

# **Using Evidence and Advancing Research**

## ***Incorporating National Guidelines in the Implementation of Strategies at Northside Hospital Cancer Institute***

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# **Survivorship Care Plans:** ***Pilot Studies and Trial Results***



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# Survivorship Care Plans

## *Pilot Studies and RCTs*

- Several pilot studies focused on end-of-treatment visits, including utilization of a Survivorship Care Plan, have been completed to date
- Findings supporting the use of Survivorship Care Plans:
  - Improved adherence to breast / cardiac surveillance <sup>1</sup>
  - High patient satisfaction <sup>2,3,4</sup>
  - Improved health behaviors among breast cancer survivors (diet and physical activity) <sup>2</sup>
  - Improved preparedness for managing cancer as chronic disease <sup>2,4,5</sup>

### Referenced Publications

1. **Increasing rates of breast cancer and cardiac surveillance among high-risk survivors of childhood Hodgkin lymphoma following a mailed, one-page survivorship care plan**, Oeffinger KC et al., Pediatric Blood Cancer, May 2011.
2. **A randomized controlled trial of two mail-based lifestyle interventions for breast cancer survivors**, Park CL et al., Supportive Care in Cancer, July 2016.
3. **A Randomized Controlled Trial of a Nurse-Led Supportive Care Package (SurvivorCare) for Survivors of Colorectal Cancer**, Jefford M et al., Oncologist, August 2016.
4. **Outcomes and Satisfaction after Delivery of Breast Cancer Survivorship Care Plan: Results of a Multicenter Trial**, Palmer SC et al., Journal of Oncology Practice, March 2015.
5. **Treatment Summaries and Follow-Up Care Instructions for Cancer Survivors: Improving Survivor Self-Efficacy and Health Care Utilization**, Kenzik KM et al., Oncologist, July 2016.



# Survivorship Care Plans

## *Additional Resources*

Title of Publication	Source	Date	Content Areas
<b><i>American Society of Clinical Oncology Clinical Expert Statement on Cancer Survivorship Care Planning</i></b>	Journal of Oncology Practice	October 2014	<ul style="list-style-type: none"> <li>• Essential elements of SCP</li> <li>• Current barriers and feasible solutions</li> </ul>
<b><i>Models of Long-term Follow Up Care</i></b>	ASCO	Updated March 2016	<ul style="list-style-type: none"> <li>• Options for Survivorship Care Delivery</li> <li>• Summary of each with pros and cons</li> </ul>
<b><i>Patient-centered Support in the Survivorship Care Transition: Outcomes from the Patient-owned Survivorship Care Plan Intervention</i></b>	Cancer	October 2016	<ul style="list-style-type: none"> <li>• POSTCARE intervention results</li> <li>• Positive impact on patient outcomes</li> <li>• Improved patient experience, care coordination, and health outcomes</li> </ul>
<b><i>Survivorship Care Planning in a Comprehensive Cancer Center using an Implementation Framework</i></b>	Journal of Community and Supportive Oncology	May 2016	<ul style="list-style-type: none"> <li>• Best Practice – development of routine SCP delivery at Robert H. Lurie CCC in Chicago (Northwestern University)</li> </ul>



# Survivorship Care Plans

## *Research Limitations and Needs / Solutions*

### Research Limitations

- Sample Selection
- Intervention Design – SCP content; process for delivery
- Outcome Measurement – linkage of outcomes assessed to intervention content

### Needs / Solutions

- Innovation
  - IT-facilitated Solutions
  - Personalized SCPs
  - Longitudinal Approaches
- Quality Measurement
  - Metrics for Examining Concordance – link content to outcomes
  - Outcome Metric Development – repositories and knowledge-sharing

