

Dilemmas in Oncology Nurse Navigation Certification

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Resources

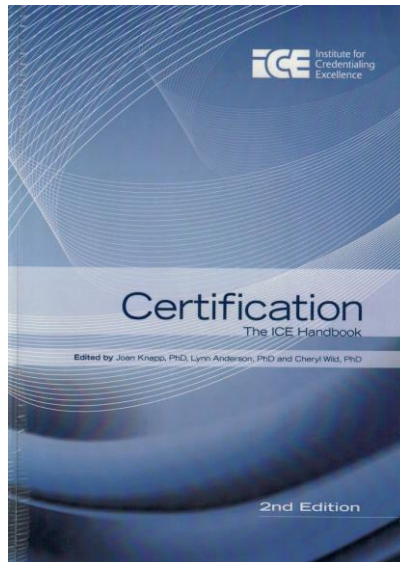
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navigation
SUMMIT

2017 Oncology Nursing Certification Test Candidate Handbook

OCN® • CPHON® • CBCN® • BMTCN® • AOCNP® • AOCNS®



AONN



Certification Vs Assessment-Based Certificate

Professional or Personal Certification

- A voluntary process by which individuals are evaluated against predetermined standards for knowledge, skills, or competencies.
- Participants who demonstrate meeting standards by successfully completing the assessment process are granted a time-limited credential. To retain the credential, certificants must maintain continued competence.

Certificate of Participation or Attendance

- Certificates of attendance or participation provided to individuals (participants) who have attended or participated in classes, courses, or other education/training programs or events.
- The certificate awarded at the completion of the program or event signifies that the participant was present and in some cases that the participant actively participated in the program or event.

Defining Features (ICE, 2010)

Quality Certification Program

- Focus is on assessment of participants
- Assessment is independent of a specific class, course or other education/training program
- Assessment is independent of any provider of classes, courses, or programs
- Intended to measure or enhance continued competence through recertification or renewal requirements

Assessment-Based Certificate

- Focus is on education/training
- Certificate awarded designates that participants have completed the required education/training and demonstrated accomplishment of the intended learning outcomes
- Certificates of attendance do not require demonstration of learning outcomes

1. A process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role or skill are identified to the public and other stakeholders.
2. The voluntary process by which a non-governmental entity grants a time-limited recognition and use of a credential to an individual after verifying that he or she has met predetermined and standardized criteria.

It is the vehicle that a profession or occupation uses to differentiate among its members, using standards sometimes developed through a consensus-driven process, based on existing legal and psychometric requirements.

(This is the definition of 'professional certification' in the ICE Guide to Understanding Credentialing Concepts)

“Certification provides substantiation that the nurse has attained specialty knowledge, experience, and clinical judgment and implies competency.”

Kaplow (2011)

Specialty Certification

Specialty certification is promoted for consumer protection.
Many stakeholders potentially benefit:

- Patients & families
- Nurses
- Employers
- Educational organizations
- Government agencies
- Regulatory bodies

The Value of Specialty Nursing Certification: Benefits

- Personal achievement & accomplishment
- Job satisfaction
- Validation of knowledge
- Challenge
- Greater earning potential (?)
- Broader access to job opportunities
- Influences accountability
- Recognition among employers, peers & consumers

The Value of Specialty Nursing Certification: Challenges

- Cost of examination & maintenance of credential
- Lack of institutional rewards & support - compensation
- Lack of access to preparation courses & materials
- Discomfort with test taking process
- Lack of access to or availability of CE
- Did not pass exam
- No desire/interest in certification
- Not relevant to my practice

A specific credential is a professional certification that will be included in the Demographic Data Collection Tool™ (DDCT) if:

- The certification is developed to reflect a professional body of knowledge and skills... defined in a scope and standards of practice
- Development of certification relies on:
 - National RDS or logical job analysis that is periodically revised at least every 7 years
 - Generally accepted test development & psychometric principles
- Time-limited recertification interval is defined
- Certification is national in scope
- Certification is independent of (a) a specific class, course, or other ed/trng program and (b) any provider of classes, courses, or programs
- Assessment environment is standardized and follows industry standards for security
- Credential is issued to individuals who successfully complete the assessment

ABSNC Accreditation Standards

1. Adherence to NCCA Standards
2. Definition and Scope of Nursing Specialty
3. Research Based Body of Knowledge
4. Organizational Autonomy of certifying governing body, with a collaborative relationship with national or international nursing specialty association
5. Non Discrimination
6. Public Representation
7. Eligibility Criteria for Test Candidates
8. Validity
9. Test Development
10. Reliability
11. Test Administration
12. Test Security
13. Passing Scores
14. Recertification & Continued Competency
15. Communications to describe certification & recert processes, etc.
16. Confidentiality
17. Appeals
18. Misrepresentation & Non-Compliance
19. Quality improvement

<http://www.nursingcertification.org/resources/documents/absnc/ABSNC-Standards-Fact-Sheet-080416.pdf>

Oncology Nurse Navigation Role and Qualifications

It Is the Position of the Oncology Nursing Society That:

Nurses in ONN roles should possess certification through one of the National Commission for Certifying Agencies—accredited certifications offered by the Oncology Nursing Certification Corporation—minimally, Oncology Certified Nurse (OCN®).

(ONS, 2015)

ONCC Credentials (2017)

Show off your certification **in style.**



AOCNS will be
discontinued 12/31/17

Proudly display your ONCC credential with a sterling silver certification pin with a burgundy enamel background.

