2018 Healthier Texas Summit

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Who is a Cancer Survivor?

An individual is considered a cancer survivor *from the time of diagnosis*, through the balance of his or her life. Family members, friends, and caregivers are also impacted by the survivorship experience, and therefore included in this definition.

NCI Office of Cancer Survivorship, 1996
Phases of Survivorship

ACUTE

- A. GOAL: Remission
- Treatment
  Acute Effects

INTERMEDIATE

- B. GOAL: Recovery
- Relapse Surveillance

LONG TERM

- C. GOAL: Wellness
- Late Effects, Health Maintenance
Cancer Survivors in Texas: > 1 Million
The Silver Tsunami

2026-20.3 million
31% Increase

Survivorship Healthcare Challenge
Lost in Transition

- Persistent physical symptoms after cancer treatment
- Late adverse effects of new onset years after treatment
- Difficulty finding primary care physicians after treatment
- Lack of communication among physicians
- Persistent emotional symptoms and disrupted relationships

Appropriate Domains in Survivorship Cancer Care

Cancer Surveillance
- Detection and treatment of late malignancy recurrence or new second malignancies

Risk Reduction and Early Detection
- Lifestyle changes to prevent cancer and risk assessment

Monitoring for Late Effects
- Health maintenance and observation of vital organ function

Psychosocial Functioning
- Psychosocial support services to maintain healthy relationships and restored life
Survivorship – Cervical Cancer (Includes Vulvar and Vaginal)

Eligibility:
- Cervical Cancer
- Vulvar cancer treated with radiotherapy: 3 years post-treatment and NED
- Cervical and vaginal cancer: 5 years post-treatment and NED

Concurrent Components of Visit:
- Surveillance:
  - Annual physical exam with PAP and pelvic exam
  - New primary or recurrent disease?
    - Yes: See appropriate cancer treatment algorithm
    - No: Continue survivorship monitoring

- Monitoring for Late Effects:
  - Consider the following:
    - Colonoscopy
    - Bone Health (see Gynecologic Cancer Survivorship Bone Health Algorithm)
    - Patient education regarding radiotherapy complications
    - Suggest use of vaginal dilator after radiation therapy
    - Sexual health

- Risk Reduction/Early Detection:
  - Patient education, counseling, and screening:
    - Lifestyle risk assessment
    - Cancer screening
    - HPV vaccination as clinically indicated (see HPV Vaccination Algorithm)
    - Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV Algorithm)
    - Consider cardiovascular risk reduction

- Psychosocial Functional:
  - Assess for:
    - Distress management (see Distress Screening and Psychosocial Management Algorithm)
    - Social support
    - Financial stressors

Disposition:
- Refer or consult as indicated

NED = no evidence of disease

1 See Physical Activity, Nutrition, and Tobacco Cessation algorithm; ongoing assessment of lifestyle risks should be a part of routine clinical practice.

2 Includes breast, colorectal, lung, breast, prostate, and skin cancer screening.

3 Consider use of Vanderbilt’s ABCFV’s approach to cardiovascular health.
DEBATE: when is the most appropriate time point to discuss transition to Primary Care? Who should have Co-Managed Care?
Partnering with Primary Care Providers to Provide Survivorship Care

- Long Term Survivorship
- Screening
- Surveillance
- Diagnosis
- Treatment
Why Focus on Cancer Survivors?

- Many are “Lost in Transition”
  - No clear direction on where to go for care or what is needed
  - Limited evidence on what is most effective
  - Potential underuse, overuse, misuse

- Cancer treatment while increasingly effective is associated with physical and holistic needs in survivors that are often chronic in nature and benefit from compressive follow up

- Optimum care extends beyond surveillance for recurrence and should include screening for second primary cancers, late and long term effects, psychosocial sequelae, preventive care and management of comorbid conditions

- Ongoing care may involve multiple types of health professionals and includes a clear role for primary care
Patient-Centered Goals for Cancer Survivorship Care

• Improved long term health of survivors
  – Physical
  – Psychological

• Improved duration and quality of life

• Improved adherence to care guidelines

• Improved coordination of multidisciplinary care

Steps to Meet Cancer Survivors’ Needs

• Identify and manage cancer survivors as specific population with specific needs

• Utilize existing clinical and decision tools
  – Treatment summary
  – Care plan
  – Clinical guidelines

