



Do survivorship care plans impact patients' evaluations of care? A randomized evaluation with gynecologic oncology patients

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HIGHLIGHTS

- Oncologists were randomized to provide/not provide survivorship care plans (SCPs) to gynecologic oncology patients at follow-up.
- Patients rated quality of care similarly regardless if they had/had not received an SCP during recent follow-up visit.
- The need remains for further evaluations of SCPs if they are to be vehicles for improving patient-reported outcomes.

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ABSTRACT

Objective. Despite recommendations from the Institute of Medicine regarding survivorship care plan (SCP) delivery to cancer patients, there have been few health service outcome evaluations thus far.

Methods. Gynecologic cancer survivors who were up to one-year post-treatment could participate in an evaluation assessing the health services provided and their perceptions of quality of care. A randomized, nested, cross-sectional design was used in a large group gynecologic oncology practice. Half ($n = 3$) of the physicians were randomized to provide and discuss a SCP to patients during a follow-up visit, and the other half did not. Following their visits, all patients were informed that a health service evaluation of the practice was being conducted. Interested patients completed an anonymous 26-item survey assessing administrative, clinical, and educational health services, helpfulness of written materials, and perceptions of quality of care.

Results. Of the 121 survivors surveyed, 64 received SCPs and 57 were in the no-SCP condition. As a validity check, one question asked about educational materials received during the visit with an expected significant difference noted between conditions ($X^2 = 5.513$, $p = .019$; more SCP patients reported receiving materials). However, there were no differences between conditions when patients rated health services ($F_s > .37$) or helpfulness of materials and perceptions of care ($F_s > .19$).

Conclusions. Gynecologic oncology patients providing ratings of health services and satisfaction with care provided equivalent evaluations, regardless if they had/had not received a SCP from the physician. Thus, the need remains for further evaluations of SCPs if they are to be vehicles for improving health service outcomes.

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Introduction

There are an estimated 12 million cancer survivors in the US [1], making cancer survivorship care a more salient issue in the last decade. The Institute of Medicine's (IOM) *From Cancer Patient to Cancer Survivor: Lost in Transition* [2] provides recommendations to significantly enhance patients' care as they transition to follow-up care. One key recommendation states that patients completing primary treatment should be provided with a survivorship care plan (SCP), incorporating a summary of treatment received and follow-up care

recommendations. SCPs are thought to have many benefits, including increasing patients' satisfaction with and perceptions of quality of care [2]. However, few studies have examined the impact of SCPs on patient outcomes.

SCPs rate favorably amongst individuals (i.e., patients, physicians, and/or nurses) asked to evaluate the concept or an exemplar care plan [3–5] (see also a recent review [6]) and those who have received them [7,8]. Since 2004, only three studies have more closely met the IOM's goal of evaluating "the impact and costs associate with...SCPs [2] (p. 5)." The method for two single group studies was to provide SCPs to patients and/or primary care physicians and then evaluate adherence to screening recommendations. Blaauwbroek et al. [9] reported 83% adherence rate to recommended screenings in a sample of 69 primary care physicians treating 70 childhood cancer

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survivors. Oeffinger et al. [10] reported 41% adherence to screenings recommended to 62 Hodgkin Lymphoma patients. Unfortunately, control groups were not included nor were base rate adherence data provided for either study. The single randomized study was conducted in Canada with patients coming from nine tertiary cancer centers transitioning patients from follow-up care with their oncologists to primary care physicians (PCPs) [11]. Breast cancer survivors (N = 408) were randomized to receive standard care (discharge visit and a discharge letter sent to the PCP) or standard care plus provision of a SCP. Analyses showed no group differences between survivors who did and did not receive a SCP on measures of patients' satisfaction with care, continuity of care ratings, psychological (cancer-related stress, negative mood) outcomes or quality of life [11].

Thus, the available evaluation of health service outcomes for SCPs comes from two single group pre–post studies and one randomized trial. No study of which we are aware has examined the impact of receiving a SCP on patients' perceptions of quality of care (i.e., the subjective perception that the quality of health care received matches the patients' expectations [12]). Similar but distinct from “patient satisfaction”, perceptions of quality of care are routinely measured as part of health care organizations' focus on quality assurance. Assessing perceptions of quality of care is a useful way to alert health care providers to patients' needs and concerns and to identify potential areas of improvement [13] and is particularly beneficial when implementing and evaluating new health care practice initiatives.

