

Understanding How New York State Cancer Programs Implement Survivorship Care

*Results from the New York State Department of Health
Cancer Program Survivorship Assessment*

Outline

- Background & Introduction
- Methods
- Results
- Conclusions

Background

In June 2019, the New York State Department of Health (NYS DOH) received supplemental grant funding from the Centers for Disease Control and Prevention (CDC) National Comprehensive Cancer Control Program aimed at improving the quality of life of cancer survivors

Funding requirements include working with health systems to promote strategies to enhance survivorship care

To inform that work, DOH partnered with the American College of Surgeons (ACoS) Commission on Cancer (CoC) and the American Cancer Society to implement an assessment of NYS-based Cancer Programs accredited by the CoC

American College of Surgeons



Commission
on Cancer®

Partnering with the American College of Surgeons Commission on Cancer

The ACoS CoC is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard setting

Through CoC accreditation hospitals, treatment centers, and other facilities are encouraged to improve quality of care through various cancer-related programs and activities that cover the continuum of cancer and address survival and quality of life

Two CoC standards align with the aim of the CDC's funding strategies

The NYS DOH Cancer Program Survivorship Assessment was developed to understand how Cancer Programs in NYS implement survivorship care programming and related challenges and successes



Commission on Cancer Standards



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

Optimal Resources for Cancer Care

2020 Standards | Effective January 2020

4.8 PHASE-IN STANDARD Survivorship Program

The cancer committee oversees the development and implementation of a survivorship program directed at meeting the needs of cancer patients treated with curative intent.

8.1 Addressing Barriers to Care

Each calendar year, the cancer committee identifies at least one patient-, system-, or provider-based barrier to accessing health and/or psychosocial care that its patients with cancer are facing and develops and implements a plan to address the barrier.

Purpose of the Assessment

- Understand how cancer survivorship services are implemented across ACoS CoC-accredited Cancer Programs in NYS
- Identify survivorship care best practices and community resource needs and challenges
- Identify potential areas of action to inform future grant-funded activities

METHODS

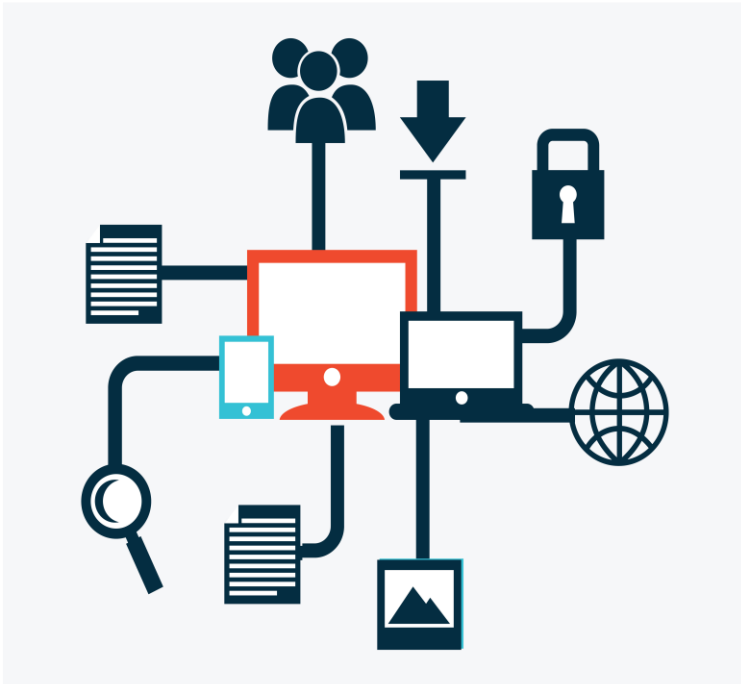
Assessment Tool Development

- Reviewed 2016 and 2020 CoC Standards
- Identified key survivorship standards of care promoted by other professional organizations
 - American Society of Clinical Oncology, National Comprehensive Cancer Network, GW Cancer Center National Cancer Survivorship Resource Center
- Conducted literature review to identify studies with similar aims
- Obtained stakeholder input and pilot tested with one Cancer Program

What information is included in the assessment?

Section	Information Assessed
Respondent & Program Information	<ul style="list-style-type: none"> Center and respondent background – size of patient population, length of accreditation
Survivorship Care Programming	<ul style="list-style-type: none"> Infrastructure and staffing
Survivorship Support Services	<ul style="list-style-type: none"> Availability of delivery of survivorship support services
Care Coordination	<ul style="list-style-type: none"> Care coordination practices, successes, and challenges
Survivorship Care Plans	<ul style="list-style-type: none"> Use of survivorship care plans
Access to Care and Patient Navigation	<ul style="list-style-type: none"> Use of navigation in post-treatment care
Other Program Information	<ul style="list-style-type: none"> Additional Program details and recommendations on future training topics

How was the assessment administered?



- Email inviting participation sent to contacts at **64 NYS Cancer Programs** that included a link to a web-based form to submit responses in October 2020
- Programs advised to complete the assessment as a team and offered a stipend of \$500 for completion
- ACoS allowed programs to use the assessment to meet compliance for CoC Standard 8.1

Results

RESPONDENT & PROGRAM INFORMATION

Cancer Program Characteristics

In total, 55 Cancer Programs Completed the Assessment*

CoC Accreditation Category	%
Academic Comprehensive Cancer Program (ACAD)	23.6%
Community Cancer Program (CCP)	25.5%
Comprehensive Community Cancer Program (CCCP)	41.8%
Integrated Network Cancer Program (INCP)	1.8%
NCI-Designated Comprehensive Cancer Center Program (NCIP)	7.3

Approximate number of new analytic cases treated in the last year	%
<200	3.7%
201-500	18.5%
501-1,000	25.9%
1,001-5,000	38.9%
Over 5,000	13.0%

Respondent Roles

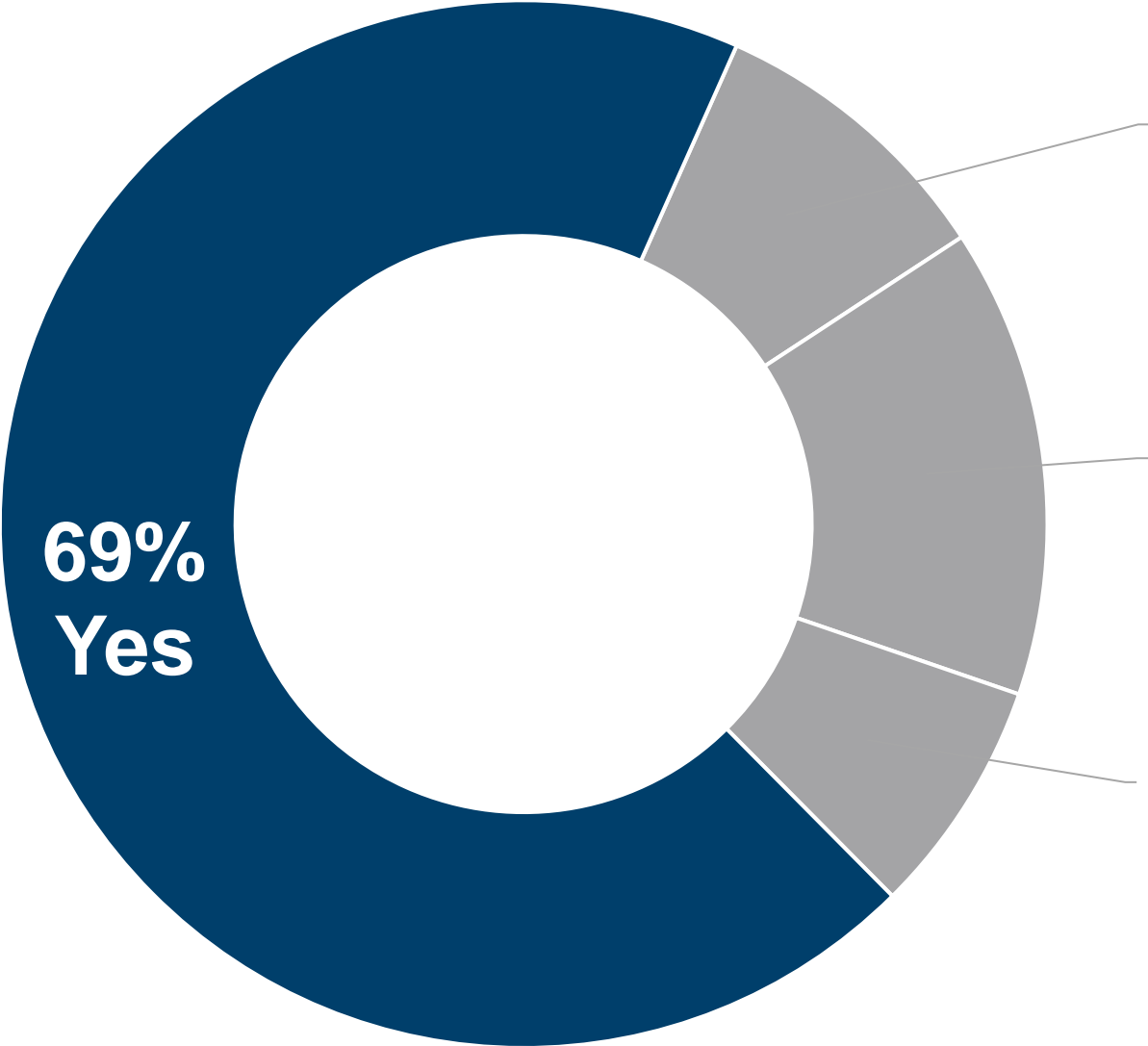
Roles of program staff completing the assessment (check all that apply):	%
Cancer Program Administrator	53%
Hospital Registrar	44%
Survivorship Program Staff (Coordinator/Manager)	22%
Cancer Committee Chair	18%
Cancer Liaison Physician	16%
Navigator	9%
Other	11%

Other roles included: Oncology Nurse Practitioner, Oncology Program Coordinator, Oncology Social Worker, and Quality Improvement Coordinator

Results

SURVIVORSHIP CARE PROGRAMMING

Does your Cancer Program have a coordinated cancer survivorship program that oversees cancer survivorship services across disciplines?