• Clarify health professional roles and care coordination

• Enhance survivorship care models of delivery
Implementation and Improvement Approach

• Current model not adequate or sustainable
• Build toward a future improved model
  – Patient centered
  – Enhance collaboration and coordinating between cancer treatment team and primary care
  – Assure confident, knowledgeable, and coordinated clinicians
  – Develop a learning practice community using Project ECHO methodology
  – Quality measurement and performance improvement leading to more accessible and higher quality cancer care
Approach to Implementation and Improvement
“Improving Care for Survivors in Primary Care Settings”

Program Objectives

- Identify cancer survivors in the participating practices and engage patients in survivorship case
- Acquire or develop a summary of treatment document and implementation of survivorship care plans supported by evidence based guidelines
- Build collaboration and care coordination
- Address primary care team members’ knowledge gaps and self-efficacy
- Increase provision of evidence-based prevention services among survivors

Participating Institutions
UT Dell, Austin
UT HSC Northeast, Tyler
UTMB, Galveston

Funded by the Cancer Prevention & Research Institute of Texas (CPRIT)
Clinical Tools
Treatment Summary & Survivorship Care Plan

• Summary of treatment and plan for recommended follow-up

• Provides the patient with anticipatory guidance and clinicians with information related to:
  – Cancer treatment the patient received
  – Information provided during treatment but may be lost or not understood, overwhelmed

  – Recommendations (guidelines):
    – Surveillance and screening
    – Late effects of treatment manifested or potentially expected
    – Preventive care recommendations
    – Psychosocial concerns
    – Practical concerns
    – Recommended referrals
MDA Survivorship Care Algorithms

Breast Cancer
• Bone Health
• Invasive
• Noninvasive

Gastrointestinal Cancer
• Anal Cancer
• Colon Cancer
• Rectal Cancer

Genitourinary Cancer
• Bladder Cancer
• Kidney Cancer
• Penile Cancer
• Prostate Cancer

Testicular Cancer - Germ Cell

Gynecologic Cancer
• Bone Health
• Cervical Cancer
• Endometrial Cancer
• Ovarian Cancer

Head and Neck Cancer
• Larynx/Hypopharynx Cancer
• Nasopharynx Cancer
• Oral Cavity Cancer
• Oropharynx Cancer
• Salivary Cancer
• Unknown Primary

Lymphoma
• Diffuse Large B-Cell Lymphoma
• Follicular B-Cell Lymphoma for Stage I or II
• Hodgkin's Lymphoma

Melanoma
• Cutaneous Melanoma

Thyroid Cancer
• Thyroid Cancer
• Bone Health
• Suspicion of Heart Problems

Educational Resources:
Handbook of Cancer Survivorship Care

Contents:

Part I: General Principles of Survivorship Care
1. Defining Cancer survivorship
2. Tools and Resources to Improve Cancer Survivorship Clinical Practice and Care
3. Late and Long-term Effects in Cancer Survivorship
4. Psychological Issues
5. Screening and Prevention Strategies
6. The Older Adult Cancer Survivor
7. Late-Term Effects of Cancer Therapy on Older Adult Cancer Survivors

Part II: Management of site-specific cancers
8. Integrative Medicine in Survivorship Care
9. Childhood Cancer Survivors
10. Survivorship Care for Patients with Breast Cancer
11. Colorectal Cancer Survivorship Care
12. Prostate Cancer Survivorship Care
13. Head and Neck cancer survivorship care
14. Lymphoma Survivorship Care
15. Survivorship Care for Recipients of Hematopoietic Stem Cell Transplantation
16. Thyroid Cancer Survivorship

Editors:
Maria Alma Rodriguez, MD
Lewis Foxhall, MD, FAAFP
Project ECHO

Project ECHO (Extension for Community Health Outcomes)
• Started by Sanjeev Arora, MD as a movement to demonopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world.
• First applied to treating Hepatitis C in rural New Mexico in 2003
• Has been proven effective in disseminating knowledge from subject matter experts to practice settings world-wide

