FAQ – Cancer Survivorship at Your Clinic

What is the difference between a Survivorship Program and Navigation Program?
• A Navigation Program focuses on providing guidance and support to the patient so they are able to overcome the barriers that they may experience as they move through the healthcare system.
• A Survivorship Program focuses on building a road map of after-treatment care for the patient as well as providing information that may help promote the long-term health and wellness of the patient.
• A Navigation Program typically starts around the time of cancer diagnosis while the Survivorship Program typically starts when the patient is being treated for the cancer.

Why should we develop a Survivorship Program?
ACS has announced that starting in 2015, a Survivorship program will be required for accreditation. EQUICARE CS™ case management for cancer survivorship can improve the quality of care received by patients by:
• Keeping the patient informed through the treatment process
• Enabling patients to more easily communicate side and late effects
• Assisting the patient in the transition from treatment to a more normal life
• Involving families in survivor’s care
• Enabling and encouraging PCP involvement in patient care

What services should our Survivorship Program offer?
For a comprehensive program, a Survivorship Program should offer the following:
• Personalized survivorship care plan
• Customized patient education materials
• Follow-up schedule and procedures based on reputable medical surveillance guidelines
• Opportunity for interaction with the healthcare team

What resources do we need to run a Survivorship Program?
Typically, a Survivorship Program would have full-time Registered Nurse (RN) or Nurse Practitioner (NP) with detailed roles and responsibilities. If there isn’t a dedicated resource, EQUICARE CS allows the clinical staff to create care plans, assign questionnaires and provide patient education materials with minimal effort.

How many Survivors can one resource support?
This ratio depends on the level of engagement and support provided to the patient. If modest support is provided such as just printing care plans the more patients the clinical staff can manage. If the Survivorship team provides a high-level of support, actively managing follow-up and seeing patients for all follow-up appointments they would manage fewer patients.

How should we divide up the Survivorship work?
There are 3 common ways of defining the responsibilities and interactions:
• As the patient moves from diagnosis to treatment to follow-up, team members working within those areas interact with the patient and communicate to other care-givers.
• A physician would coordinate care and refer the patient to various support services as needed.
• Patient groups would be broken up by disease site. Each group would be dealt with by specific staff.
Operationally, how would EQUICARE CS enhance our current cancer program?

Aside from increasing patient satisfaction, the system adds value by:

- Reducing chaotic information flow between care providers and the care team.
- Decreasing time spent searching for patient information.
- Introducing standardization of process flow.
- Allowing outcomes to be measured, enabling Evidence Based Medicine.
- Potential increase in patient retention could lead to follow-up revenue.
- Achieving ARRA HITECH Meaningful Use criteria.

When should patients be referred into our Survivorship Program?

This will depend on your centre’s workflow and staffing model. Ideally, patients should be referred as early as possible in the treatment process as this interaction will keep the patient informed on how to maintain optimal health while they are having treatment. Patients also like to know, prior to the completion of active treatment, what they can expect for follow-up care.

What is the long-term value for patients?

- Improve patient access to treatment details so they are better able to communicate with cancer care providers.
- Better appreciation of resources available to the patient.
- Increased patient sense of ownership and participation in the cancer follow-up process.
- Closer patient surveillance could increase likelihood of detecting recurrence and limiting long-term side effects.

What are some administrative benefits?

- Potentially increase oncologist capacity for new patients and possibly decrease the wait time for new patient appointments.
- Encourage patient compliance for taking medication, showing up for follow-up appointments and reducing time to track patient.
- Retain survivors within your facility to continue providing referrals for follow-up imaging and lab procedures.
- Enable reimbursement for NP led follow-up.
- May provide competitive advantage in your market by communicating the program to your referring community.
- Administration costs may be decreased by automating appointment notification, distribution of lab results, and reminder calls for follow-up procedures.