

Colorado Cancer Coalition Priorities: 2016-2018

Option 7 of 10: Survivorship & End of Life Care: Clinical Survivorship Services

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Goal 9: Improved compliance with post-treatment follow-up guidelines.

Objective 9.1: Increase provision of survivorship care planning services to eligible cancer survivors.

→ Strategies

- Provide technical support to hospitals regarding effective and quality implementation of the Commission on Cancer (CoC) or the National Accreditation Program for Breast Centers (NAPBC) standards regarding the delivery of survivorship care plans.
- Provide resources and training to providers in facilities not accredited by the Commission on Cancer or the National Accreditation Program for Breast Centers about quality development and delivery of survivorship care plans.
- Disseminate post-treatment follow-up guidelines to oncologists and primary care providers.
- In partnership with academic institutions, evaluate the effectiveness of survivorship care plans on improving long-term clinical and quality-of-life outcomes for all ages of cancer survivors.
- Advocate for legislation to reimburse costs associated with development and delivery of survivorship care plans.
- Implement a process to provide treatment summaries and survivorship care plans to pediatric and adolescent cancer survivors or their caregivers.
- Identify a data source and baseline for post-treatment follow-up visits for pediatric, adolescent and young adult cancer survivors.
- Assess barriers to follow-up care among pediatric, adolescent and young adult cancer survivors.
- Disseminate survivor and caregiver materials regarding the importance of follow-up care through clinical cancer care organizations as well as nonprofit cancer support organizations.

→ Measures

	Data Source	Baseline	2020 Target
Individuals treated with curative intent who receive a survivorship care plan at the end of treatment	CCCR (Colorado Central Cancer Registry)	TBD****	CCCR
Individuals treated at CoC and NAPBC accredited facilities that receive a TS/SCP	CCCR	TBD***	CCCR
Non-CoC or Non-NAPBC accredited cancer treatment facilities actively providing TS/SCPs to survivors	CCCR	TBD***	CCCR

*** The baseline and target will be determined, in partnership with the Colorado Central Cancer Registry, by December 2016.

*** Colorado's cancer community will explore data source options and determine a baseline and target by December 2017.

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→ What we know about the problem

- **What is a Survivorship Care Plan?**
 - A document that contains a **concise record of a cancer patient’s diagnosis, treatment, and “next steps”**
 - Intended to help explain the details of a patient’s care **after treatment is complete** and to **ease the transition** from oncology to primary care
 - Also serves as an **opportunity to talk to patients** about health behavior changes, screenings, and follow-up, and to **answer their questions and identify resources** that may be needed
- **Why is it a problem?**
 - We have 28 Commission on Cancer Accredited hospitals in the state, and all of them are now **required** to complete SCPs for their patients in order to keep their accreditation.
 - SCPs are **incredibly time consuming to put together**, and most hospitals don’t have the resources to provide them.
- **What is the opportunity within CCC?**
 - CCC can provide an **opportunity for healthcare providers, academic researchers, and public health to come together** in order to figure out how to implement survivorship care plans as a state.
 - The Quality of Life and Survivorship Task Force has participated in a project in the past which included staff from University, CDPHE, St. Mary’s Hospital in Grand Junction and Mercy Medical in Durango. With leadership from the University, **we disseminated a survey to cancer centers throughout the state to determine their current processes for implementing SCPs.**
 - **Michigan’s Cancer Consortium** put together a **Learning Collaborative** with representatives from 22 hospitals in the state which provided a way to share lessons learned among hospitals in a non-competitive environment. It also gave them a way to evaluate SCP implementation throughout the state.
 - Through collaboration, we have the opportunity to **(1) increase the number of SCPs developed and delivered to patients, (2) help oncology providers do their jobs more efficiently by sharing lessons learned and best practices, and (3) bring new members to the Coalition from hospitals.** Bringing in more clinicians could in turn lead to a deeper connection with cancer centers and improved ability to advance clinical elements of the Cancer Plan in the future.

→ Why should CCC members prioritize this area of work?

Prioritization factors	Considerations	Notes
Likelihood of Population Impact	<ul style="list-style-type: none"> ● Over 20,000 people are diagnosed with cancer in Colorado each year. ● 2 out of every 3 will live for 5 years or more after diagnosis, and most of those would be eligible to receive a SCP. ● Increasing implementation of SCPs through a health systems change will impact survivors now and also in the future. 	
Evidence of Feasibility	<ul style="list-style-type: none"> ● Required by the Commission on Cancer ● Recommended by the IOM, CDC, NCCS, and many other groups. ● Patient Satisfaction scores are typically high ● Long term impact has yet to be quantified 	

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Established Need	<ul style="list-style-type: none"> • In 2015, hospitals were required to give plans to 10% of their patient population. By 2018, they will be required to give them to 75% of their eligible patients. • Hospitals urgently need help in meeting this goal. 	
Measurability	<ul style="list-style-type: none"> • There is not currently a good way to measure this. • The Cancer Registry may be a good way to track it from a state-wide and hospital perspective, but that will require adding a new field to the registry. • Another option for measurement would be to repeat the survey previously done by the University. 	
Collective Impact	<ul style="list-style-type: none"> • Collaboration through the CCC is the best way to move forward, because no one has the resources to lead this effort individually (see notes on gaps, below) • Many members have been working in this area for years, and we would be well equipped to coordinate an effort quickly 	
Identified Gaps	<ul style="list-style-type: none"> • It can be difficult to bill for the development and delivery of care plans, so hospitals have limited resources to do it. • Survivorship grant funding is also limited throughout the state. 	
Opportunities for Leveraging partnerships	<ul style="list-style-type: none"> • Many CCC partners have an interest in SCPs, including hospitals, University/ researchers, public health, survivors and caregivers. 	
Political/ community support	<ul style="list-style-type: none"> • We do not anticipate any push-back from any stakeholder groups. 	

Would you or your organization commit to helping with this priority?