



Review

Novel approaches to support breast cancer survivorship care models

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ABSTRACT

The delivery of cancer survivorship care has been increasingly recognized as an area of healthcare in need of improvement. Several survivorship care models have previously been described in the literature. Yet, there is growing evidence that current models are both unsustainable for the future and fail to meet the diverse needs of cancer survivors. As a result, there has been an emphasis on developing innovative models of survivorship care that are accessible to patients and improve outcomes. Proposed solutions to address these concerns include enhanced collaboration and communication among care providers as well as incorporating the use of technology for survivorship care delivery. This article reviews existing models of survivorship care and describes future approaches to improve the care of breast cancer survivors.

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1. Introduction

The number of breast cancer survivors within Europe, North America, and Australia continues to grow as a result of earlier detection and improvements in systemic treatment [1]. There are approximately 1.7 million new cases of breast cancer diagnosed worldwide annually [2]. In countries with advanced medical care, 5-year survival rates for early stage disease are approximately 80–90% [2], and Europe and North America have the highest proportion of breast cancer survivors alive at 5 years. This booming population of cancer survivors has brought a heightened realization that cancer and cancer treatments have a wide range of potential effects on individuals that last many years [3]. It has also resulted in increasing workloads for oncologists, stretched resources, and created challenges to provide high quality cancer care [4]. For all these reasons there is compelling need to evaluate and optimize care models for the millions of breast cancer survivors worldwide.

A landmark paper that called attention to the unique needs of this population was the Institute of Medicine's 2005 report *From Cancer Patient to Cancer Survivor: Lost in Transition*, which depicted that current practices for survivorship care left survivors with a

number of unmet physical, psychological, social, and spiritual needs, and provided recommendations to improve the quality of survivorship care [5]. The essential components of survivorship care as outlined by this report include: prevention of recurrence, new cancers, and other late effects; surveillance; intervention for the consequences of cancer and its treatment; and coordination between specialists and primary care providers (PCPs), also referred to as general practitioners or generalists. These components of survivorship care are resource-intensive, and the costs associated with these services continue to escalate while reimbursement remains limited [6].

In order to address these patient and oncology practice concerns, there has been a call to develop new ways to deliver high quality cancer care that are more accessible, sustainable, cost-effective, and patient-centered [7]. The necessity of improving survivorship care has been an international focus, resulting in new survivorship programs and initiatives arising in multiple nations [3]. This review article briefly describes existing models of survivorship care, highlights some of the unmet needs of breast cancer survivors, and emphasizes innovative approaches to streamline cancer survivorship care, empower and engage patients, address gaps in care, and provide better coordination and communication among patients, families, and providers. As the focus is on breast cancer, its unique survivorship challenges may be different than those of other malignancies.

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2. Current models of survivorship care delivery

A wide variety of cancer survivorship care models that aim to provide high quality care to address the needs of cancer survivors have previously been described in the literature. However, even the definition of what constitutes a survivorship care model is up for debate [8]. In addition, there is very little evidence supporting how different models of survivorship care delivery affect health outcomes [9,10]. Historically, cancer survivors were managed by their treating oncologists in what is referred to as the oncology specialist model. While many patients today still receive longitudinal survivor care through this model, the other common and more recently implemented survivorship care models that exist include: 1) the disease-specific model; 2) the general or comprehensive model; and 3) the consultative model. Emerging care models that include engagement of the PCP are reviewed separately. These models of survivorship care delivery are classified by their purpose and briefly summarized in Table 1.

Although many types of models have been described in the literature, there is little evidence supporting the clinical

effectiveness of one type of model over another [9–11]. A recent systematic review on survivorship care models found limited cost benefit analysis, as well as limited evidence regarding the advantages of different models, effects on health outcomes, and barriers to survivorship care [10]. The review concluded that the nature, timing, intensity, format, and outcomes of survivorship care models remain uncertain. There is likely not one standard model that will meet the needs of all cancer survivors; rather, care processes should be tailored to the individual needs of survivors, and the model should be adaptable over time [9–12].

2.1. Disease-specific survivorship clinic model

In the disease-specific survivorship clinic model, after the treatment phase is over, care is transferred from the oncologist to a survivorship clinic dedicated to a patient's specific cancer [13,14]. These clinics can be run by a variety of providers including oncologists, nurse practitioners, or physician assistants [9,13,14]. An advantage of this type of model is that it provides survivors with access to an expert in their particular cancer [15]. However, it can

Table 1
Models of survivorship care.

Model Type	Survivors	Providers	Setting	Characteristics
Oncology Specialist Model	Specific cancer type	Treating Oncologist	Cancer center or community practice	<ul style="list-style-type: none"> Continuity of care and established relationships between patients and treating oncologist are maintained Benefits patients at high risk for recurrence and oncologists who desire survivors in their practice Limited by focus on disease and relapse risk rather than wellness and health promotion, as well as lack of PCP engagement
Disease-Specific Model	Specific cancer type	Oncologists, Advanced practice providers, Nurses	Cancer center or community practice	<ul style="list-style-type: none"> Survivorship providers are experts in the patient's specific cancer Benefits include focus on surveillance and symptom management and referrals for consultations external to oncology Limited to cancer types with a large patient population which may divert resources from other cancer types, as well as lack of PCP engagement
General (Comprehensive) Survivorship Clinic Model	All cancer types	Oncologists, Advanced practice providers, Nurses	Cancer center or community practice	<ul style="list-style-type: none"> Survivorship providers receive treatment summary and care plan from the oncologist Benefits include capacity to care for all survivors with focus on surveillance and symptom management and referrals for consultations external to oncology Limited by providers lack of disease specific expertise, as well as lack of PCP engagement
Consultative Clinic Model	All cancer types	Oncologists, Advanced practice providers	Cancer center or community practice	<ul style="list-style-type: none"> One-time visit to develop a treatment summary and survivorship care plan after which care returns to treating oncologist Benefits include visit focus on wellness and health behavior promotion; continuity of care and disease expertise from treating oncologist; allocation of fewer resources for survivorship care Limited by long term follow-up focus on disease and relapse risk rather than wellness and health promotion, as well as lack of PCP engagement.
Shared Care Model	All cancer types	Oncologists, PCPs, Advanced practice providers, Nurses	Cancer center or community practice and primary care clinic	<ul style="list-style-type: none"> Simultaneous care from an oncologist responsible for oncology-related issues and PCP who addresses primary care needs, screening, and prevention of other cancers Benefits include ongoing access to oncologist with concurrent PCP engagement Limited by poorly defined roles and risk for care duplication and fragmentation
Transition to PCP Model	All cancer types	Oncologists, PCPs, Advanced practice providers	Initially cancer center or community practice with predetermined transition to primary care clinic	<ul style="list-style-type: none"> As cancer-related issues are stabilized the oncologist provides the PCP a treatment summary and survivorship care plan Benefits include PCP engagement, focus on wellness and health behavior promotion, and oncologist remaining accessible as needed Limited by identification of PCP and decreased oncologist engagement

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