIVORS

- Long term follow up pathway is used to identify transition point for patients reaching 5 year mark.
- However, we still had to identify those patients that were 5 to 10 years post-treatment.
- Estimation Criteria: Patients receiving ***one follow up visit annually*** within the breast team, and ***5+ years from new patient/consult visit***.



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3. DEFINE FOLLOW UP PATHWAY AND IDENTIFY POSSIBLE SURVIVORS

- Although 1x visit per year patients comprised ***39% of all patients***, it only accounted for ***10% of total volume***.

- This data helped address some MD concerns about volume loss, despite high proportion of patients.

Breast Panel Overview: 1/1/17-12/31/17													
	1 visit/yr		2 visit/yr		3 visit/yr		4 visit/yr		5 visit/yr		6+ visit/yr		TOTAL
Breast Panel Unique MRN	1,818	39%	1,002	21%	560	12%	313	7%	183	4%	786	17%	4,662
Breast Panel Total Visits	1,818	10%	2,004	11%	1,680	9%	1,252	7%	915	5%	8,821	47%	16,490

3. DEFINE FOLLOW UP PATHWAY AND IDENTIFY POSSIBLE SURVIVORS

- Based on historical survivors, new patient growth projections, and patient retention rates, survivorship clinic size was forecasted.

Breast Survivorship Program Growth Projections

	New Patients**	Survivorship Backlog (1x transfer)	Patients Reaching 5 year follow up (transition point)	Total Program Size
2012	877			
2013	1,422			
2014	1,164			
2015	1,001			
2016	1,069			
2017	1,122	1,612	219	1,831
2018	1,179		356	2,187
2019	1,238		291	2,478
2020	1,299		250	2,728
2021	1,364		267	2,995

**Future New Patient/Consult volume including 5% growth projection

Breast Cancer Patient Retention

Number of Years after First Visit	% of patients
0	100%
1	66%
2	54%
3	44%
4	34%
5	25%

*New patient data from 2010-2013, follow up data from 2011-2016

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4. IDENTIFY AND OBTAIN NECESSARY RESOURCES

PEOPLE

LAUREN KEWLEY, MPH, MSW
PROGRAM ADMINISTRATOR

BRITTANY BRADFORD, NP
SURVIVORSHIP NURSE
PRACTITIONER

- Existing administrative and nursing support used through embedding in breast clinic

SPACE

- Projected patient volume yielded a need of approximately 3 days of clinic
- One room assigned to Survivorship Nurse Practitioner

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5. DEVELOP EVIDENCE-BASED ALGORITHMS

- Developed Survivorship questionnaire to obtain patient reported long term side effects, and provide timely interventions using evidence-based algorithms
- Survey is trigger/input for Commission on Cancer mandated Survivorship Care Plans

Question	"Yes" Responses
Are you experiencing hot flashes? Are you on tamoxifen?	51.8% of yes: 38.2%
Are you experiencing vaginal dryness? Does it interfere with your quality of life?	35.2% of yes: 40.4%
Are you experiencing frequent urination? Does it interfere with your quality of life?	32.0% of yes: 36.3%
Have you experienced weight gain as a result of treatment?	37.3%
Do you exercise regularly?	50.8%
Are you experiencing neuropathy?	44.4%
Are you experiencing any swelling in your arm and/or hand on the side of your surgery?	16.3%
Do you worry about your cancer coming back?	67.7%
Have you had your lipids checked in the last year?	36.9%
Have you had a bone density test (DEXA) since your diagnosis?	46.6%
Are you over 50? Have you had your Shingles vaccine (Zoster vaccine)?	73.7% of yes: 18.9%
Are you over 65? Have you had your pneumococcal vaccine?	40.5% of yes: 46.7%
Do you know who to contact if you feel a lump or change in your breast?	87.3%
Do you know who to contact if you have symptoms/health concerns not related to your breast cancer treatment (e.g., cold/flu symptoms)?	83.9%