9%
No, individual oncology providers provide survivorship care for their own patients

15%
No, individual disciplines provide survivorship services for their patients

7%
No, other method of survivorship service delivery

Cancer Programs with a Coordinated Survivorship Program (38 Programs)

Nearly all (98%) have a survivorship coordinator

What is your Survivorship Coordinator's professional role?

Advanced Practice Nurse	25.0%
Nurse	22.2%
Physician	19.4%
Physician assistant	11.1%
Lay or community navigator	5.6%
Nurse navigator	5.6%
Other licensed professional	5.6%
Data or registry staff	2.8%
Social worker	2.8%

Program staffing ranged from 0-35 staff

Approximately how many staff does your survivorship program have?

No Staff	2.6%
1-4 Staff	39.5%
5-9 Staff	26.3%
10-19 Staff	26.3%
20 or More Staff	5.3%



Benefits of a Coordinated Survivorship Program

Promotes improvements in patient care

- 24 Programs

Supports care coordination

- 12 Programs

Ensures quality and standards of care

- 4 Programs

Process improvements such as enhanced communications

- 4 Programs

“It allows us to take the best care of our patients. It allows everyone to know the long-term plans for these patients. We can actively engage our primary care physicians and reinforce our communication between oncology specialties.”

Challenges of Having a Coordinated Program

Staffing

- 14 programs

Limited financial resources

- 7 programs

Staffing and financial resources are challenging. Each member of the team has other responsibilities, and no single person is completely dedicated to the program. Some of the complimentary services do not generate revenue which presents a barrier to implementation.

Cancer Programs without a Coordinated Survivorship Program (17 Programs)

9 Programs have one or more staff designated to work on cancer survivorship care

15 Programs are planning to make changes to survivorship service delivery practices

Developing a Survivorship Team or Committee

Dedicated Staffing

Developing a Survivorship Program

System-wide Changes



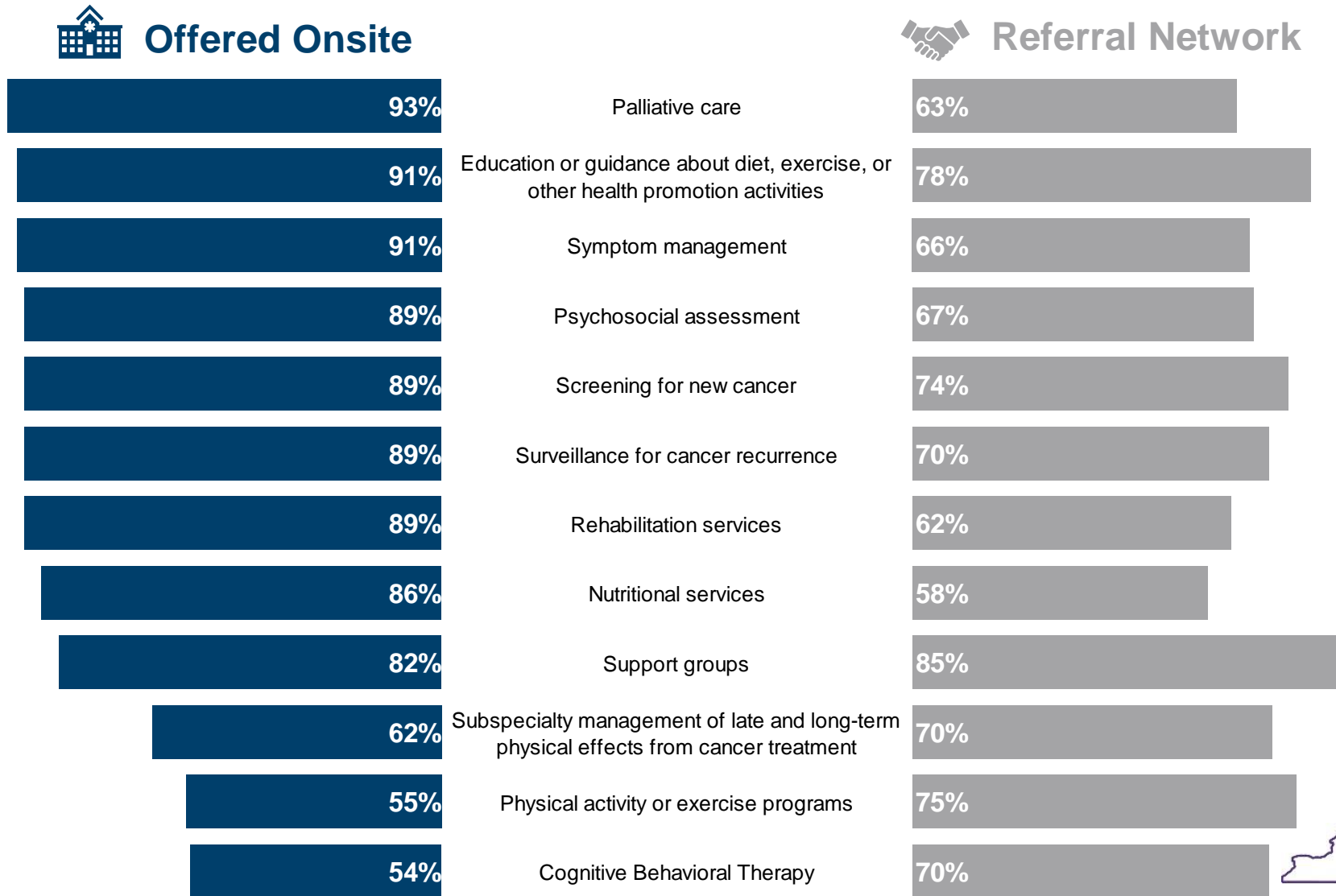
Summary: Survivorship Care Programming

- Almost 70% of NYS Cancer Programs have a coordinated survivorship program across disciplines.
 - Of these, nearly all have a survivorship coordinator
- Over half of the 17 Cancer Programs that did not have a coordinated survivorship program:
 - have one or more staff designated to work on survivorship
 - are planning changes to how survivorship care is delivered, and these changes include hiring dedicated staffing, developing survivorship care teams or committees, and developing a survivorship program.

Results

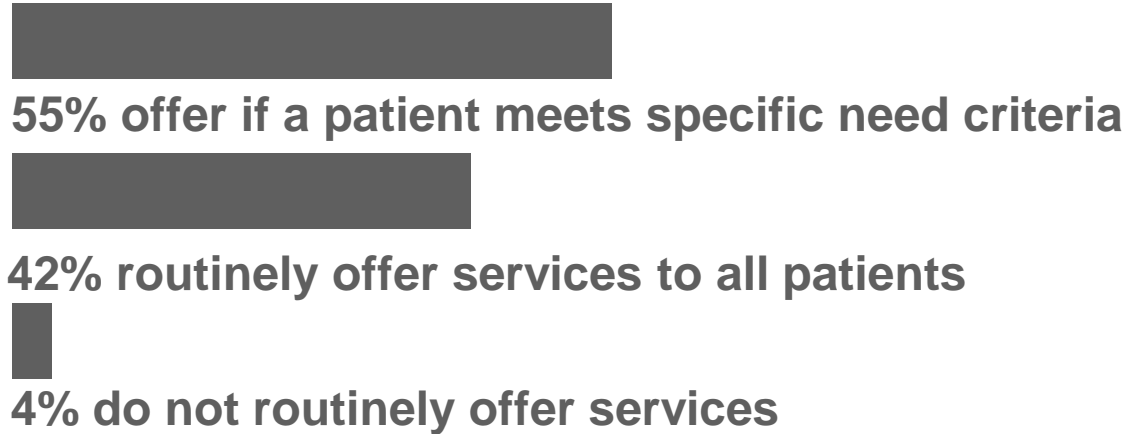
SURVIVORSHIP SERVICES

Supportive Services for Cancer Survivors Offered Onsite or Through Established Referral Networks

