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Using Implementation Science to
Initiate Survivorship Care Plan Practice Change

Betty Goracke Olguin

University of Portland

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Survivorship Care Plans (SCPs) are a communication tool that empowers cancer patients to self-advocate and strengthens the relationship between oncology and primary care providers (PCPs). SCPs benefit both patients and PCPs by improving overall quality of care. Studies show that patients report high levels of survivor satisfaction with SCPs (Palmer et al., 2015), while PCPs who receive an SCP are more likely to engage in survivorship discussion with their patients (Blanch-Hartigan et al., 2014).

Clinical Problem

In 2006, the Institute of Medicine (IOM) reported that cancer patients felt lost in the transition from cancer treatment patient to cancer survivor. Patients completing cancer treatment deal with a multitude of highly impactful late/chronic physical and psychological effects. Cancer and cancer treatment can result in late/ chronic side effects that influence not only individuals, but families, and overall community health. As the number of cancer survivors grows and late/chronic side effects go unaddressed, the economic weight of unmet population health needs affects the broader society (IOM, 2006). The IOM describes survivorship care as having four components: prevention and detection of new cancer, surveillance for cancer spread, management of cancer/treatment side effects, and coordination between oncologist and primary care provider to ensure survivors' needs are addressed (IOM, 2006). Oncology clinics usually manage the surveillance of cancer spread through regularly scheduled diagnostic imaging. Patient-centered care coordination could positively impact each of the remaining three components of survivorship care. Each of the remaining three components of survivorship care

could all be positively impacted by patient-centered care coordination. Care coordination is essential for safe, efficient, patient-centered, and equitable care.

The current healthcare system is ill designed to address survivorship care, leaving patients alone to navigate complex health issues & complex components of care. Several problem-focused triggers contribute to the gap between the reality of cancer survivor care and ideal care. The first problem-focused trigger is poorly coordinated care: patients often receive care at multiple healthcare facilities without adequate care coordination, contributing to the inability to achieve ideal patient care (IOM, 2006). A second problem focused trigger is a lack of locus of responsibility for follow-up care: patients do not often know whom they should call for concerns - their PCP or oncologist (IOM, 2006). The third problem-focused trigger includes inadequate delivery systems for survivorship care: oncology/primary care clinics may not have the appropriate infrastructure, or the PCP may lack understanding of survivorship care needs (McCabe et al., 2013). A fourth problem-focused trigger is lack of clear guidelines for ongoing cancer survivorship care, contributing to suboptimal care (IOM, 2006). Information technology's lack of ability to tie health records together to create care plans represents the final problem focused trigger (Dulko et al., 2013).

The PICOT (population, intervention, comparison, outcome, time) format was used to guide the literature search identifying existing knowledge regarding coordination of care and survivorship care plans: "How do cancer survivors with no evidence of disease and their PCPs perceive coordination of care following SCP intervention?" Existing knowledge found in the literature informed the SCP innovation and chosen measurements.

Despite the IOM's endorsement and evidence supporting the use of SCPs, there remains limited implementation of SCPs in oncology clinics. The failure of many evidence-based

interventions can occur due to inadequacies in implementation. Implementation science includes frameworks and strategies that help address contextual and process factors of the clinic (Selove et al., 2016). The use of implementation science could improve successful implementation of SCP into clinic practice (Selove et al., 2016).

Purpose of Innovation

The Survivorship Care Plan project aims to improve patient-centered care by offering a care plan to patients and their PCP following the completion of curative cancer treatment. The SCP is a two to three-page document summarizing: healthcare providers involved in cancer care, cancer diagnosis, treatment received, late and long-term side effect of cancer/treatment, cancer surveillance schedule, which healthcare provider has the locus of responsibility for follow-up care, and preventive health habits. Tailoring SCPs to patients, then distributing SCP to patients and PCPs, allows for improved communication of survivorship issues (Blanch-Hartigan et al., 2014).

PCPs reported having improved confidence in survivorship care after receiving an SCP (Mayer et al., 2015). Tevaarwerk et al. (2014) reported 88% (n=77) of PCPs regarded SCPs as useful in coordinating care between the oncologist and primary care. PCPs reported that SCPs helped them better understand cancer treatments (94%) and cancer treatment side effects (89%) (Tevaarwerk et al., 2014). Nicolaije et al., (2015) reported that patients who were given an SPC reported receiving more information about their care and had more cancer-related contact with their PCP. SCPs represent an evidence-based practice change shown to enhance care coordination as cancer patients transition from oncology clinics to primary care settings.

