



## How Health Provider Teams Can Support Cancer Survivors After Treatment

About 255,000 people in Washington State are cancer survivors.<sup>1</sup> 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.<sup>2</sup>

*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 well-being 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).*

### 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.<sup>3</sup>

<sup>1</sup> Calculated by applying national estimates to Washington's 2011 population. See MMWR: [www.cdc.gov/mmwr/preview/mmwrhtml/mm6009a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6009a1.htm)  
Cancer survivor = Defined as a person who has been diagnosed and overcome any type of cancer. Time begins at diagnosis and lasts to the end of life.

<sup>2</sup> CDC and the Lance Armstrong Foundation (LAF) are leading a public health effort to address the issues faced by the growing number of cancer survivors living with, through, and beyond cancer. Through their collaboration, *A National Action Plan for Cancer Survivorship: Advancing Public Health Strategies* was developed. The National Action Plan represents the combined effort of almost 100 experts in cancer survivorship and public health. Many cancer associations/societies, institutions, hospitals, cancer centers and individual physicians are moving forward with the development of Survivorship Programs across the nation.

<sup>3</sup> American College of Surgeons: Cancer Programs: [www.facs.org/cancer/coc/programstandards2012.html](http://www.facs.org/cancer/coc/programstandards2012.html)  
Website accessed on 2/1/12.

*When survivors like me finish their therapies, they should be given something on paper that describes all of their treatments, the possible side effects, what they should do to monitor their health and who will be following up on their care. There's so much to remember — no one can possibly keep it all in their head.*

— P.H., Cancer Survivor



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An initiative of Washington State Department of Health

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For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-0833-6388).

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## Survivorship Care Plans

Many cancer patients transition to a primary care physician after treatment. These providers may have limited knowledge about the follow-up needs of their new patients. The information and support that healthcare teams provide may encourage patients to be active participants in managing their health after treatment. A Survivorship Care Plan should include the following:

- Specific information about the ongoing care the patient will need, such as tests for recurrence, identifying and managing late and long-term effects of the cancer and treatments.
- A personalized set of recommendations on how to stay healthy and take care of themselves after having cancer (e.g. healthy eating, active living, and emotional support).
- Full contact information for all of their doctors, nurses, and anyone else that took care of them.

### Templates

- American Society of Clinical Oncology templates<sup>4</sup>
- LiveSTRONG Care Plan (English or Spanish): [www.livestrongcareplan.org/faq-hcp.cfm](http://www.livestrongcareplan.org/faq-hcp.cfm)
- Journey Forward's Care Plan Builder: <http://journeyforward.org/professionals/survivorship-care-plan-builder>

### Additional resources

- American College of Surgeons, Cancer Programs: [www.facs.org/cancer/coc/programstandards2012.html](http://www.facs.org/cancer/coc/programstandards2012.html)
- CancerCare: [www.cancercare.org](http://www.cancercare.org)

## Treatment Record Summaries

These should include:

- Disease characteristics (site, stage, grade, marker information)
- Dates of treatment initiation and completion
- Types of treatments (surgery, radiation, chemotherapy, etc.) including drugs used, dosages, treatment response and major toxicities experienced
- Psychosocial, nutritional, and other supportive services provided

### Templates and resources

- American Society of Clinical Oncology templates<sup>4</sup>
- LiveSTRONG Care Plan (English or Spanish): [www.livestrongcareplan.org/faq-hcp.cfm](http://www.livestrongcareplan.org/faq-hcp.cfm)

### Additional resources

- American Society of Clinical Oncology: [www.cancer.net/patient/survivorship](http://www.cancer.net/patient/survivorship)

## Resources and Support Services

- Risk Factors and Prevention (American Society of Clinical Oncology) [www.cancer.net/patient/All+About+Cancer/Risk+Factors+and+Prevention](http://www.cancer.net/patient/All+About+Cancer/Risk+Factors+and+Prevention)
- Psychosocial Support Groups (American Society of Clinical Oncology)<sup>5</sup>

<sup>4</sup> [www.asco.org/ascov2/Practice+&+Guidelines/Quality+Care/Quality+Measurement+&+Improvement/Chemotherapy+Treatment+Plan+and+Summary/Cancer+Treatment+Plan+and+Summary+Resources](http://www.asco.org/ascov2/Practice+&+Guidelines/Quality+Care/Quality+Measurement+&+Improvement/Chemotherapy+Treatment+Plan+and+Summary/Cancer+Treatment+Plan+and+Summary+Resources)

<sup>5</sup> [www.cancer.net/patient/Publications+and+Resources/Support+and+Resource+Links/General+Cancer+Organizations+and+Resources/Support+Groups](http://www.cancer.net/patient/Publications+and+Resources/Support+and+Resource+Links/General+Cancer+Organizations+and+Resources/Support+Groups)