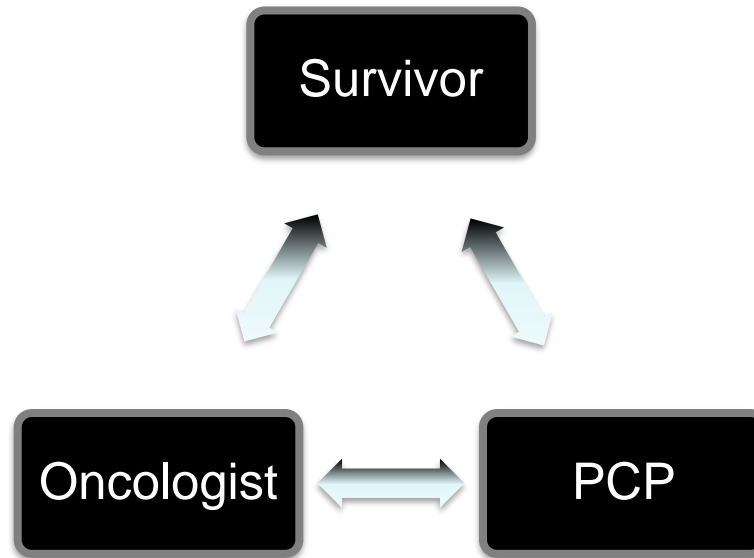# Implementing Cancer Survivorship Care Plans
Addressing the Commission on Cancer Standard 3.3

Deborah K. Mayer, PhD, RN, AOCN, FAAN

Professor, School of Nursing

Director of Cancer Survivorship

UNC Lineberger Comprehensive Cancer Center

Team Members:

Adrian Gerstel, BA

Kinley Taylor, MS

Sarah Birken, PhD

Purpose of Care Plans

Survivor

Oncologist ⟷ PCP

- Enhance communication
- Coordinate care
- Increase surveillance
- Identify and manage long term/late effects
- Encourage health monitoring and promotion

Hewitt et al., 2006; Ganz & Hahn, 2009; Earle, 2006; Jacobs et al., 2009; Salz et al, 2012.

Background

- Survivorship Care Plans (SCP) consist of a treatment summary and follow-up plan for cancer survivors.

- This is intended to be delivered to the patient and primary care provider when curative treatment ends.

- This is a new requirement of the American College of Surgeons Commission on Cancer.

- Previous research has demonstrated that it is time consuming to develop and has low and sporadic uptake.

Previous UNC SCP Efforts

- Implemented paper version prior to Epic in Stage I, II, III colon cancer patients

- Screened 75 patients→49 eligible→34 delivered (69%)

- Mean time to complete: **49 minutes** (SD = 27, range = 30–90) surgery SCP and **90 minutes** (SD = 48, range = 45–210) a surgery and chemotherapy SCP.