ECHO-Survivorship
• The ECHO Model was adopted by us in 2016 due to its effective telementoring model
• 1 hour monthly meeting
• Didactic followed by case presentation
• Attendees: Family Medicine Faculty and Residents
• Presenters: Subject Matter Experts from MDACC
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
<th>Department</th>
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<tbody>
<tr>
<td>Aug 2016</td>
<td>Cancer Survivorship</td>
<td>M. Alma Rodriguez, M.D.</td>
<td>Cancer Survivorship</td>
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<tr>
<td>Nov 2016</td>
<td>Fertility</td>
<td>Debbie Holman, RN, WHNP-BC</td>
<td>Gynecologic Oncology and Reproductive Medicine</td>
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<td>Feb 2017</td>
<td>Breast Cancer</td>
<td>Chad Barnett, Pharm.D.</td>
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<td>Apr 2017</td>
<td>Fear of Recurrence</td>
<td>Mary K. Hughes, MS, RN</td>
<td>Psychiatry</td>
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<td>May 2017</td>
<td>Breast Cancer Survivorship</td>
<td>Abeena M. Brewster, M.D.</td>
<td>Clinical Cancer Prevention</td>
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<td>Second Primary Cancers</td>
<td>Therese B. Bevers, M.D.</td>
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<td>Cardiovascular Health</td>
<td>Elie Mouhayar, MD</td>
<td>Cardiology</td>
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<td>Survivorship</td>
<td>Paula Lewis Patterson, DNP</td>
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<td>Exercise &amp; Rehabilitation</td>
<td>Jack B. Fu, MD</td>
<td>Rehabilitation Medicine</td>
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<td>Oct 2017</td>
<td>Late &amp; Long Term Effects</td>
<td>Diane P. Hecht, Pharm.D.</td>
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<td>Dec 2017</td>
<td>Hematologic Malignancies: Survivorship Health</td>
<td>M. Alma Rodriguez, M.D.</td>
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<td>Jan 2018</td>
<td>Late and Long-Term Effects of Radiation Therapy</td>
<td>Anuja Jhingran, M.D.</td>
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<td>Anal Cytology and Screening Guidelines</td>
<td>Craig A. Messick, M.D., FACS</td>
<td>Surgical Oncology</td>
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<td>Mar 2018</td>
<td>Improving Service Delivery to Cancer Survivors in Primary Care Settings Project Update</td>
<td>Lewis Foxhall, M.D.</td>
<td>Health Policy</td>
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<td>Apr 2018</td>
<td>Late and Long-Term Effects of Chemotherapy – Part 1</td>
<td>Diane Hecht, Pharm.D.</td>
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<td>Late and Long-Term Effects of Chemotherapy – Part 2</td>
<td>Diane Hecht, Pharm.D.</td>
<td>Pharmacy</td>
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<td>Genetic Testing in Cancer Survivors</td>
<td>Maureen Mork, MS, CGC</td>
<td>Clinical Cancer Genetics</td>
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<td>M. Alma Rodriguez, M.D.</td>
<td>Cancer Survivorship</td>
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<td>Oct 2018</td>
<td>Tools for Cancer Survivorship</td>
<td>Katherine Gilmore, MPH</td>
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## ECHO-Survivorship: Cases

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<tr>
<th>Date</th>
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<tr>
<td>Aug 2016</td>
<td>General Principles and Discussion of Thyroid Cancer Survivorship</td>
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<td>Fertility Concerns for Cancer Survivors</td>
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<td>Cardiovascular Health During the Journey of Cancer Care</td>
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<td>Aug 2017</td>
<td>Survivorship Program Overview</td>
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<td>Exercise, Rehabilitation &amp; How It Can Help the Cancer Survivor</td>
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<td>Oct 2017</td>
<td>Late &amp; Long Term Effects of Chemotherapy – Part II</td>
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<td>Dec 2017</td>
<td>Invasive lobular carcinoma of Breast</td>
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<td>Jan 2018</td>
<td>Adenocarcinoma of the colon</td>
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<td>Feb 2018</td>
<td>Invasive moderately differentiated adenocarcinoma consistent with cholangiocarcinoma</td>
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<td>Sept 2018</td>
<td>Head and Neck</td>
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Evaluation
Knowledge and Self-efficacy

Percent of physicians who were very confident in their knowledge about...

- Appropriate surveillance to detect recurrent breast cancer
- Appropriate screening for new primary breast cancer
- Preventive lifestyle/behavioral counseling for breast cancer
- Potential adverse psychosocial outcomes of colon cancer treatment
- Appropriate screening for new primary colon cancer
- Preventive lifestyle/behavioral counseling for colon cancer

Percent of physicians who strongly agree that they have the skills necessary to...

