



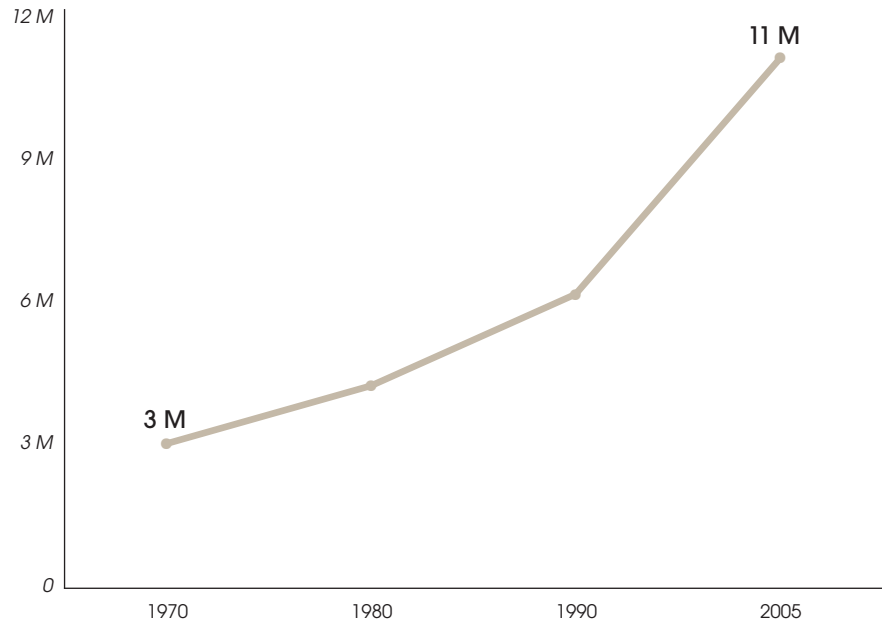
Survivorship

Continued Focus on Survivorship

Section three focuses on developing and expanding survivorship programs, the third phase of a patient's care following diagnosis and treatment. With the advancements in earlier detection and more efficacious treatments, the number of cancer survivors in the United States is skyrocketing, from 3 million in 1970 to 11 million in 2005. Given the projected volume growth, estimated at approximately 2.7 million survivors in 2050, providing post-treatment services for the current and future populations will be one of the many challenges for cancer centers in the future.