5. DEVELOP EVIDENCE-BASED ALGORITHMS

How much of a problem is this for you?	"Moderate," "Severe," or "Very Severe" Responses
Fatigue	39.8%
Feeling anxious or fearful	38.3%
Sleeping	35.3%
Worry about the future	31.8%
Not being as physically active as I would like	31.6%
Feeling down or depressed	29.8%
Pain Are you experiencing ongoing pain in your surgical site?	27.3% of pain: 40.0% said "yes"
Finances	22.3%
Walking, climbing stairs	21.7%
Health insurance	21.7%
Thinking clearly	19.8%
Managing work, school, or home	17.4%
Sexual function	16.4%
Eating and nutrition	16.2%
Remembering to use sunscreen when exposed to the sun	11.2%
Substance use	5.1%
Ability to have children	4.3%
Tobacco use	2.1%

5. DEVELOP EVIDENCE-BASED ALGORITHMS

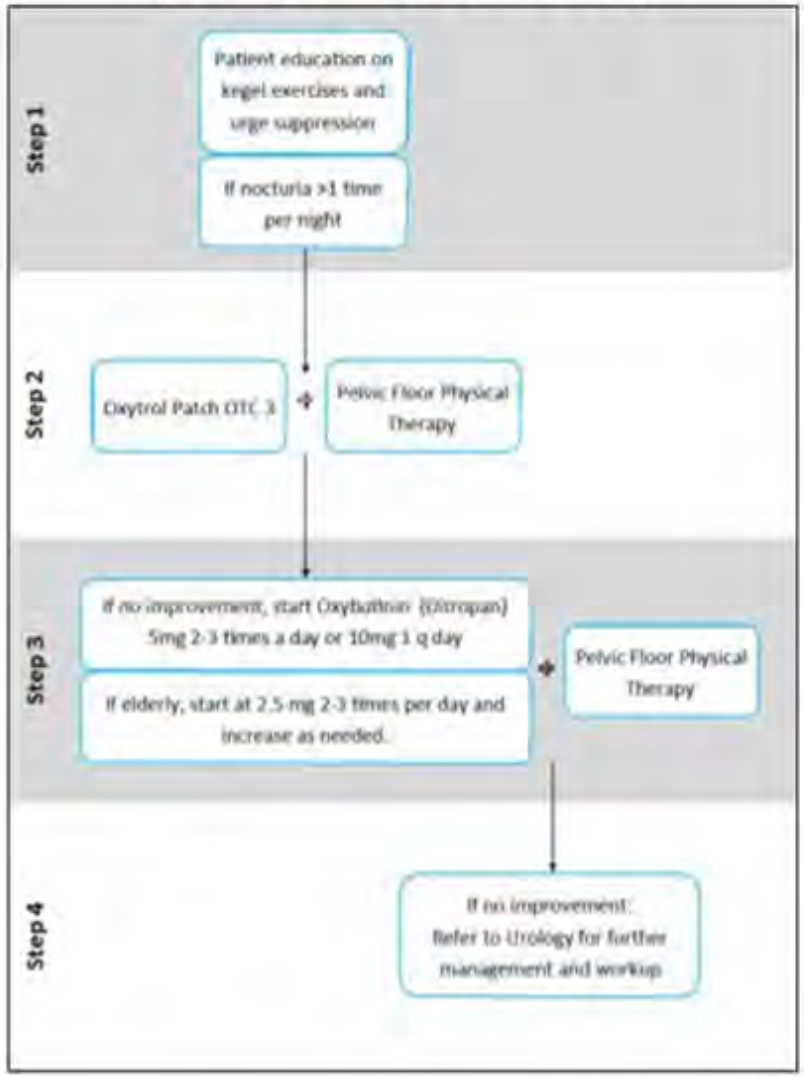
- Survivorship clinicians worked with City of Hope providers to develop evidence-based algorithms for long-term side effects, with the goals of:

  1) Reducing unnecessary referrals to specialists

  2) Ensuring standard approach to long-term side effects

- Other algorithms for issues such as: Bladder issues, bone health, cognition, fatigue, fertility, lymphedema, pain, peripheral neuropathy, psychosocial distress, sexual function, and sleep.

