The Institute Of Medicine Reports: Cancer Survivorship Plans

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"The picture's pretty bleak, gentlemen. ... The world's climates are changing, the mammals are taking over, and we all have a brain about the size of a walnut."
From Cancer Patient to Cancer Survivor: Lost in Transition

“Cancer survivorship is a distinct phase of the cancer trajectory, with many opportunities to intervene to improve care. The current system for delivering care to a growing number of cancer survivors is inadequate.”

IOM Report (2005), pg. 187
Patient to Survivor:  
The Ideal System

• Prevention of recurrent and new cancers as well as late effects
• Surveillance for spread of disease, recurrence, second cancers, and assessment of medical and psychosocial late effects
• Interventions for consequences of cancer and its treatments
• Coordination between specialists and primary care provides

IOM Report (2005), pg. 188
Patient to Survivor: The Ideal System

• Who should provide survivorship care?
  – Physicians, nurses, psychologists, and social workers
  – Designated individual should coordinate this care
  – Survivors should be informed partners

• How should this care be delivered?
  – Mobilize community resources to meet needs
  – Create a culture of mechanisms that promote high-quality care
  – Prepare patients to participate in their care
  – Assure the delivery of evidence-based care

The Need for Survivor Care Plans

- Summarizes and communicates what transpired during cancer treatment
- Records the known and potential late effects of cancer treatments with their expected time course
- Functions to promote a healthy lifestyle to prevent recurrence and reduce the risk of other co-morbid conditions
The Value of Survivorship Care Plans

- Promotes:
  - Healing relationships between providers and patients
  - Customizes care based on patients’ needs and values
  - Places control within the patient
  - Uses evidence-based decision-making
  - Anticipates needs
  - Creates transparencies
Key Elements of the Cancer Survivorship Plan

- Specific tissue diagnosis and stage
- Initial treatment plan and dates of treatment
- Toxicities during treatment
- Expected short- and long-term effects of therapy including late toxicity monitoring
- Surveillance for recurrence or second cancer
- Psychosocial and vocational needs with recommended preventive/behavioral interventions
The cancer committee develops and implements a process to disseminate a comprehensive care summary and follow-up plan to patients who are completing cancer treatment. The process is monitored, evaluated, and presented annually to the cancer committee and recorded in the minutes.

ACoS Cancer Program Standards 2012, p.76
American College of Surgeons

• Standard 3.2
  – The cancer committee develops and implements a process to integrate and monitor on-site psychosocial distress screening and referral for psychosocial care.

ACoS Cancer Program Standards 2012, p.76
Examples of Care Plans

- American Cancer Society
- American College of Surgeons
- American Society of Clinical Oncology
- Cancer Support Community
- Lance Armstrong Foundation
Critical Questions

• What is the real purpose of the form?
• Who completes the form?
• What form should I use?
• When is the form completed?
• What about psychosocial needs?
Psychosocial Oncology

- “...the IOM report recognized that survivorship is also about serious psychosocial issues, including family disruption, economic concerns, and fertility...It is crucial to have nursing and social work involved, in addition to medical and radiation oncologists. Survivorship care plans without an interdisciplinary focus would represent a step backward, not forward.”

Definition of Psychosocial Health Services

“Psychosocial health services are those psychological and social services that enable patients, their families, and health care providers to optimize biomedical health care and to manage the psychological/behavioral and social aspects of illness and its consequences so as to promote better health.”

Essential Findings of the IOM

- Evidence exists for the effectiveness of a variety of services to relieve emotional distress.
- Evidence also supports the utility of services aimed at helping individuals adopt behaviors that can minimize disease symptoms.
- However, many cancer patients do not have the benefit of these services, and more active steps are needed to address this lack of access.

IOM Report, pgs. 5-6
Recommendations of the IOM

• #1: The standard of care should ensure the provision of appropriate health services by:
  – Facilitating effective communication between patients and care providers;
  – Identifying each patient’s psychosocial health needs;
  – Designing and implementing a plan that links the patient with needed psychosocial services;
  – Follows up, reevaluates, and adjusts this plan.

IOM Report, pg. 9
Recommendations of the IOM

• #2: All cancer care providers should ensure that every cancer patient within their practice receive care that meets the standard for psychosocial health care.

• #5: Group purchasers of health care coverage and health plans should fully support the evidence-based interventions necessary to deliver effective psychosocial health services.
WHY DISTRESS?

Marker for Critical Concepts

§ Sense of Mastery
§ Spirituality
§ Performance Status
§ Social Support
§ Family Functioning
§ Quality of Life
§ Problem-Solving Skills
Stress Model Theory

Personality  Mastery  Optimism  Spirituality  Problem-Solving

Person

Meaning

External Resources

Internal Resources

Stressor

Action

Family  Friends  Employer  Organizations

Lazarus & Folkman, 1984
**PREVALENCE OF PSYCHOLOGICAL DISTRESS**

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<th>Diagnosis</th>
<th>Anxiety</th>
<th>Depression</th>
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<td>H &amp; N</td>
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<td>53.4</td>
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PSYCHOSOCIAL SCREENING

“Psychosocial screening attempts to identify cancer patients at greatest risk for future psychosocial distress, and to intervene only with especially vulnerable patients, in order to forestall difficulty, and strengthen their capacity to cope.”