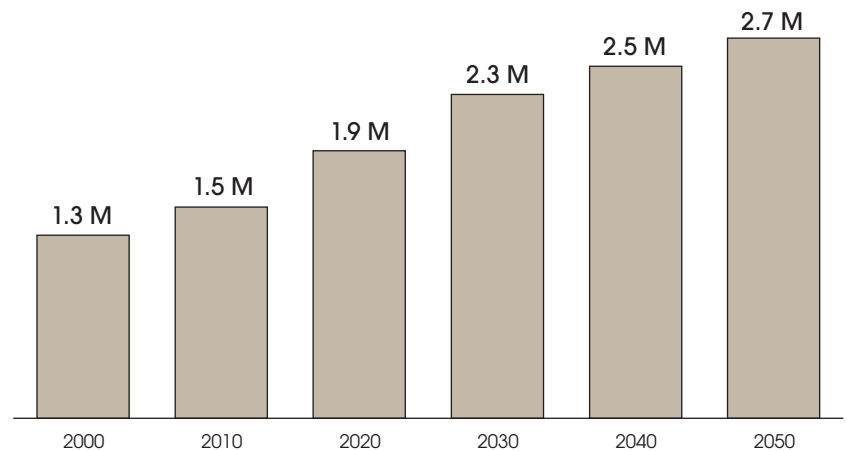
A Significant, Growing Population

Estimated Number of U.S. Survivors



Growth Expected to Continue

Projected Number of Annual U.S. Cancer Cases

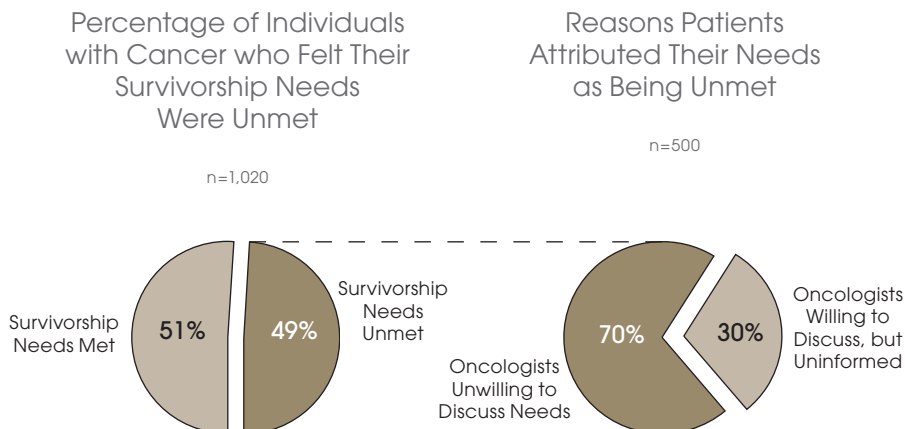


Source: Institute of Medicine and National Research Council, *From Cancer Patient to Cancer Survivor, Lost in Transition*, Washington, D.C.: The National Academies Press, 2006; SEER, available at: <http://seer.cancer.gov>, accessed August 26, 2008.

An Underserved Constituency

Survivors Express Post-treatment Concerns

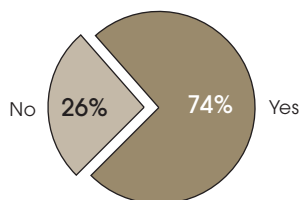
Livestrong Poll Reflects Unmet Needs



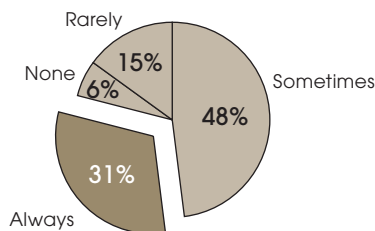
Findings from a recent *Livestrong* online poll confirm the need for post-treatment support, as 49 percent of survivors identified unmet survivorship needs. Of particular concern is patients' perceptions of the reasons their needs went unmet; specifically patients felt their oncologists were either unwilling or unable to properly address their needs. Physicians are all too aware of these gaps, shown by results of a survey of oncologists published in the *Journal of Clinical Oncology*. While 74 percent felt it was their role to provide continuing care to survivors, only 31 percent are committed to this task through the provision of health maintenance, screenings and preventative services.

Inconsistency Among the Willing

"Do you believe it is the role of the oncologist to provide continuing care to cancer survivors?"



"To what extent do you provide ongoing medical care, including health maintenance, screening, and preventative services to cancer survivors?"



Source: Institute of Medicine and National Research Council, *From Cancer Patient to Cancer Survivor, Lost in Transition*, Washington, D.C.: The National Academies Press, 2006; Ganz PA, et al., "A Teachable Moment for Oncologists: Cancer Survivors, 10 Million Strong and Growing!" *Journal of Clinical Oncology*, 2005, 23: 5,458-5,460.

Setting the Bar

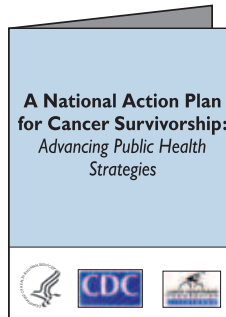
The call to action to address the needs of survivors is a relatively recent phenomenon, whose origins can be traced to three landmark studies which defined the need and created an initial framework for change. In 2004, *A National Action Plan for Cancer Survivorship*, put forth by the CDC and the Lance Armstrong Foundation, took a critical first step, identifying the need for clinical practice guidelines and increasing public education about survivorship. In 2006, the Institute of Medicine's, *From Cancer Patient to Cancer Survivor: Lost in Transition*, followed suit, reporting on the status and challenges facing cancer survivors. Most recently, the 2007 IOM report, entitled *Cancer Care for the Whole Patient*, has placed survivorship in the broader context of a patient's treatment journey by focusing on addressing patients' psychosocial needs across the entire continuum of care.