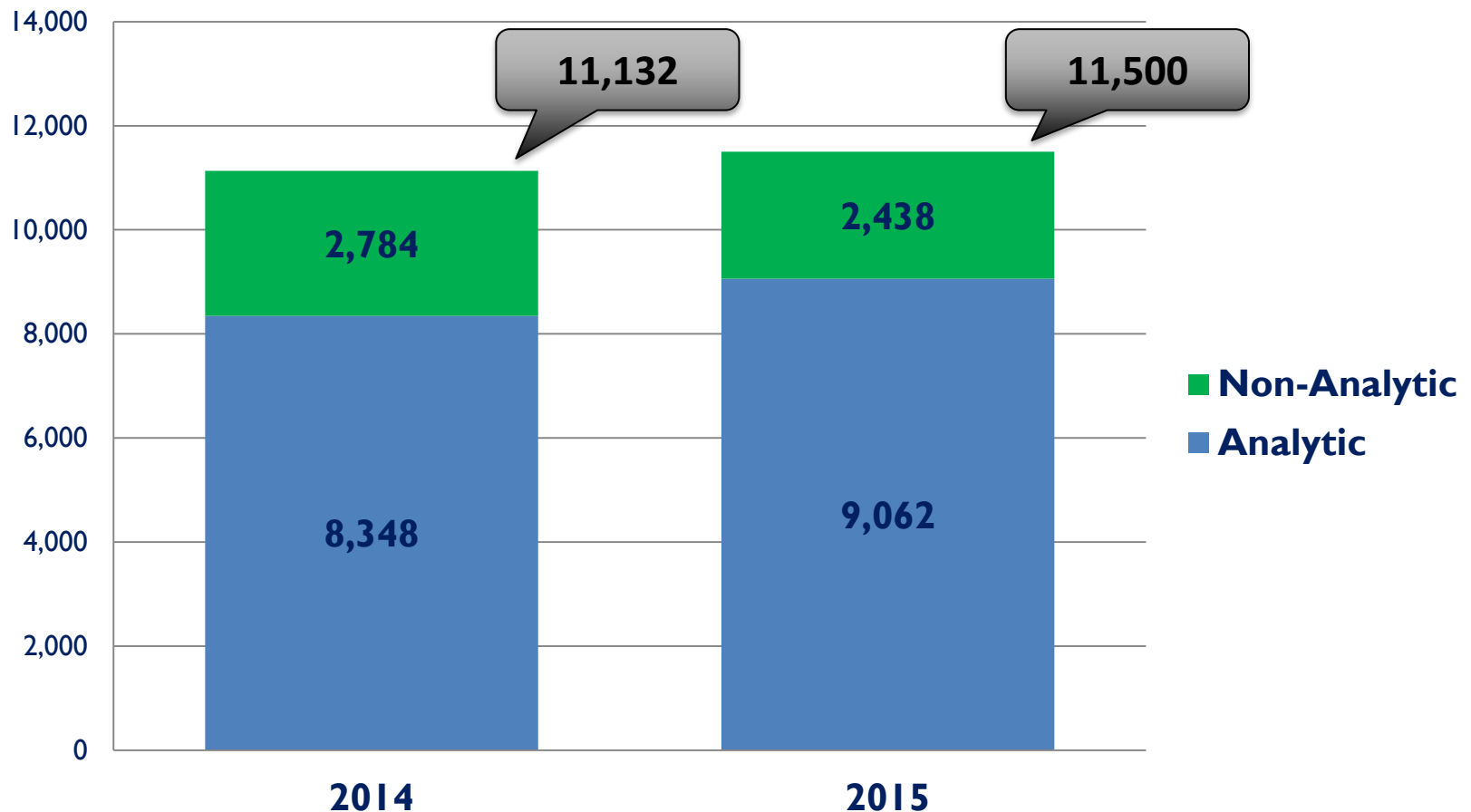


# NHCI Challenges / Opportunities



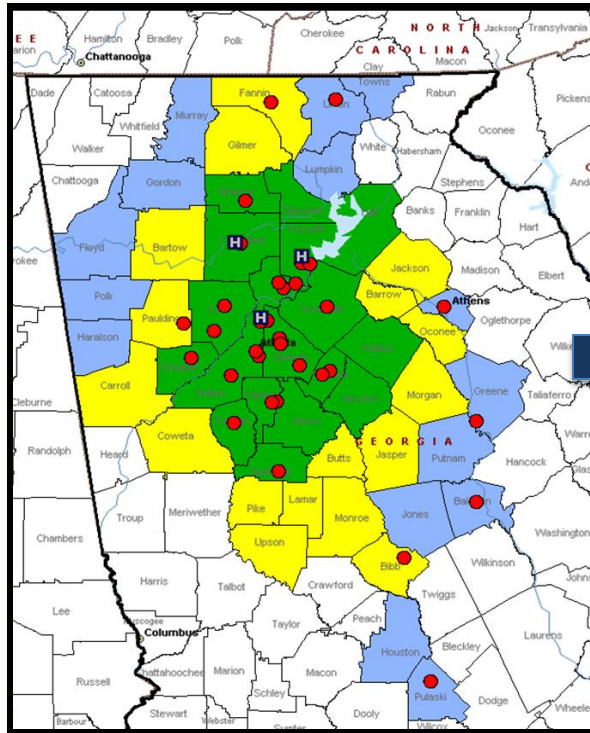
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# High Volume Cancer Institute



# Large Geographic Footprint

## Varied Provider Relationships



### Service Area Characteristics

- 34 counties
- 6.2 M Georgians (60% of Total Population)

### Care Delivery Locations

- 3 Hospital Campuses
- 34 Outpatient Infusion Centers; 2 new centers in CY2017
- 4 Radiation Oncology Centers
- 3 Breast Imaging Centers; 1 new center in CY2017

≈ 250 Employed, Contracted, and/or Affiliated Oncology-related Providers including:

- 65+ Affiliated Medical Oncologists
- 8 Radiation Oncologists (6 employed, 1 private practice, 1 Kaiser)
- 15 Employed Surgical Oncologists (GYN, Thoracic, Melanoma, Sarcoma, HPB)
- 16 Affiliated Colorectal Surgeons
- 13 Engaged Breast Surgeons (1 employed, 10 private practice, 2 Kaiser)



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# NHCI Approach



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# Survivorship Care Services

## *Strategic Areas of Focus*



Expansion of Patient Navigation Services

Implementation of Psychosocial Distress Screening

Development / Delivery of Survivorship Care Plans



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# Development and Delivery of SCPs

## *Summary of Approach*

- Developed initial drafts of SCPs to include high volume cancer types; SCPs were developed using NCCN and ASCO guidelines
  - Breast
  - Colon
  - GYN (Cervical, Ovarian, Endometrial)
  - Lung (NSCLC only)
  - Melanoma and Sarcoma
- SCP templates were developed within OncoLog (Cancer Registry software) and process for generation and clinical review implemented
- Disease-specific Steering Committee members representing Medical Oncology, Radiation Oncology, and Surgery were asked to review each SCP and edits were incorporated
- Final drafts of the SCPs were brought to appropriate disease-specific Steering Committee for review and approval



**≈ 5,500 patients**  
**60% of total analytic cases**

# Survivorship Pilot Study

**Title – *Impact of a Survivorship Consultative Visit on Self-efficacy for Disease Management in Breast Cancer Patients***

**Objective – Compare the effectiveness of two methods of survivorship care plan delivery (standard of care vs. survivorship consultative visit) to women diagnosed with breast cancer who have completed primary cancer treatment on self-reported confidence in management the physical and emotional outcomes of cancer and treatment on activities of daily living and quality of life.**

