

Using Implementation Science to Initiate Survivorship Care Plan Practice Change

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Clinical Issue

Cancer survivors must deal with a multitude of highly impactful late/chronic effects of treatment/cancer. The number of cancer survivors will increase to a projected 20 million by 2026. Failure to address coordination of survivorship care can result in physical disability, emotional distress, increased healthcare costs, and greater strain on healthcare systems.

Background

The Institute of Medicine's report, *From Cancer Patient to Cancer Survivor: Lost in Transition* recommends each cancer patient receive a Survivor Care Plan (SCP) to help them and their healthcare team navigate healthcare after cancer treatment. SCPs summarize healthcare providers involved in patient's care, cancer diagnosis, cancer treatment, late and long-term side effects, cancer surveillance/ follow-up schedule, and health promotion/cancer prevention strategies. Despite the IOM's endorsement and evidence supporting the use of SCPs there remains limited implementation of SCPs in oncology clinics. The failure of many evidence based interventions can occur due to inadequacies in implementation. The use of implementation science, frameworks and strategies that help address contextual and process factors, could improve use of SCPs in oncology clinics (Selove et al., 2016).

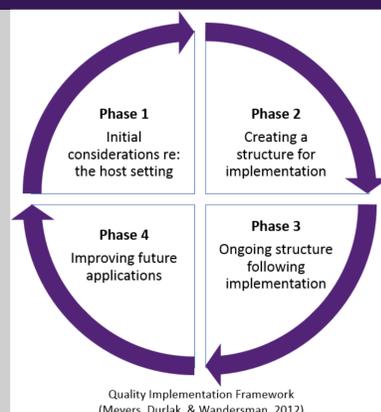
Aims

- Achieve compliance in offering SCPs to eligible Oncology Care Model (OCM) patients.
- Improve Patient and Primary Care Provider (PCP) perception of care coordination.

Evidence

- PCPs who received an SCP from an oncologist were nine times more likely to discuss cancer survivorship issues (Blanch-Hartigan et al., 2014).
- Of 46 PCPs, 89% strongly agreed or agreed SCPs improved coordination of care and 80% strongly agreed or agreed SCP help provide better care (Donohue et al., 2015).
- Patients describe SCPs as "useful, informative, and reassuring" (Palmer et al., 2015)

Methods



- Utilized the Quality Implementation Framework to guide implementation.
- SCP Medical Oncologist lead, Project Supervisor, and Project Director met to discuss workflow.
- EMR SCP templates developed for cancer types.
- Nurse Practitioner trained to complete SCP template in EMR.
- SCP innovation presented at January 2018 WVCi all employee meeting.
- SCP visits initiated and outcomes tracked for 12 weeks.
- Processes and NP/PA-C perceptions monitored.

Results

- My Healthcare providers work as a team:
94 % patients agreed/strongly agreed (n=16)
- My Healthcare providers have informed me of my follow up care:
100% patients agreed/strongly agreed (n=17)
- My Oncologist does not communicate well with my PCP:
82% patients disagreed/strongly disagreed (n=16)
- For this patient the SCP helps me coordinate care:
3 PCPs agreed 1 PCP reported feeling neutral
- For this patient the SCP helps me understand cancer treatment and side effects:
100 % PCPs agreed/strongly agreed (n=4)

Discussion

Utilizing the Quality Implementation Framework, resulted in successful implementation of SCPs at WVCi. Data collection demonstrated evidence that SCPs achieved care coordination and patient satisfaction. While the IOM found cancer survivors felt "Lost in Transition" following cancer treatment, the SCP intervention demonstrates patients feel informed of follow-up care and agree their healthcare providers work as a team. These results could reflect a decrease in emotional stress felt by cancer survivors. SCPs enhanced PCPs' understanding of cancer treatment and side effects which could increase likelihood PCPs discuss survivorship issues, as demonstrated in literature.

Recommendations

- Utilize Augmedix scribes to remind MDs to evaluate patients for SCP upon entering exam room.
- Conduct SCP visits in a room where education/community resource material is readily available.
- Review and update SCP NCCN guidelines yearly.
- Create an awareness flyer for SCPs to be placed in new patient binders.



[Digital image]. (n.d.). Retrieved from <https://www.lighting-hub.com/blog/why-physician-scheduling-software-matters-in-health-it-supported-care-coordination/#Lightbox/gallery1322110>

Lessons Learned

- OCM requirement and incentives were a strong motivator for SCP practice change.
- Ensure providers conducting SCP visit have time to learn/refine new SCP process.
- Having patients fill out questionnaires immediately following SCP visit resulted in 100% participation.
- Shorter PCP questionnaire may have improved response rate.