Call to Action Continues

Multiple Publications Call for Survivorship Standards of Care

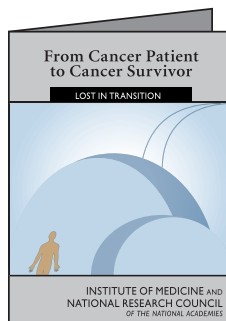
Major Topics, Strategies Addressed

2004



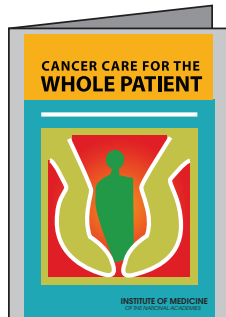
- 1 Establish, disseminate clinical practice guidelines for each stage of survivorship
- 2 Develop, disseminate public education programs to empower survivors
- 3 Conduct ongoing evaluations on all activities to determine impact, ensure continuous quality improvement of services
- 4 Conduct research on preventative interventions to evaluate impact on survivorship issues

2006



- 1 Define cancer survivorship
- 2 Address medical, psychosocial concerns of cancer survivors after treatment
- 3 Ensure supply, education of survivorship care providers
- 4 Evaluate mechanisms, challenges of survivorship research

2007



- 1 Identify patients' psychosocial needs across the care continuum
- 2 Ensure plan is created to address needs, ensure resource availability
- 3 Educate providers, clinicians to create standards of care to identify, address patient needs
- 4 Empower patients, families to play an active role in addressing their psychosocial needs

Source: Centers for Disease Control, "A National Action Plan for Cancer Survivorship: Advancing Public Health Strategies," available at: <http://www.cdc.gov>, accessed August 26, 2008; Institute of Medicine (IOM) and National Research Council, *From Cancer Patient to Cancer Survivor, Lost in Transition*, Washington, D.C.: The National Academies Press, 2006; Institute of Medicine (IOM), *Cancer Care for the Whole Patient*, Washington, D.C.: The National Academies Press, 2007.

Recent Rise in Hospital Response

AMCs Respond with Comprehensive Models

Progressive Program Characteristics

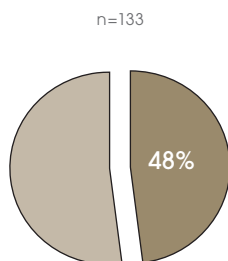
	Survivorship Clinics	Dedicated Staff	Survivor Care Plans	Support/Education Programs
Program Description	Memorial Sloan-Kettering Cancer Center Tumor site-specific survivorship clinics for survivors of adult cancers		Dana-Farber Cancer Institute General survivorship clinic for survivors of adult cancers	
Care Plan	Most clinics NP-run; patients provided with treatment summary, care plan using internally developed template		Clinic led jointly by NP and oncologist; patients provided with treatment summary, care plan post clinic using internally developed template	
Support/Education Programs	<ul style="list-style-type: none"> • Psychoeducation program • Physical rehabilitation • Integrative medicine • Counseling for nutrition, fertility options, smoking cessation, value of exercise • Survivorship newsletter, website 		<ul style="list-style-type: none"> • Week-long speaker event for National Cancer Survivor Day • 6-week adult survivorship educational series • Educational seminar for Hodgkin's patients • 6-8 week support group • Sexual health program 	

Cancer programs responded to this call to action almost immediately, led by academic medical centers that promptly established comprehensive survivorship programs centered on core components such as clinics, dedicated staff, and supportive programming, illustrated by the two case profiles at left. In recent years the number of institutions developing survivorship programs has increased substantively, driven by a flurry of initiatives among community hospitals. According to the 2008 Oncology Roundtable Member Survey, 48 percent of respondents now have a survivorship program, consisting primarily of access to community resources, psychosocial counseling, and oncology-specific rehabilitation programs.