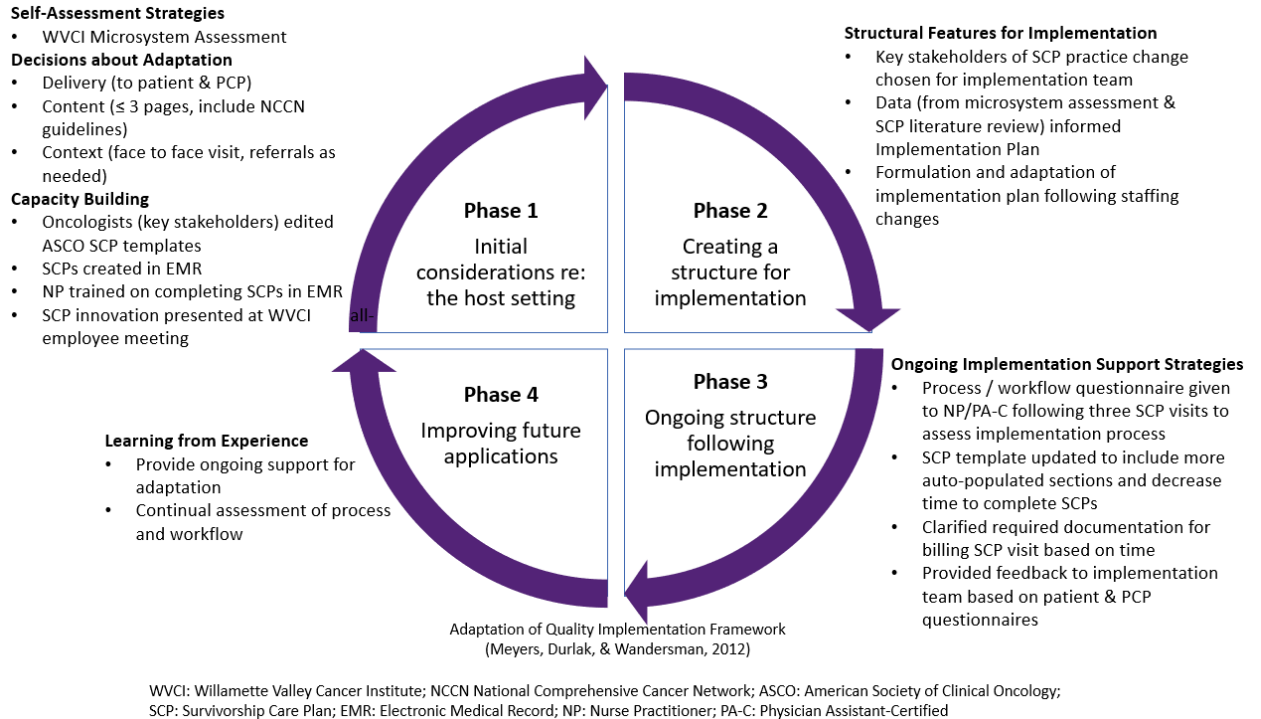
Theoretical Framework

Since the IOM's 2006 recommendation to use SCPs, several other high-profile organizations including the American College of Surgeons, American Cancer Society, and

American Society of Clinical Oncologists have also begun recommending SCPs. Published evidence for SCPs and effectiveness of SCPs, over the past ten years has admittedly been mixed. Selove et al. (2016) attribute implementation challenges to conflicting evidence regarding SCP impact. Without a strategic implementation process, the SCP intervention can be nullified (Selove et al., 2016). The field of implementation science provides frameworks to address contextual and process factors that can influence evidence-based practice effectiveness. Minor inadequacies or errors in implementation can cause SCPs to fall short of intended objectives and therefore lead to erroneous conclusions about their efficacy (Selove et al., 2016).