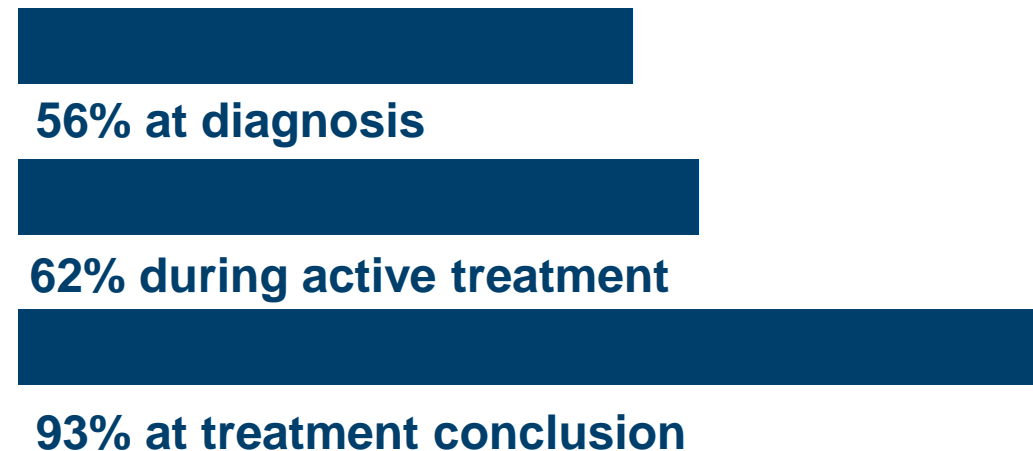




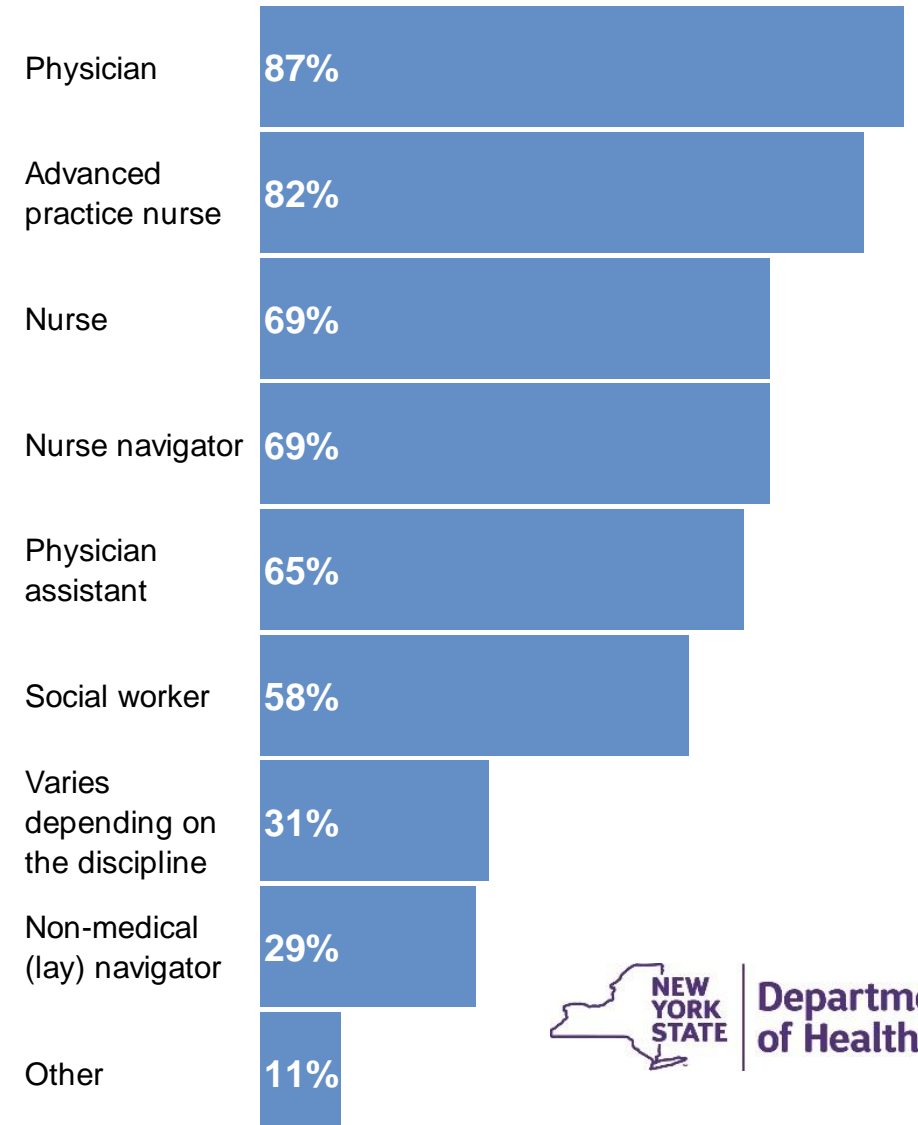
How are cancer survivors offered survivorship services?



When are cancer survivors offered survivorship services?



Which staff are responsible for offering survivorship services?



Working with Survivorship Service Providers

42%

experience
challenges referring
survivors to support
service providers



- ✓ **Insurance Coverage**
- ✓ **Lack of Services**
- ✓ **Transportation**

53%

have had successes
from efforts to build
networks with support
service providers



- ✓ **Increased Access to Services**
- ✓ **Improved Ability to Provide Varied Services**

Staff Education

71%

**of Cancer Programs
provide education for staff
within their own
organization about cancer
survivor care needs**



Summary: Survivorship Services

- NYS Cancer Programs provide a variety of survivorship services onsite with over 80% providing 9 out of 12 recommended services.
- Services that were less likely to be offered onsite (Cognitive Behavioral Therapy and physical activity or exercise programs) are more available through established referral networks.
- Service delivery practices varied:
 - Over half of Programs offer services if a patient meets specific need criteria
 - While almost all Programs offer services at treatment conclusion, just over half offer at the time of diagnosis

Results

CARE COORDINATION



31% of Cancer Programs provide training or educational opportunities for primary care clinicians (including OB/GYN) and nurses about cancer survivorship and cancer survivor care needs



Less than 1/2 of Cancer Programs coordinate survivorship care with local and regional primary care clinicians

Care Coordination Challenges & Successes

Over half of Cancer Programs that coordinate survivorship care with local providers experience care coordination challenges

- Provider Knowledge & Comfort
- EMR/HIT Compatibility
- Patient Barriers (ex: no PCP)

Seven Cancer Programs have had major successes resulting from their care coordination efforts

- Promote preventive care and follow-up screenings
- Reinforce patient education

Summary: Care Coordination

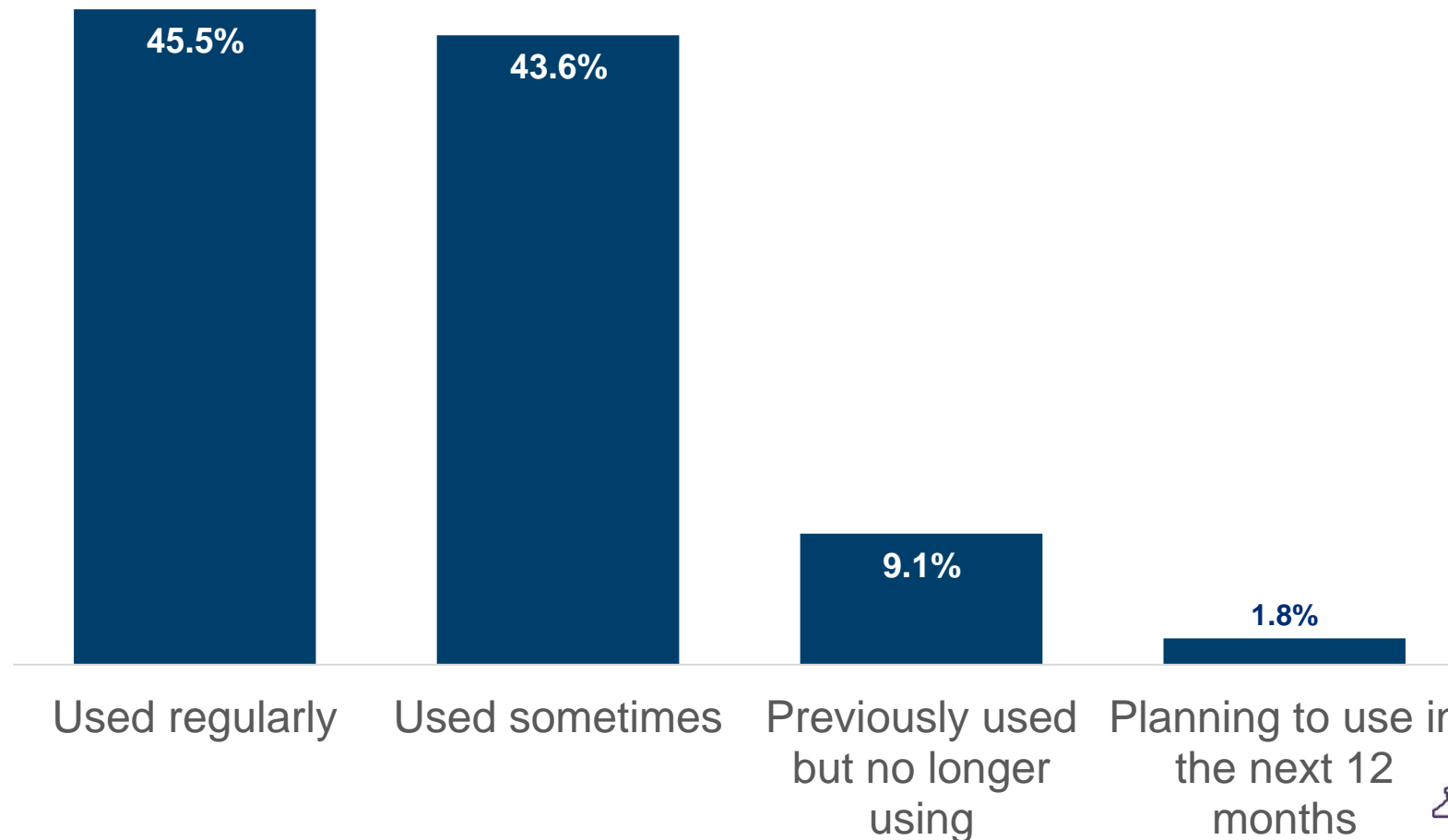
- Less than half of NYS Cancer Programs coordinate survivorship care with local and regional primary care clinicians.
- Half of Programs that do coordinate survivorship care experience challenges like provider knowledge and comfort with treating cancer survivors.
- Few Programs provide training or educational opportunities for primary care clinicians (including OB/GYN) and nurses about cancer survivorship and cancer survivor care needs.

