Appendix Evidence-Based Cancer Survivorship Activities for Comprehensive Cancer Control Underwood et al.

Example of survivorship provider education from Washington state.



Providing survivors with Treatment Summaries and Survivorship Care Plans can be a very empowering tool for them and helps to set the course for improving their health and wellbeing after cancer therapy ends. — Dr. K. Scott Baker, Oncologist

Health provider teams include any provider involved in the patient's overall care including medical oncologists, surgeons, ARNPs, radiation oncologists, and Primary Care Providers (PCP).

- Calculated by applying national estimates to Workington's 2011 population. See MSSW2: seweds. gov/more/specials/sementalinearmoonal allow Caster survivor: Defined as a person who has been thapproach and oversione any type of casters. These legitus it diagnosts and late to take and off life:
- COC and the Lance Amenturing Foundation (LAT) are leading a public health officit to address the trace face of the proving name of the Cock and the
- American College of Surgeone Canuer Programs: www.faccorg/cancer/coc/programs/arclands/00/2 html Website accessed on 2/10/2.

How Health Provider Teams Can Support Cancer Survivors After Treatment

A bout 255,000 people in Washington State are cancer survivors.\(^1\) Many people who have been diagnosed and treated for cancer feel lost in transition once they have completed treatment. Enhanced communication and partnership between oncologists and primary care providers are needed to provide patients with a seamless transition from cancer therapy completion to primary care. This factsheet is intended to inform and equip health providers so that survivorship care plans and treatment summaries become a standard part of their patient care. Washington CARES supports the National Plan for Cancer Survivorship and is reaching out to Washington cancer care providers to make this a reality.\(^2\)

Descriptions

Survivorship Care Plan: This is a set of documents the oncology team puts together for each patient to describe their cancer, all of the treatment they had, and what they need to do now to stay healthy. (see page 2 for details)

Treatment Record Summary: This typically includes the patient's diagnostic evaluation and the treatment(s) received. (see page 2 for details)

Responsibility

The medical oncologist will create the patient's initial survivorship care plan and treatment record summary. However, the medical oncologist and primary care provider will work together to ensure the patient understands the information and smoothly transitions back into the PCP's care. While not mandatory, both tools are highly recommended for the best patient care.

When to Transition Care

Many cancer patients transition to a primary care physician after treatment. A smooth care transition will address follow-up needs such as cancer surveillance, management of treatment side effects including late effects of therapy, and preventive care recommendations to maintain and improve your patient's health after treatment.

Reimbursement

In most cases, the patient's follow-up oncology visit is reimbursable based on time spent with the patient. It is important for each clinic to develop a standardized process for follow-up oncology visits.

Certification

Providers do not need special certification to complete survivorship care plans or treatment summaries. However, these tools are becoming a gold standard of cancer care and certification standards for cancer programs will take effect in 2015. The American College of Surgeons' Commission on Cancer is working on revising these certification standards for survivorship care plans.

Note: This sample of provider education was developed by Washington State National Comprehensive Cancer Control Program,

www.wacancer.org/sites/default/files/SurvivorshipProviderFinal.pdf.