All pins include a round clutch pin back for safety.

Order your pin today at www.ons.org/store/certification-pins.



Evidence Base?

“OCN®-certified nurses' knowledge and attitudes related to pain management were superior to noncertified nurses. Neither knowledge and attitudes nor OCN® status were associated with pain care quality or pain outcomes. Implications for Nursing: Knowledge is necessary but insufficient to improve patient outcomes; providing optimal pain care requires action. Sustained efforts to improve cancer pain management are indicated.”

Beck SL, Brant JM, Donohue R, Smith EM, ...Donaldson, G. (2016) **Oncology Nursing Certification: Relation to Nurses' Knowledge and Attitudes About Pain, Patient-Reported Pain Care Quality, and Pain Outcomes.** *Oncol Nurs Forum.* 43(1): 67-76.

Evidence Base?

“Implications: An important element in Kaiser’s success is its investment in professional nursing, which may not be evident to systems seeking to achieve Kaiser’s advantage. Our results suggest that a possible strategy for achieving outcomes like Kaiser may be for hospitals to consider Magnet designation, a proven and cost-effective strategy to improve process of care through investments in nursing.”

McHugh MD, Aiken, LH, Eckenhoff ME, Burns LR. (2016). **Achieving Kaiser Permanente quality.** *Health Care Management Review.* 41(3): 178-188.

What's the Evidence of Value of Certification?

Value to Patient & Family

- Certified nurses make decisions with more confidence
- Inverse relationships found between # of certified nurses/unit and incidence of falls and skin breakdown, medication errors, CLABSI
- Certification linked to patient satisfaction
- Significant relationships between certification and patient outcomes are inconsistent

Value to Employers

- Certification linked to lower turnover, vacancy, staffing, retention, job satisfaction, patient satisfaction
- Certification sends a messages of commitment and professional development to employer
- Obtaining certification does not always translate to improved retention in a specific workplace
- Hospitals with higher percentage of certified nurses are better positioned to obtain Magnet designation
- Hospitals must demonstrate nurses' competency to Joint Commission: certification is a demonstration of knowledge aspect of competency

Value to Nurses

- Personal satisfaction
- Substantiation of attainment of specialty knowledge
- Increased professional credibility
- Evidence of commitment to nursing and the specialty
- Increased marketability
- Augmented salaries
- Peer recognition

Future Directions of Credentialing Research in Nursing (IOM, 2014):

- Individual credentials and organizational credentials: both areas suffer from a lack of data and challenges in attributing causality to the credential.
- Proponents of credentials need to demonstrate credentials reflect true differences in the capacity to deliver health care.
- How can one determine whether any specific credential can be credited for contributing to better outcomes VS other nurse and organizational attributes?

Oncology Nurse Navigation

Results of the 2016 Role Delineation Study

- **FINDINGS:** The ONN role is evolving, and more was learned about its key tasks, including differences in the responsibilities of the ONN and the clinical or staff nurse. However, the RDS did not find an adequate difference in the knowledge required by the ONN and the clinical or staff nurse to support the need for a separate ONN certification.

Oncology Nurse Navigation Results of the 2016 Role Delineation Study

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What's the Role of the Oncology Nurse Navigators?

ONS is committed to quality care coordination
and the role that oncology nurse navigators play
in the treatment of patients with cancer.

Almost **60%**
of nurse navigators reported
navigating anywhere from
101 to 300



individual patients a year.

Nurse navigators
reported that about

50%

of their job time is
devoted to coordinating
or providing direct
patient care.

More than **65%**

of respondents indicated that their role extends
across the entire cancer care continuum, including phases of
screening, diagnosis, treatment, survivorship, and end of life.

Approximately

three-quarters

of nurse navigators
reported primarily working
at an ambulatory setting.

More than **70%**
of respondents identified with
the job title nurse navigator

16.5%
identified as
care coordinators

13.3%
indicated another job title.

Nearly **66%**
of nurse navigators reported
being site specific, rather than
general oncology navigators.



This information is based on ONS's forthcoming 2016 Nurse Navigator Role Delineation Study results, which examines the important work of care coordination in oncology nursing. This full report will be published in an upcoming issue of the Clinical Journal of Oncology Nursing.



Who Are Oncology Nurse Navigators?

ONS is committed to quality care coordination
and the role that oncology nurse navigators play
in the treatment of patients with cancer.



57%
of nurse navigators
have been on the job for
1–5 years.



50%
reported their highest
educational attainment
was a bachelor's
degree in nursing.



More than
one-fourth
of nurse navigators have

20+ years of **nursing**
experience.

More than **60%**
of nurse navigators
reported working
in suburban
communities

13%
reported working in
rural communities

25%
reported working in urban communities.

Of those who responded,

42%
reported being
between the ages
of 55 and 64

31%
reported being
between the ages
of 45 and 54.

53% of respondents
reported holding an
OCN® or **CBCN®**
certification.



This information is based on ONS's forthcoming 2016 Nurse Navigator Role Delineation Study results, which examines the important work of care coordination in oncology nursing. This full report will be published in an upcoming issue of the Clinical Journal of Oncology Nursing.



