Models of Survivorship Care Delivery

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Models of Care

• Structure of the model and type of provider depend on:
  • **Risk** of recurrence and late effects
  • **Type** of services to be provided
    • Medical
    • Psychological
    • Social
    • Rehabilitation
    • Financial
  • **Timing** of the services
    • Transition visit at the end of therapy
    • Specified time points after treatment ends
    • Ongoing care

McCabe, MS et al. Semin. Oncol., 2013
## Models of Care

### High Risk

<table>
<thead>
<tr>
<th>Multi-disciplinary Care Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric survivorship care model. Care is provided by different providers with expertise in long-term effects, such as cardiology, psychology and endocrinology. Takes place in a setting separate from the oncology practice.</td>
</tr>
</tbody>
</table>
# Models of Care
## Moderate Risk

<table>
<thead>
<tr>
<th>Disease/Treatment Specific Clinic</th>
<th>Type and Intensity of follow-up care is determined by type of cancer treatment received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Care Clinic</td>
<td>Imbedded in the oncology practice of a cancer center, community hospital or private practice. May be physician (MD), nurse practitioner (NP) or physician assistant (PA) as provider. Care is coordinated with primary care provider (PCP).</td>
</tr>
<tr>
<td>Consultative</td>
<td>One time consultation to coordinate the survivorship plan of care. Follow-up may be with the oncologist or PCP. May be a MD, NP or PA as provider.</td>
</tr>
</tbody>
</table>
## Models of Care
### Low Risk

| Community Generalist Model | Transition of survivor occurs early with follow-up care provided by Primary care physician, internist, nurse practitioner or physician assistant. |
Provider Models - State of the Science

• Comparisons of providers
  • Nurse-led and PCP follow-up may be equivalent to oncologist care in detecting recurrence
  • Patient satisfaction with this approach is mixed even when care is focused on recurrence

• Most models of care assume a role for the PCP

• Transition care processes require written information between providers, but the details are not established.

• Diverse outcomes measured across models and often focus on recurrence and QoL endpoints.

Jefford M., Trials 2013
Gates P. Cancer Forum, 2009
Grunfeld E. JCO 2011
Knowles G Eur J Onc Nurs 2007
Howell D, J Cancer Surv 2012
Self Management Model

- Evidence supports health improvements for:
  - Arthritis, diabetes, heart disease and lung disease
- Promote skills for chronic illness management
  - Problem solving
  - Decision-making
  - Timely communication with health professionals
  - Taking action (motivation and self-efficacy)
- Survivorship research has focused on:
  - Psychosocial support
  - Managing symptoms
  - Healthy behaviors

Wilson P J Cancer Surviv, 2008
Group Visits

- Well established evidence supporting cost effectiveness and health improvement for:
  - Diabetes, heart failure, prenatal care and dermatology

- Components
  - Health Assessment
    - Medical or psychological issues related to cancer or its treatment
  - Education
    - Core content is critical, but interactive format allows for patient-focused issues to be addressed
  - Support
  - Knowledgeable facilitator
  - Evaluation

Trotter, K CJON, 2011
Sirorsky Arch Derm, 2010
Vachon JNMA, 2007
Wagner Diab Care, 2001
Virtual Follow-up Care

- Telemedicine visits
  - Symptom management
    - Psychosocial screening
  - Counseling
    - Health promotion
  - Survivorship Care Plan
- E-Health self reports
  - Identify and monitor problems
  - Risk stratify care pathway
- Telephone
  - Counseling
    - Psychosocial
    - Health promotion
  - Reinforcement
    - Care plan implementation
- Triage

Warrington L Acta Onc, 2015
Bomar K JCO supp, 2016
Cole-vadjic K JCO supp, 2016
Survivorship Models of Care Research

- Develop a common understanding of “usual care” to compare with survivorship models
- Develop a common taxonomy for the various models of survivorship care
- Develop a set of outcomes that are important for each group of survivors based on their risk
  - Apply a common set of characteristics for evaluation
- Evaluate the content, delivery and utility of Care Plans to the recipients
- Assess cost of formal survivorship care and services in order to determine the value in terms of the individual/family and the health care system
- Identify the unique needs of survivors in underserved populations

Halpern, M. JOP 2015
Howell D. J Cancer Surviv, 2012