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

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