Current Status (according to ABSNC Standards)

- ☒ Definition and Scope of Nursing Specialty
- ☒ Research-based body of knowledge
- ☒ Organizational autonomy of certifying governing body, with a collaborative relationship with national or international nursing specialty association
- ☒ Non discrimination
- ☒ Public representation
- ☐ Eligibility criteria for test candidates
- ☐ Validity
- ☐ Test Development
- ☐ Reliability
- ☐ Test Administration
- ☐ Test Security
- ☐ Passing Scores
- ☐ Recertification & Continued Competency
- ☐ Communications to describe certification & recertification processes, etc.
- ☐ Confidentiality
- ☐ Appeals
- ☐ Misrepresentation & Non-Compliance
- ☐ Quality improvement

Where do we go from here?

- Enhance understanding of the ONN role – tasks & responsibilities
- Define “oncology nurse navigation” scope of practice
- Identify “entry into practice”
- Strategic plan for role description
- Establish outcome measures to provide evidence of overall navigation program outcomes
- Establish outcome measures to provide evidence of ONN-specific outcomes & specific impact of ONNs
- Identify personal areas for growth related to the ONN role
- Reimbursement: Does money = value?



Mary Breckenridge, Founder, Frontier Nursing Service

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Current Challenges for Navigators: The Survivorship Care Plan Mandate

Cindy Stern, RN, MSN, CCRP



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Disclosure: Support Team

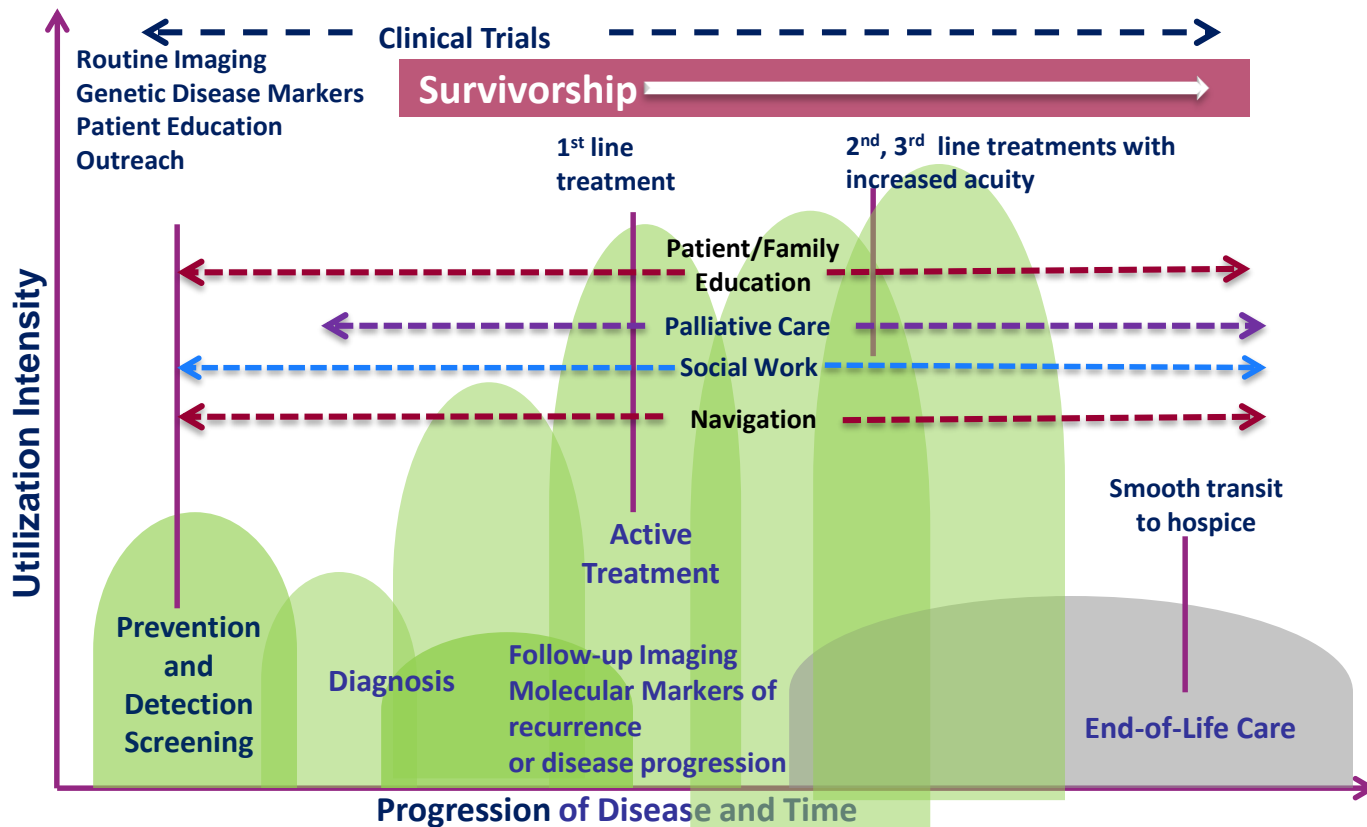


Objectives

- **Identify survivorship as a component of the cancer care continuum**
- **Discuss the CoC compliance requirements for survivorship**
- **Describe strategies that nurse navigators and cancer programs can use to integrate survivorship care into their portfolio of patient-centered cancer services**
- **Provide examples of survivorship program outcome metrics**