- Patients and PCP agreed/strongly agreed it was easy to understand and useful
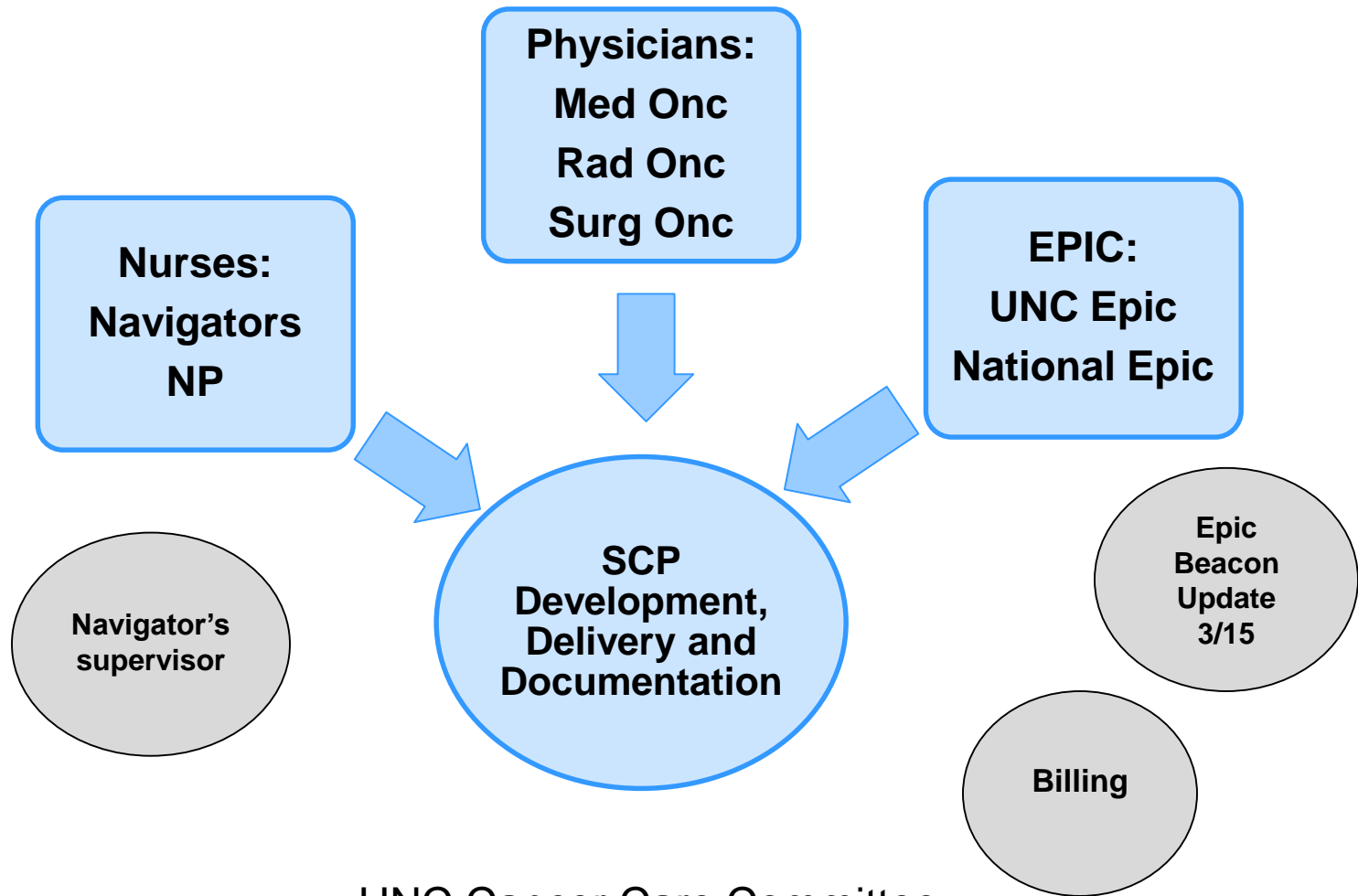
- To time and labor intensive to track and complete

  » Mayer, DK et al (2014). Implementing Survivorship Care Plans for Colon Cancer Survivors. *Onc Nsg Forum,* 14(3): 266-273.

Aim

- To establish and initiate the processes for developing and delivering Survivorship Care Plans (SCP) to new adult oncology patients completing active treatment at North Carolina Cancer Hospital (NCCH) within the electronic health record, EPIC.

