

## **Improving Service Delivery to Cancer Survivors in Primary Care Settings**

Lewis Foxhall, MD (The University of Texas M.D. Anderson Cancer Center, United States), Maria Alma Rodriguez, MD (The University of Texas M.D. Anderson Cancer Center, United States)

**BACKGROUND:** Two-thirds of cancer patients live at least 5 years after diagnosis and many live for decades after treatment. The number of cancer survivors in the U.S. is estimated to be 14 million and is expected to increase to 18 million by 2020. An aging Texas population as well as continued improvements in early detection and treatment will further increase the number of Texans who will have been successfully treated. Evidence based preventive services are an important component of care, however, they are utilized at less than recommended levels. **HYPOTHESIS:** This innovative intervention is expected to promote the adoption of changes in practice systems associated with improved coordination and delivery of recommended services. It will enhance the capabilities and self-efficacy of clinicians to address the primary domains of survivorship care and will ultimately result in reduced morbidity and mortality while maximizing the quality of life for cancer survivors. **METHODS:** Practice system changes will be implemented to identify cancer survivors currently receiving general medical care in the practices. The clinicians will obtain or develop treatment summaries and survivorship care plans for those patients based on best evidence and guidelines developed by recognized organizations. This project will address primary prevention and lifestyle counseling, secondary prevention with surveillance and screening as well as tertiary prevention psychosocial, late and long term effects. Project EHCO tele-mentoring will be provided through regular interactive sessions. Led by cancer center faculty content experts and collaborating partners, this will facilitate case based problem solving, sharing of best practices provide targeted educational programming and support process improvement initiatives.

**RESULTS:** The program plan is expected to launch in March 2016 and will have an impact on the following practices. UT Austin Dell Medicine School Family Medicine Residency Program, Austin: The residency program currently has 21 residents all of whom are involved in providing medical care to patients who are survivors of cancer (estimated 4,500 cancer survivors in the area with approximately 1,400 seen in the clinic. UT Health Northeast, Family Medicine Residency Program, Tyler: East Texas has roughly 8000 new cancer cases each year with 40 oncologists in the area. Thus there are about 300 new cases per oncologist each year—one of the highest averages in the state. It is estimated that northeast Texas has over 70,000 cancer survivors who may have been treated outside the area and have returned home needing survivorship care. Approximately 1,005 cancer survivors are followed in the Family Medicine program practice. UTMB Family Medicine Residency Program, Galveston: UTMB has 10 residents for each year of its 3 year residency program(estimated 10,544 adult cancer survivors in their catchment area annually). The evaluation team at UT Health Science Center Houston School of Public Health will conduct monitor and evaluate the practice-level capacity to manage cancer survivorship care across three domains: maintaining an up-to-date cancer survivor registry, the percentage of cancer survivors with a treatment summary and care plan in their medical record, and through qualitative interviews with practice site managers.