Cancer Trajectory: Continuum of the Cancer Experience



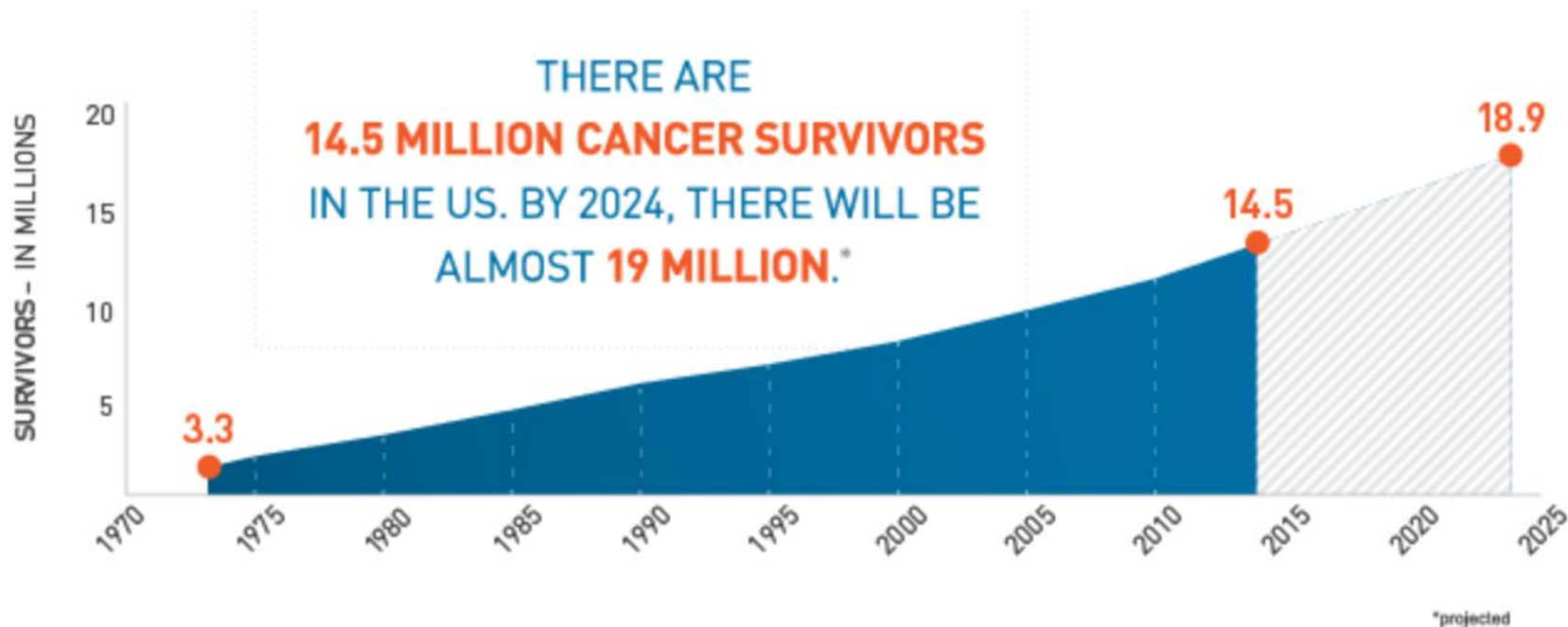
Survivorship Numbers

- **Probability of cancer diagnosis¹**
 - **Women: 37.5% (\approx 1 in 3)**
 - **Men: 40.8% (\approx 1 in 2)**
- **\approx 67% probability of living at least 5 years after diagnosis²**