Ex: Urge Incontinence (Overactive Bladder)



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6. INTEGRATE RESEARCH OPPORTUNITIES

- Survivor based research guides intervention/further program design:

Concern	Details	Action/Intervention
Bladder Study	-Demonstrated 78% of women have urinary incontinence prior to therapy. -Two months post chemo/endocrine therapy, this number increased to 87%.	-Develop urogynecology program and funnel patients as appropriate.
Diet study	-Weight gain is common as a result of treatment -Decreased dietary fat is associated with improved survival in women diagnosed with breast cancer.	-Dietary intervention.
Cardiac study	Cardiac problems are major cause of death in women with breast cancer– incidence is 2x higher than women without breast cancer.	-Planning opportunities to work more closely with Cardiac.
Metabolic Syndrome (central obesity, HTN, lipid problems, diabetes)	Develops in 72% of women without metabolic syndrome who receive chemotherapy.	-Working on exercise, diet, and sleep interventions to improve this. Testing devise to accurately predict metabolic syndrome.

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7. DEVELOP EDUCATION AND SUPPORT

SUPPORT GROUPS

BREAST CANCER SURVIVORSHIP

Thriving After Cancer Education Class

First Wednesday of each month
6 to 7:30 p.m.

These monthly classes are designed to help you learn the tools you need to thrive as a cancer survivor. Come learn from experts on a wide variety of topics related to cancer survivorship.

Thriving After Cancer Support Group

Third Wednesday of each month
6 to 7:30 p.m.

Meet fellow breast cancer survivors, build relationships, give and receive emotional support, and share coping strategies and resources.

TOPICS	EDUCATION CLASS SCHEDULE	SUPPORT GROUP SCHEDULE
Welcome to Survivorship	N/A	January 17, 2018
Mental Health and Psychosocial Issues	February 7, 2018	February 21, 2018
Nutrition and Supplements	March 7, 2018	March 21, 2018
Positive Image	April 4, 2018	April 18, 2018
Sleep and Fatigue	May 2, 2018	May 16, 2018
Side Effects Management After Cancer	June 6, 2018	June 20, 2018
Wellness and Cancer Prevention	July 11, 2018	July 18, 2018
Sexuality and Relationships	August 1, 2018	August 15, 2018
Emotional Coping and Fear of Recurrence	September 5, 2018	September 19, 2018
Integrative Medicine	October 3, 2018	October 17, 2018
Hormonal Health	November 7, 2018	November 21, 2018
Spirituality	December 5, 2018	December 19, 2018

The Sheri & Les Biller Patient and Family Resource Center

City of Hope Duarte campus (behind the Spirit of Life® fountain) • R.S.V.P. recommended

Walk-ins ALWAYS welcome! • Light refreshments will be served.

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WEB RESOURCES

SURVIVORSHIP

Adjusting to physical and emotional changes after cancer treatment is difficult. City of Hope offers tips and resources on such topics as coping with fear of recurrence, physical side effects, wellness and other issues of survivorship.

lope.

7. DEVELOP EDUCATION AND SUPPORT

- Implemented robust survivorship care plan process
  - Treatment summary
  - Personalized side effect interventions
  - Follow up plan
- Separate appointment for survivorship care plan delivery to occur same day as 3 month follow up (identified in Follow Up pathway)
- Survivorship questionnaire identifies specific needs and educational materials to be provided
- Goal of survivorship clinic transfer reinforced

Cancer Treatment Summary

General Information

@NAME@
@MRN@
@PH@
@DOB@

Care Team

@MEDONC@
@SURGONC@
@RADONC@
@PCPLASTNAME@

Cancer Diagnosis Information

@ONCDX@
@ONCDXDATE@
@ONCSTAGE@

Background Information

@ONCFAMHX@
@TOBHX@

Surgical Summary

[YES/NO 24023]
@PSH@

@TXSUMMTABLE@

[YES/NO 24023]

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8. TRANSFER PATIENTS

- Based on agreed upon definition of survivors and long term follow up pathway, lists were provided to MDs/APPs to identify survivors.

