CoC Standard 3.3
Survivorship Care Plan
Danny M. Takanishi, Jr., MD, FACS
Chair, CoC Accreditation Committee
Chair, CoC Program Review Subcommittee
Professor of Surgery
University of Hawaii

Financial Disclosure
I Have No Financial Disclosures or Conflicts of Interest

Learning Objectives
• At the end of this session participants will be able to:
  – Describe the purpose of Standard 3.3
  – Discuss the variability of the operational definitions of a cancer survivor
  – Describe changes in Standard 3.3 since its first iteration in the Cancer Program Standards 2012 Manual
  – Discuss how Standard 3.3 is evaluated for compliance
Changing Landscape of Cancer Care

- Increased focus on **Prevention**
- Increased focus on **Screening and Early Detection**
- Advancements in the understanding of **Tumor Biology**
  - New Drugs
  - Personalized therapy

Projected Rise in U.S. Cancer Survivors

du Moor et al., Cancer Epidemiol Biomarkers Prev 2013

Who is a Cancer Survivor?

- Many definitions
- Prior to the Institute of Medicine Report (2005) *From Cancer Patient to Cancer Survivor: Lost in Transition* this was an area that was relatively neglected
- NCI’s Office of Cancer Survivorship:
  - “An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life. Family members, friends, and caregivers are also impacted by the survivorship experience and are therefore included in this definition. (NCI, 2004)”
Standard 3.3 Focuses on a Subset

- Those treated with curative intent
  - Stage I, II, and III
- Those who have completed active therapy
  - If more than 1 facility provided treatment there should be a collaborative process in place to provide information needed
- Includes all disease sites

Standard 3.3 Exclusions

- Those with Stage 0 or Stage IV or metastatic disease
  - Caveat: Programs may elect to provide care plans to those with metastatic disease
- Those pathologically diagnosed but not treated or seen for follow-up by the program
- May exclude those who refuse care plans

2016 CoC Conference (June 2016)

<table>
<thead>
<tr>
<th>Implementation Timeline for Standard 3.3</th>
<th>CoC Source 2014/Survey Savvy 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2015</td>
<td>Implement a pilot survivorship care plan process involving ≥ 10% of eligible patients.</td>
</tr>
<tr>
<td>January 1, 2016</td>
<td>Provide survivorship care plans to ≥ 25% of eligible patients.</td>
</tr>
<tr>
<td>January 1, 2017</td>
<td>Provide survivorship care plans to ≥ 50% of eligible patients.</td>
</tr>
<tr>
<td>January 1, 2018</td>
<td>Provide survivorship care plans to ≥ 75% of eligible patients.</td>
</tr>
<tr>
<td>January 1, 2019 - 2019</td>
<td>Provide survivorship care plans to all eligible patients.</td>
</tr>
</tbody>
</table>
Elements of a Survivorship Care Plan

- A survivorship care plan (SCP) is prepared by the principal provider(s) who coordinated the oncology treatment for the patient with input from the patient’s other care provider.
- The Cancer Committee is responsible for identification of a physician team member or advanced practice partner and/or credentialed clinical navigator who would be responsible for developing and discussing the SCP with a patient.
- The written or electronic SCP contains the following elements: record of care received/treatment summary, important disease characteristics, follow-up/surveillance care plan, support services referrals (ASCO template referenced).

ASCO Template

Resource Tools (Enablers)

- LIVESTRONG Foundation
- National Coalition for Cancer Survivorship
- Cancer Support Community
- American Cancer Society
- Centers for Disease Control and Prevention
- National Cancer Institute
- National Comprehensive Cancer Network
- American Society of Clinical Oncology
- Commission on Cancer
Timing of Delivery

- After completion of active curative treatment
- Within 1 year of cancer diagnosis
  - Extends to 18 months if receiving long-term hormonal therapy
- No later than 6 months after completion of adjuvant therapy
  - Providing the Care Plan via mail, electronic means or through a patient portal without discussion does not meet the Standard

Adjudicating Compliance

The cancer committee develops a process to generate and disseminate a comprehensive treatment summary and Survivorship Care Plan to cancer patients who have completed cancer treatment.