This SCP innovation used the Quality Implementation Framework (QIF) (Meyers, Durlak, & Wandersman, 2012). After reviewing 25 frameworks and synthesizing critical steps associated with quality implementation, researchers constructed the QIF. Fourteen steps were separated into four temporal phases of implementation; initial considerations regarding the host setting, creating a structure for implementation, ongoing structure once implementation begins, and improving future application (Meyers, Durlak, & Wanderman, 2012). Selove et al. (2016) in their article "Using Implementation Science to Examine the Impact of Cancer Survivorship Care Plan" note the importance of taking the implementation setting into account. The QIF's first phase explicitly focuses on setting; eight steps are associated with evaluating host setting (Meyers, Durlak, & Wanderman, 2012). Before implementation, 10 of the 14 QIF steps involving assessment, negotiation, collaboration, planning, structuring, personal reflection and critical analysis were completed. An implementation plan addressing setting-specific barriers to adopting/implementing SCPs was formulated. See Figure 1 for examples of QIF implementation strategies used during the SCP innovation at WVCI.

Figure 1. QIF implementation strategies used during SCP innovation.



Stakeholder concerns and engagement were considered to optimize buy-in for practice change. As an example of stakeholder engagement, the project had the oncologist who frequently treated a specific type of cancer, review that cancer's ASCO SCP template, and suggest edits. Edits were made to the ASCO SCP template and entered into the WCVI electronic medical record. During implementation, the project manager conducted a process evaluation, and supportive feedback was given. Being responsive to workflow issues (eg. not having more than two SCP visits per day) identified by the Advanced Practice Providers (APPs), developed trust and optimized sustainability of the innovation. Giving the APPs' feedback, from patient and PCP questionnaires, enhanced morale in the midst of the practice change.

Evidence

The American Society of Clinical Oncologists (ASCO) database was searched to find published evidence of SCPs' impact on survivorship care. Searching for the terms "survivorship care plan," "primary care provider," and "coordination of care," then filtering articles published

between Jan 1, 2005, and November 2017, generated 229 results. From 229 results the search was further narrowed to only include research articles (n=126). Titles were reviewed narrowing the remaining results to 12 articles. The abstracts of the 12 articles were reviewed to select the articles most relevant to the focus of the PICOT question, “How do cancer survivors with no evidence of disease and their PCPs perceive Coordination of Care following Survivorship Care Plan intervention?” Refer to Appendix A for the evaluation and synthesis table of the final chosen articles, supporting SCPs as an intervention for survivorship care coordination.

Implementation

The SCP innovation at Willamette Valley Cancer Institute (WVCI) involved identifying Medicare Oncology Care Model (OCM) patients who completed curative treatment for their cancer. Upon completion of cancer treatment, if a patient demonstrated no evidence of disease, a patient navigator or oncologist entered a referral to an APP for an SCP visit. The APP completed an SCP with the patient’s information. During the SCP visit, the APP reviewed the SCP with the patient, discussed health promotion/cancer prevention practices, and made referrals as needed (physical therapy, dietitian, acupuncture, support groups). The APP gave the patient a copy of the SCP and sent an electronic version to the PCP’s office. Following the SCP visit, patients completed a patient satisfaction and perception of care coordination questionnaire. PCPs were also sent a 10-item survey assessing PCP perception of SCP utility and satisfaction with SCP. Data from SCP visits were collected from January 29, 2018, through April 23, 2018.

Before patients' SCP visit with an APP, patients were offered the opportunity to participate in the SCP study. After reviewing study rationale, voluntary participation, confidential responses, and no foreseeable risks, patients signed informed consent for study participation. Signed consents were scanned to a WVCI password-protected computer. Patients were assigned a

unique personal identifier made up of three letters and three numbers (SCP-001, SCP-002, and so on); identifiers were written on patients' questionnaires. Patients completed their questionnaires following the SCP visit and left them at the front desk for retrieval. PCPs were sent an information sheet discussing study rationale, voluntary participation, confidential responses, and no foreseeable risks. PCPs were assigned a unique identifier made up of three letters (PCP) followed by consecutive numbers, starting with 001. A postage paid return envelope was included for PCPs to return their questionnaires. PCPs were offered a small honorarium for completing the questionnaire, a \$5 Starbucks gift card. The APPs were sent an information sheet similar to the PCPs' following the completion of three SCP visits. They were invited to offer feedback, via a questionnaire, regarding the SCP process to evaluate workflow sustainability. The APPs were also assigned unique identifiers (APP-001 and APP-002) which were written on their respective questionnaires.