- Provide follow-up care related to the colon cancer and its treatment
- Initiate appropriate screening for other new primary cancers for breast cancer survivors
- Conduct lifestyle/behavioral counseling to prevent cancer for breast cancer survivors
- Initiate appropriate screening for other new primary cancers for colon cancer survivors
- Conduct lifestyle/behavioral counseling to prevent cancer for colon cancer survivors
“Improving Care for Survivors in Primary Care Settings”: How are we doing?

Project Participants:
Dr. Ernestine Lee and Elizabeth Hamburg LCSW, Dell Medical School, Austin TX
Dr. Jamal Islam, UT Medical Branch, Galveston TX
Dr. Leo Holm and Dr. Robert Tompkins, UT Health East Texas, Tyler TX
Faculty Participating in Program: 9
Residents Participating in Program: 21

Training site(s) that see Survivors: CommUnityCare Blackstock Family Health

Approximate number of Ambulatory Patients seen annually: 19,300
Progress made towards meeting Program Objectives:

• 165 Cancer Survivors identified from HER

• 32 cancer survivors seen in clinic to offer survivorship services via social worker co-visit

• 12 patients with treatment summaries

• 28 care plans added to Cancer Survivors EHR
How has this program enhanced knowledge and/or Practice:

• Active navigation by Social Worker of Cancer Survivors who have not been previously seen for survivorship care

• Identification of new patients into the practice who are cancer survivors

• Expansion of Survivorship Services to the additional clinics served by the Family Medicine Program

• Raised awareness amongst residents the concepts of survivorship and educated residents on the availability of cancer survivorship care plans.
Future Program Innovations:

• More active navigation to survivor care services by the Social Worker

• Telemedicine visits for patients that are unable to travel to the clinic

• The addition of genetic counseling as part of patients’ survivorship visits

• Inclusion of a cancer survivor case chart review as part of the 2nd year resident rotation "Medicine subspecialties"
Faculty Participating in Program: 18
Residents Participating in Program: 30

Training site(s) that see Survivors: 30-40 each quarter

Approximate number of Ambulatory Patients seen annually: 53,000
Progress made towards meeting Program Objectives:

• Initially identified approximately 800 cancer survivors (not all attended for survivorship visits)
• Identified cancer survivors and completed summary: Colon 76 Breast 121
• Recruited Behav. Therapist to help with distress
How has this program enhanced knowledge and/or Practice:

• Caring for cancer survivors education. First time in residency.
• Introduction to algorithms and all practice have hardcopy algorithms
• Enhanced knowledge on screening protocol and watching for short and long term side effects.
Future Program Innovations:
- Plan to introduce cancer survivorship annual clinic visit
- Behavioral therapist to help patients with high distress scores
- Complete treatment summary for remaining cancer survivor patients
- Partner with oncologist for referring cancer survivor patients to Family Medicine
UT Health East Texas
Family Medicine Residency Program

Faculty Participating in Program: 14
Residents Participating in Program: 29

Training site(s) that see Survivors:
UTHSCT Family Medicine Residency Clinic

Approximate number of Ambulatory Patients seen annually:
UTHSCT FAMILY MEDICINE RESIDENCY CLINIC = 14,500
Faculty Participating in Program: 14
Residents Participating in Program: 29

Training site(s) that see Survivors:
UTHSCT Family Medicine Residency Clinic

Approximate number of Ambulatory Patients seen annually:
UTHSCT FAMILY MEDICINE RESIDENCY CLINIC = 14,500
Progress made towards meeting Program Objectives:
1. Well-attended monthly ECHO Survivorship sessions
2. Incorporation of MD Anderson Survivorship Guidelines into institutional EMR
3. Clinic access to cancer survivors for “Cancer Survivorship” appointments
How has this program enhanced knowledge and/or Practice:
1. New and previously unknown cancer survivorship knowledge for our residents and faculty
2. Building comfort with providing “Cancer Survivorship” care
UT Health East Texas
Family Medicine Residency Program

• Future program innovations:
  • 1. Continue to build cancer survivorship knowledge for residents and faculty
  • 2. Imbed cancer survivorship appointments in all FM clinic settings
  • 3. Develop multi-disciplinary care appointments including physician, psychology, pharmacy providers