As program capabilities are largely determined by resource availability, there are many unanswered questions for both academic and community programs alike, such as establishing a program with the capacity for current and future volumes, developing effective and efficient care plans, and reengaging primary care to establish long-term care pathways.

Community Hospital Participation Brings New Perspective

Proportion of Hospitals with a Survivorship Program



Hospitals Report Most Common Survivorship Offerings



Unanswered Questions Remain

Capacity Limitations

Given available resources, how can clinic, psychosocial services be made available to all patients?

Service Efficiency

Is there a less resource intense way to develop, deliver survivor care plans while maintaining their value?

Reengaging PCPs

When (if ever) is it appropriate to transition patients back to primary care providers for follow-up care?

¹ n=59.

² n=55.

Developing a New, Separate Phase of Care

Traditionally, the majority of post-treatment care is delivered by oncologists; however, given the expected increase in the number of survivors and the projected shortage of medical oncologists, many institutions are looking to find a new plan for care. The “shared-care” model, often used to treat chronic care conditions, is one of the leading options being considered by hospitals. In a 2006 article published in the *Journal of Clinical Oncology*, displayed in the graphic to the right, a theoretical “shared-care” model is developed for cancer patients, which focuses on transitioning long-term follow-up care back to primary care and/or survivorship clinics, while utilizing medical oncologists, as needed, to ensure coverage for both cancer and non-cancer-related health maintenance.

Given the magnitude of change needed to implement such a model, the next six priorities outline concrete steps cancer programs can take to better identify patient needs and coordinate post-treatment care.

Theory of Shared-Care Approach Primary Responsibility for Patient Shifts Over Time

	Pre Treatment	Treatment	Post Treatment	Long-Term Follow-Up
Medical Oncologist 		★ ★ ★	★ ★	★
Survivorship Clinic 			★ ★	★ ★ / ★
Primary Care Provider 	★ ★	★	★	★ ★

Level of Involvement

★ Available as needed
★ ★ Responsible for routine tests, screenings
★ ★ ★ Frequently involved

Approach in Brief



2006

Shared-Care Defined

“Refers to the care of a patient by two or more clinicians of different specialties”

Effective for Chronic Care

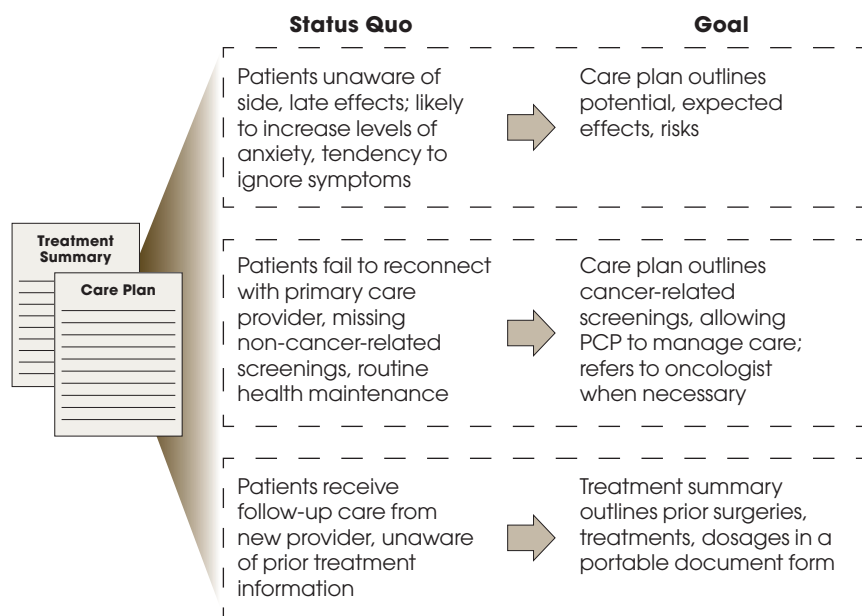
“Demonstrated to improve patient outcomes and enhance management of patients with various chronic diseases”