Each calendar year, the process is monitored, evaluated, and presented to the cancer committee and documented in the minutes.

As part of the annual monitoring and evaluation the cancer program will:
- track the number of patients that are presented Survivorship Care Plans (must meet the established threshold)

QUESTIONS?

Mahalo Nui Loa and Thank You!
NAPBC Survivorship Care

Terry Sarantou, MD FACS
NAPBC Chair, Standards and Accreditation Committee
Professor of Surgical Oncology
Levine Cancer Institute, Carolinas HealthCare System
Charlotte, NC

Financial Disclosure

• None

Learning Objectives

• At the end of the session, participant will be able to
  – List the differences between CoC/NAPBC and broader cancer survivor definition
  – Explain the rationale of current vs. ideal timing of SCP delivery
CoC Standard 3.3 and NAPBC Standard 2.20
Survivorship Care Plan

Coordination of Ongoing Care

Accreditation Requirements:
The Big Picture

- Develop and implement a process to generate and disseminate a Survivorship Care Plan (SCP) to eligible cancer patients who have completed cancer treatment
- SCP process is monitored, evaluated, and presented to leadership teams annually
- Deliver the minimum number of SCPs (or more) New!
National Accreditation Requirements: The Details

<table>
<thead>
<tr>
<th>Who is eligible?</th>
<th>Commission on Cancer</th>
<th>NAPBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated curatively</td>
<td>• Treated curatively</td>
<td>• Treated curatively</td>
</tr>
<tr>
<td>Stage I, II, III cancers</td>
<td>• Stage I, II, III cancers</td>
<td></td>
</tr>
<tr>
<td>Within a year of diagnosis</td>
<td>• Within a year of diagnosis</td>
<td></td>
</tr>
<tr>
<td>No later than 6 months after completion of active therapy (chemo, surgery, RT)</td>
<td>• No later than 6 months after completion of active therapy (chemo, surgery, RT)</td>
<td></td>
</tr>
<tr>
<td>If long term hormonal therapy, within 18 months of diagnosis.</td>
<td>• If Herceptin, long term ends within 18 months of diagnosis.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who can provide?</th>
<th>Commission on Cancer</th>
<th>NAPBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD, PA, NP, RN, credentialed clinical navigator who is part of the patient’s oncology care team</td>
<td>• Healthcare providers who coordinated treatment</td>
<td></td>
</tr>
<tr>
<td>Provide written SCP to patient</td>
<td>• Provide written SCP to patient</td>
<td></td>
</tr>
<tr>
<td>Discuss SCP with patient</td>
<td>• Discuss SCP with patient</td>
<td></td>
</tr>
<tr>
<td>Record SCP in medical record</td>
<td>• Record SCP in medical record</td>
<td></td>
</tr>
<tr>
<td>Share SCP with other providers</td>
<td>• Share SCP with other providers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to provide?</th>
<th>Commission on Cancer</th>
<th>NAPBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide written SCP to patient</td>
<td>• Provide written SCP to patient</td>
<td></td>
</tr>
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<td>• Discuss SCP with patient</td>
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<td></td>
</tr>
</tbody>
</table>

National Accreditation Requirements: The Details

<table>
<thead>
<tr>
<th>Phase-in timeline &amp; minimum # SCPs</th>
<th>Commission on Cancer</th>
<th>NAPBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015: 10% eligible survivors</td>
<td>• 2015: 10% eligible survivors</td>
<td></td>
</tr>
<tr>
<td>2016: 20% eligible survivors</td>
<td>• 2016 and beyond: 100% eligible survivors</td>
<td></td>
</tr>
<tr>
<td>2017: 50% eligible survivors</td>
<td>• 2017: Harmonize with CoC</td>
<td></td>
</tr>
<tr>
<td>2018 and beyond: 75%</td>
<td></td>
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</tr>
</tbody>
</table>

NAPBC Survivorship Care Plan

Survivorship Care Planning Flow

1. Identify Eligible Survivor & Schedule Appointment
2. Prepare Survivorship Care Plan (SCP)
3. Pre-Vist Visit
4. Survivorship Visit
5. Post-Vist Visit
6. Perform Survivorship Transition Visit (if indicated)

