Background

As an institution that has maintained Commission on Cancer (CoC) accreditation since 2005, it is often challenging for patients to return to clinics physically for non-treatment-related visits. Challenges include availability of parking, tolls, traffic, and location of campus. Our 2016 survivorship clinic data shows a high number of patients who refuse the visit or cancel. This may be indicative of the constraints placed on patients in the geographic location where we are located. Sylvester at UHEALTH has seven different campuses spread out over 60 miles in a heavily populated area of South Florida. In order to offer an in-person visit to all patients, we created an agreement with our financial services department to:

- Waive facility fees
- Provide parking vouchers

In addition to reduce patient burden, the scheduling department prioritizes scheduling Survivorship visits on days the patients are already on campus.

Despite these attempts the Survivorship clinic visit no show and cancellation rates remain high. In an effort to increase survivorship visits, we reached out to the CoC for an innovative delivery idea. The CoC approved our inquiry to provide a copy of the survivorship care plan (SCP) and resources to our patients via a telephonic encounter with the stipulation that the patient have a copy of the information during the phone call.

Objective

The feedback from patients regarding the survivorship visit is positive. Our goal is to provide patients with this information and meet CoC requirements.

UHealth Patient Access Scheduling Script

Communication to patient

“Good morning/afternoon Mr./Ms. XXX. My name is XXXX. Your doctor has referred you to a survivorship clinic, and I would like to assist in securing this appointment for you. This visit is provided to patients who have completed their cancer treatment. During this visit, a Nurse Practitioner will provide you with your personalized care plan and important resources that will help you and your primary care physician understand your needs during this transition. Additionally, patients will be provided with healthy living goals, nutrition, exercise, and general cancer prevention and screening information. This visit will provide you the tools needed so you are able to move forward with your life after your cancer treatment.”

Internal notes

Goal is to schedule visit on a day that patient is already on a campus (an exam or follow up visit with provider). This is a 1-hour visit. If patient refuses - offer patient a telephonic encounter for the visit.

Communication to patient

“I understand the difficulties in making an appointment but we also offer this service via a telephone call.”

Internal notes

If patient accepts, will need:
1. Name
2. Best contact number
3. E-mail address
4. Preferred language

Forward this information to sccs.survivorship@miami.edu

Methods

At UHEALTH, within EPIC, providers place order referrals to the Survivorship clinic and the scheduling department contacts the patient to arrange their appointment. Beginning in August 2017 we created an telephone script with patient access leadership to offer the telephone delivery option.

Effective September 2017 we began delivering and tracking the number of monthly telephone deliveries. If a patient refuses an in-person visit, our process is to offer a telephonic encounter. If the patient agrees to the telephone delivery, they are contacted by the provider to identify a date/time to speak and an email address to send information to have available during the call.

Our survivorship clinic paradigm is to have a face to face encounter with the patient. This is not always possible due to multiple factors but not limited to:

- Distance to survivorship clinic/location
- Time constraints
- Return to work/school
- Psychosocial stressors (PTSD, anxiety)

Results

From September 2017 through August 2018 we have delivered 110 SCPs via telephone encounters. Our predicted Survivorship analytic case load for 2018 is 705 patients (CoC standard 3.3 goal inclusive of NAPBC DCIS goal effective April 2018).

Telephone deliveries account for 16% of SCP deliveries during this 1-year time frame.

Since the implementation of telephone deliveries, we have maintained monthly program goals based on CoC requirements.

Conclusion

The ability to deliver via telephone has created an opportunity for patients to receive this information and be offered other services or programs specific to their needs.

The implementation of telephone encounters has helped us to meet 2018 accreditation goals.

We recommend other institutions adopt this method of delivery to meet institutional goals.