Ethical Considerations

The University of Portland Institutional Review Board (IRB) reviewed practice change implementation and proposal to have patients, APPs, and PCPs as subjects of data collection. Consent forms for patients reviewed their rights as participants, possible risks, and plan for confidentiality. APPs and PCPs were approved by the IRB to receive an information sheet rather than sign a consent to ensure subject responses remained confidential.

The intent of the SCP project was to uphold ethical principles of beneficence and non-maleficence by empowering patients with knowledge and resources to optimize health. It was possible that in discussing SCPs, cancer patients could become upset. One patient out of the 17 surveyed reported the SCP made her fearful of the future and did not find the SCP reassuring. Some patients experience cancer treatment as traumatic, being reminded of their cancer history

could be stressful (O'Connor, Christensen, Jensen, Moller, & Zachariae, 2011). As part of the SCP visits, patients who verbalized ongoing mental anguish could be referred to counseling.

The ethical principle of justice asks that new practice changes be distributed equally among all patients. Some patients live out of town and do not want to travel to WVCi for an SCP visit. There could be concern this practice change indirectly excluded patients due to geography. This issue of geography could be an opportunity for utilizing telemedicine to address survivorship needs. The knowledge/information from SCP informs decision making, supporting patient autonomy.

Evaluation

Four outcome measures, implemented through questionnaires, were used during SCP implementation. Patients completed the patient satisfaction and perception of care coordination questionnaires following their SCP visit. The "Patient Satisfaction Questionnaire" included ten questions designed to evaluate satisfaction about SCPs' ability to inform and provide reassurance. Palmer et al. (2015) reported the internal consistency of the patient satisfaction questionnaire as "good" (Cronbach's alpha= .83). The "Coordination of Care Questionnaire" was a 5-item survey designed to assess care coordination from the patient perspective. Palmer et al. (2015) reported the internal consistency of patient coordination of care questionnaire as "good" (Cronbach's alpha=.84). Permission was obtained from the author, to use both the patient satisfaction and coordination of care questionnaires for the WVCi SCP innovation.

The SCP survey (Donohue et al., 2015) was mailed to PCPs after their patient's SCP had been sent electronically to the PCPs' office. The SCP survey assessed PCP perception of SCP utility and satisfaction with SCP. The questionnaire included ten questions measuring PCP

perception of SCP length, understandability, ease of use, accuracy, as well as the perceived impact of SCP on clinic workflow and behavior. Oncology specialists, PCPs, and health systems engineers from the University of Wisconsin developed the SCP survey; permission was obtained from the author to use the survey for the WCCI SCP innovation.

The fourth questionnaire, given mid-way through implementation, evaluated the SCP workflow process. Identifying issues with the workflow process during implementation allowed for quick adjustments to be made. APPs were given a questionnaire following the completion of three SCP visits. The questionnaire used open-ended questions to understand specific barriers encountered during the workflow of the SCP visit. The APPs were asked four questions: “Describe creating SCPs, what worked & what didn’t?”, “Describe the SCP visits, what worked & what didn’t?”, “What additional resources would help you provide patient-centered survivorship care?”, and finally, “Any additional comments?”

Two process measures evaluated in the SCP innovation included the proportion of SCP eligible patients with the number of patients who received an SCP and verification that their PCP received a copy of patient’s SCP. These process measures were evaluated by review of Practice Insights (an oncology practice performance analytics program) report and electronic medical record. Results of the process measures will be reported at the end of the results section.

Results

Between January 29 and April 6, 2018, 17 SCP visits were conducted, all 17 patients filled out study questionnaires. Responses to the three questions that best addressed the PICOT question will be discussed here, while all results of the patient questionnaire can be found in Table 1. In response to, “My healthcare providers work together as a team to ensure that my

needs are met,” 65% reported strongly agree, 29% reported agree, 5% reported disagree, and 0% reported strongly disagree. When asked “My health care providers have informed me of what my follow up care should be” 65% reported strongly agree, 35% reported agree, 0% reported disagree, and 0% reported strongly disagree. In response to “The health care providers who treated me for cancer do not communicate well with my PCP,” 50% reported strongly disagree, 31% reported disagree, 18% reported agree, 0% reported strongly agree, and one patient did not respond to the question.