Results

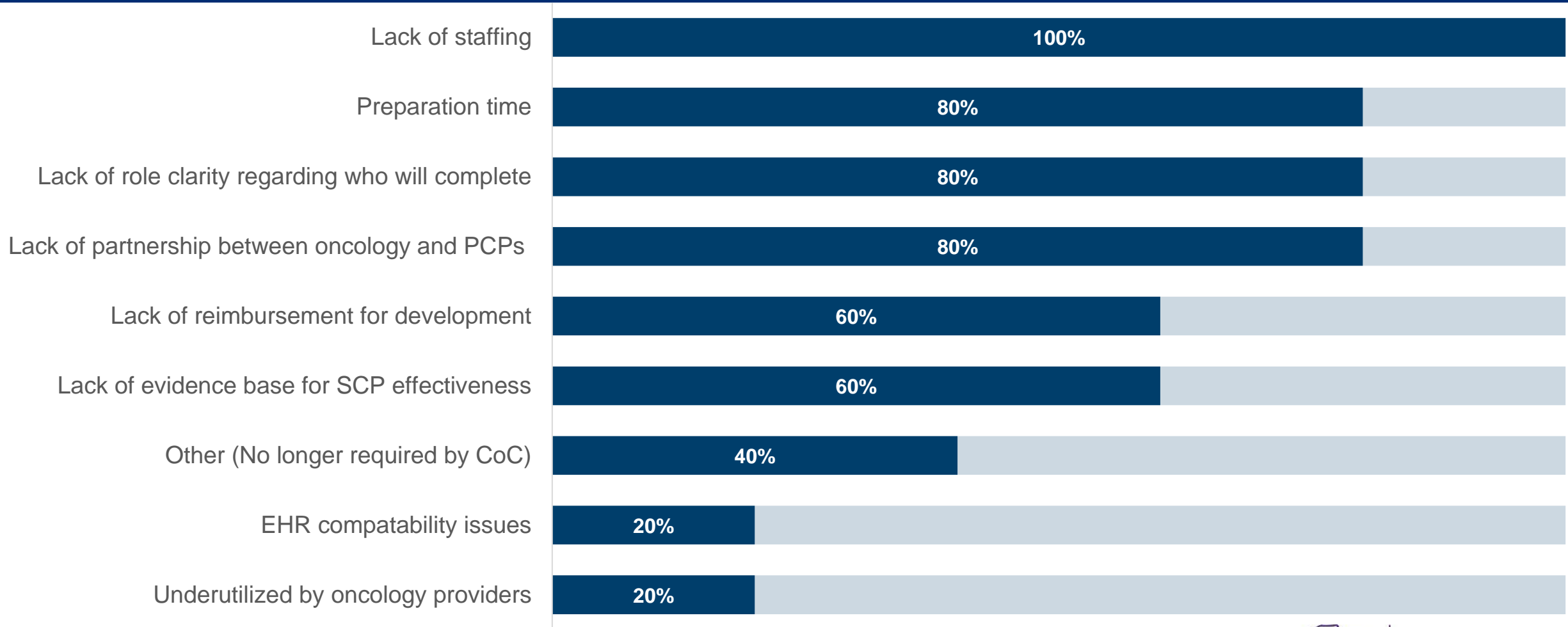
SURVIVORSHIP CARE PLANS

Use of Survivorship Care Plans (SCPs)

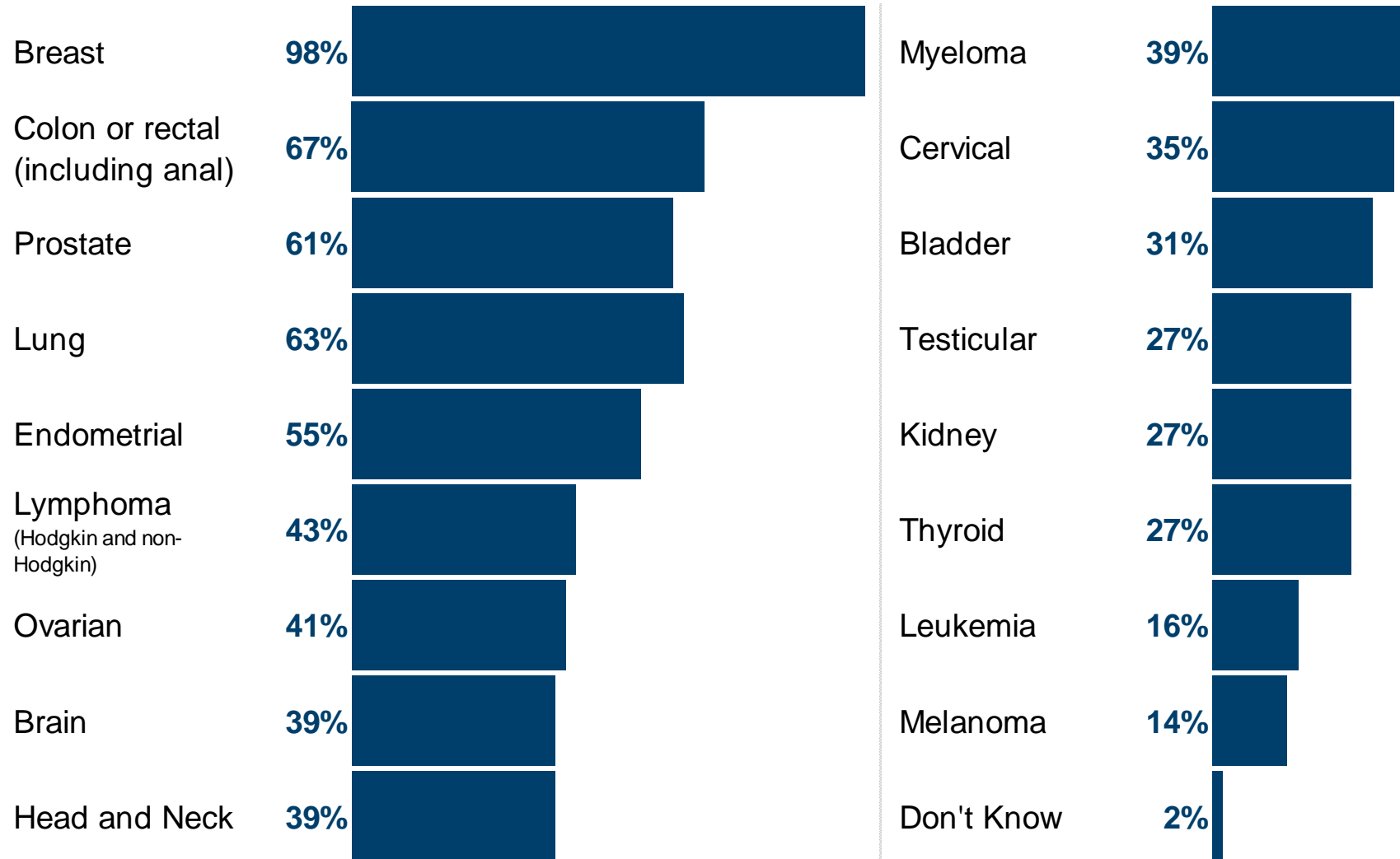
Almost 90% of NYS Cancer Programs currently use SCPs