IHQI SCP Teams
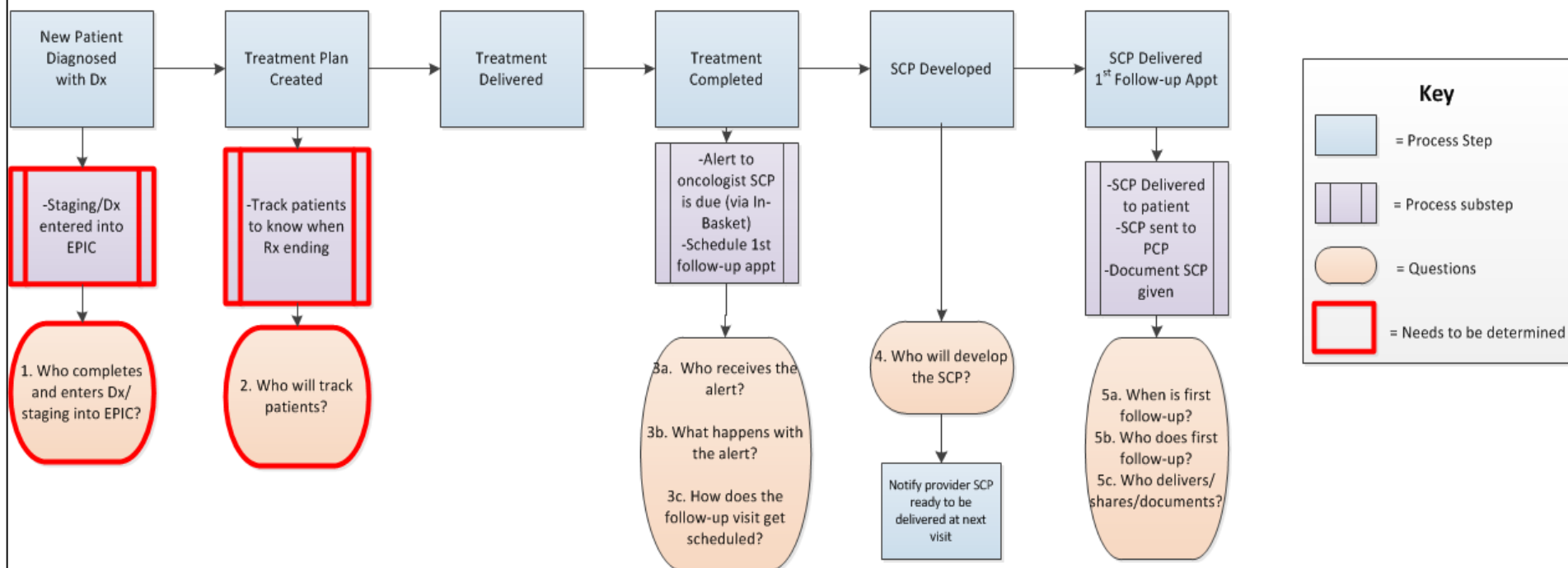# Volunteer Physician Champion and Project Leader

Who is involved with each of these steps?

Team Questions

- Who completes and enters Dx/Staging into EPIC?
- Who will estimate projected approx. treatment end date and track when SCP due?
- Who should receive the alert that SCP is due?
- What happens with the alert once received?
- How does the first follow-up visit get scheduled?
- Who will develop the SCP?
- Who delivers/shares/documents the SCP?

EPIC / BEACON ISSUES:

More direct access to SCP in Epic

1. Access SCP (Act, Plan, Study, Do)

Metric	Before	After
# of steps to access SCP in EPIC	9	4

Maximizing auto-completed material in SCP

2. Content for SCP (Act, Plan, Study, Do)

Metric	Before	After
% of smart phrases needing entry	≥80%	≤20%

Educating GU Onc staff of the SCP pilot

3. Staff Education (Act, Plan, Study, Do)

Metric	Before	After
% GU staff trained to create and give an SCP	0%	>95%
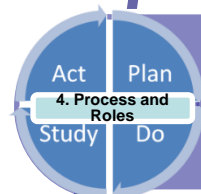
Process for entering diagnosis & tracking patients

4. Process and Roles (Act, Plan, Study, Do)

Metric	Before	After
% of process assigned to GU staff	0%	100%
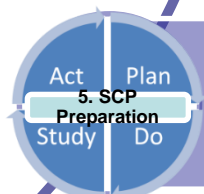
Minimizing amount of time to prepare the SCP for delivery with GU pilot group

5. SCP Preparation (Act, Plan, Study, Do)

Metric	Before	After
Minutes to complete SCP	≥20	≤5

PDSA – Plan Do Study Act:
Creation and delivery of SCP by GU Physician

ACT: This was a very simple straight forward patient with dx and staging already entered; Physician wants to get time to complete SCP down ~1 minute

PLAN: Bladder SCP template created with Beacon as workaround prior to 3/6/15 EPIC Rollout

STUDY: SCP was created in 5min. right before patient appointment; SCP easily printed & delivered immediately

DO: IHQI Staff & GU Physician met to review, create, print & deliver SCP to patient on day of his visit