- Proactively prepared to mitigate patient concerns

Anticipated Concern	Action
Patient is comforted by seeing MD, especially after frequent visits during active therapy	• Colocation/kept program embedded within same clinic for physical relationship to MD
Patient feels as though they are being offloaded	• Turned transition into a 'celebration' • Set expectation of survivorship clinic as 'end goal' at beginning of treatment • Developed 'gradual' transfer, with introduction visits • Defined value of program to patient
Patient resistance to NP transfer	• Provided MD tools to 'sell' the program • Hired the right NP for the role

8. TRANSFER PATIENTS

Tools for transition:

SURVIVORSHIP

Welcome to City of Hope's Breast Cancer Survivorship Clinic!

We celebrate this important transition from cancer care to wellness care. Thanks to improvements in cancer diagnosis and treatment, women are surviving breast cancer and thriving long after treatment. There are more than 3 million breast cancer survivors in the U.S. and thousands have been treated at City of Hope. That's why we created the Breast Cancer Survivorship Clinic, which seeks to empower you to thrive as a cancer survivor.

The Breast Cancer Survivorship Clinic focuses on wellness and caring for the long-term effects of cancer treatment. The Breast Cancer Survivorship Clinic team will work closely with you and the team of doctors who cared for you during your cancer treatment. Your care team will provide compassionate and personalized follow-up care to support you as you transition from active treatment to survivorship and wellness.

This program can offer you:

- Clinical follow-up care
- Surveillance for recurrence and second cancers
- Monitoring and management of long-term side effects
- Cardiovascular and bone health screening
- Specialized Survivorship Pain Clinic
- Lymphedema prevention and management
- Personalized Survivorship Care Plan
- Health and wellness education
- Thriving After Cancer Survivorship Group
- Psychosocial, spiritual and practical support
- Integrative medicine including yoga, acupuncture, meditation and massage therapy

Meet your Breast Cancer Survivorship Nurse Practitioner
Brittany Bradford, M.S.N., N.P.

Who Qualifies for the Survivorship Clinic?

Patients who are three years past their treatments for breast cancer

Next Step:

When making your next appointment, please ask for a Breast Cancer Survivorship Clinic appointment.

626-256-8692

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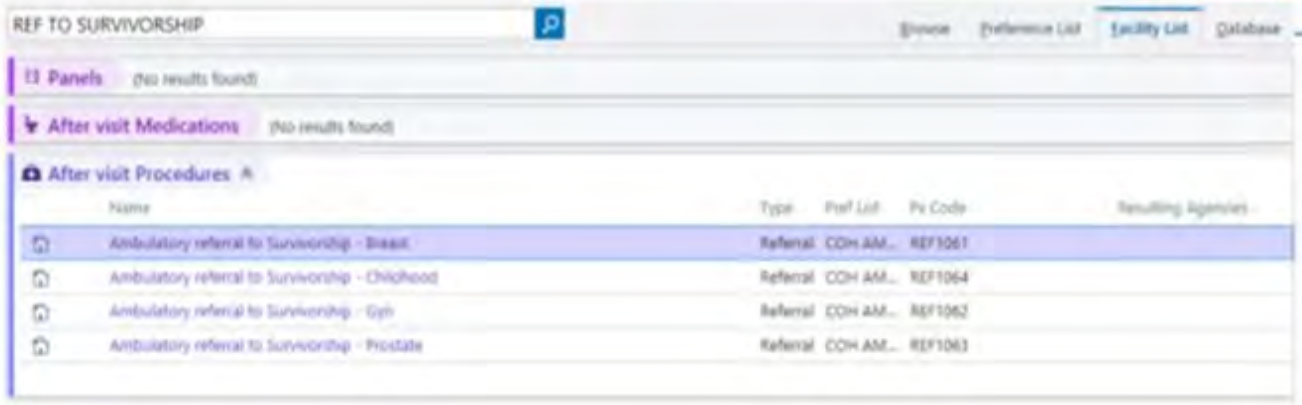


8. TRANSFER PATIENTS

Demonstrating Value:

