

Barriers and Facilitators to Implementing Cancer Survivorship Care Plans

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As of January 2012, an estimated 13.7 million cancer survivors were living in the United States (Siegel et al., 2012). The five-year relative survival rate in the United States for all cancers has improved from 49% for cases diagnosed from 1975–1979 to 67% for cases diagnosed in 2004 (Howlander et al., 2011). The cancer survivor population is growing concurrently with a projected shortage of oncology physicians (Erikson, Salsberg, Forte, Bruinooge, & Goldstein, 2007). With total oncology visits projected to increase from 38 million in 2005 to 57 million in 2020, the United States is expected to face a 48% increase in demand for oncologist services by 2020 (Erikson et al., 2007). The rapidly increasing survivor population and predicted inevitable shortages of both oncology specialists and primary care physicians (PCPs) present a barrier to ensuring high-quality surveillance care for cancer survivors (Potosky et al., 2011).

Cancer survivors face several challenges, including late and long-term effects of therapy and uncertainty regarding follow-up care. The Institute of Medicine (IOM) recommended that patients with cancer and their PCP receive a written survivorship care plan (SCP) at the end of active treatment that communicates what occurred during cancer treatment. That document should include a comprehensive care summary and a plan specifically outlining the responsibility of each provider in follow-up care (Hewitt, Greenfield, & Stovall, 2005). Despite the recommendation by the IOM that an SCP is integral to achieving high-quality care, practical barriers exist to the creation of written documents (Earle, 2006). With oncology care often taking place in multiple outpatient and inpatient settings, compiling information can be arduous and time-consuming. Oncology providers may need to request multiple medical charts to document a single episode of care or a set of services required to manage a patient with cancer over time.

In urban areas, a patient with cancer may have surgery at one hospital, receive radiation therapy at another institution, undergo chemotherapy at a private oncologist's office, and return to see their PCP closer to home

Purpose/Objectives: To evaluate the process of survivorship care plan (SCP) completion and to survey oncology staff and primary care physicians (PCPs) regarding challenges of implementing SCPs.

Design: Descriptive pilot study.

Setting: Two facilities in Vermont, an urban academic medical center and a rural community academic cancer center.

Sample: 17 oncology clinical staff created SCPs, 39 PCPs completed surveys, and 58 patients (breast or colorectal cancer) participated in a telephone survey.

Methods: Using Journey Forward tools, SCPs were created and presented to patients. PCPs received the SCP with a survey assessing its usefulness and barriers to delivery. Oncology staff were interviewed to assess perceived challenges and benefits of SCPs. Qualitative and quantitative data were used to identify challenges to the development and implementation process as well as patient perceptions of the SCP visit.

Main Research Variables: SCP, healthcare provider perception of barriers to completion and implementation, and patient perception of SCP visit.

Findings: Oncology staff cited the time required to obtain information for SCPs as a challenge. Completing SCPs 3–6 months after treatment ended was optimal. All participants felt advanced practice professionals should complete and review SCPs with patients. The most common challenge for PCPs to implement SCP recommendations was insufficient knowledge of cancer survivor issues. Most patients found the care plan visit very useful, particularly within six months of diagnosis.

Conclusions: Creation time may be a barrier to widespread SCP implementation. Cancer survivors find SCPs useful, but PCPs feel insufficient knowledge of cancer survivor issues is a barrier to providing best follow-up care. Incorporating SCPs in electronic medical records may facilitate patient identification, appropriate staff scheduling, and timely SCP creation.

Implications for Nursing: Oncology nurse practitioners are well positioned to create and deliver SCPs, transitioning patients from oncology care to a PCP in a shared-care model of optimal wellness. Institution support for the time needed for SCP creation and review is imperative for sustaining this initiative.

Knowledge Translation: Accessing complete medical records is an obstacle for completing SCPs. A 3–6 month window to develop and deliver SCPs may be ideal. PCPs perceive insufficient knowledge of cancer survivor issues as a barrier to providing appropriate follow-up care.