Act   Plan

Series of GU PDSAs

Study   Do

UNC LINEBERGER

UNC CANCER CARE

Run Chart

14/15 SCP created and delivered to bladder patients

SCPs Delivered by GU Group
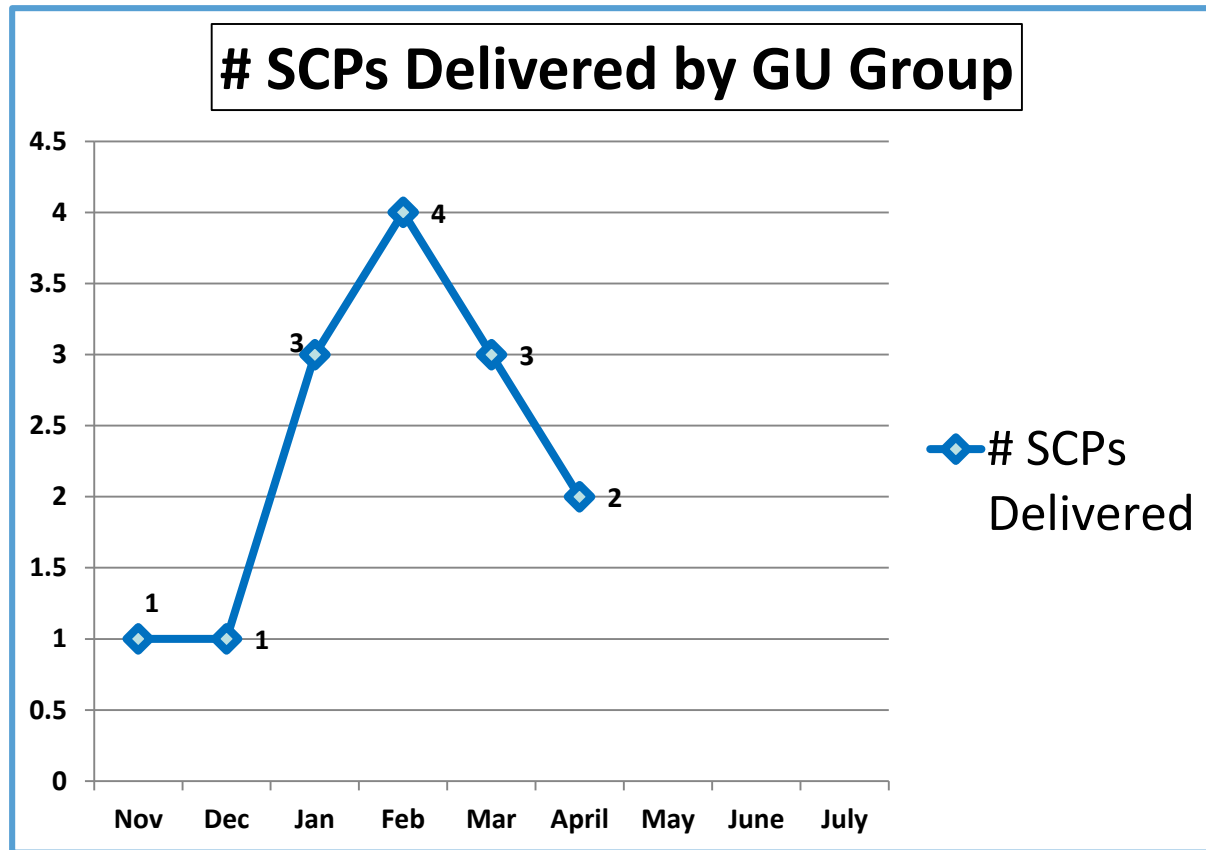
Run Chart

14/15 SCP created and delivered with eligible bladder patients ending treatment

% SCPs Delivered by GU Group (# delivered divided by # SCPs eligible)
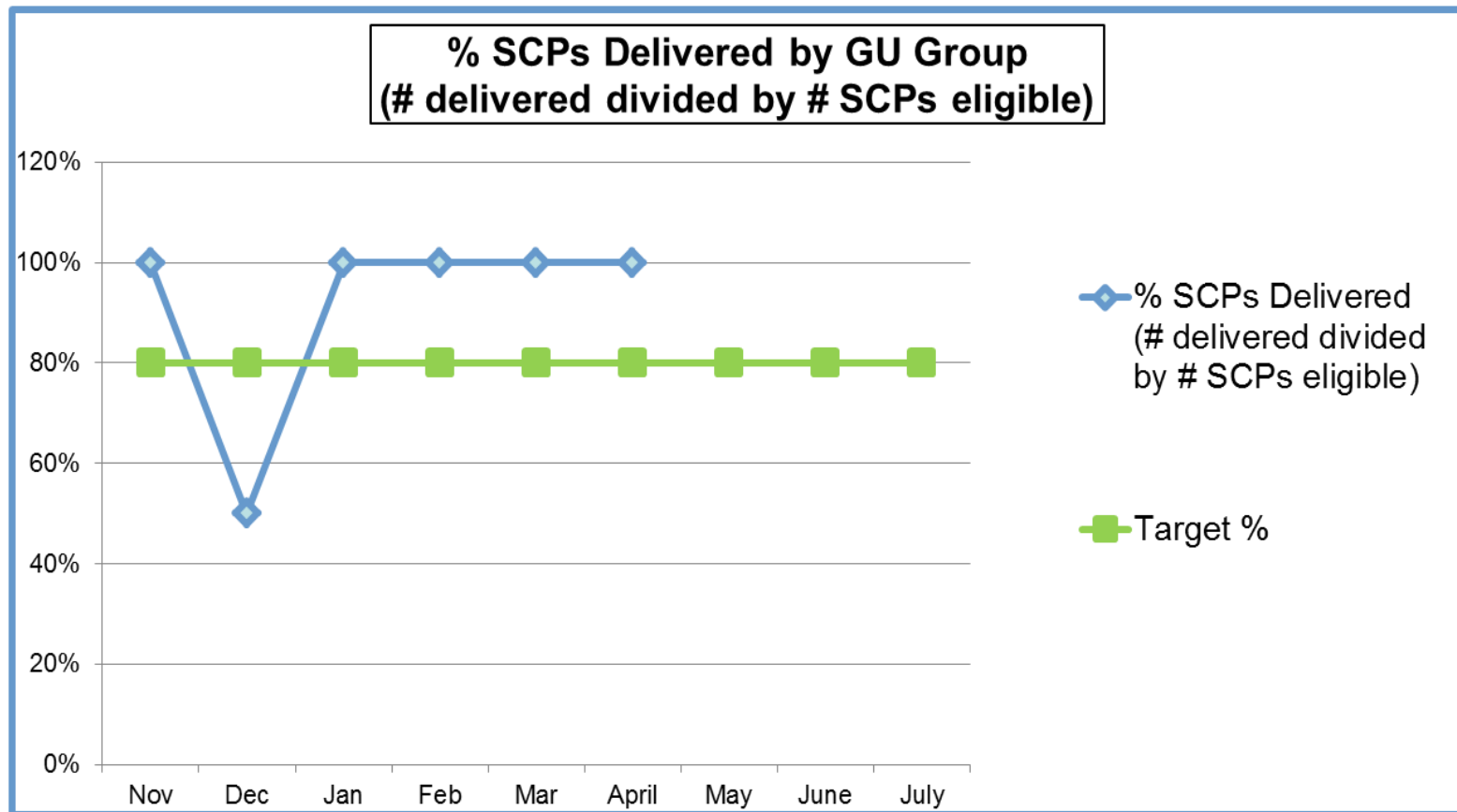
Epic Tip Sheet Instructions Reflected SCP Refinements

Beginning:
5 pages→ 9 steps,
>20min.

After Beacon updates:
2 pages→ 4 steps,
<5min.

TIP SHEET