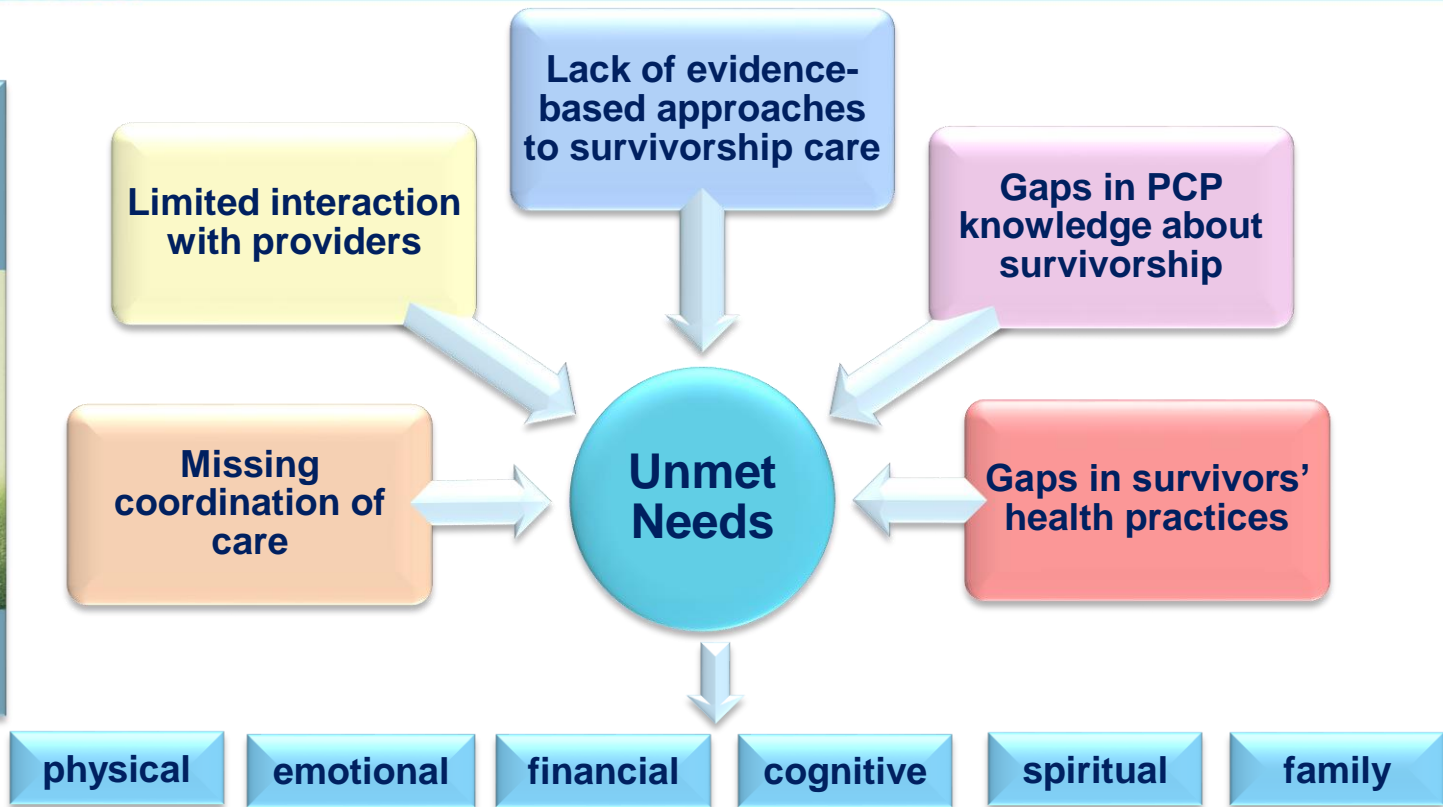
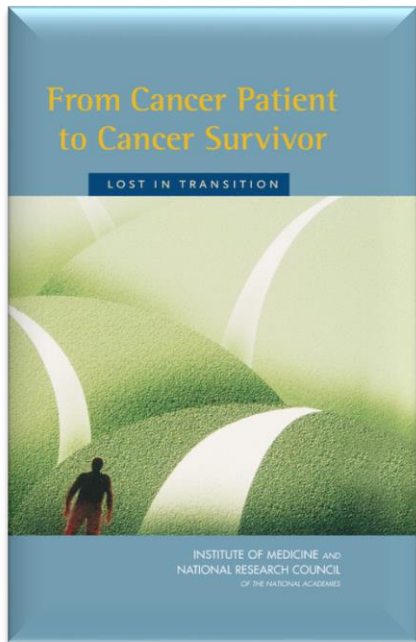
¹ Siegel, RL, Miller, KD & Jemal, A (2017). Cancer Statistics: 2017. CA A Cancer Journal for Clinicians, 67(1), 7-30. Accessed 5/1/17 at: <http://onlinelibrary.wiley.com/doi/10.3322/caac.21387/epdf>

² SEER (2017). Cancer Statistics Review. Accessed 5/1/17 at: https://seer.cancer.gov/csr/1975_2014/results_merged/topic_survival.pdf