Patient completes online tool
The denominator... a moving target

NAPBC Survivorship Care Plan
NAPBC Survivorship Care Plan

- Value of plan
- Implementation of plan
- Accreditation requirements
- Number of plans completed
- Outcomes
- Feedback from centers
- Revisions

Thank you

Terry Sarantou, MD, FACS
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Survivorship Care:
Identifying the Benefits for Cancer Programs

Judy C. Kneece, RN OCN
EduCare Inc., Charleston, SC
Financial Disclosure

- President of EduCare Inc.
  - Salary
- Nursenav Oncology
  - Stockholder

Learning Objectives

- Discuss evolution of survivorship care
- Describe how cancer programs benefit from implementing Survivorship Care

Survivorship Care
Despite success on the treatment front we have done very little in a concerted and well-planned fashion to investigate and address the problems of survivors. It is as if we have invented sophisticated techniques to save people from drowning, but once they have been pulled from the water, we leave them on the dock to cough and sputter on their own, in the belief that we have done all that we can do.

Dr. Mullan Became The Heralding Voice For Cancer Survivors
**National Coalition For Cancer Survivorship (NCCS)**

- **1986:** Dr. Mullan co-founded NCCS
  - **Goal:** Change cancer “Victim” to “Survivor”
  - Defining word “survivor” created heated debate

**NCCS Defines Meaning of “Survivor”**

NCCS Charter: 1986

> “From the time of discovery and for the balance of life, an individual diagnosed with cancer is a Survivor.”

Term “Survivorship” Coined

**Survivorship Concept**

- Defined as a process; not static; progresses along a **continuum**
  - Unique and individual experiences

<table>
<thead>
<tr>
<th>Acute Stage: Diagnosis/Receiving TX</th>
<th>Post Treatment</th>
<th>Long-Term Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
**Crossing The Quality Chasm**

Institute of Medicine: 2001

“Coordination of care could be performed by a health professional acting as a liaison across patients’ multiple needs.”

**Patient Navigation Concept**

**From Cancer Patient To Cancer Survivor**

Institute of Medicine: 2005

Strategies to improve cancer survivor’s quality of life

**Survivorship Care Plan Guidelines**

**Quality Survivorship Care Defined**

Two Necessary Components

- Acute Stage: Diagnosis/Receiving TX
- Post Treatment
- Long-Term Survival

- Patient Navigation: Survivorship Care
- Survivorship Care Plan: Post-Treatment Care Map
American College of Surgeons Responded To Quality Initiatives

- **2008: NAPBC** added Patient Navigation and Survivorship Care Plans as accreditation standards
- **2012: CoC** added Patient Navigation and Survivorship Care Plans as accreditation standards

Translating Quality Standards Into Practice

Good Idea! **BUT...**

Mandates Without Reimbursement

Require Time and Personnel
How Implementing Survivorship Standards Improve a Cancer Program’s Financial Viability

The Anatomy of Healthcare Delivery

3 Major Players
- Facility
- Physicians
- Ancillary Staff
- Patients
- Payors
- Patient Support System

The Interdependent Relationship: Each Player Has Power
- Facility
  - Medical Expertise
  - Medical Equipment
- Patient
  - Medical Illness
  - Access Care
  - Travel Together
- Payors
  - Money

Fact:
- Interdependent Relationship
- Each Player Has Power
**Power of Players**

Patients Can Leave Anytime During Their Care And The Payor Leaves With Them

**Fact:**

Patients Hold Most Power

**Power of Players**

Facility

Patients

Payors

**Patient Out-Migration**

Often Unrecognized Drain Of Financial Revenue In Cancer Programs

**Facility Position**

Financial Viability Completely Dependent on Attracting and Keeping Patients

**Fact:**

Cancer Programs, No Matter How Good, Can Not Exist Without Patients
What Brings A Patient To A Facility?

- Primary Care Provider referral
- Patient preference

Customer Satisfaction From Previous Experiences at Facility

What Determines If A Patient Stays?