Epic @ UNC TRAINING
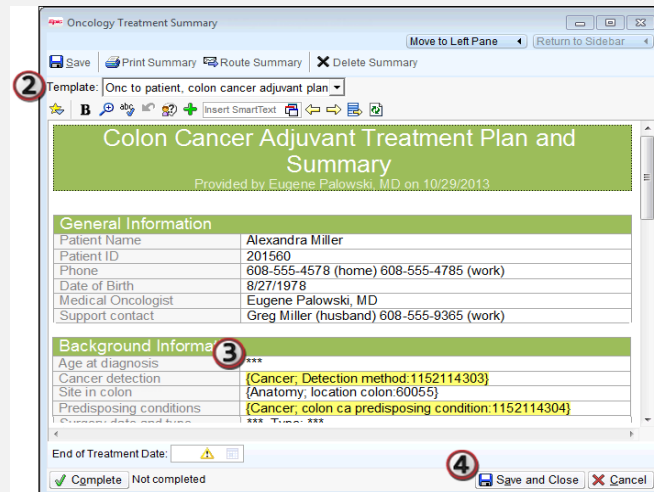
Oncology Treatment Summary (a.k.a. Survivorship Care Plan)

With the new Treatment Summary activity, the entire care team can view, record, and share an overview of your patient's cancer treatment from a single location. The Treatment Summary, also known as a survivorship care plan (SCP), meets the standard set forth by the American College of Surgeons Commission on Cancer which specifies patients with non-metastatic disease should have and receive a survivorship care plan at the end of treatment.

