COMPREHENSIVE REHAB ONCOLOGY AND SURVIVORSHIP PROGRAM

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OBJECTIVES

• Overview of a Comprehensive Oncology Survivorship Program (COSP)

• Design and Implementation of a Rehabilitation Oncology Program
Cancer Survivors

Survival

• It is estimated in the year 2022, there will be 18 million cancer survivors in the United States.
• Cancer is the second most common cause of death in the U.S.
• When cancer is diagnosed at the localized stage, the overall 5-year survival rate is 90.3 percent.
  → At a late stage, the rate plummets to 23.1 percent.
Michigan Burden of Chronic Diseases

Most Common Causes of Death, Michigan Compared with United States, 2005

- Diseases of the Heart: MI 211.1, US 231.4
- All cancers: MI 190.8, US 183.8
- Stroke: MI 46.5, US 46.6
- Chronic Lower Respiratory Diseases: MI 42.3, US 43.2
- Unintentional Injuries: MI 33.3, US 39.1

Rate per 100,000 population
Age adjusted to 2000 total U.S. population

*At minimum, two-year averages were used to improve the precision of the annual estimates.*
More Survivors

• Increases in long-term survival rates are largely due to:
  – Advancement of and accessibility to cancer screening technologies
  – Discovery, creation and delivery of effective and targeted multimodal and multi-agent therapies
  – Post-treatment surveillance to identify recurrence or secondary primaries
Commission on Cancer (COC) Standards

• 3.3 Survivorship Care Plan
  – Survivors that complete treatment have a comprehensive clinical summary and follow up care plan

• E.11 Rehabilitation Services
  – The oncology program needs a policy or procedure to access rehab services

• 1.2 Membership
  – The Cancer Committee is multidisciplinary and must include a rehab representative
COC Standard 3.3
Survivorship Care Plan

• The Cancer Committee oversees the development and implementation of a process to disseminate a comprehensive clinical summary and follow up care plan to survivors who are completing cancer treatment
  – Institute this process by 2015

• Clinical summary and care plan would be shared with the patient, their primary care provider and their oncology specialists
DEVELOPMENT OF A SURVIVORSHIP PROGRAM

• Phase 1 – Conceptualization
• Phase 2 – Development
• Phase 3 – Implementation
• Phase 4 – Sustainability
Trajectory of the Illness of Cancer

Cancer Survivorship Program

The Patient is the Center of All We Do

Pre-Diagnosis | Diagnosis | Treatment | Completion of Treatment | Follow up | Palliative Care / End of Life

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Four Essential Components of Survivorship Care

- Prevention
- Surveillance
- Intervention
- Coordination
Survivorship Program Model

Beaumont Health System – Oncology Services
Survivorship Program Model

Description: Components of the Survivorship program from pre-diagnosis through diagnosis, treatment, completion of treatment and long term follow up

Version: 26
Date: August 19, 2014

Cancer Survivorship Program
The Patient Is the Center of All We Do

Beaumont Hospital, Troy Management Engineering (RW)

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ONCOLOGY REHAB: EXERCISE & WELLNESS PROGRAM

- Acute Care Therapy Services
- Outpatient Therapy
- Research
- Speech Pathology
- Pediatric Rehab
- Exercise & Wellness Program (Oncology Rehabilitation)
- Community Education
- PT and/or OT Consultation
- Breast Cancer Patient Surveillance
- Supervised Exercise Sessions

Beaumont Health System

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Value of Physical and Occupational Therapy

• Decreases or prevents physical limitations or impairments
• Prevents disabilities and promotes safe activity/mobility
• Promotes participation and reintegration to society

Refer to Appendix A for detailed process
Model of Quality of Life

- Integrate objective and subjective indicators and individual values across 6 life domains:
  - Physical
  - Material
  - Social
  - Productive
  - Emotional
  - Civic

Research Supports Utilization of Rehabilitation Services

- 60% to 90% of oncology survivors should be referred to rehabilitation physical therapy (PT), occupational therapy (OT) and/or speech language pathology (SLP) for treatment of associated symptoms
- 43% of those needing rehabilitation specifically required PT (Thorson)
Research Supports Utilization of Rehabilitation Services

• Extensive literature search completed in 2008 by van Weert et al.
• Determine the best evidence for an exercise program for cancer survivors
• Address physical problems:
  – Aerobic capacity
  – Muscle strength and endurance
  – Fatigue
  – Physical role functioning
Recommendations Activity

→ Physical activity recommendations should be tailored to the individual survivor’s abilities and preferences

**General recommendations for cancer survivors:**

- Overall volume of weekly activity of at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity activity or equivalent combination
- Two to three weekly sessions of strength training that includes major muscle groups
- Stretch major muscle groups and tendons on days other exercises are performed

PRISM Model of Care

Vision: “Empower patients to maintain their own health and commitment to healing, through an individualized exercise and wellness program”
PRISM Model of Care

Goal: Support patients through integrative practices and education before, during and beyond treatment

Incorporates a comprehensive rehab approach to care
Prevention

• The outpatient prevention model encompasses two entities:
  – Multi-disciplinary clinics (MDC)
  – Surveillance programs