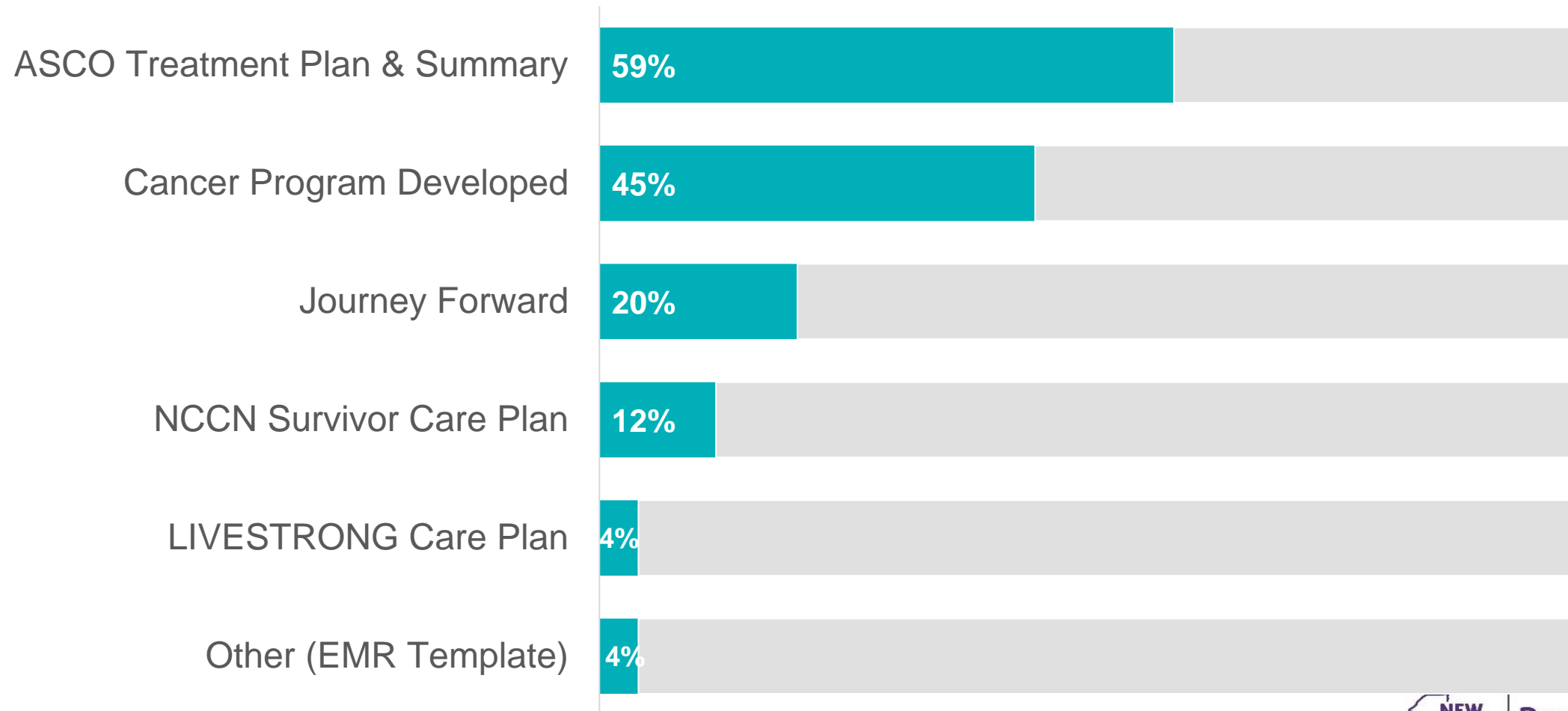
Factors Influencing Decision about SCP Use³³ for Programs No Longer Using SCPs



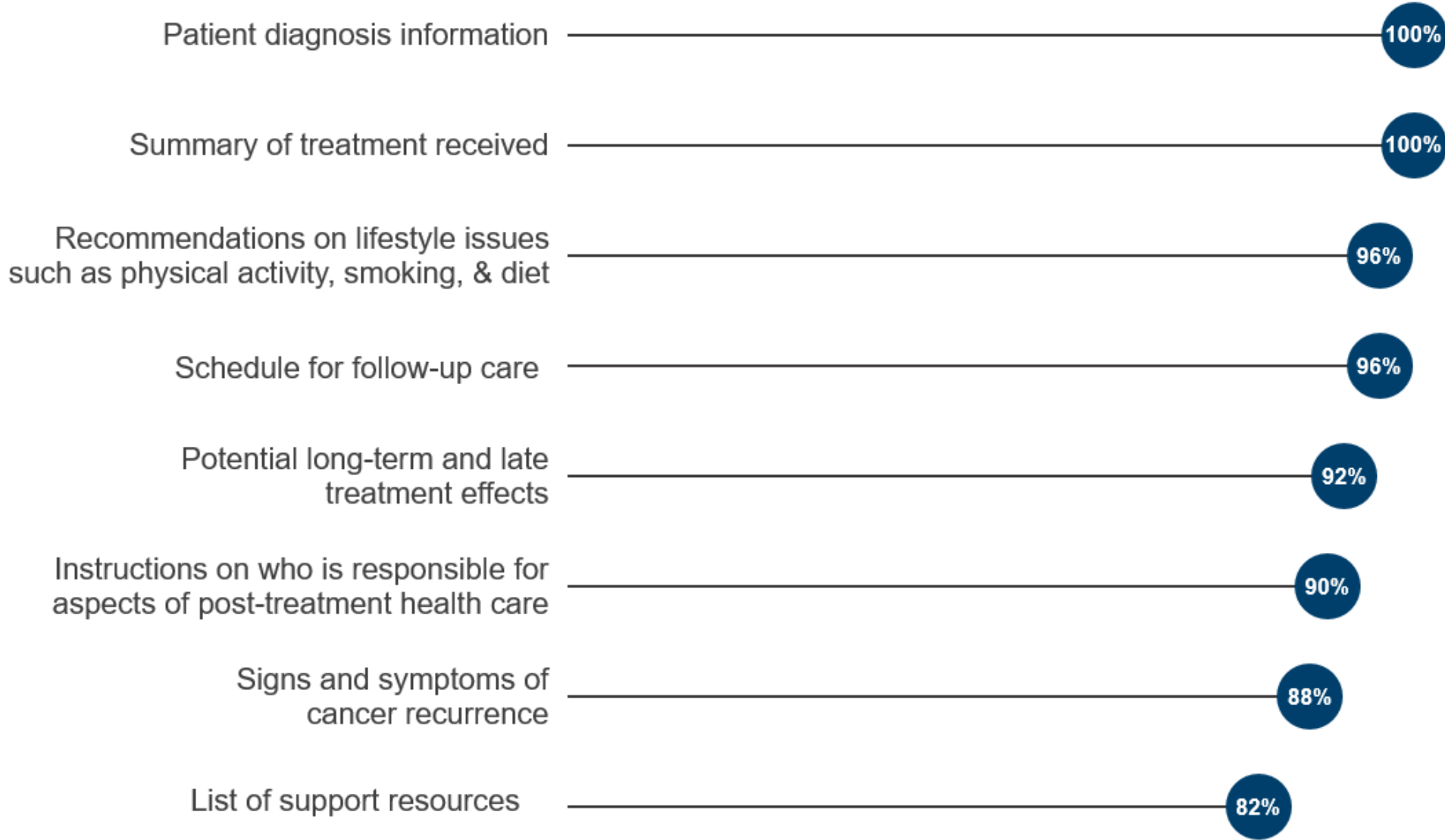
SCP Development & Delivery – Tumor Groups



SCP Templates Used



Information Included in SCPs

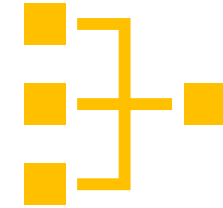
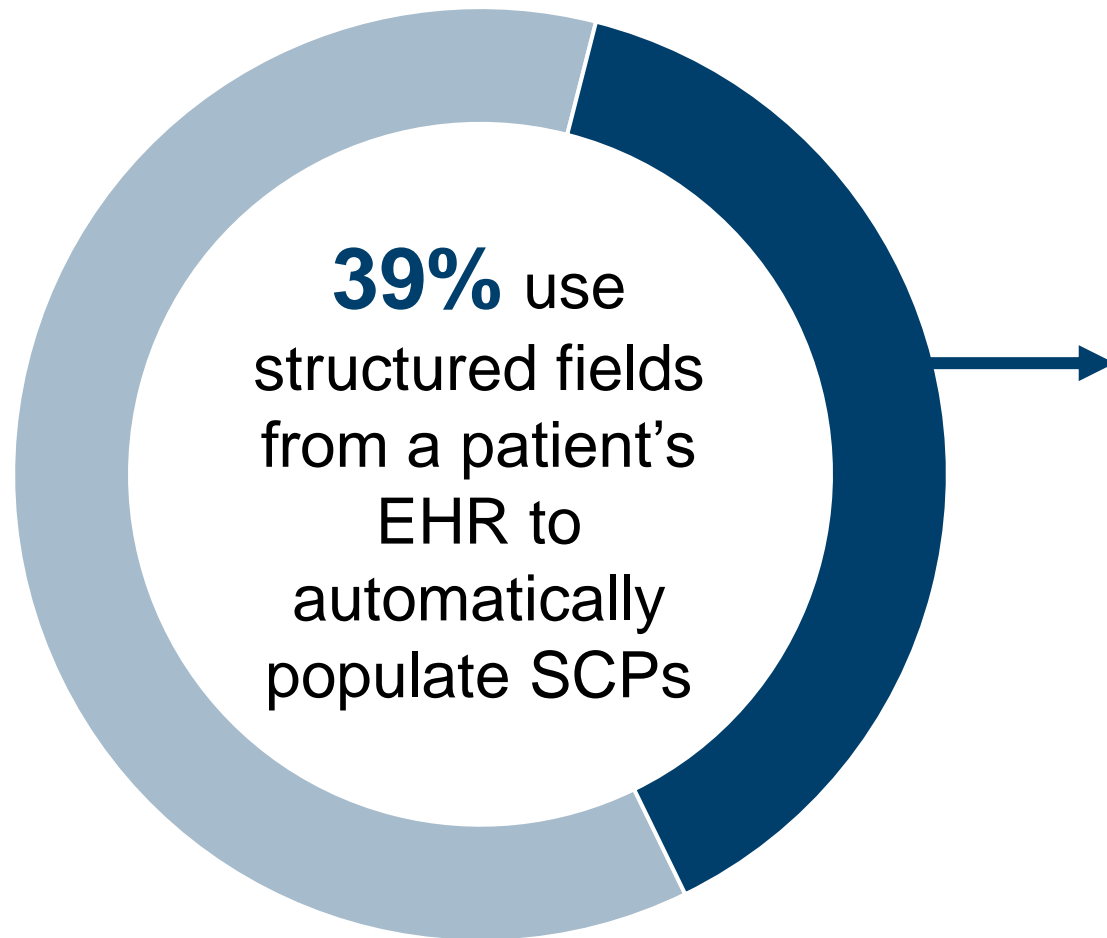


Cancer Programs include most recommended elements in their SCPs



Responses for 48 Cancer Programs that answered, "Used regularly" or "Used sometimes" to "Which of the following options best describes use of SCPs in your Cancer Program?"