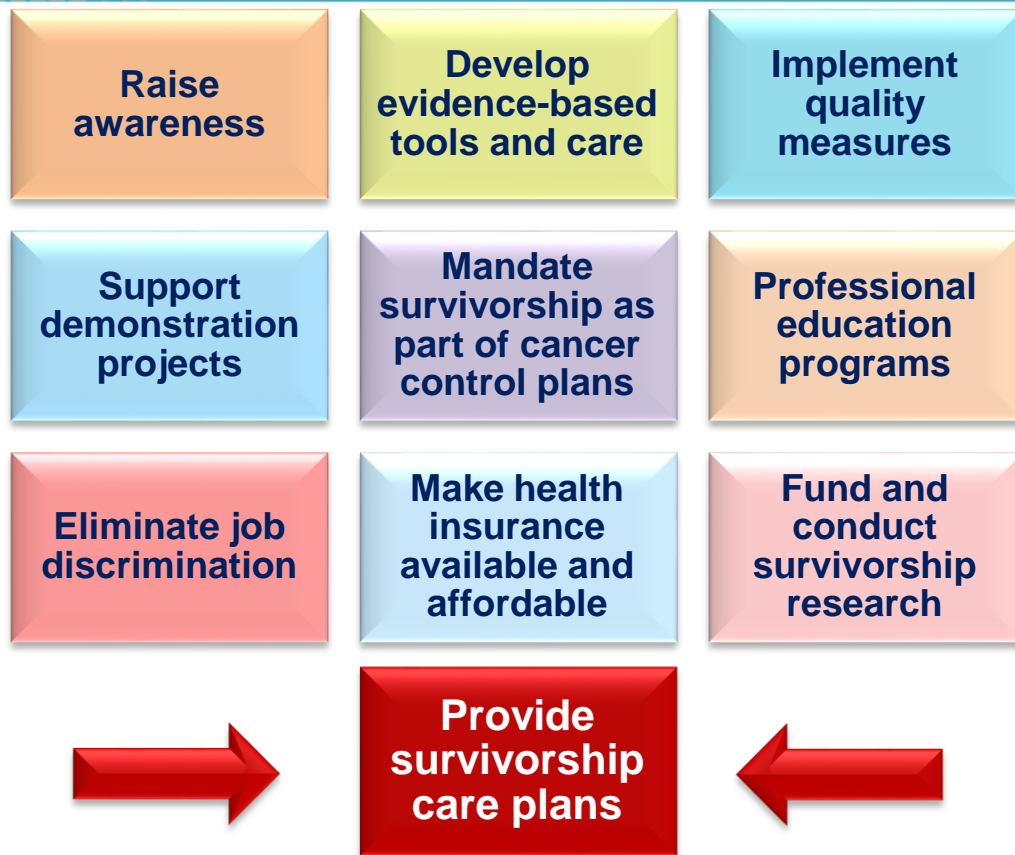
Survivorship Growth



Survivors Are Lost in Transition



IOM Recommendations



Commission on Cancer Requirements

- **Process to develop and disseminate a treatment summary and follow-up plan (SCP) is developed by cancer committee**
 - The process is monitored and evaluated annually by the cancer committee and documented in the minutes
- **Eligibility for SCP**
 - Analytic cases with Stage I - III cancers who have completed curative intent, active therapy for initial cancer occurrence
- **Must be provided within 1 yr of diagnosis of cancer**
 - Not greater than 6 months after completion of adjuvant therapy
 - ❖ Except for pts receiving long-term hormonal therapy; SCP may be delivered 18 months after completion of adjuvant therapy

Survivorship Policy and Procedure: Essential Elements

- **Oncology team members who may provide the SCP:**
 - Physicians – Registered Nurses – Physician Assistants
 - APNs – Credentialed Clinical Navigators (not lay navigators)
- **Process or model for SCP delivery must be described**
 - SCP **MAY NOT** be provided by mail, electronically, or through a patient portal without discussion with the patient
- **Strategy for identification of eligible pts who should receive SCP**
 - Tracking and reporting the number of SCP's provided in comparison to the number of pts who are eligible: outcomes should be in the minutes
- **A sample SCP, that at minimum, must include ASCO's recommended elements describing treatment summary and a follow-up care plan**

Minimum SCP Required Content

Treatment Summary
• Institution and provider contact info
• Specific diagnosis (eg: site and histology)
• Stage of disease at diagnosis
• Surgical procedure; date (year)
• Chemotherapy: names, end date
• XRT: location, end date
• Ongoing toxicity; recovery expectation
• Results of genetic risks; testing if done

Follow-Up Care Plan Elements

Institution and provider contact info	Instructions to see provider for new, unusual or persistent symptoms
Ongoing adjuvant tx plan and expected toxicities	Statement about importance of healthy living habits
Rare, but significant, late or long term effects related to diagnosis and treatment	Info about common psychosocial survivorship issues as well as local and national resources to assist the patient to obtain needed assistance
Follow up visits plus surveillance for recurrence: what, when, where, who	Screening for new primaries

Current SCP Timeline Requirements

For the Commission on Cancer:

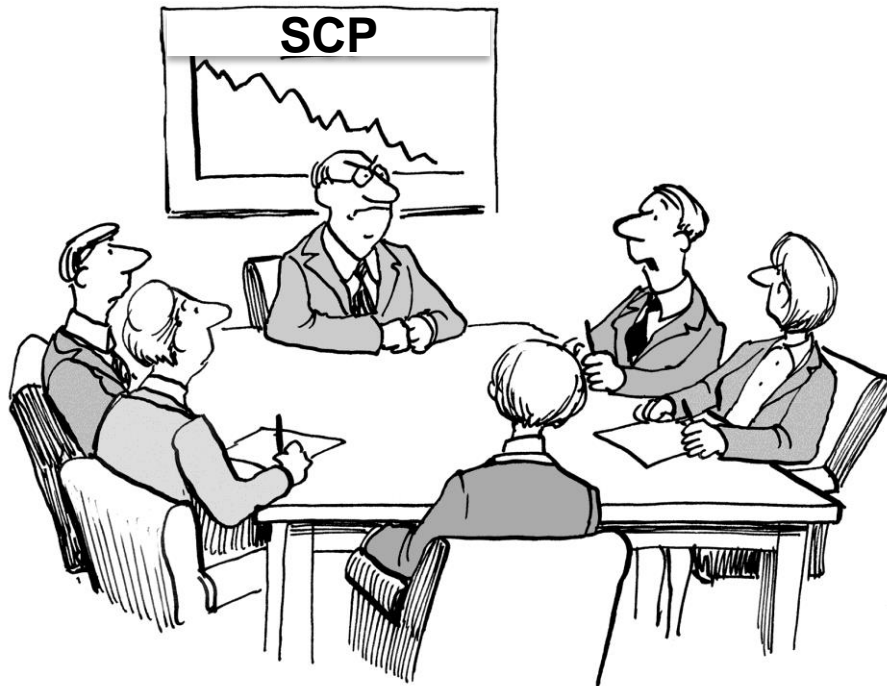
- 2015: $\geq 10\%$ of eligible patients
- 2016: $\geq 25\%$ of eligible patients
- 2017: $\geq 50\%$ of eligible patients
- 2018+ : $\geq 75\%$ of eligible patients

For NAPBC:

- 2016+ : 100% of eligible patents



How Can My Facility Meet the CoC Survivorship Requirements?



“It’s important to note we really are trying hard.”

