Web Plus Survivorship Module:
Where we are and where we are going

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North American Association of Central Cancer Registries
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SURVIVORSHIP IS PUBLIC HEALTH
# Public Health Prevention

## The Natural History of Any Disease of Man

<table>
<thead>
<tr>
<th>Interrelations of Agent, Host, and Environmental Factors</th>
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## Health Promotion
- Health education
- Good standard of nutrition adjusted to developmental phases of life
- Attention to personality development
- Provision of adequate housing, recreation and agreeable working conditions
- Marriage counseling and sex education
- Genetics
- Periodic selective examinations

## Specific Protection
- Use of specific immunizations
- Attention to personal hygiene
- Use of environmental sanitation
- Protection against occupational hazards
- Protection from accidents
- Use of specific nutrients
- Protection from accidents
- Use of specific nutrients
- Protection from carcinogens
- Avoidance of allergens

## Early Diagnosis and Prompt Treatment
- Case-finding measures, individual and mass
- Screening surveys
- Selective examinations

### Objectives:
- To cure and prevent disease processes
- To prevent the spread of communicable diseases
- To prevent complications and sequelae
- To shorten period of disability

## Disability Limitation
- Adequate treatment to arrest the disease process and to prevent further complications and sequelae
- Provision of facilities to limit disability and to prevent death

## Rehabilitation
- Provision of hospital and community facilities for retraining and education for maximum use of remaining capacities
- Education of the public and industry to utilize the rehabilitated
- As full employment as possible
- Selective placement
- Work therapy in hospitals
- Use of sheltered colony

## Prevention
- **Primary Prevention**
- **Secondary Prevention**
- **Tertiary Prevention**

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### Period of Pathogenesis

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### Objectives:
- To cure and prevent disease processes
- To prevent the spread of communicable diseases
- To prevent complications and sequelae
- To shorten period of disability

### Primary Prevention
- Adequate treatment to arrest the disease process and to prevent further complications and sequelae
- Provision of facilities to limit disability and to prevent death
- Education of the public and industry to utilize the rehabilitated
- As full employment as possible
- Work therapy in hospitals
- Use of sheltered colony

### Secondary Prevention
- Case-finding measures, individual and mass screening surveys
- Selective examinations
- Prevention of fatalities
- Work therapy in hospitals
- Use of sheltered colony

### Tertiary Prevention
- Adequate treatment to arrest the disease process and to prevent further complications and sequelae
- Provision of facilities to limit disability and to prevent death
- Education of the public and industry to utilize the rehabilitated
- As full employment as possible
- Work therapy in hospitals
- Use of sheltered colony

DCPC and Cancer Survivorship

- Identify the needs of survivors
- Raise awareness of issues around survivorship
- Support research and programmatic efforts to meet the needs of survivors
TREATMENT SUMMARIES & CARE PLANS
Survivorship Care Plans

- In response to IOM report(s), a number of expert organizations have recommended delivery of survivorship care plans (SCPs) to patients and their primary care providers

- Treatment summary is a critical component and the foundation for the SCP
Quality Care Initiatives

Commission on Cancer®

National Comprehensive Cancer Network

NCI Community Cancer Centers Program

QOPI® The Quality Oncology Practice Practice Initiative

NAPBC® National Accreditation Program for Breast Centers
STANDARD 3.3
Survivorship Care Plan

The cancer committee develops and implements a process to disseminate a treatment summary and follow-up plan to patients who have completed cancer treatment. The process is monitored and evaluated annually by the cancer committee.
Standard 3.3
Implementation Timeline

- **January 1, 2015 – December 31, 2015** Implement process to provide SCPs to at least **10%** of eligible patients
- **By December 31, 2016** Provide SCPs to at least **25%** of eligible patients
- **By December 31, 2017** Provide SCPs to at least **50%** of eligible patients
- **December 31, 2018 and beyond** Provide SCPs to at least **75%** of eligible patients
USE OF CANCER REGISTRIES FOR DEVELOPING AND DELIVERING SURVIVORSHIP CARE PLANS
Advantages

- Leverages previously collected data
- Central cancer registries (CCRs) have case consolidation experience
- CCRs can get reimbursed for collection and consolidation → providers currently do not
- Central database makes new collaboration requirement feasible
- Makes cancer surveillance data even more relevant
Disadvantages

- CCRs do not collect all the data required in a SCP
- Timeliness of cancer registry data is not always ideal
- Bidirectional reporting of cancer surveillance data is not yet a reality
WEB PLUS CANCER SURVIVORSHIP MODULE
CER Special Project
Treatment Summary & Care Plans for Cancer Survivors

- Colorado Central Cancer Registry (CCCR)

- Pilot project that used CCCR data to pre-populate a treatment summary and care plan for cancer survivors

- Three templates containing all ASCO required data elements:
  - Breast
  - Colorectal
  - Generic
Web Plus Cancer Survivorship Module

- CCCR programmer worked collaboratively with CDC programmers to:
  - Enhance functionality of Web Plus software
  - Modify underlying data tables to accept new fields
  - Create new data entry screen that physicians will access
  - Create additional reporting capability with SQL Server Reporting Services to create final document
Administrative Process

- Central cancer registry “push” data back to provider wanting to provide SCP to patient

- Provider logs into Web Plus Cancer Survivorship Module:
  - Completes any clinical information missing
  - Adds any customized care plan elements

- Provider prints SCP and provides it along with additional print materials to patients

http://www.cdc.gov/cancer/npcr/tools/registryplus/wp_survmodule.htm
LIVE DEMONSTRATION
Current Activities

- Special project has concluded and product resides at CDC
- Implementing in 3 states currently (CO, ID, GA)
- Louisiana, Michigan and Texas soon to come
- Refining dissemination and training materials
- Collaborating to develop a formal multi-state evaluation with Comprehensive Cancer Control program
Future Directions

- Development of more site-specific templates
- More automation (e.g., side effects of treatment)
- Further enhance registry data through linkages
- Integration of module into physician’s existing workflow
- Sharing records across providers (“collaboration”)
- Access to SCPs through patient portals
- Fluid data exchange – registries could collect additional information from providers and/or patients (e.g., patient reported outcomes [PROs])
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Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.