- Perception of care
  - Fact: Most patients do not have the expertise to evaluate the quality of medical procedures or care
  - Evaluation is based on their perception of how care was delivered

How Patients Determine Perception of Quality

- Interpersonal communication
- Respect for opinions and appointment wait-times
- Timely return of test results
- Education about procedures and self-care
- Inclusion in decision-making
- Treatment of family

Compassionate Care: #1 Patient Value
Patients Make Decisions Based On Their Reality And Can Exit Care At Any Time: Out-Migration

Patient Satisfaction Has To Be A Top Priority! Quality Care Has To Partner With Patient Satisfaction

“Research confirms a definite link between a patient’s perceptions of quality to the profit margins for healthcare facilities.”

Return on Investment: Increasing Profitability by Improving Patient Satisfaction 2013

Patient Satisfaction Translates Into Financial Profit

Survivorship Care: Patient Navigation

Proven to:
- Increase patient satisfaction
- Benefit cancer programs financially
Financial Benefit: Stopping Out-Migration

Out-Migration Study: Mammography Screening Call Backs
Henrico Doctors’ Hospital

- 240 Exited Care
- 240 Retained Patients
- 88% Retention
- $350,000.00 Generated Revenue

Navigator Hired:
- Personal Calls
- Expedited Appointments

Before Navigator

1 Year Later

212 Retained Patients

Customer Satisfaction
Survivorship Care Plans

Patients
Primary Care Providers

SCP Increases Patient Satisfaction

- “All studies evaluating the overall satisfaction of survivors with their SCP showed very high levels of satisfaction.”

Survivorship Care Plans in Cancer: A Systematic Review of Care Plan Outcomes; Br J Cancer; 2014
SCPs Increase PCP Satisfaction

- PCPs' satisfaction with SCPs:
  - 90%: Useful
  - 75%: Enhanced understanding
  - 80%: Information was sufficient

*39 PCP Responses

Primary Care Provider Evaluation of Cancer Survivorship Care Plans Developed for Patients in Their Practice:
Journal of General Practice; July 2014

Increasing Patient or PCP Satisfaction

Prevents Drain of $$
Survivorship Care: Opportunity to Enhance Services That Increase Perception of Care

Fact:
Soft Services:
Patient Navigation or Survivorship Care Plans Turn Into Hard Financial Assets

Customer Satisfaction

Drives Referrals and Prevents Patient Out-Migration
Survivorship Care Plans
Help Place Golden “Handcuffs Of Caring”
On A Customer
Proof of Our Commitment to Quality Care

Survivorship Care Plans
Win-Win
For Patients,
Primary Care Providers
and Cancer Programs

Thank You
Judy Kneece
Components and Timing of Survivorship Care Plans (SCP)

Deborah K. Mayer, PhD, RN, AOCN, FAAN
UNC Lineberger Comprehensive Cancer Center
Chapel Hill, NC

Financial Disclosure

- Stockholder in Carevive

Learning Objectives

For both the 2016 Commission on Cancer (CoC) and the 2014 National Accreditation Program for Breast Centers (NAPBC)

- Describe components to be included in SCP
- Discuss required and optimal timing for SCP delivery
SCP Eligibility

CoC Standard 3.3 (2016)
- Analytic cases with Stage I-III cancer receiving curative intent treatment
- Effective
  - 2015: establish process and deliver ≥ 10%
  - 2016: deliver ≥ 25%
  - 2017: deliver ≥ 50%
  - 2018: deliver ≥ 75%

NAPBC 2.2 (2014)
- Includes DCIS, Stage 0-I-III
- Excludes biopsy only and not treated, LCIS or recurrence, stage IV patients
- Effective January 1, 2016. The expectation of Standard 2.20 is that 100% of eligible survivors receive a Survivorship Care Plan (SCP)

NAPBC Treatment Summary Content

- Tumor characteristics
- Details of treatment
- Genetics/family history
- Short/long-term effects
- Support services
- Contact information

