Survivorship Care Plans Redux

Survivorship care plans (SCPs) were originally recommended in the Institute of Medicine’s From Cancer Patient to Cancer Survivor: Lost in Transition (Hewitt, Greenfield, & Stovall, 2006). Much work has been done by many people since then, and SCPs have been integrated into the American College of Surgeons Commission on Cancer (CoC) standards. However, eight years later, research suggests that few cancer programs are ready to implement this recommendation. Many have expressed concerns about the CoC’s January 2015 deadline requiring SCP implementation. In early 2014, the CoC surveyed members on their readiness to implement SCPs and found that only 21% already had a SCP process ready for implementation and another 37% of member programs were confident that they could. This mirrors other research that show low and inconsistent uptake, nationally, of the SCP standard. Much of this was discussed in a previous editorial (Mayer, 2014), so why bring it up again?

Two events occurred that have now changed the approach to developing and implementing an SCP. The first is the recent work done by a working group of the American Society of Clinical Oncology (ASCO) (Mayer et al., 2014). The template for SCPs, originally developed in response to the Institute of Medicine report (Hewitt et al., 2006), needed to be revisited as it was complex, not patient centered, and took a long (unreimbursed) time to complete. With the guidance of the ASCO SCP working group, input was gathered from a stakeholder conference that evaluated the minimum elements needed by survivors and their primary care provider to assist in the transition from patients receiving cancer treatment to patients who had received cancer treatment. The SCP working group was able to make the process more patient centered, shorter, simpler, easier to understand, and easier to complete. The authors pilot tested the revised template in 11 oncology practices across the United States and found it to be faster to complete while still including the important components for someone ending his or her treatment. The authors also identified and addressed a number of barriers that kept the SCP from being implemented. One of the committee members, Lawrence Shulman, MD, also chaired the CoC Quality Integration Committee and brought the findings to the CoC for consideration. These collaborative efforts took two years.

The second event was the publication of a clarification document from the CoC (2014). This document made changes to the SCP Standard 3.3 and endorsed the elements included in the ASCO template, better defined who was to receive the SCP, and recognized that a range of oncology care providers could develop and deliver the SCP (e.g., nurse practitioners). This allowed for much-needed flexibility in interpreting and implementing this standard. Importantly, the CoC extended the implementation time frame by changing the expectations for the 2015 deadline. In addition, the CoC developed a schedule that phases in the implementation of SCPs, with 10% of eligible survivors ending curative treatment being the goal for the first year. Full implementation is expected of all CoC accredited cancer programs by the beginning of 2019.

I thought it was important to return to the conversation about SCPs for a few reasons. One significant reason is that these changes were brought about by an interprofessional committee led by a nurse. The committee engaged in process improvement of a recommended cancer practice that was not gaining traction.
despite being strongly recommended by
the Institute of Medicine. In a previous
editorial, Ann Reiner, MN, RN, OCN®,
and I discussed leadership from the bed-
side to the boardroom (Mayer & Reiner,
2013). Our opinion suggested that work
nonmedical staff. All made significant
contributions. It would have been a lesser
product had it only been one professional
group at the table. So, again, volunteer
and speak up as your organization imple-
ments this change.

I am proud of the work our group—yes, I was the oncology
nurse at the table—did over the past
two years to further improve the
SCP template. However, so much
more now needs to be done to in-
tegrate SCPS into daily practice and
into our electronic health records
and to make sure they are delivered
to survivors ending treatment. We
also need to track what difference they
make. Is there greater adherence to rec-
ommended cancer surveillance? Is there
greater adoption of healthy behaviors?
What part do you want to play in doing this?
Our profession’s focus is well suited
to providing leadership in this project as
nursing’s focus is to assist patients toward
restoration of health (American Nurses
Association, 2010).

As for me, the idea of an SCP at the end
of initial therapy is insufficient. There
are now two other aspects of the cancer
experience to turn my attention to: (a)
providing a written treatment plan at
the time of diagnosis and (b) wondering
what will be the equivalent of a SCP will
be when a patient’s cancer treatment
doesn’t end or when the survivor has
advanced cancer. Stay tuned.

Not only can we have a seat at the table,
we also can sit at the head of the table to
improve cancer care. Volunteer and speak
up as your organization implements this
change to survivorship care planning.

More information about the ASCO
cancer survivorship compendium can be
found at http://bit.ly/1upZ0Hy.

The author gratefully acknowledg-
es Ann Reiner, MN, RN, OCN®, for her
thoughtful comments and contributions
to this editorial.

References

American Nurses Association. (2010). Nurs-
ing: Scope and standards of practice
(2nd ed.). Silver Spring, MD: Author.

Commission on Cancer. (2014). Accredita-
tion Committee clarifications for stan-
dard 3.3 survivorship care plan. Re-

Hewitt, M., Greenfield, S., & Stovall, E.
(2006). From cancer patient to cancer
survivor: Lost in transition. Wash-
ington, DC: National Academies Press.

Mayer, D. (2014). Survivorship care plans:
Necessary but not sufficient? Clinical
Journal of Oncology Nursing, 18(Suppl.
1), 7–8. doi:10.1188/14.CJON.S1.7-8

Mayer, D.K., Nekhlyudov, L., Snyder, C.F.,
Merrill, J.K., Wollins, D.S., & Shulman,
L.N. (2014). American Society of Clini-
cal Oncology clinical expert statement
on cancer survivorship care planning.
Journal of Oncology Practice. Retrieved
from http://bit.ly/1x7BoGh

Mayer, D.K., & Reiner, A. (2013). On leader-
ship from the bedside to the boardroom.
Clinical Journal of Oncology Nursing,

The Clinical Journal of Oncology Nursing’s Editorial Board
and the Oncology Nursing Society’s staff
extend best wishes to you and yours
for a happy holiday season!