Survivorship Program Development

- **No single model of care has emerged as the best practice**
 - One size does not fit all
- **Survivorship programs are more than the SCP**
- **Approaches to survivorship are dependent on:**
 - Available resources: services, personnel and funding
 - Competing priorities
 - Patient and community needs
 - Practice patterns
 - Stakeholder knowledge and buy-in
 - Established evidence



SURVIVORSHIP CARE MODELS¹

Care Models	Overview	Caregiver	Considerations
Consultative	One time or yrly visit; specialty input at additional visits	Oncologist, NP or PCP	Requires strong patient engagement
Longitudinal	1-5yr oncology F/U then transition to PCP	Oncologist	Limits oncologists' time for new patients
Risk-stratified	F/U intensity based on risks: long-term effects, recurrence, or 2 nd 1 ⁰	Oncologist, NP or PCP	Maybe more cost effective Requires risk assessment
Cancer-specific	Disease-site focused clinics	Oncologist, NP or PCP	May be beneficial for complex disease
Comprehensive	Integrates care with oncology team	NP, Oncologists	Pts may be uneasy with transition to PCP
Shared Care	Close collaboration between oncologist and PCP	Oncologist and PCP	Needs good communication and role delineation
Nurse/Navigation	General or disease-based delivery of SCP and follow up instructions	Nurse/Navigator delivers SCP; specialty input: additional visits	Oncology MD provides SCP input and/or approval

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Survivorship Program Development: Getting Started

Convene Workgroup

Multidisciplinary
stakeholders
Establish objectives



Review Literature

Other programs +
best practices
Evidence-based
practices



Gap Analysis

Services
Resources
Pt + provider needs
Champions, by-in
Current practices
Accreditation
preparedness



Program Development

Services
Resources
Pt + provider needs
Champion development
Practice changes
Accreditation
compliance strategies

Meeting the CoC Survivorship Requirements

WHO	HOW	WHAT	WHEN
Identify SCP recipients	Identify SCP recipients	Data sources will be used	Introduce concept
Develop SCP	SCP numbers be tracked	SCP format will be used	SCP developed
Reviews, finalizes	Work with other sites	What model of care	SCP delivery visit
Deliver SCP	EMR integration	Role delineation	Subsequent visits
Track SCP delivery	Collaborate with PCP	Issues referred	Transition to primary care
Refer to specialty care	Coordination of care	Metrics will be used	Assess pt outcomes

Calculating Number of Required SCPs

Calculate number of eligible cases from most recent completely abstracted year



Add ≈10% to denominator to account for volume growth



Calculate required percentage of the adjusted denominator to identify number of needed SCPs



SCP goal

2016 Cases Eligible for SCP	
<ul style="list-style-type: none">• Treated with curative intent for 1st cancer occurrence• Completed active therapy	
➤ Stage I	30
➤ Stage II	50
➤ Stage III	40
Total Eligible Cases	120
Adjustment for volume growth (10%)	132
Projected 50% requirement for 2017	66



SCP goal= 66

Reporting to the CoC

2016 Survivorship Care Plan Tracking		
Number of Eligible Patients		140
Number of Patients Refused		-22
Number of 'No Shows		-4
Adjusted number of who should get SCP	Denominator	114
Number of Eligible Patients who have Received SCP's	Numerator	41
Percentage of pts who received SCP	$41 \div 114 = .3596$	36.0%

Strategies to Identify Eligible Patients

- **Cancer Registry has access to most needed data**
 - Requires timely abstracting and user defined fields
- **Infusion nurses and/or XRT personnel track patients in order to inform appropriate staff member about projected end of treatment**
- **Managing physician refers patient to “survivorship coordinator”**
 - Nurse Navigator, APN, nurse, PA, etc.
- **Nurse Navigator tracks appropriate new patients to determine projected end of treatment timing**
 - Attend tumor boards, radiation rounds, etc.

Unsaved Spreadsheet 1

	A	B	C	D	E	F
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Identifying SCP Templates

ASCO Colorectal Treatment Summary + Care Plan

Patient Name:	Patient DOB:
Patient phone:	Email:
Health Care Providers (Including Names, Institution)	

ASCO SCLC Treatment Summary + Care Plan

Patient Name:	Patient DOB:
Patient phone:	Email:
Health Care Providers (Including Names, Institution)	

ASCO NSCLC Treatment Summary + Care Plan

General Information	
Patient Name:	Patient DOB:
Patient phone:	
Health Care Providers (Including Names, Institution)	

ASCO Breast CA Treatment Summary + Care Plan

General Information	
Patient Name:	Patient DOB:
Patient phone:	
Health Care Providers (Including Names, Institution)	

ASCO B Cell NHL Treatment Summary + Care Plan

General Information	
Patient Name:	Patient DOB:
Patient phone:	
Health Care Providers (Including Names, Institution)	

ASCO Prostate CA Treatment Summary + Care Plan

General Information	
Patient Name:	Patient DOB:
Patient phone:	Email:
Health Care Providers (Including Names, Institution)	
Treatment Summary	
Diagnosis	
Cancer Type/Location/Histology Subtype: Prostate Cancer	Diagnosis Date (year):
Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Not applicable	
Gleason Score:	PSA at Diagnosis:
Clinical Trial: <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Number:	

ASCO Survivorship Care Planning Tools

<https://www.asco.org/practice-guidelines/cancer-care-initiatives/prevention-survivorship/survivorship-compendium>

