

Optimizing the Management and Outcomes for Cancer Survivors Transitioning to Follow-up Care

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Lost in Transition

Cancer Control Continuum

Survivor

Prevention

Screening

Diagnosis

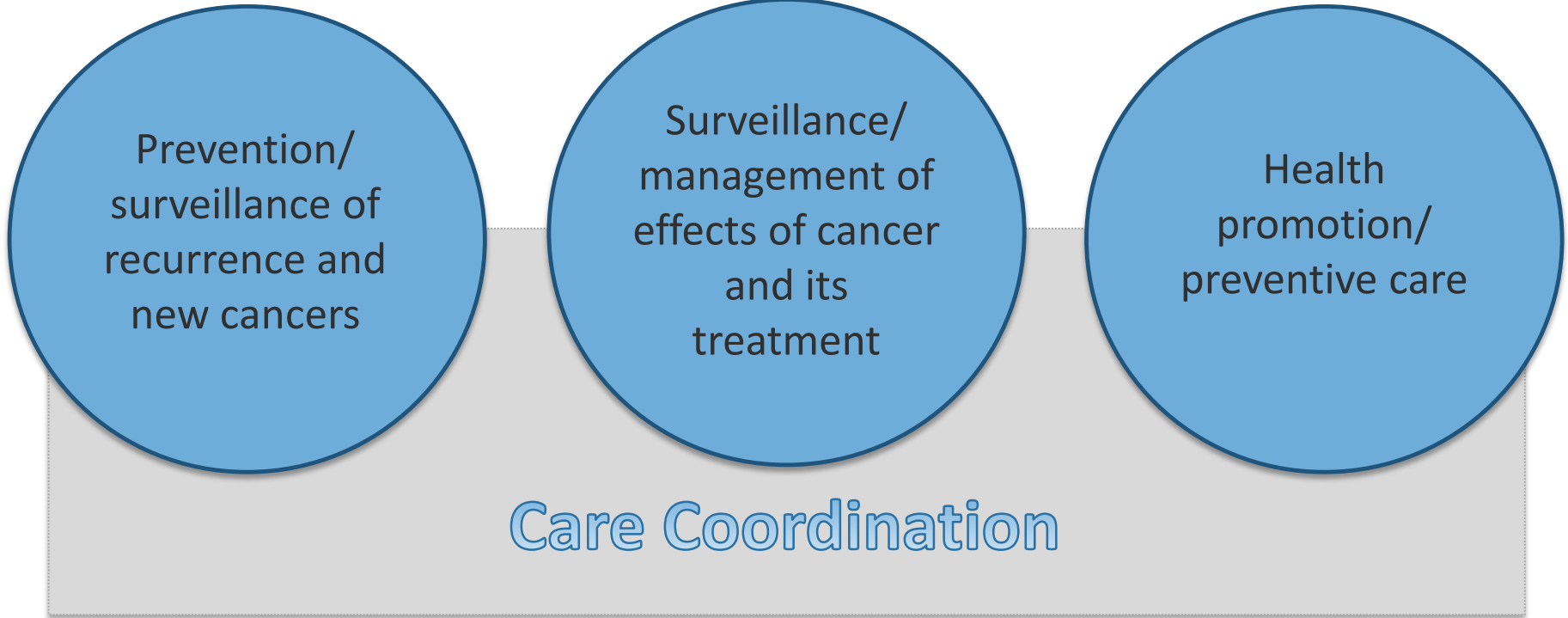
Treatment

Survivorship

Transition period following
active treatment



Survivorship Care After Active Treatment



Models of Post-Treatment Survivorship Care

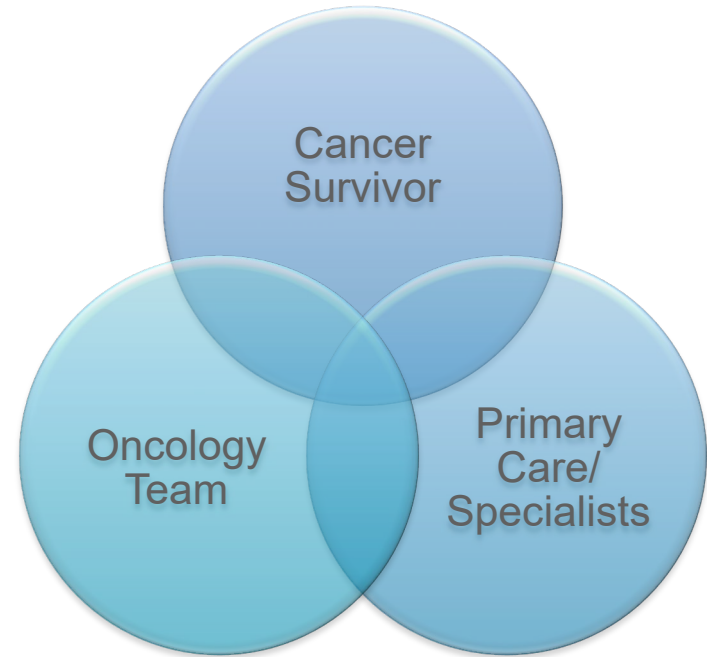
Oncology Team Led

Multidisciplinary Survivorship
Clinic

Shared Care

Low-Risk Survivors Who Would Benefit From Shared Care

- Early stage diagnosis
- Low risk for recurrence
- Low risk for late effects
- Mild or no persistent toxicities
- Treatments received:
 - Surgery only
 - Non-alkylating chemotherapy
 - Low to moderate dose radiation