NAPBC Follow-up Content

Short/long-term effects
- Possible sexual effects
- Possible psychological effects
- Genetics/family history
- Medications to avoid

Short/long-term effects
- Referral services
- Health maintenance/promotion
- Resources and referrals
ASCO Treatment Summary Content

- Contact information
- Diagnosis
- Stage/prognostic info
- Surgery
- Chemotherapy
- Radiation
- Ongoing toxicity or adverse effects at end of treatment
- Genetic or hereditary risk factors
- Genetic counseling/testing/results

ASCO SCP Content

- Oncology Team Contacts
- Need for ongoing adjuvant therapy
- Schedule for f/u visits and tests
- Other screening
- Primary Care Provider (PCP) management
- Possible signs/symptoms of recurrence
- Possible later/long-term effects
- List of issues to bring to teams’ attention
- Health promotion

Existing ASCO templates:

- Breast
- Colorectal
- Small Cell Lung Cancer
- Non-Small Cell Cancer
- Prostate
- Diffuse Large B-cell Lymphoma


ASCO SCP Assumptions

- Two part tool
- Adjunct to discussion
- Understandable
- Does not replace medical record
- Intended for patients with curative intent (stages I-III) at end of acute treatment with no evidence of disease (NED)
- Can be evolving document


SCP Timing of Delivery

CoC Standard 3.3 (2016)
- The timing of delivery of the SCP is within one year of the diagnosis of cancer and no later than six months after completion of adjuvant therapy (other than long-term hormonal therapy).
- The 'one year from diagnosis' requirement to have a SCP delivered is extended to 18 months for patients receiving long-term hormonal therapy.

NAPBC Standard 2.0
- A comprehensive breast cancer survivorship care process, including a survivorship care plan with accompanying treatment summary, is in place within six months of completing active treatment and no longer than one year from date of diagnosis.
- The 'one year from diagnosis' requirement to have a SCP delivered is extended to 18 months for patients receiving long-term hormonal therapy.

SCP Timing: What Do Patients Want?

- Sooner better than later
- Later better than not at all
- SCP necessary but not sufficient
- Also want treatment plan

SCP - Challenges, Benefits and Impact on Quality of Life

Lillie D. Shockney, RN, BS, MAS, ONN-CG
Professor of Surgery and Oncology, JHU School of Medicine
Director and Founder of AONN+

Financial Disclosure

- Speaker for Novartis and Pfizer for non-branded content
- There are no conflicts of interest regarding the presentation given today

Learning Objectives

- Understand the challenges of creating, reviewing, and distributing the SCP in its current form
- Learn the value of beginning the treatment summary and SCP starting at the time of diagnosis
- Recognize the potential value clinical outcomes from using SCPs could have on survivor's quality of life
- Learn some reasons why currently patients/survivors are not valuing these documents as intended
**Challenges**

- Lack of auto-populated fields to produce the TS and SCP results in time intensive record abstraction. Commonly performed by Advanced Practice Nurses (APNs).
- Patients don’t want to take off from work to come in and receive or review these documents— not valued?
- Patients file these documents with the rest of their medical files – it is not a living document, but a medical record. SCP vs Survivorship Life Plan.

**Challenges**

- It is retrospectively created instead of concurrently formulated. It should grow as the patient moves through phases of treatment.
- If we are serious about survivorship then we must begin survivorship at the time of diagnosis – asking and incorporating the patient’s life goals with their treatment plan so they remain on track for those life goals.
- Diminish the occurrence of side effects from treatment rather than telling the patient to “expect them - live with them”.