Use of EHR Data to Populate SCPs

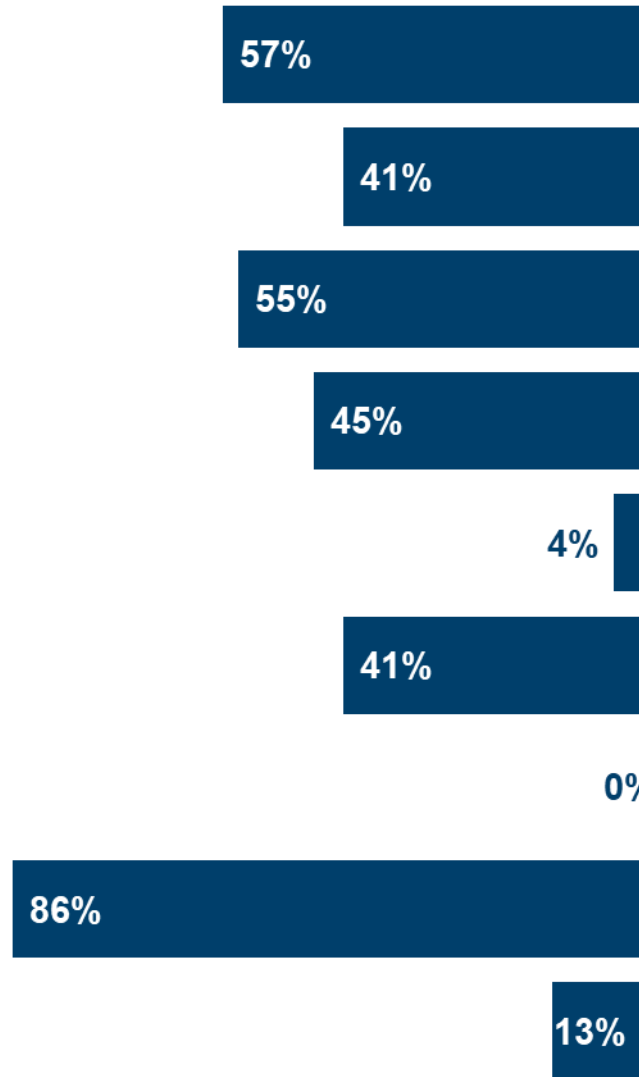


These Programs described how EHR data is pulled from discrete fields to pre-populate SCPs

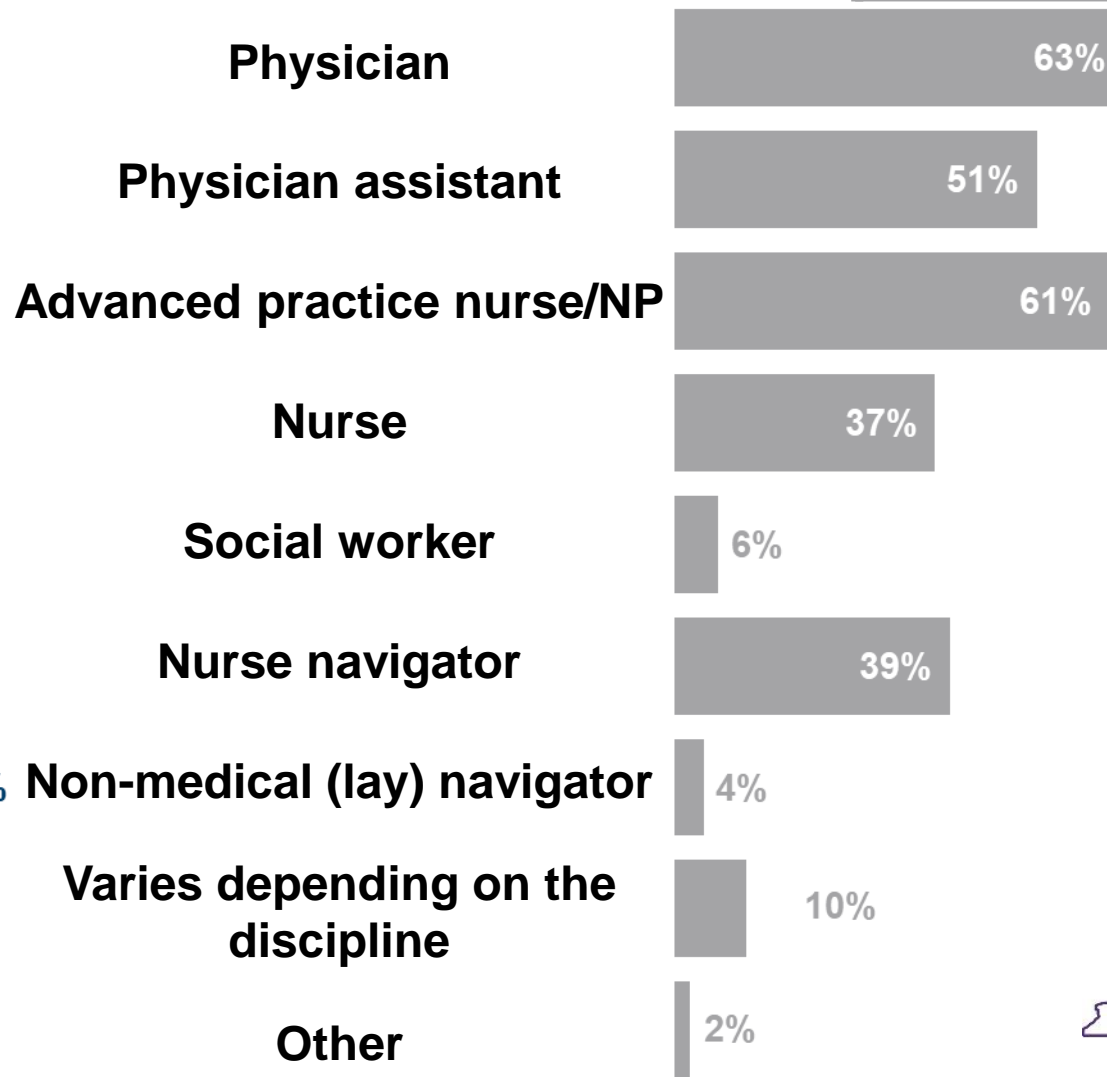
- Patient Demographics
- Diagnosis Information
- Treatment History
- Medications
- Comorbidities

SCP Development & Delivery – Staff Roles

Which staff develop SCPs



Which staff present or provide SCPs



Responses for 48 Cancer Programs that answered, "Used regularly" or "Used sometimes" to "Which of the following options best describes use of SCPs in your Cancer Program?"

