Connecticut CANCER Partnership
The Power of Unity

EMERGING ISSUES BRIEF

Adopting Survivorship Care Plans and the Commission on Cancer's Implementation Standard

By the Connecticut Cancer Partnership Survivorship Committee with Marion Morra and Lucinda Hogarty

Adoption of survivorship care plans (SCP) is a key objective of The Connecticut Cancer Partnership's *2014-2017 Connecticut Comprehensive Cancer Plans*. (1) The Partnership's Survivorship Committee is responsible for devising implementing strategies addressing this objective.

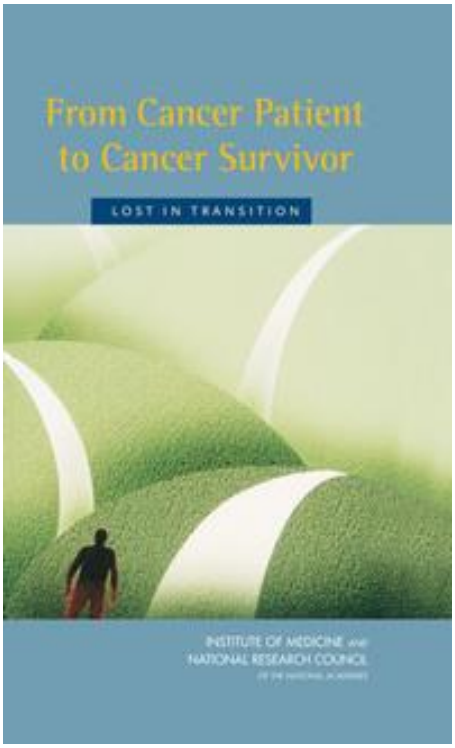
The Committee, which includes representatives of most of the cancer centers in the state, has continued to carry out successful programs in the area of survivorship, including:

- Directing funding to a large cancer center for programming designed to reduce disparities in survivorship care
- Planning and implementing a major survivorship conference, featuring nationally recognized speakers, which attracted over 150 cancer professionals
- Working with a partner organization that serves the underinsured to promote the use of survivorship care plans.

Consensus and Challenges

The Committee also has recently conducted a series of informal surveys and focus group meetings of representatives from Connecticut cancer centers. These have uncovered both consensus and challenges in meeting the Commission on Cancer's (CoC) SCP accreditation standard 3.3:

- There is general consensus that survivorship care plans can lead to greater patient satisfaction as envisioned by the Institute of Medicine's 2005 report *From Cancer Patient to Cancer Survivor: Lost in Transition*. (2)
- There is a lack of an evidence base for measurably improved outcomes, which is a drawback to universal adoption of a gold standard.
- Cancer centers, large or small, urban or rural, well-resourced or struggling, all express frustration with the time and resource demands required to design a feasible process that will meet the CoC requirements for implementing survivorship care plans.
- There is little agreement in approach to developing such a process:
    - who should create the plan
    - how it should be delivered to the patient and/or primary care practitioner
    - what the format should be
    - how the electronic medical record could facilitate the process
    - when the plan should be created
    - how multidisciplinary care teams should work together to combine the treatment modalities into one summary, or
    - how survivorship care should be delivered.



A recent, informal survey of 20 Connecticut hospital cancer programs, conducted by the Committee, also revealed striking differences among the programs' plan creations:

- In 20 hospitals, there were five different types of professionals involved in the plan creation.
- Fifteen respondents registered 25 separate comments describing frustrations mainly relating to data collection, both with and without EMR, and the amount of time

The Connecticut Cancer Partnership is the coalition recognized by the US Centers for Disease Control and Prevention (CDC) to implement the concepts of comprehensive cancer control through collaborative planning and prioritized activities with its member organizations. It has developed a series of multi-year state cancer plans. The Partnership has membership representing over 150 organizations in Connecticut with cancer control as their common interest.

dedicated to these activities.

- Of the five respondents who did not identify frustrations, three were too early in establishing a process to have had experience on which to comment on.