**Benefits**

- It has the ability to provide a roadmap for the patient and his/her primary care physician (PCP) regarding their surveillance/screening schedules, side effects management, recognizing late effects of treatment.
- It could provide a way of promoting the creation of a patient’s new life goals tied to healthier lifestyle behaviors to reduce risk of recurrence/new primary cancers developing.
Benefits

- If it can be automated and interactive within the electronic patient record (EPR) systems, it could capture longitudinal data for clinical outcomes, reminders for screenings, promote adherence to surveillance and oral meds, etc.
- It could potentially promote more patient self management and empowerment

Impact on Quality of Life

- These documents won’t accomplish this
- It requires a philosophical change in how we manage patients with the intent they become long-term survivors

Preserve Quality of Life

- Ask and document the patient’s life goals in EPR
- Expect side effects — No! minimize side effects
- I want to have a family - fertility preservation is needed before chemo
- I am studying to be a concert pianist - avoid chemo agents that cause peripheral neuropathy
- I am up for a promotion - dovetail a treatment plan with a work schedule so she misses little time
- Cancer prehab/rehab, anti-emetics, maintain normalcy, etc
Quality of Life

- Begin the Survivorship LIFE plan with the patient’s pre-established life goals – is she still on track to accomplish them post treatment?
- Add new life goals she wants to accomplish, now that she has been in touch with her mortality and acute treatment is done.
- Help the patient CREATE her new normal rather than settling for a new normal riddled with side effects and fear.
- Utilize the SLP as a means for promoting and sustaining life changes focused on how the patient measures her quality of life including prevention of recurrence, symptom management, early identification of late effects with rapid intervention, and constantly renewing her future life goals.

Make this “Plan” --

- ALL ABOUT THE PERSON and not just about the patient’s treatment, surveillance, meds, side effects management, and screening.
- Make it about HER and her LIFE going forward.
- Start it at the time of diagnosis. Have it never ending... Because the cancer journey really never ends.

The Perceptions, Beliefs, and Practices of Administrators of CoC-Accredited Cancer Care Programs Regarding Cancer Survivorship Care Plans
F. Jeannine Everhart, PhD, MPH, MBA, MS, CHES®
Jefferson College of Health Sciences at the Carilion Clinic Virginia, Roanoke
Financial Disclosure
I have no personal financial relationships with commercial interests, relevant to this presentation, to disclose.

– F. Jeannine Everhart, PhD

Learning Objectives
• Discuss the current state of implementation for cancer survivorship care plans (SCPs)
• Describe cancer program administrators’ perceptions of SCP outcomes
• Report key predictors and correlates for SCP implementation success

Background, Purpose, Methods
Results, Discussion, Conclusions, Recommendations

Respondents (response rate n=575, [51.4%])

- **Gender**
  - Female: 80.30%
  - Male: 19.70%

- **Race**
  - White: 92.5%
  - Asian: 2.3%
  - Black: 2.8%
  - Other: 2.4%

- **Education**
  - HS: 0.9%
  - Assoc: 5.8%
  - Bachelors: 23.2%
  - Masters: 63.2%
  - Doc: 7.0%
  - Assoc: 5.8%

- **Mean age**: 51.9
- **96.7% Non-hispanic**

Cancer Programs

- **Time accredited by the CoC**
  - 3 years or more: 91.3%

- **Type of Program**
  - Comprehensive Community Cancer Program: 46.7%
  - Community Cancer Program: 24.9%
  - Academic Comprehensive Cancer Program: 15.1%

- **Setting of facility**
  - Urban: 39.9%
  - Suburban: 34.6%
  - Rural: 25.4%

- **Profile of patients**
  - Urban: 44.9%
  - Suburban: 57.1%
  - Rural: 52.2%
Program Sizes

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds in the facility (N=539)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small (0-149 beds)</td>
<td>120</td>
<td>22.5</td>
</tr>
<tr>
<td>Medium (150-278 beds)</td>
<td>133</td>
<td>24.7</td>
</tr>
<tr>
<td>Large (279-450 beds)</td>
<td>134</td>
<td>24.9</td>
</tr>
<tr>
<td>Extra Large (451-2363 beds)</td>
<td>152</td>
<td>28.2</td>
</tr>
</tbody>
</table>

Support for SCPs

- 91% have EMR or EHR
  - Only 44.4% good EMR

- 80% of accredited centers:
  - less than 3 full-time equivalent employees to handle these time consuming tasks