• Multi-D clinics are traditionally led by surgeons, radiation oncologists, medical oncologists or Oncology Nurse Navigators (ONN)
Intervention: Program Flow Oncology

(A) Point of Entry to the Program
- Ambulatory Patient Entry to Program
  - WCRC / ONNs
  - Support Groups
  - Radiation Onc
  - Inpatient Rounding
  - Multi-D Clinics
  - Physicians
  - Acute Care / Multi-D Rounding

(B) Screening / Consultation
- Physical Therapy Screening / Consultation
  (As Outpatient in WCRC or as Inpatient in Acute Care Unit)

(C) Follow Up Care
- Traditional Therapy
  (Physical Therapy Troy)
- Supervised Exercise & Wellness Program
  (Rehab & Dialysis Center 2nd Flr)
- Home Exercise
  (Patient’s Home)
- Individual Wellness
  (SOLA or Patient’s Personal Gym)
Intervention: Acute Care

• Medical Executive Protocol and Traditional PT Intervention
  – PT is allowed to write orders for traditional therapy, with the approval, endorsement, and signature by the Chief of the specific service line
  – Protocol orders are disease specific and the PT will follow a pre-determined plan of care which was approved by the medical staff
Intervention: Acute Care

- Inpatient prevention program
- 42 bed oncology unit
- Two interventions
  1. Daily Huddles
     - Quick synopsis of the patient by the admitting physician, lasting 3-5 minutes per patient
     - Includes physician, PT, pharmacist, ONN, social worker, dietitian, case manager and hospice representative
  2. Rounding
Wellness Programs following PT intervention:

- Transitional membership to fitness programs
- Episodic interventions
  - Managing maintenance during recovery
  - Aquatic programs
- Survivorship Exercise and Wellness program
- Neurological programs
Elements of Sustainability for Oncology Rehabilitation

Administrative Structure

Communication

Education

Three Tenets of Sustainability (AEC)

- Historically oncology rehabilitation programs have failed because they did not contain the three tenets of sustainability (Stubblefield):
  - Administration
  - Education
  - Communication
Administrative Tenet

- Encompasses the leadership and management skills of the developer and the administrator of the rehabilitation program.
- Knowledge of and commitment to care that supports the institutional vision, accreditation requirements, national and state healthcare policy, facility objectives, and staff competency are essential in developing a program that responds to the pulse of the community it serves.
Education Tenet

• Thorough evaluation of the rehabilitation department’s strengths and gaps of knowledge

• Ongoing education is paramount to ensure the PT staff is current with evidence based practice measurement tools and treatment techniques
Communication Tenet

- Clinical outcomes
- Financial metrics
Keys to Successful PT COSP Development

• Work plans
  – Step-by-step tasks, assignments and deadlines to achieve goals

• Work flows
  – Step-by-step detailed process flow defining roles and accountability, listing stake holders, and defining goals
Program Sustainability and Growth

• Share financial and quality outcomes
  – Financial Trends
    • Gross Revenue
    • Contributions Margin
    • Net Income
### Program Sustainability and Growth

#### Beaumont Health System - Corporate 2014

#### Oncology Rehabilitation Program

<table>
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<th>Patient Volume:</th>
<th>Additional Events:</th>
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<tr>
<td></td>
<td>Consultation</td>
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<tr>
<td></td>
<td>June - Dec 2011</td>
</tr>
<tr>
<td></td>
<td>January - Dec 2012</td>
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<tr>
<td></td>
<td>January - Dec 2013</td>
</tr>
<tr>
<td></td>
<td>January - June</td>
</tr>
<tr>
<td><strong>Total Patients 2011-2013</strong></td>
<td><strong>871</strong></td>
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Program Sustainability - Finance

### CSP Per Case Financial Trend 2011-2014

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<tr>
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<td>$665.42</td>
<td>$403.98</td>
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<td>2012</td>
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<td>2013</td>
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<td>$812.86</td>
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### Cancer Survivors' Exercise Program

**Financial Trend 2011-2013**

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<th>Year</th>
<th>Contribution Margin Per Case</th>
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<tbody>
<tr>
<td>2011</td>
<td>$ 42.00</td>
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<tr>
<td>2012</td>
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<tr>
<td>2013</td>
<td>$ 42.00</td>
</tr>
<tr>
<td>2014 Through June</td>
<td>$ 48.00</td>
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Strategies for Rehabilitation Staff

• Management strategies:
  – Develop best practices
    • Standardized and consistent care that is evidence based and integrates care across the continuum
  – Forge partnerships within the healthcare team
  – Provide patient-centered care, along with the patient navigation team
• Use **PRISM** as the new foundation in the management of chronic diseases
  → Prevention, Intervention and Sustainable Wellness
• Use Stubblefield’s concept to sustain implementation
“Of all the forces that make for a better world, none is more powerful as hope. With hope, one can think, one can work, one can dream. If you have hope, you have everything” ~Ashley Howard Counseling

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Occupational Therapy
Physical Therapy
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