Challenges to Implementing Shared-Care Model

- Unclear who is responsible for specific components of care
- Lack of communication and coordination between providers
- Ongoing provider education on new treatments needed
- Survivorship care plans have not shown major impact on outcomes

Jacobs L, Shulman L. Follow-up care of cancer survivors: Challenges and solutions. *The Lancet Oncology*. 2017;18(1):e19-e29.

Jacobsen P, DeRosa A, Henderson T, et al. Systematic review of the impact of cancer survivorship care plans on health outcomes and health care delivery. *J Clin Oncol*. 2018;(epub).

Evidence Gap

What are effective and efficient ways to enhance **communication, engagement, and coordination** between oncology specialists and providers not involved in active treatment to optimize follow-up care for survivors?

Purpose of RFA

- Stimulate R01 applications proposing the development and testing of new and **innovative models of survivorship care delivery**
- Emphasis on fostering greater collaboration between **oncology specialists** and **non-oncology providers** to optimize follow-up care for cancer survivors
- Population focus: Patients with adult-onset cancers who have completed active treatment and are appropriate to have part of their follow-up care transitioned to primary care or alternatives to oncology



Example Research Topics Responsive to this RFA

- Interventions to engage primary care providers in follow-up care
- Addressing barriers to implementing shared care approaches
- Interventions to coordinate management of physical and psychosocial effects among multiple providers

Example Endpoints

- **Healthcare utilization:** visits with non-oncology providers; unplanned hospitalizations, ED visits
- **Quality of care:** receipt of recommended follow-up care; receipt of appropriate preventive care
- **Patient-centered outcomes:** symptom burden, quality of life, patient experiences

Applications Considered Responsive

- Provider and/or health system-level intervention
- Intervention conducted during transition from active treatment and including at least one provider not involved in active treatment (e.g., PCP, NP/PA, other specialist)
- More than one component of survivorship care (e.g., surveillance for recurrence, management of late effects)
- Investigator team: oncology and non-oncology providers
- Address scalability, sustainability, and transferability

Applications **Not** Considered Responsive

- Observational research *only*
- Interventions that target *only* the patient/survivor and do not focus on a provider
- Program evaluations of *existing* models of survivorship care
- Applications focused on provision of a survivorship care plan *only*

Portfolio Analysis

- NIH survivorship grants funded 2014-2018
- 8 related grants
 - 2 observational studies
 - 3 aimed only at survivors (did not involve provider)
 - 2 survivorship care planning, not survivorship care delivery
 - **1 R01 aligned with studies that would be considered responsive to this RFA**

Justification for RFA

- Survivorship Care Planning PA*: over 60 R01 applications submitted, *none* funded
- Incentivize simultaneous work that provides the foundation to coordinate care and engage providers through innovative models of survivorship care

*PA-18-002/012: Examination of Survivorship Care Planning Efficacy and Impact

Proposed Budget

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Direct Costs- R01 grants (up to 6 grants)	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$2.5M
Direct Costs-Total (estimated)	\$3.0M	\$3.0M	\$3.0M	\$3.0M	\$3.0M	\$15.0M
F&A Costs (estimated)	\$2.0M	\$2.0M	\$2.0M	\$2.0M	\$2.0M	\$10.0M
Total Costs	\$5.0M	\$5.0M	\$5.0M	\$5.0M	\$5.0M	\$25.0M

Evaluation Criteria

- **Increase** in the development and implementation of new and **innovative models of survivorship care delivery**
- **Evidence of research productivity** (e.g., publications, presentations) that informs efforts to improve efficiency and quality of follow-up care
- **Collaborations** among scientists from different sites and disciplines (e.g., oncology, primary care, specialists, nursing)
- **Testing** of models of care in a **variety of cancer populations and care settings**

Clarifications in Response to BSA Subcommittee Feedback

- **Purpose of RFA:** expand to focus on new and innovative models of survivorship care delivery
- **Age of survivor:** specify focus on survivors of adult-onset cancers
- **Cancer types:** strongly encourage applications on more than one cancer type
- **Future dissemination and implementation:** require applicants address future scalability, sustainability, and transferability



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