Support for SCPs

<table>
<thead>
<tr>
<th>Administrators’ Perception of Physicians’ Attitudes</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Physician Attitudes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCPs are valuable but NOT worth the time/effort</td>
<td>241</td>
<td>43.0</td>
</tr>
<tr>
<td>SCPs are valuable and worth the time/effort</td>
<td>176</td>
<td>27.5</td>
</tr>
<tr>
<td>SCPs provide no added value to physicians</td>
<td>106</td>
<td>19.3</td>
</tr>
<tr>
<td>Not well informed about SCPs</td>
<td>160</td>
<td>46.0</td>
</tr>
<tr>
<td>SCPs provide no added value to patients</td>
<td>90</td>
<td>16.4</td>
</tr>
<tr>
<td>SCPs provide no added value to cancer care centers</td>
<td>81</td>
<td>14.7</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>4.0</td>
</tr>
<tr>
<td>SCPs interfere with the practice of medicine and/or the delivery of care</td>
<td>46</td>
<td>8.4</td>
</tr>
</tbody>
</table>
Support for SCPs

Less than half of providers were directly employed by the facility

Support for SCPs

CoC guidelines clear?
- Agree: 66.6%
- Disagree: 33.4%

CoC timelines realistic?
- Agree: 35.7%
- Disagree: 64.3%

Full Implementation

90% Some patients
21% All patients, not all content
11% Fully Implemented
Outcome Expectations

If your program were to provide each of your cancer patients with the ideal survivorship care plan (SCP), HOW LIKELY do you think it is that each of the following outcome would occur?

<table>
<thead>
<tr>
<th>Improvement in</th>
<th>Likely/Highly Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-provider communication</td>
<td>74.1%</td>
</tr>
<tr>
<td>Patient knowledge and understanding</td>
<td>74.1%</td>
</tr>
<tr>
<td>Patient satisfaction</td>
<td>70.4%</td>
</tr>
<tr>
<td>Patient adherence and self management</td>
<td>63.5%</td>
</tr>
<tr>
<td>Patient health outcomes</td>
<td>Not likely to prevent recurrence</td>
</tr>
</tbody>
</table>

What Factors are Associated with Full Implementation?

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Statistically Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC guidelines are clear</td>
<td>Wald $\chi^2 = 4.670$, $p &lt; 0.05$</td>
</tr>
<tr>
<td>CoC timelines are realistic</td>
<td>OR=2.13, 95% CI 1.288 to 3.518, $p &lt; 0.05$</td>
</tr>
<tr>
<td>Time SCPs have been in place</td>
<td>OR=0.572, 95% CI 0.395 to 0.835, $p &lt; 0.05$</td>
</tr>
<tr>
<td>Staff dedicated to SCP creation/dissemination</td>
<td>OR=0.574, 95% CI 0.330 to 0.997, $p &lt; 0.05$</td>
</tr>
</tbody>
</table>

Administrators who felt the CoC timelines were realistic were twice as likely to be in programs with a higher stage of readiness to fully implement SCPs.

What Factors Predict Full Implementation?

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Statistically Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC guidelines are clear</td>
<td>Wald $\chi^2 = 6.1$, $p &lt; 0.013$</td>
</tr>
<tr>
<td>Patient health status outcomes</td>
<td>Wald $\chi^2 = 4.1$, $p &lt; .043$</td>
</tr>
<tr>
<td>Program type</td>
<td>Wald $\chi^2 = 9.503$, $p &lt; .023$</td>
</tr>
</tbody>
</table>

- CoC guideline clarity most significant predictor
- Academic cancer programs were 3x more likely to have fully implemented SCPs than community-based programs
What Factors Affect (Correlation) Outcome Expectations?

<table>
<thead>
<tr>
<th>Significant Correlation (Significance Correlation)</th>
<th>Patient health</th>
<th>Patient knowledge</th>
<th>Patient adherence</th>
<th>Outcome expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Col. Credibility are clear</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Medical Oncologist directly employed
Cancer Supporter directly employed
Primary Care Physician directly involved
Model of Delivery

Discussion

- Key issues
  - Policy
  - Resources and Staffing
  - Influences associated with outcome expectations

A common theme that connects each of these is staffing levels
Implications/Recommendations

- Technical resources
- Physician champion
- Models of delivery
- Alternate Staffing