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**HOW MUCH WERE YOU DISTRESSED BY:**

1. Faintness or dizziness
2. Feeling no interest in things
3. Nervousness or shakiness inside
4. Pains in heart or chest
5. Feeling lonely
6. Feeling tense or keyed up
7. Nausea or upset stomach
8. Feeling blue
9. Suddenly scared for no reason
10. Trouble getting your breath
11. Feelings of worthlessness
12. Spells of terror or panic
13. Numbness or tingling in parts of your body
14. Feeling hopeless about the future
15. Feeling so restless you couldn't sit still
16. Feeling weak in parts of your body
17. Thoughts of ending your life
18. Feeling fearful
How Can We Help You?
Solving Common Problems Related to Cancer

The Department of Patient & Family Services is designed to help patients and families solve problems experienced during cancer treatment. Please put a check next to any of the problems that you would like to discuss with a member of our staff.

- Talking with Family / Friends
- Talking with Children
- Communicating with My Health Care Team
- Managing Work / School
- Managing Emotions
- Solving Problems
- Hospice Care
- Sexual Changes During Cancer Treatment
- Resources/Support Groups in My Community
- Other, please describe:

- Pain
  If you checked pain, use the pain scale below to measure the average amount of pain you have had in the past 24 hours. Please circle your response.

  0  1  2  3  4  5  6  7  8  9  10
  no pain worst pain imaginable

- Fatigue
  If you checked fatigue, use the fatigue scale below to measure the average amount of fatigue you have had in the past 24 hours. Please circle your response.

  0  1  2  3  4  5  6  7  8  9  10
  no fatigue worst fatigue imaginable

How would you like to be contacted by our staff? ☐ By Phone ☐ By Mail

Name
Street Address
City, State, Zip

Local Telephone

May we leave a message for you if you are not home? ☐ Yes ☐ No

Would you like to be notified about our upcoming events? By Mail By Email

Email Address

* If you have any questions, please call The Department of Patient & Family Services at 410-955-8934 *

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PSYCHOSOCIAL INTERVENTIONS

- Education
- Cognitive-Behavioral
- Groups
- Counseling
- Problem-Solving

Use of EBP to Guide Community-Focused Practice at Life with Cancer

• **Emphasis upon use of empirically supported and validated interventions with consumers**

• **Development and role of research committee**
  - Project identification and design
    » Formulation of research agenda and objectives
    » Focus on pertinent outcomes
    » Selection and review of outcomes measures and existing procedures for measuring outcomes
    » Structured evaluation processes
    » Identifying practice goals and interventions for evaluation
    » Project coordination
## Screening, Interventions, and Outcomes at LWC

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Anticipated Results</th>
<th>Outcomes</th>
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<tr>
<td>• Psychoeducation</td>
<td>• Increase knowledge</td>
<td>↓ Psychological distress</td>
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<td></td>
<td>• Reduce helplessness</td>
<td>↓ Severity of Symptoms</td>
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<tr>
<td>• Cognitive-behavioral</td>
<td>• Reduce anxiety</td>
<td>↑ Quality of Life</td>
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<tr>
<td></td>
<td>• Reduce symptoms</td>
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<tr>
<td>• Groups</td>
<td>• Coping strategies</td>
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<td></td>
<td>• Stress management</td>
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<tr>
<td>• Brief Counseling</td>
<td>• Ease life disruptions</td>
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<td>• Provide support and empathy</td>
<td></td>
</tr>
<tr>
<td>• Problem-Solving</td>
<td>• Disease management</td>
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Psychological Distress & Health Care Costs

*Coronary Artery Disease (n=381)*

- HD patients had a RR of 15.6 for rehospitalization
- HD patients had a RR of 12.8 for recurrent cardiac events
- HD patients’ mean rehospitalization costs were $7,000 higher

*Allison et al., Mayo Clin Proc 1995; 70:734-742*
Economic Model for Psychosocial Oncology

• Focuses on ambulatory care
• Based on the relationship between distress and health care utilization
• Undetected and untreated distress leads to a higher frequency of somatic complaints (e.g., higher depression leads to higher pain scores)
• Outcome is health care charges such as laboratory medicine, radiology, pharmacy, etc.
Newest Developments

• “Distress as the 6th vital sign”
  – Canadian Strategy for Cancer Control
  – Canadian Association of Provincial Cancer Agencies
  – Canadian Coalition Advocacy Network
  – Canadian Council Health Services Accreditation

Bultz & Carlson, 2006
Some problems are so difficult they can’t be solved in a million years unless someone thinks about them for five minutes.

H.L. Mencken
A difference is a difference only if it makes a difference.

Huff, 1954