ABSTRACT: 2019 ELAM Institutional Action Project

Project Title: Survivorship Care Redesign in a Multidisciplinary Breast Cancer Clinic

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Topic Category: Clinical

Background, Significance of project: In the US, over 3.5 million breast cancer survivors are in follow up after completion of active treatment. Professional societies have published guidelines for survivorship care; however coordinated implementation of these guidelines across complex multidisciplinary teams remains challenging, resulting in time-consuming and redundant visits for patients, as well as depletion of resources for health systems, without clear demonstration of added value to patient care.

Purpose/Objectives: To optimize value-based care for the Duke BOP by implementing a coordinated plan for breast cancer survivorship care using a streamlined, technology-enabled, frugal care design.

Methods/Approach/Evaluation Strategy: In November 2018, a multidisciplinary team of institutional stakeholders assembled to form the BOP Survivorship Care Redesign Task Force. The Task Force met weekly to: 1) establish goals and priorities, 2) review the existing BOP survivorship care process, 3) analyze historical clinic utilization data, 4) evaluate alternative national models of survivorship, and 5) develop a future survivorship care strategy.

Outcomes/Results: The Task Force designed a comprehensive survivorship care plan. Analysis of current clinic utilization data projected a 56% potential reduction in outpatient survivorship care visits as well as substantial cost savings with the proposed care redesign. In brief, the care redesign requires every patient to meet with a survivorship navigator at a comprehensive survivorship launch visit upon completion of active therapy, to review the diagnosis and treatment received, as well as to establish the survivorship care plan. Each subsequent visit is mapped to a prespecified provider and timepoint with visits scheduled and tracked via the EHR. Individual visits will be supplemented with a monthly Survivorship Seminar Series which will be open to the community. Implementation of the plan will be conducted in 3 phases (**Table 1**). Collection of outcome metrics is critical to ongoing assessment, and will include patient/provider satisfaction, cancer and other health outcomes, total annual health care utilization. The plan was presented and discussed with numerous stakeholders across the health system, who provided both input and broad-based support.

Discussion/Conclusion with Statement of Impact/Potential Impact: Provision of effective, team-based, patient-centered survivorship care is a critical challenge for contemporary cancer care. We have designed an innovative, EHR supported, survivorship care plan which has the potential to improve patient care while markedly reducing both patient visit burden and costs. Successful implementation of this project can serve as a template to streamline health care redesign in other complex multidisciplinary care settings.

Table 1. Summary of Breast Cancer Survivorship Care Redesign Plan

Y1-5 after cancer diagnosis	**Phase Ia**	Phased roll-out of coordinated, cross-disciplinary visits across all breast oncology program clinics	Launch planned for April 2019, completion of implementation in 3 mo
	Phase Ib	Prospective randomized trial, allocating patients to either in-person clinic visits or telehealth visits. Outcome metrics will include patient/provider satisfaction, health outcomes, total number of visits per patient, and total cost	IRB submission May 2019; trial conducted over 12 mo
Y5+ after cancer diagnosis	**Phase II**	Implementation design underway, integrating primary care providers into long-term survivorship care	Launch planned Q4 2019

Survivorship Care Redesign in a Multidisciplinary Breast Cancer Clinic

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Background and Objective

In the US, **over 16 million cancer survivors are in follow up after completion of active treatment**. Professional societies have published guidelines for survivorship care; however coordinated implementation of these guidelines across complex multidisciplinary teams remains challenging, resulting in time-consuming and redundant visits for patients, as well as depletion of resources for health systems.

As part of a new Duke University School of Medicine (SOM) initiative, SOM and health system leadership launched the **Learning Health Unit (LHU) project**, with the explicit goal of identifying and resourcing ideas that focus on clinical impact, operational innovation, and financial viability. The Breast Oncology Program (BOP) survivorship care redesign initiative was selected as one of the inaugural LHU projects.

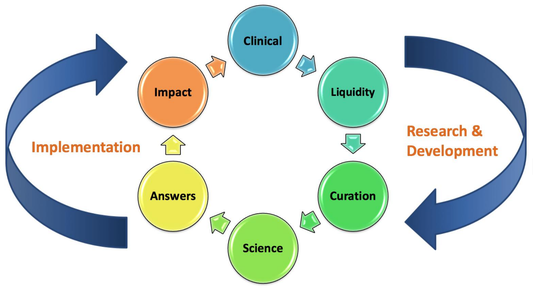


Figure 1. Design of Learning Health Unit Projects

OBJECTIVE: ***To optimize value-based care for the Duke BOP by implementing a coordinated plan for breast cancer survivorship care using a streamlined, technology-enabled, frugal care design.***

Methods

In November 2018, a multidisciplinary team of institutional stakeholders assembled to form the BOP **Survivorship Care Redesign Task Force**. The Task Force met weekly to accomplish the following:

- establish goals and priorities for care redesign
- review the existing BOP survivorship care process
- analyze historical clinic resource utilization data
- evaluate alternative national models of survivorship
- develop a future survivorship care strategy

Outcomes and Results

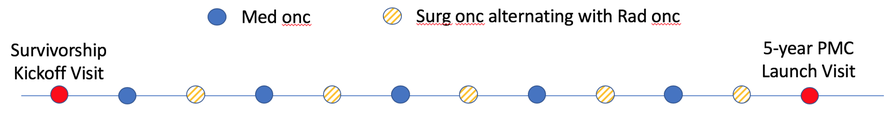
The Task Force designed a novel comprehensive survivorship care plan, based upon the concept of a **learning health unit** (IOM 2012), in which the process of discovery is driven by a natural outgrowth of patient care, and which ensures innovation, quality, safety, and value in health care (**Figure 1)**.

In brief, the Task Force proposed the following redesign of survivorship care:

- Every patient meets with a survivorship navigator at a comprehensive survivorship launch visit upon completion of active therapy
- Patient and navigator review the diagnosis and treatment received, and establish the survivorship care plan
- Each subsequent visit is mapped to a prespecified provider and timepoint with visits scheduled and tracked via the EHR (**Figure 2**)
- individual visits are supplemented with a monthly Survivorship Seminar Series which will be open to the community.
- Implementation of plan will be conducted in 3 phases (**Table 1**).

Analysis of current clinic utilization data projects a 56% potential reduction in outpatient survivorship care visits as well as substantial cost savings with the proposed care redesign.

Figure 2. Survivorship Visit Schedule



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Outcomes and Results (cont.)

Collection of outcome metrics is critical to ongoing assessment, and will include **patient/provider satisfaction, cancer and other health outcomes, total annual health care utilization.** The plan was presented and discussed with numerous stakeholders across the health system, who provided both input and broad-based support.

Discussion

The ability to provide effective, team-based, patient-centered survivorship care is a critical challenge for contemporary cancer care. Comprehensive evaluation of the current process with stakeholder engagement has allowed care redesign of a frugal, EHR-enabled plan. **Implementation of the new survivorship care plan has the potential to improve patient care while markedly reducing both patient visit burden and costs.**

Conclusion and Impact

Successful implementation of this project will serve as a template to streamline health care redesign in other complex multidisciplinary health care settings.

References

Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. Institute of Medicine Report Brief, September 2012.

Runowicz CD, Leach CR, Henry NL, et al: American Cancer Society/American Society of Clinical Oncology breast cancer survivorship care guideline. CA Cancer J Clin 66:43-73, 2016.