Additional data collected in the patient questionnaires was essential to understanding whether patients felt the SCP was too long, too general, easy to understand, and informative. All 17 patients reported they felt the SCP was informative and easy to understand, none felt the SCP was too general. Only one person out of 17 felt the SCP contained too much information. This information helped to confirm that the current SCP template was usable and acceptable to patients. All patients reported they would recommend that other patients receive a similar care plan after cancer treatment.

Of the 17 PCP questionnaires mailed, four were returned representing a 23.5% response rate. PCPs were asked to review their patient’s SCP and complete the 10-question questionnaire, which utilized five-level Likert item responses. The two questions that best addressed the PICOT question will be reported here; all other responses will be summarized in Table 2. In response to “For this patient the SCP helps me coordinate follow-up care,” three PCPs responded, “agree.” One PCP reported neutral feelings toward SCP helping coordinate follow-up care. When asked “For this patient, the SCP helps me provide better care,” three responded “strongly agree,” while one PCP reported neutral feelings toward the statement. All PCPs reported the SCP helped them better understand cancer treatment given and cancer treatment side effects.

Additional questions helped us understand if the plan disrupted the PCPs' clinical workflow or took too much time to review. Three of four PCPs reported the SCP was "easy to use and clearly written," the fourth reported neutral feelings. Three PCPs strongly disagreed/disagreed the SCP "disrupted clinic workflow or takes too much time." One PCP agreed the SCP disrupted clinic workflow. All four PCPs reported the SCP helped them make decisions about patients' healthcare.

86% of patients eligible for this study received an SCP during the study period of January 29, 2018, and April 6, 2018. Some eligible patients declined SCP visit because they "felt fine" or were "too busy." The study had a goal to achieve 80% compliance in offering SCP to OCM eligible patients; this goal was exceeded. To assess whether PCP received a copy of patient's SCP an electronic chart check was performed. Per chart check 16 of 17 SCPs were sent to PCP at the time of SCP visit. The one SCP not sent at the time of SCP visit was sent by medical records to the PCP three days later.

Implications

Results from the WVCI SCP innovation replicate outcomes of other larger studies supporting SCPs. The IOM 2006 report *Cancer Patient to Cancer Survivor: Lost in Transition* reported that many patients were unsure of the surveillance plan following curative cancer treatment. Following their SCP visit at WVCI, all patients reported they felt fully informed of their follow up care plan. All PCPs responding to questionnaires reported that the SCP helped them understand cancer treatments and side effects. The participating PCPs all agreed the SCP helped them make decisions about their patient. SCPs were confirmed to be a communication tool that enhances care coordination and inform patients of survivorship issues.

Successful SCP implementation, defined by replicating outcomes of larger trials supporting SCP use, is attributable to the use of implementation science. Utilizing QIF self-assessment strategies enhanced the efficacy of the SCP intervention by identifying barriers (financial sustainability & staffing) before the SCP practice change. Addressing barriers prior to launching the SCP practice change decreased workflow and sustainability issues. Adapting the SCP template to make them easier to complete for the APPs, while preserving utility and relevance for the patient and PCP, was an implementation strategy that proved valuable to sustainability and fidelity. Capacity-building strategies such as stakeholder buy-in, EMR training, and creating SCPs in the EMR strengthened trust, increased competency, and promoted practice change sustainability. Ongoing implementation support strategies such as process evaluation, ongoing training, and offering feedback, acknowledged the dynamic nature of practice change and created a culture of trust and resiliency.

One limitation of this study is its small sample size (n=17) related to a short data collection time. Despite the small sample size, results replicated outcomes of other larger studies supporting SCPs. PCPs reported they felt an SCP assisted with patient care and with updating their patient's problem list (Shalom, Hahn, Casillas, & Ganz, 2011). Of 46 PCPs, 85% strongly agreed or agreed SCPs improve coordination of care and 77% strongly agreed or agreed SCPs help provide better care (Donohue et al., 2015). A second limitation of this study is the low response rate of PCP questionnaires. Kellerman & Herold (2001) reviewed the literature to identify strategies found to improve physicians' response to mail out surveys. Monetary incentives, the use of stamps on return envelopes, and short questionnaires were three strategies that showed an increase in response rate (Kellerman & Herold, 2001). The use of colored ink, personalized letters, and providing non-respondents with a second copy of the questionnaire

were additional strategies identified by Edwards et al. (2002) to improve response rates to postal questionnaires.