Focus of the present investigation

This randomized trial compared ratings of perceptions of quality of care and health service outcomes from gynecologic cancer survivors. In a large group practice, physicians were randomized, with half providing a SCP to their patients during the visit and the others not providing a SCP to their patients. Patients completed a self-report measure of perceptions of quality of care after their physician visit. It was hypothesized that significantly higher positive perceptions of quality of care would be found amongst the patients receiving a SCP.

Methods

Procedures

From March thru October 2010, the Gynecologic Oncology division at a NCI designated Comprehensive Cancer Center in the Midwest conducted an evaluation of survivorship care plans. This was done to study the impact of SCP distribution on patients' evaluations of the quality of care and health services. All gynecologic cancer survivors who were within one year post-treatment and had a follow-up care appointment during that time were solicited for the evaluation. A randomized nested design was used; physicians in the practice were randomized (i.e. did not self-select) to either provide their patients with a SCP (physicians 1–3) or not (no-SCP; physicians 4–6), with patients nested within these two groups.

After the appointment, patients met with the practice medical secretary (who was blind to study condition) for follow-up appointment scheduling. She informed eligible patients of the opportunity to complete an anonymous survey evaluating the services of the clinic. They received a written description of the program evaluation and a survey. Patients were told that completion and return of the survey was voluntary and confidential. Interested patients were directed to a private space in the clinic and instructed to return the completed survey to the reception desk in the sealed envelope provided. Patients requesting to complete the survey at home were given an addressed, postage-paid envelope for survey return. Of the 222 surveys distributed, 121 (55%) were returned. As is routine with program evaluations, no personal health information was collected. The local Institutional

Review Board determined that no informed consent was necessary as no PHI was collected.

Physician participants

At the time of the program evaluation, all physicians had completed gynecologic oncology fellowship training. Physicians participating in the SCP condition had been employed with the practice for an average of 11 years and physicians participating in the no-SCP condition were employed for an average of 7 years. Physicians were not given a copy of, or any specific education, regarding the content of the evaluative measure. Physicians were aware that the evaluation was taking place and those distributing care plans were given instructions on SCP delivery to ensure standardization amongst delivering physicians.

Patient participants

Data collection was anonymous; only age [mean = 60 years, SD = 13, range: 24–89] and general disease/treatment information were obtained. Participants reported the following disease sites: n = 65 (54%) endometrial, n = 35 (29%) ovarian, n = 16 (13%) cervical, and n = 5 (4%) vaginal. The majority had received surgery (98%) and chemotherapy (52%) with fewer receiving radiation therapy (17%). Of those who had received chemotherapy or radiation therapy, only 2 patients reported being in treatment at the time of participation. General characteristics of the clinic population are predominantly 91% Caucasian (6% African-American, 1% Asian, 2% other) and 57% living in a rural area (39% urban, 5% from out of state).

Conditions

Standard care (no-SCP)

Patients in the no-SCP condition received standard care which was receipt of a medical examination and surveillance of recurrence and any treatment-related morbidities by the physician, referral to other healthcare professionals as needed, and availability of patient education materials from nurses and/or the Patient Resource Center located in the clinic lobby.

Standard care plus survivorship care plan (SCP)

Individualized SCP documents were created by a research assistant. A SCP had two components. The 3–4 page treatment summary was created manually using information located throughout the patient's medical record. The treatment summary described a patient's diagnosis and treatment details: disease site and stage, and as applicable, surgical treatment received, type and total dosages of any chemo- or hormonal therapies received, site and total dose of radiation therapy, report of any additional hospitalizations or significant toxicities that had occurred thus far, and a brief medical history. The care plan portion, created using the online LIVESTRONG Care Plan software [14], was individualized using data from the treatment summary. Information on the following topics was provided: late effects of treatments received, cancer screening recommendations, healthy lifestyle information, common psychosocial concerns, and general tips for cancer prevention, amongst others. Both the treatment summary and care plan were provided in a folder, along with copies of CT scans, lab results, and pathology reports, relevant to the diagnosis and treatment.

In addition to standard care, SCP physicians distributed the folder during the follow-up appointment, reviewed the SCP, and encouraged the patient to share it with other healthcare professionals, such as her PCP. Patients were also encouraged to review the information and to contact their physician if they had questions or concerns at any later point.

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