High-Quality Cancer Survivorship Care

BACKGROUND
Scientific advances in detection and treatment of cancer has led to year-after-year increases in the population of cancer survivors. Currently, the number of cancer survivors in the United States stands at over 13 million, but this number is expected to reach 18 million by 2022. The magnitude of these data makes it critical that the health concerns of cancer survivors are understood and addressed.

NEED FOR EVIDENCE-BASED GUIDELINES
The 2006 IOM report, *From Cancer Patient to Cancer Survivor: Lost in Transition*, emphasized that little research has been done on adult cancer survivors, resulting in limited evidence-based treatment guidelines for this population. This lack of definitive guidance leads to wide variations in care, a gap that impacts cancer survivors directly. Increased research is sorely needed to build the evidence-base around survivorship care, specifically including how care should be delivered, what care should be provided, and who is the best provider to deliver care.

COORDINATED CARE IS CRITICAL
Cancer survivors are a heterogeneous population. That being said, as a whole, they face some similar health concerns. Survivors face long-term side effects or premature mortality directly related to the cancer or the cancer treatment (i.e., chemotherapy, radiation, or other systemic treatments). In addition, some patients with cancer, in particular the elderly, have multiple health problems at the time of diagnosis, which may become exacerbated during the course of their cancer treatment. As such, survivors may be seeing multiple doctors in addition to their oncologist.

Unfortunately, there is often no strategy for coordinating care amongst these multiple providers, which can also negatively impact a survivor’s health status. Without the input of an oncologist, primary care physicians (PCPs) may not be familiar with the consequences of cancer and its treatment, including long-term side effects of treatment and signs of second primaries or cancer recurrence. Survivorship care plans, composed of the treatment summary and follow-up care plan) can serve as a roadmap by clearly defining what early detection and prevention services are necessary and delineating who should provide those services. Unfortunately, survivorship care plans are not universally utilized.

Another strategy to aid in the coordination of care is clear models of care detailing the transition of the survivor from the oncologist to the primary care provider. This is often done over the course of a few years, depending on various risk factors of the survivor. Having a clear plan for transition can ensure survivors obtain optimal, comprehensive, and multidisciplinary care.

ADEQUATE REIMBURSEMENT FOR SURVIVORSHIP CARE
From a care delivery standpoint, survivorship care has been identified as an important but “non-revenue-generating” service due to the lack of coding and reimbursement policies that adequately reflect the delivery of survivor-specific services. With the elimination of consultations from Medicare as reimbursable services, a lack of clear coding guidelines and reimbursement structure exist for physicians treating survivors, leading to unfair and inadequate reimbursement for these services. Developing evidence-based guidelines for survivorship care will provide the quality-based underpinnings to define the “right care,” making the case for increased reimbursement of these services stronger. These issues must also be considered in the context of care that is typically delivered in a variety of clinical settings that may involve oncology, primary care, and subspecialty practitioners.
ASCOS SURVIVORSHIP OBJECTIVES
As the leading medical professional oncology society, ASCO is committed to conquering cancer through research education, prevention, and delivery of high quality patient care. To this end, the Society is actively working to improve the care of cancer survivors by addressing the following needs.

A. **Research:** ASCO research strategy is two-fold: we will identify gaps in the survivorship evidence-base that contribute to the lack of best practices in survivorship care; we will also advocate for increased funding for survivorship research to aid in the creation of comprehensive, evidence-based survivorship care guidelines.

B. **Care coordination:** ASCO strongly supports coordinating care between oncologists and other care providers in a number of ways. We have created templates for treatment summaries and care plans and encourage providers to create them for each patient and share the finished document with their patient and the patient’s other providers. ASCO is also identifying optimal models of care for transitioning cancer survivors from the oncology setting back to the primary care setting. This information will be disseminated to the medical community.

C. **Education for providers:** In addition to supporting care coordination, ASCO will also work to promote survivorship expertise among oncology and non-oncology practitioners. We will expand educational opportunities for practicing clinicians and graduate medical trainees to increase core knowledge about survivorship care, to promote interdisciplinary shared-care, and to encourage providers to assist in patient education.

D. **Reimbursement:** ASCO will advocate for adequate Medicare reimbursement to cover survivorship services provided by MDs, NPs and PAs survivorship services, including services related to surveillance, prevention, management of late effects, and care coordination.

E. **Advocacy:** In addition to the above efforts, ASCO continues to advocate for policy change to ensure that cancer survivors receive the full range of services necessary to treat their disease. ASCO supports legislation like the Comprehensive Cancer Care Improvement Act (last introduced in December, 2011), which aims to improve survivorship care throughout the cancer care continuum by supporting coverage of comprehensive cancer care planning, establishing grant programs to increase provider education of palliative care and symptom management, and investing in survivorship-related research.

REFERENCES