How SCPs are Delivered to Cancer Survivors



Survivorship specific appointment

73%



Other care appointment

71%



Electronic

19%



Mail

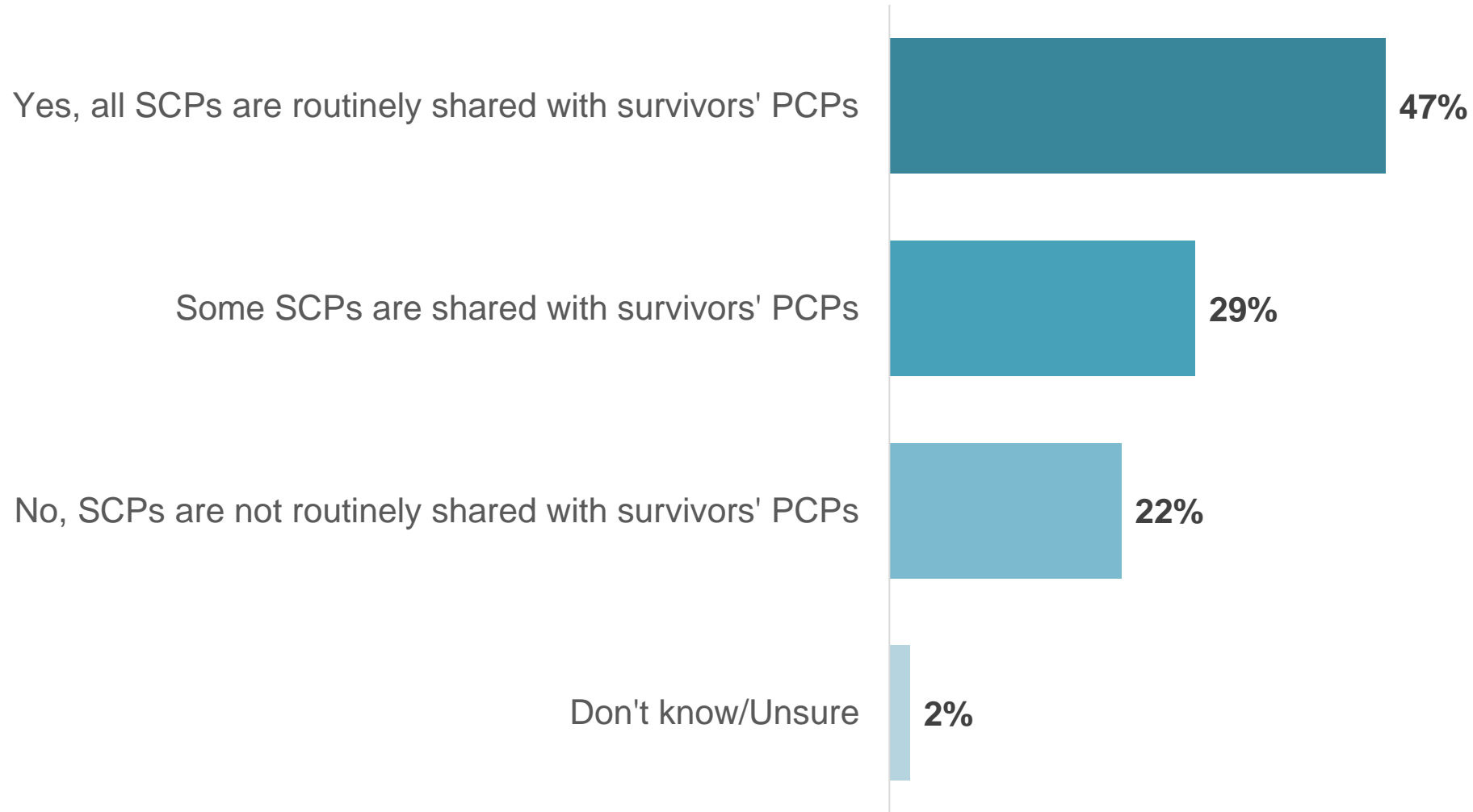
46%



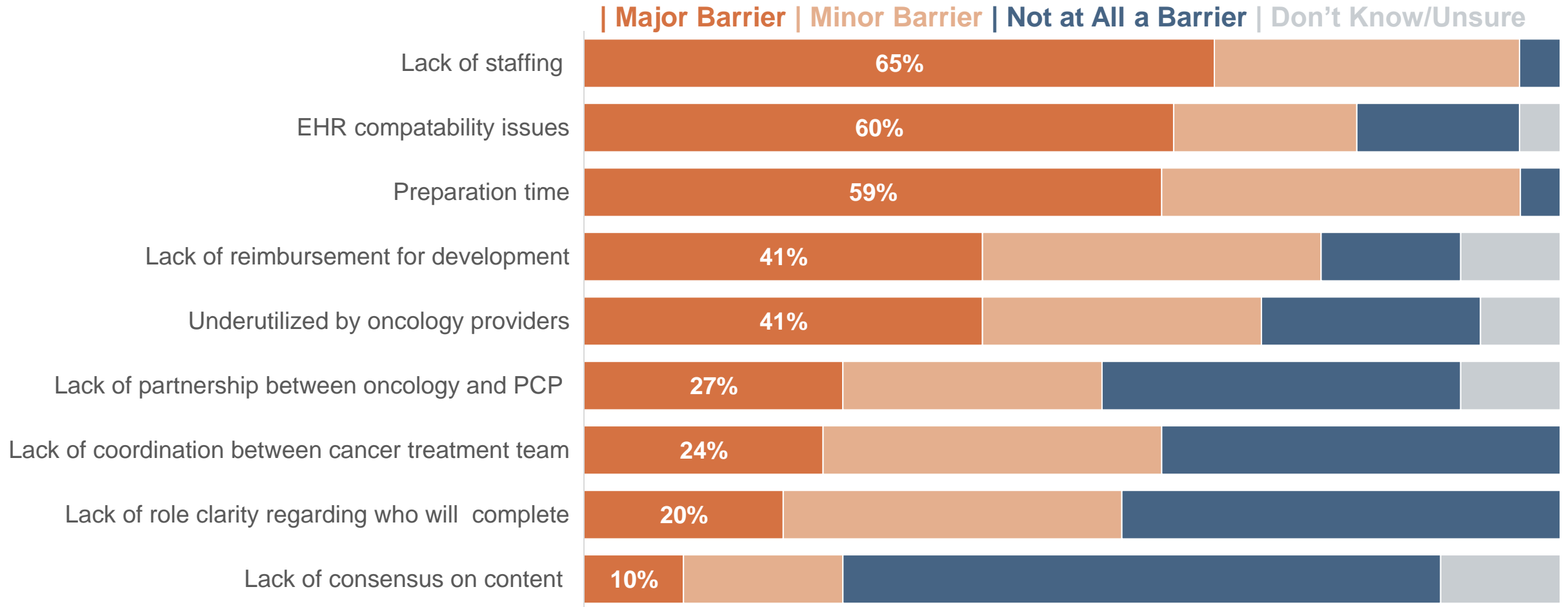
Other

8%

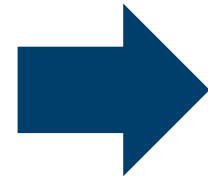
SCPs Shared with Primary Care



Barriers to SCP Use



Benefits of SCP Use



Nearly all described **patient satisfaction** or **improvements in patients' care** as major benefits and **care coordination** was also a commonly cited benefit.

Patient satisfaction and improved communication with primary care.

"Better access to support services for more patients."

"SCPs capture relevant info from all providers into one cohesive document. They also help clarify follow-up plan for both patient and all providers. This has allowed better continuity with primary care providers."

"Care coordination has improved, less gaps and easier transitions for patients"

"Patients appreciate having their information in one place."



Effects of Changes to 2020 ACoS CoC Standards on SCP Use



45% of Cancer Programs anticipate that changes to the ACoS CoC standards that no longer require the use of SCPs for accreditation will affect their Program's use of SCPs

Decreased Use

- *We have discussed using the SCP for a distinct group of patients that would benefit from the plan as opposed to trying to deliver SCPs to all patients.*

Improved Use

- *The survivorship team plans to incorporate the use of SCPs and feel it is a valuable tool to be offered to patients and providers. It will change how the program delivers the plan and hopefully make the delivery of the SCP more interactive with the patient and providers.*

Changes to Program Delivery

- *SCPs are still valuable; patients have verbalized their appreciation for them. Our program will likely rely on SCPs less in favor of a more programmatic approach.*

Summary: Survivorship Care Plans

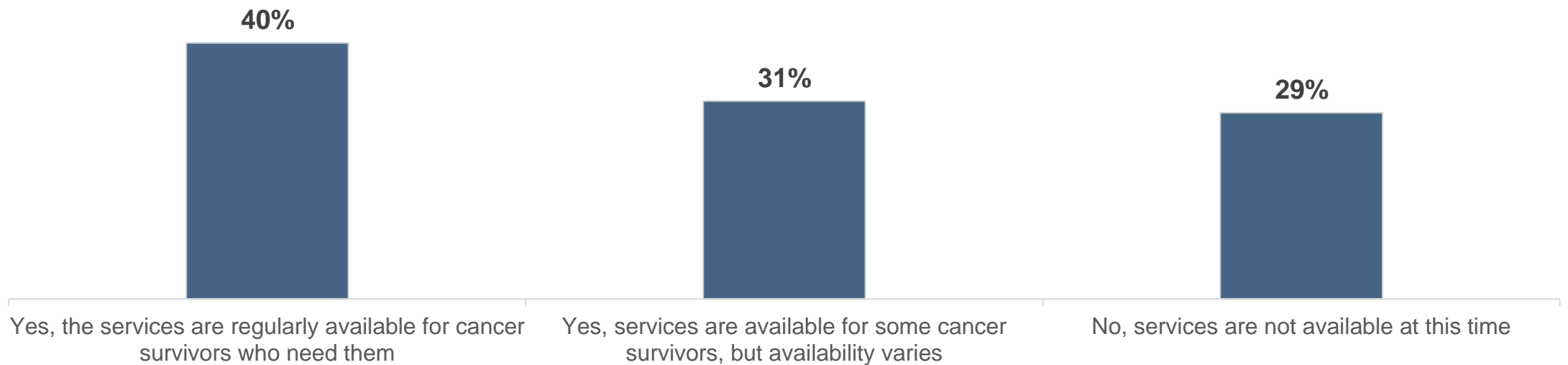
- Over 45% of NYS Cancer Programs report regular SCP use while another 44% report using SCPs sometimes.
- Current SCP users include information about patient diagnosis and a summary of treatments received in SCPs.
- About 40% use EMR/EHR data to automatically populate SCPs.
- Less than half of Programs routinely share SCPs with survivors' PCPs.
- Lack of staffing, EHR/EMR compatibility issues, and SCP preparation time are the biggest barriers to SCP use.

