Implementation of a Multidisciplinary BMT Survivorship Clinic at a Community Cancer Center

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Background

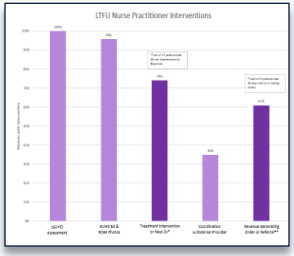
- Approximately 60% of patients report good to excellent QOL 1-4 years post-transplant
  - Acute & chronic GVHD are the most significant threats to QOL
  - GVHD and post-transplant comorbidities are significantly associated with depression, neurologic disease and other long-term effects
- Major national guidelines outline key Long-Term Follow-Up (LTFU) interventions that can improve physical and psychosocial symptoms in post-transplant patients
- LTFU NP & RN Navigator saw need for multidisciplinary clinic

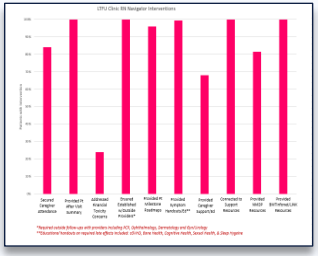
Methods

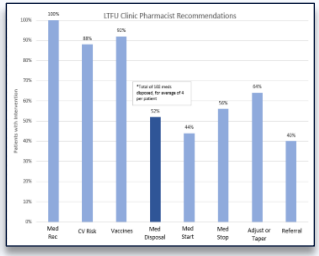
- Established half-day, multidisciplinary clinic
  - Once per month, coinciding with post-transplant milestones (ex. D100, 1 yr, etc)
  - Up to 3 patients per clinic, with rotating consistent providers
- Patients saw a Nurse Practitioner (NP), LTFU RN Navigator, Pharmacist, Clinical Social Worker, Dietitian and Physical Therapist
- Each discipline categorized the types of interventions they performed during clinic visits
  - Frequency of interventions collected and reported

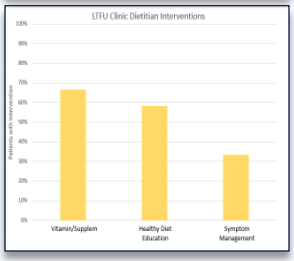
Results

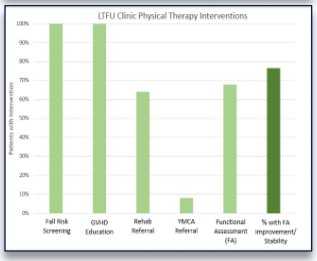
- A total of 25 patients were seen in the first year of the clinic
  - Most common milestone was D+100 (68%)
  - One patient was seen twice (D+100 & 1 year)
- Interventions by disciplines outlined below
  - Note: Not all disciplines saw every patient

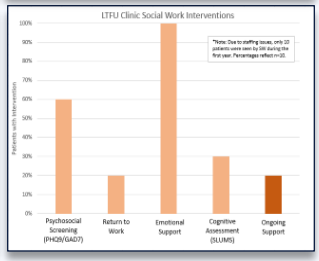












Discussion

- Overall acceptance rate of clinic attendance 76%
- Patients uniformly expressed verbal satisfaction with clinic and associated interventions
- All disciplines had a multitude of interventions that patients found helpful with interventions consistently improving over time
- Direct coordination of care, within one visit, between disciplines was preferred by patients and staff alike
- Revenue generation possible through billing of NP & PT visits and additional orders/referrals
- Navigation services were the most time intensive resource, but may be opportunity for reimbursement with new CMS rules
- Staffing was the biggest hindrance to optimizing clinic operations and interventions

Conclusion

- Development of a multidisciplinary LTFU/survivorship clinic is feasible, even in smaller community cancer centers
- Administrators need to ensure adequate resources & staff to support a largely value-added clinic opportunity

References

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