Key Elements to Establishing Survivorship Program

1. IDENTIFY PHYSICIAN AND EXECUTIVE CHAMPIONS/ GAIN PHYSICIAN BUY IN
2. DEVELOP FUTURE STATE VISION OF PROGRAM
3. DEFINE AND IDENTIFY POSSIBLE SURVIVORS AND FOLLOW UP PATHWAY
4. IDENTIFY AND OBTAIN NECESSARY RESOURCES
5. DEVELOP EVIDENCE-BASED ALGORITHMS
6. INTEGRATE RESEARCH OPPORTUNITIES
7. DEVELOP EDUCATION AND SUPPORT
8. TRANSITION PATIENTS
9. EVALUATE, REVISE, IMPROVE

9. EVALUATE, REVISE, IMPROVE

Component	Pre-Project status	Post-Project status
Standardized follow up pathway	No	Yes
Survivorship care plan delivery compliance	Very low compliance	> Commission on Cancer target
Education materials	Very few	Yes
Support groups	No	Yes
Psychosocial screening	Yes	Yes
Referral to specialists as needed	Sometimes	Yes
Surveillance for recurrence and secondary cancer	Yes	Yes
Familial genetic risk assessment when appropriate	Yes	Yes
Resources to assist with financial matters	Yes	Yes

9. EVALUATE, REVISE, IMPROVE

Survivorship Care Plans:

- Pre project focus: **3** given (<1%)
- Post project focus: **350** given (>55%)

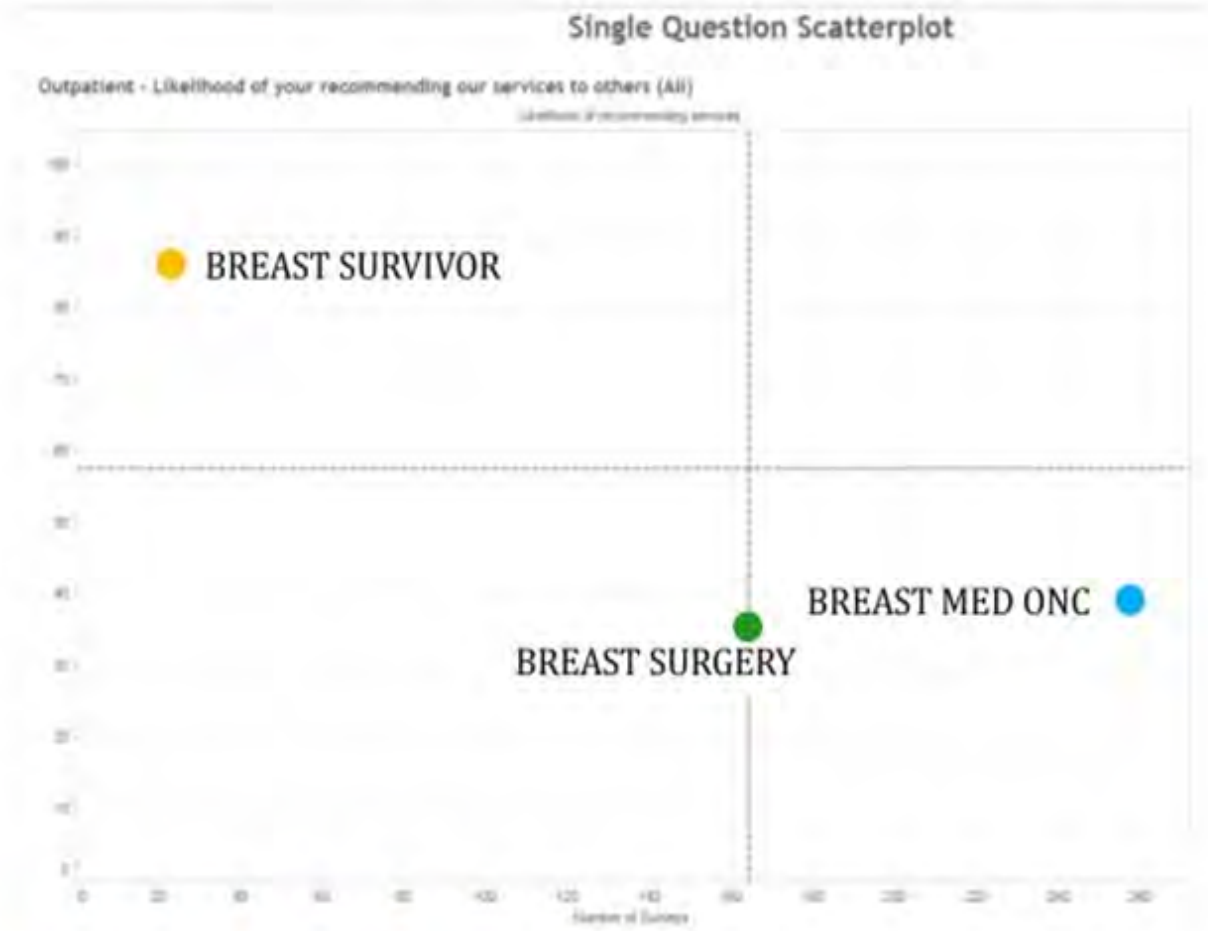
Transition to Long Term Survivorship Clinic:

- **>700** patients transitioned to clinic

9. EVALUATE, REVISE, IMPROVE

Patient Experience

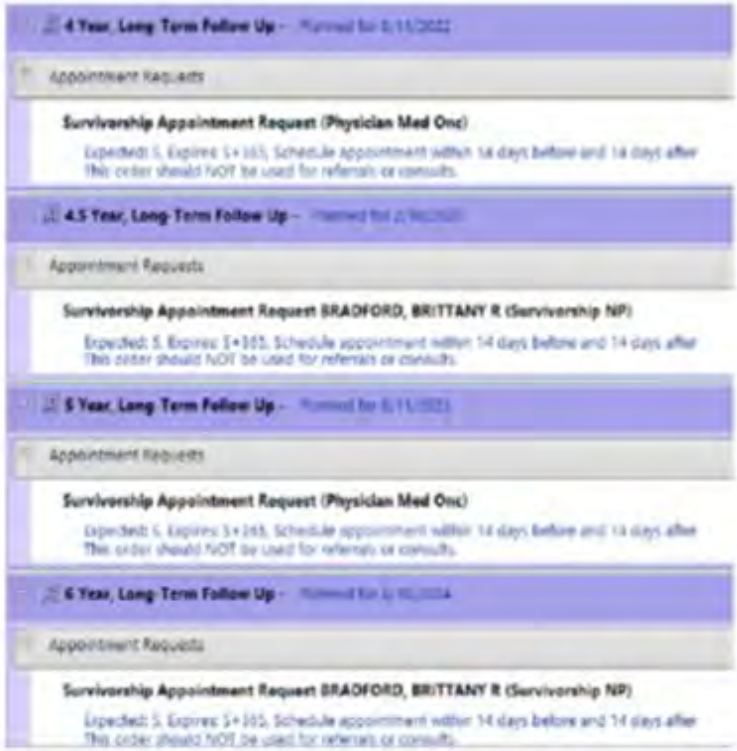
Patient Experience is very high for Breast Survivors, and there has been almost no patient resistance to transfer.



9. EVALUATE, REVISE, IMPROVE

Next Steps– guided by continual engagement/input from MDs and NPs:

- Automate transition process to reduce manual review/transition.
- Even though providers agree on long term follow up pathway, it is difficult to adhere to without automation.



9. EVALUATE, REVISE, IMPROVE

Next Steps:

- Expand to include community practice sites
- Expand to other disease programs
- Evaluate possibility of moving off site
- Expand program offerings and design based on research outcomes
- Continually update pathways and algorithms based on latest research

Lessons Learned

- The most critical component of building a successful survivorship clinic is continual ***engagement*** of the ***entire care team.***
- This is a ***continual process***– many components of the survivorship component will change over time based on patient needs, clinician feedback, and new research/treatments.
- The guiding principle must be to ***deliver higher value care*** to the patient.

QUESTIONS?

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