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

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NIH NATIONAL CANCER INSTITUTE

BSA/NCAB Meeting
December 4, 2018
Lost in Transition

Cancer Control Continuum

Transition period following active treatment

Prevention ➔ Screening ➔ Diagnosis ➔ Treatment ➔ Survivorship

Survivor

Survivorship Care After Active Treatment

- Prevention/surveillance of recurrence and new cancers
- Surveillance/management of effects of cancer and its treatment
- Health promotion/preventive care

Care Coordination

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


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

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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