Other SCP Options	Features
<p>Journey Forward http://www.journeyforward.org/ Anthem, Inc. Cancer Support Community Genentech National Coalition for Cancer Survivorship ONS and UCLA Cancer Survivorship Center</p>	<ul style="list-style-type: none"> • Free • Standard and modifiable SCPs: Breast, lung, NHL, colon, prostate, generic • Supported by CoC • Potential to import registry data (C/NET, METRIQ) • Pt tools and library • Mobile app
<p>Oncolife/LIVESTRONG Care Plan http://www.oncolink.org/oncolife/ Located on Penn Medicine OncoLink site</p>	<ul style="list-style-type: none"> • Free • Can be generated by professionals or patients • Online tool: largely uses drop down lists and fill in blank; cannot be saved for later completion • Spanish version available • Can generate patient or provider SCP; pt version is long • Feasibility of interface with EMR only tried with EPIC • Local resources for pt support not available
<p>Build Your Own</p>	<ul style="list-style-type: none"> • Should facilitate customization and EMR/registry integration • Easier to incorporate best features of other methods • Requires resources to develop and test • Be sure to address CoC and NAPBC requirements

Preparing the SCP

Method	Pros	Cons
Cancer Registry database interface with template	<ul style="list-style-type: none">• Data has already been collected• Eliminates duplication of effort• Decreased time to create SCP• Additional software not needed	<ul style="list-style-type: none">• Requires user identified fields• Requires very timely abstracting• Pulls CTR from other roles• Additional data QA required• Only addresses EOT summary
EMR interface chosen template	<ul style="list-style-type: none">• Can use with differing models of care• Fosters accuracy• Decreased time to create SCP• Some EMRs can access care recommendations	<ul style="list-style-type: none">• Resources needed to support and fund effort• Still may require manual data input
EMR interface with web-based tool	<ul style="list-style-type: none">• Fosters accuracy• Decreased time to create SCP• SCP format well established• Some EMRs can access care recommendations• Web-based tools provide care recommendations	<ul style="list-style-type: none">• Resources needed to support and fund effort• Still may require manual data input

Reimbursement

TABLE 1. SUMMARY OF 2017 CCM CODING CHANGES

BILLING CODE	PAYMENT (NON-FACILITY RATE)	CLINICAL STAFF TIME	CARE PLANNING	BILLING PRACTITIONER WORK
CCM (CPT 99490)	\$43	20 minutes or more of clinical staff time in qualifying services	Established, implemented, revised, or monitored	Ongoing oversight, direction, and management Assumes 15 minutes of work
Complex CCM (CPT 99487)	\$94	60 minutes	Established or substantially revised	Ongoing oversight, direction, and management + Medical decision-making of moderate-high complexity Assumes 26 minutes of work
Complex CCM Add-On (CPT 99489, use with 99487)	\$47	Each additional 30 minutes of clinical staff time	Established or substantially revised	Ongoing oversight, direction, and management + Medical decision-making of moderate-high complexity Assumes 13 minutes of work
CCM Initiating Visit*	\$44-\$209	--	--	Usual face-to-face work required by the billed initiating visit code
Add-On to CCM Initiating Visit (G0506)	\$64	N/A	Established	Personally performs extensive assessment and CCM care planning beyond the usual effort described by the separately billable CCM initiating visit

*(Annual Wellness Visit [AWV], Initial Preventive Physical Examination [IPPE], Transitional Care Management [TCM], or Other Qualifying Face-to-Face Evaluation and Management [E/M])

Possible Metrics

SCP

Number eligible
Number provided

Services

Referrals made
Services used

Adherence to
surveillance and
screening
Wellness measures

Late, long term
symptom experience
Quality of Life

Satisfaction

Survivors
Oncology providers
PCPs

Unmet Needs

Self efficacy
Distress levels

Time needed for SCP
development

Number of
Oncologist f/u visits
Wait times for new
consults

Billing outcomes

Revenues
Expenses

Recurrences

Occurrence new
primaries

Workload burden

Impact on other
services

Survivorship Moving Forward: Establish Evidence

- Outcomes of addressing the elements of survivorship care
- Comparative effectiveness research: models of care
- Prevention and management of survivorship issues
- Fostering patient engagement and self efficacy
- Education methods and fostering engagement for PCPs
- Leveraging information technology
- Resource allocation and cost control measures



VOLUME 30 • NUMBER 30 • OCTOBER 20 2012

JOURNAL OF CLINICAL ONCOLOGY

REVIEW ARTICLE

Cancer Survivorship Care: Don't Let the Perfect Be the Enemy of the Good

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Submitted January 12, 2012; accepted May 18, 2012; published online ahead of print at www.jco.org on September 24, 2012.

Authors' disclosures of potential conflicts of interest and author contributions are found at the end of this article.

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A B S T R A C T

It has now been more than 5 years since the Institute of Medicine (IOM) laid out its bold vision of comprehensive survivorship care. Although there is clearly more attention paid to this phase of the cancer journey than previously, implementation of the IOM recommendations has proved difficult. In this article, we review some of the challenges to providing survivorship care and discuss efforts to prioritize the most essential elements.

J Clin Oncol 30:3764-3768. © 2012 by American Society of Clinical Oncology

INTRODUCTION

The Institute of Medicine's (IOM) 2006 report "From Cancer Patient to Cancer Survivor: Lost in

concept of survivorship care planning that meets the standard to which we usually hold new medical interventions. Yet we have now created an expectation that there will be a comprehensive plan describing specific things that should be done. Surveillance for



ANY
QUESTIONS?

A hand holding a piece of white chalk is shown in the bottom right corner, having just finished writing the word 'QUESTIONS?' on a dark, textured chalkboard. The word 'ANY' is written above 'QUESTIONS?' in a bold, sans-serif font. The chalkboard is the central focus of the image, set against a white background.

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