Communications with the Commission on Cancer on Implementing the Standard

A white paper outlining Committee concerns (*The White Paper to CoC regarding Standard 3.3 Survivorship Care)(3)* composed by the Committee, led by Connecticut's state liaison physician, Dr. Amanda Ayers (a member of the Board of the Connecticut Cancer Partnership) and Dr. Tara Sanft, the medical director of adult survivorship at the Yale Cancer Center Survivorship Clinic (also a member of the Board and Co-Chair of the Survivorship Committee) was sent to the Commission through the Connecticut state liaison physician in April 2016. A quick response was received from the Nina Miller, CoC Cancer Liaison Initiatives Manager, who wrote:

> "The *White Paper to CoC regarding Standard 3.3 Survivorship Care Plan* is an excellent, well thought out paper which clearly articulates the challenges and opportunities of the Survivorship Care Plan Standard compliance. "

Miller referred to the available resources through ASCO: templates, site-specific templates and guidance on different models (1) of survivorship care available at an ASCO resource site (3). The SCP templates are consistent with the CoC standard requirements for content. She also answered questions about the requirement calculations after consulting with the CoC Accreditation and Standards Manager.

December 31, 2016 CoC Deadline. At this point, in the fall of 2016, cancer centers are addressing the December 31, 2016 deadline to "provide survivorship care plans to 25% of eligible patients (those with any type of cancer, who are treated with curative intent and have finished active treatment)." The intent of the CoC is stated in its clarification article (2) which notes that models of care differ and there is flexibility in the formulation and implementation of the SCP process.

According to the CoC guidelines, cancer programs may choose to focus on survivors of one type of cancer at the beginning of their SCP development process, recognizing their ability to capture all patients who complete one type of therapy, for example radiation for breast cancer. CoC clarification language indicates that for patients who also received surgical and medical treatment, the principal provider who coordinated the oncology treatment should prepare the SCP. The language suggests that a reasonable approach would be for the cancer committee to have a policy to identify who would present the plan to the patient.

Even so, cancer center clinicians have expressed anxiety about the pressure they feel they are under from administrators who are focusing on attaining compliance, while they themselves are trying to do what works best for patients wrapping up treatment. Questions persist about how the percentage requirement will be calculated, over what period of time. The September 2014 CoC clarification (and now codified in the January 2016 edition of the CoC standards) states that this standard is to be focused on the subset of survivors, with any type of cancer, who are treated with curative intent and have finished active treatment. Patients with metastatic disease are not targeted for delivery of SCPs.

Connecticut Cancer Partnership's Role

The Connecticut Cancer Partnership Survivorship Committee offers the following approaches to assist cancer programs to meet certification standards and maintain accreditation, while not undergoing undue, time-consuming and unproductive efforts:

1. Communications from CoC and NAPBC: Case studies/best practices reflecting positive progress towards standard compliance from recently surveyed institutions.
2. Dissemination of templates or protocols specific to certain situations: cancer center type, cancer type by site or stage, electronic medical record or manual formats.
3. Educational materials for personnel involved in the creation of SCPs, specific to their roles. For example, educational materials geared specifically to tumor registrars, medical records staff, navigators, nurses, or MDs or APRNs.

The Committee feels that the CoC is in a position to help cancer centers achieve the original and laudable goals as expressed by the Institute of Medicine report in 2005, From Cancer Patient to Cancer Survivor: Lost in Transition. Survivorship care plans were envisioned "to address unmet needs to educate survivors, improve communications between oncologists and primary care providers, and to facilitate the coordination of care after cancer treatment has ended." The effect that Standard 3.3 can have on the work of cancer centers can be salutary.

The Partnership, as the state's comprehensive cancer control coalition, stands ready to play a significant role, as CoC has suggested, to "compare approaches and seek best practices from the Connecticut programs participating and come up with a common approach for some of the tasks."

The Partnership is working to collect for dissemination:

- case studies/best practices reflecting positive progress towards standard compliance from recently surveyed institutions
- templates or protocols specific to certain situations: cancer center type, cancer type by site or stage, electronic medical record or manual formats
- educational materials for personnel involved in the creation of SCPs, specific to their roles; for example, educational materials geared specifically to tumor registrars, medical records staff, navigators, nurses, or MDs or APRNs.
- Interviews with recently surveyed institutions' representatives, describing individual processes

References:

1. ftp://ftp.cdc.gov/pub/Publications/Cancer/ccc/connecticut_ccc_plan.pdf
2. http://www.nationalacademies.org/hmd/Reports/2005/From-Cancer-Patient-to-Cancer-Survivor-Lost-in-Transition.aspx
3. http://ctcancerpartnership.ning.com/profiles/blogs/survivorship-care-plan-white-paper
4. http://www.asco.org/practice-guidelines/cancer-care-initiatives/prevention-survivorship/survivorship/survivorship-compendium
5. https://www.facs.org/publications/newsletters/coc-source/special-source/standard33