SCPs fill a gap in post-cancer care by supporting patients in cancer prevention, follow-up care, and other concerns. For many cancer survivors, their PCP is their primary health care provider for a significant portion of their post-cancer treatment healthcare. It is vital to ensure SCPs are sent to PCPs to optimize survivorship care coordination. Less than five percent of oncologists report providing an SCP to survivors' PCP (Blanch-Hartigan et al., 2014). Use of implementation science can improve successful SCP implementation and advance cancer survivorship care.

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Table 1
Results of Patient Questionnaire
(n=17)

Care Coordination Questions	Strongly disagree	Disagree	Agree	Strongly Agree	Did not answer
My health care providers work together as a team to ensure that my needs are met	--	6%	29%	65%	--
My health care providers communicate with one another about my needs	--	6%	35%	47%	12%
My health care providers have informed me of what my follow up care should be	--	--	35%	65%	--
My preferences have been taken into account in making decisions about my follow up care	6%	--	24%	65%	6%
The health care providers who treated me for cancer do not communicate well with my PCP	47%	29%	18%	--	6%

Patient Satisfaction Questions	Strongly disagree	Disagree	Agree	Strongly Agree	Did not answer
My survivorship plan was informative	--	--	18%	82%	--
My SCP contained too much information	47%	47%	6%	--	--
My SCP made me feel fearful of the future	47%	47%	--	6%	--
My SCP was too general	59%	35%	--	--	6%
My SCP was reassuring	--	6%	29%	53%	12%
My SCP gave me information that I had not known about before	--	18%	24%	59%	--
My SCP gave me has made me feel more in control of future medical care	--	18%	29%	53%	--
My SCP was easy to understand	--	--	41%	59%	--
My SCP helped me learn more about my cancer history and treatment history	--	12%	35%	53%	--
I would recommend that other patients receive a similar care plan after cancer treatment	--	--	24%	76%	--

Table 2
Results of PCP Questionnaire
(n=4)

Regarding the SCP....	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is clearly written	--	--	25%	25%	50%
The information is accurate	--	--	--	25%	75%
I understand the content	--	--	--	25%	75%
It is easy to use	--	--	25%	--	75%
Using this plan disrupts my clinic workflow	50%	25%	--	25%	--
Using the plan takes too much time	50%	25%	25%	--	--

For this patient, the SCP helps me.....	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Understand the cancer treatments given	--	--	--	50%	50%
Understand the cancer treatment side effects	--	--	--	75%	25%
Coordinate follow-up care	--	--	25%	75%	--
Make decisions	--	--	--	100%	--
Provide better care	--	--	25%	75%	--

Appendix A Evidence Table *

Author (Year)	Conceptual Framework	Design and Method	Sample/ Setting	Major Variables	Outcomes Measures	Data Analysis	Findings	Appraisal: Worth Practice Level of Evidence
<p>Blanch-Hartigan, Forsythe, Alfano, Smith, Nekhlyudov, Ganz, & Rowland (2014). Provision and discussion of survivorship plans among cancer survivors: results of a nationally representative survey of oncologists and primary care physicians.</p>	<p>Social Ecological Theory</p>	<p>DS Survey</p>	<p>Sample: Nationally representative PCP n= 1,020 ONC n=1,130 Setting: OC</p>	<p>Descriptive Variables: 1- SCP 2-ODPRSC 3-PDPRSC</p>	<p>1-Frequency of SCP given or discussed 2-Factors influencing ONC providing SPC and discussing MD responsibilities. 3-Factors influencing PCP discussion of survivorship care and MD responsibilities</p>	<p>OR MLR</p>	<p>SD PCPs receiving SCP from ONC 9x more likely to have DSC (95% CI, 5.74 to 14.83)</p>	<p>Descriptive Study identified two areas of intervention to increase discussion of Survivorship Care. 1-Provider Training 2-Care Coordination Level VI Evidence Conclusion: Compelling information to guide further research regarding Survivorship Care Coordination</p>