Create & Maintain a Treatment Summary

1. In the Problem List, click ➕ **Create Oncology Treatment Summary** under the cancer diagnosis.
2. The Treatment Summary sidebar opens and the default summary template for the cancer type appears in the **Template** field, if available. If not, a standard template appears. You can select a different template if needed.
3. The summary automatically contains some information from the chart. Press **F2** to work through the remaining fields.
4. Click 💾 **Save and Close**. The summary is available in the problem list for you to update as the patient undergoes treatment.

Request Information from Another Provider

1. To request that another provider add information to a treatment summary, click 📧 **Route Summary** in the Oncology Treatment Summary window.
2. Click one or more recipient buttons, or use the search field to look for someone else.
3. Enter a message to accompany the treatment summary in the **Cover Page Message** field.

UNC LINEBERGER

BLADDER SCP TEMPLATE

Cancer Treatment Summary for Bladder Cancer
Provided by @FACNME@

General Information

Patient Name:	@NAME@
Patient DOB:	@DOB@
Patient phone:	@PH@
Email:	@EMAIL@

Health Care Providers (Including Names, Institution)

Primary Care Provider:	@PCP@
Urologist:	***
Radiation Oncologist:	***
Medical Oncologist:	***
Other Providers:	***

Cancer Diagnosis Information

Diagnosis:	@ONCDX@
Diagnosis Date:	@ONCDXDATE@
Staging Information	@ONCSTAGE@

Treatment Summary

Clinical Trial: Name/Number:	{yes no:314532}
Surgery:	{yes no:314532}
Past Surgical History:	@SURGICALHX@
Radiation:	{yes no:314532}
Body area treated:	{UNC SCP Radiation Sites:29403}
End Date (year):	***
Systemic Therapy (chemotherapy, hormonal therapy, other):	{yes no:314532}

Chemotherapy Drug Name	End Date (Year)
{UNC ONC SCP Chemo:29400}	***
{UNC ONC SCP Chemo:29400}	***
{UNC ONC SCP Chemo:29400}	***
{UNC ONC SCP Chemo:29400}	***

Schedule of Clinic Visits

Coordinating Provider	When/How Often
Primary Care Provider	As needed
Medical Oncologist	Rotate with urologic surgeon as needed ***
Urologic Surgeon	Years 1-2: Every 3-6 months Years 3-4: Every 6 months Years 5+: Annually

Cancer Surveillance or Other Recommended Related Tests

Test	What/When/How Often

GU Tumor Group Demonstration

1. Mary Dunn, NP, created a SCP on an upcoming patient to demonstrate how this worked within Epic
2. Discussion of implementation for other GU tumors
3. Physicians shifted in perspective to agreeing it was important for the patient and PCP to have one, but concerned about sustainability

Provider Quotes

Angie Smith, MD

✓ "At first, SCP delivery was time consuming (taking up to 7 minutes per plan). With each modification, we were able to increasingly streamline the process. By the end, our SCP delivery has decreased to less than 1 minute from time of initiation to patient and PCP delivery."

✓ "I have found that patients have responded favorably to SCPs. One particular patient was unable to follow-up at our institution due to travel and financial constraints. The SCP was instrumental in allowing him to transfer care to his local surgeon and provided him with confidence that his post-treatment surveillance would be carried out appropriately."

Mary Dunn, NP-C

✓ "It's almost impossible to compare the early SCP version to the one we are currently using. The time it takes to complete the document has decreased dramatically, thanks to changes made to the document based on user feedback, and a quicker way (i.e. radio button) to access it, it now takes me about 2 minutes to complete."

✓ "One of my patients had decided up front that she was going to have her cancer surgery at UNC, but wanted to get subsequent follow up at home due to travel distance and financial restraints. I saw her 6 weeks after her surgery to review and deliver her SCP. She was very pleased to have a 'take home' document that she could reference, share with her family, and with her local providers."

What have we learned and where are we now?

Lessons:

- Start small→ narrowed scope to bladder cancer but look for higher incidence of events
- Have inclusive team (then ask who else should be included)
- Keep key people informed of progress
- Ask for feedback
- Prepare for glitches along the way; Beacon upgrade created delays but simplified processes
- Presented to GU group for full implementation on all GU tumors 4/2/15

Next steps:

- Work with GYN group next (all SCP ready); then
- Expand PDSA to other disease groups; create disease templates, train, go live
- Tracking, reporting for 2015

Any questions?

tagxedo.com