Results

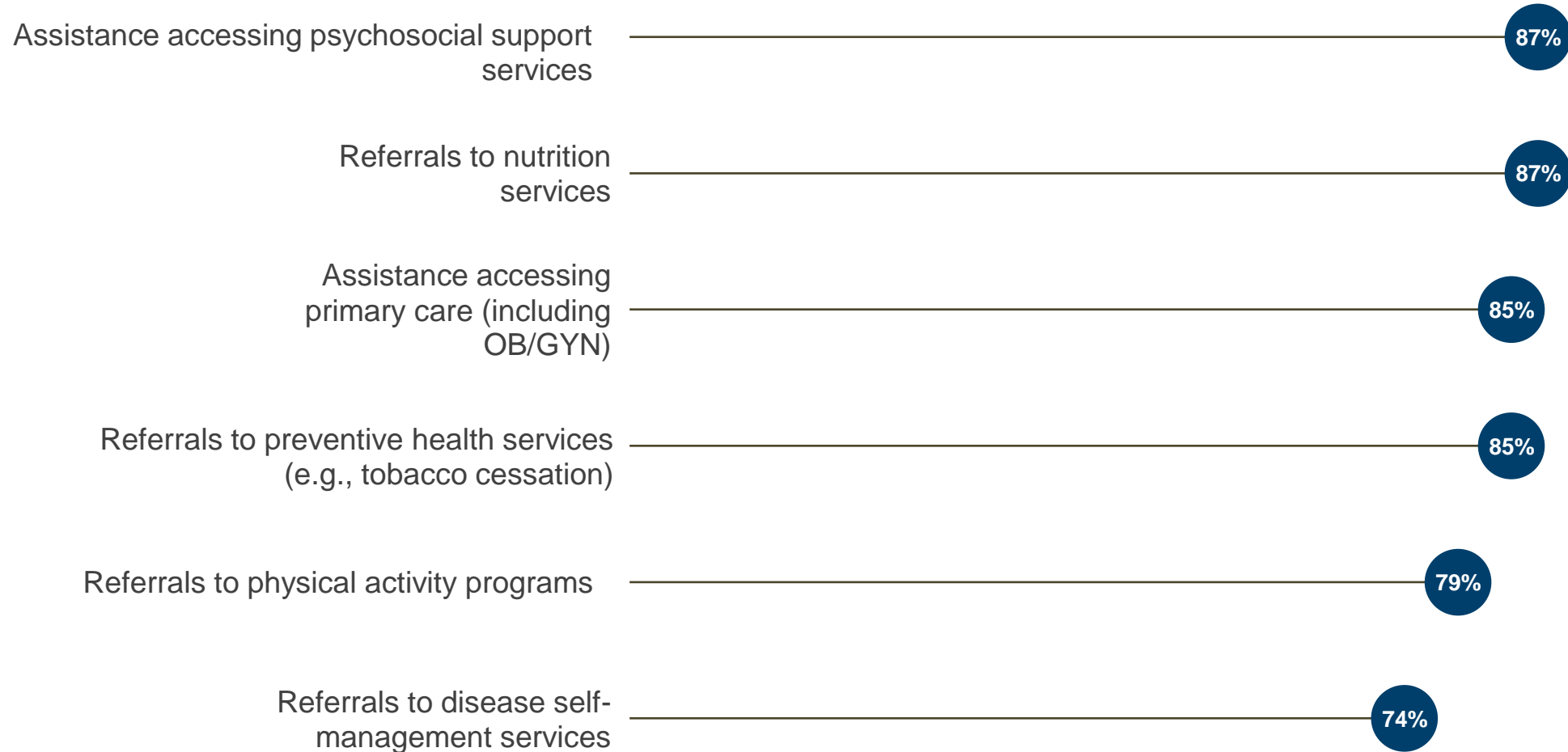
NAVIGATION & ACCESS TO CARE

Availability of Coordination/Navigation Services

Does your Cancer Program have coordination or navigation services for cancer survivors to support transition from active treatment to post-treatment care?



Coordination/Navigation Services Provided

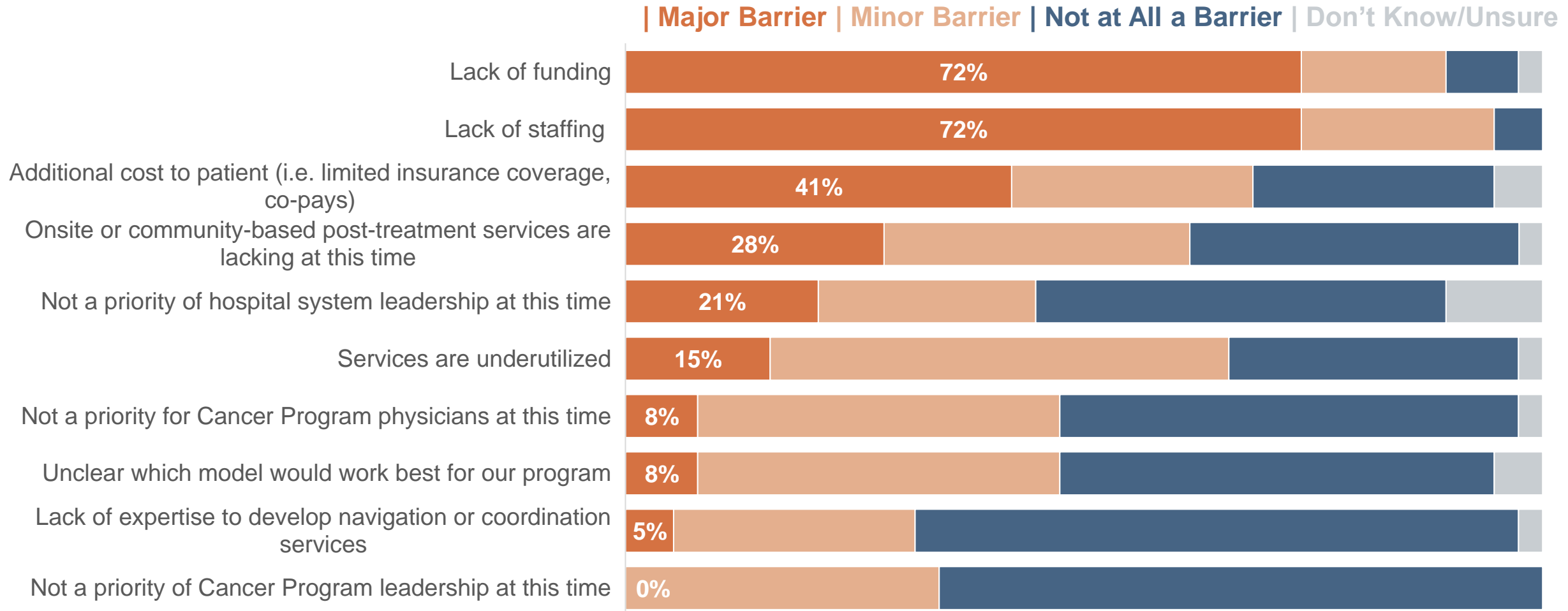


Responses for other areas addressed by coordination/navigation services include financial and legal services (8 Programs), transportation (5 Programs) genetic counseling (3 Programs), and spiritual services (2 Programs)



**Department
of Health**

Barriers to Providing Navigation Services



15 Cancer Programs described additional barriers to providing post-treatment navigation services including **transportation, language barriers, and COVID-19**



Summary: Navigation and Access to Care

- Over 70% of NYS Cancer Programs have coordination or navigation services to support survivors' transition from active to post-treatment care and services provided are robust.
- Lack of funding and staffing were the most common barriers that Programs face in providing coordination or navigation services.

Results

OTHER PROGRAM INFORMATION

Additional Information shared by Cancer Program's about Survivorship Care Programming Provided or Offered

Positives of Survivorship Care

- Our survivorship program director is an NP. She delivers the majority of our SCPs through in person visits and has referred patients for many services including dietary, support groups, screening for recurrence and new cancers, PT or other wellness programs, counseling and other specialists including sleep clinic, genetics, smoking cessation and plastic surgery. Patients are very appreciative of the visit and grateful for access to these support services.

Program Models

- Our survivorship program has recently been developed over the past 1 month. It is modeled as a transitional clinic rather than a traditional clinic. Responses by patients thus far have been very positive.
- Our program has adapted two models of delivering survivorship care; a disease-specific model that focuses on care based on the type of cancer diagnosis and an integrated care model where care is provided through oncology clinic visits.

Barriers/Challenges

- We try to work collaboratively with our surgery counterparts to deliver care plans. We have difficulty identifying patients in an efficient and timely manner since our EHR has not been as useful as we would like. The value to the patient is still unclear and welcome the opportunity to redefine how we will support our cancer survivors moving forward.
- The biggest barrier to hospitals is implementing Survivorship programs is lack of funding and designated staffing. Our staff is multi-tasking these additional responsibilities to meet the standard. There is lack of reimbursement for many services and thus not a priority for hospital leadership.

COVID-19

- Our individual services remain unaffected, but our group programming and community programming have been impacted by Covid-19. We have transitioned to virtual where possible, but there are some circumstances where this was not feasible.
- We have a healthy support services for our cancer survivors, but during COVID we have been faced with challenges on how to maintain some of the programs due to social distancing and funding.

Cancer Program suggestions about training topics, additional information, or resources that would help their Program's survivorship efforts



Conclusions: Survivorship Care Activities among NYS Cancer Programs



Most Cancer Programs deliver survivorship care under a coordinated survivorship program



Cancer Programs offer a diverse assortment of survivorship support services



Care coordination is not a widely implemented practice and presents challenges for Cancer Programs



Most Programs regularly or sometimes use SCPs as part of their survivorship care programming



Seventy-percent of Programs provide post-treatment navigation services for cancer survivors

Conclusions: Challenges to Survivorship Care Delivery

- NYS Cancer Programs face common challenges to the delivery of survivorship care programming and similar challenges were identified across the different components of survivorship care programming

Staffing
Constraints

Limited
Resources

EHR/EMR
Issues

Patient-related
Barriers (ex:
Transportation)

Insurance
Coverage

Contact Information

Heather Dacus, DO, MPH

Director, Bureau of Cancer
Prevention and Control

heather.dacus@health.ny.gov

Gina O'Sullivan, MPH

Bureau of Chronic Disease
Evaluation and Research

gina.osullivan@health.ny.gov