Author (Year)	Conceptual Framework	Design and Method	Sample/ Setting	Major Variables	Outcomes Measures	Data Analysis	Findings	Appraisal: Worth Practice Level of Evidence
Nicolaije, Ezendam, Vos, Pijnenborg, Boll, Boss, Hermans, Engelhart, Haartsen, Pijlman, van Loon-Baelemans, Mertens, Nolting, & van Beek, Roukema, Zijlstra, Kruitwagen, & van de Poll-Franse (2015). Impact of an Automatically Generated Cancer Survivorship Care Plan on Patient-Reported Outcomes in Routine Clinical Practice: Longitudinal Outcomes of a Pragmatic, Cluster Randomized Trial.	None	Cluster RCT Purpose: Assess impact of automatically generated SCP on patient outcomes vs. usual care	ECP n=221 12 Hospitals	IV= SCP DV= PSIP, PSC, PIP, HCU	Questionnaires used: EORTC QLQ-INFO25, EORTC-IN-PATSAT32, BIPQ, & VQHCU	2 sided t-test for continuous variables and x2 tests for categorical variables MLR use to eval difference between SCP arm and Usual Care arm	NSD with SCP improving PSIP & PSC SD SCP increased HCU with PCP and patients were more concerned with illness	While SCP did not seem to improve perception of care and satisfaction of care patients did report being more informed. One wonders if care coordination and presentation of SCP impacted patient perceptions. Opportunity for further research. Level II

Author (Year)	Conceptual Framework	Design and Method	Sample/ Setting	Major Variables	Outcomes Measures	Data Analysis	Findings	Appraisal: Worth Practice Level of Evidence
Palmer, Stricker, Panzer, Arvey, Baker, Casillas, Ganz, McCabe, Nekhlyudov, Overholser, Partridge, Risendal, Rosenstein, Syrjala, & Jacobs (2017). Outcomes and Satisfaction after Delivery of a Breast Cancer Survivorship Care Plan: Results of a Multicenter Trial.	Conceptual framework for survivorship care planning research. (Perry et al. 2017)	Quasi-experimental Design Purpose: Examine outcomes achieved by breast cancer survivors receiving a standardized SCP visit at one of seven Comprehensive Cancer Centers Before and 3 months following delivery of SCP	BC survivors n=139 7 Comprehensive Cancer Centers	IV= SCP DV= Demographics, QOL, Use of SCP materials, Satisfaction with SCP, COC, PK, PPK, PB	Questionnaires used: Demographics, Medical Outcomes Study SF-12, 16 item investigator developed survey (use of SCP material), Satisfaction with SCP 10 item survey, COC 5 item survey, PK 13 item survey, PPK 3 item survey, PB 6 item survey	t-test comparing pre/post outcome variables	Significant increases in COC P<.001 Significant Increase in PK P<.001 Significant Increase in PPK P<.05	Three months after SCP BC survivors used SCP material to make health behavior choices and planned to use the material to communicate with their healthcare team. Early access to SCP results in more significant changes in DVs Level III

*Abbreviation Notes: BC, Breast Cancer; BIPQ, Brief Illness Perception Questionnaire; COC, Coordination of Care; DC, Descriptive Study; DSC, Discussion regarding Survivorship Care; DV, Dependent Variable; ECP, Endometrial Cancer Patients; EORTC QLQ-INFO25, European Organization for Research and Treatment of Cancer Quality of Life Provisional 25-Item Information module Questionnaire; European Organization for Research and Treatment of Cancer 32-Item Satisfaction with Care; HCU, Healthcare Use; HPM, Health Promotion Model; IV, Independent Variable; MLR, multiple logistic Regression; NSD, Not Significantly different; OC, Outpatient Clinic; ODPRSC, Oncologist Discussed Provider Responsible for Survivorship Care; ONC, Oncologist; OR, Odds Ratio; PB, Provider Behavior; PCP, Primary Care Physician; PDPRSC, PCP Discussed

Provider Responsible for Survivorship Care; PIP, Patient Illness Perception; PK, Perceived Knowledge; PPK, Perceived provider knowledge; PSC, Patient Satisfaction with Care; PSIP, Patient Satisfaction with Information Provision; QOL, Quality of Life; RCT, Randomized Controlled Trial; SCP, Survivorship Care Plan; SCPRO, SCP reviewed by ONC; SF, short form; SD, Significantly Different; SPARCCS, Survey of Physicians' Attitudes Regarding the Care of Cancer Survivors; VQHCU, Verbal Questioning of Health Care Use.