Applicability to Survivors in Question

“To date there have not been published data from a U.S. study evaluating the shared-care model for cancer survivors”

Priority #1: Develop Survivorship Care Plans

From the Theoretical to the Actual



Barriers to Be Expected



Development of plans often time, resource intense



Lack of industry-wide agreement on follow-up guidelines, known late effects



Separate reimbursement not available for plan development, delivery



Basics of Billing for Survivorship Plans

- 1 No separate billing code, reimbursement for plan development, delivery
- 2 Delivery of plan can be incorporated into regular follow-up, survivorship clinic visit; taking into account total visit time, complexity
- 3 Delivery of plan, independent of clinically related visit, can be billed as an educational visit

Not Just Physicians

- Compilation, delivery of treatment summary, care plan does not necessarily need to be executed by a physician
- Several institutions currently exploring use of RNs, APNs, multidisciplinary teams to develop plans in order to increase efficiency, feasibility

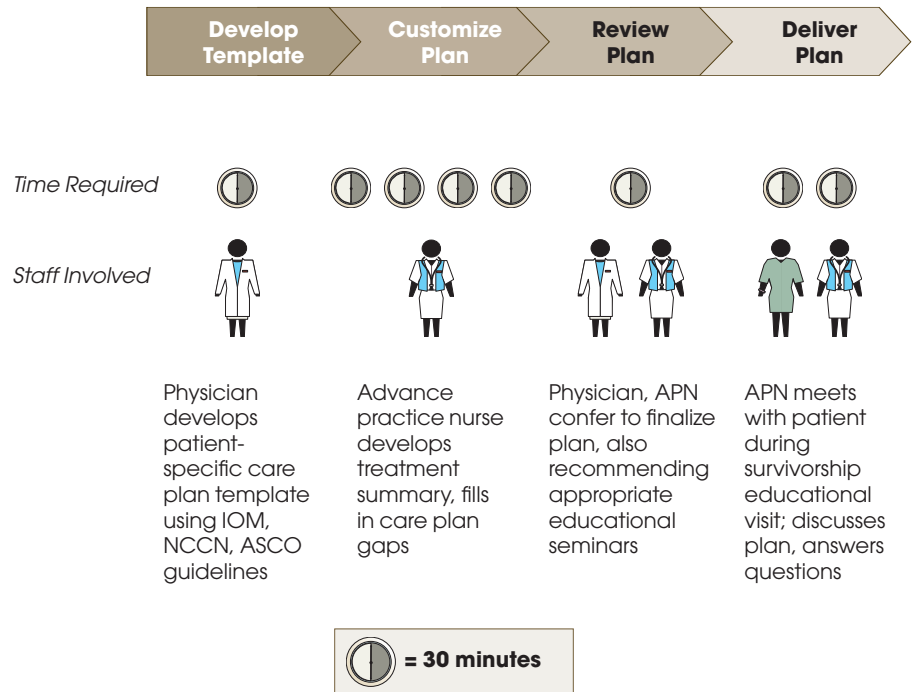
The first priority in establishing a survivorship program is developing a mechanism to address patients' post-treatment health needs. One tool, first suggested in the 2006 IOM report and receiving additional attention from national oncology organizations such as the American Society of Clinical Oncology, is survivorship plans, consisting of a treatment summary and post-treatment care plan. In brief, the treatment summary provides a comprehensive list of the patient's treatments, including dosages and frequency, and procedures performed across the course of care. The care plan outlines expected side and late effects and details when and where to receive follow-up tests and screenings.

Although valuable to patients and physicians, compiling these plans requires considerable time and staffing resources. Given this investment, it is critical that institutions understand reimbursement, or lack thereof, for the creation of these plans. The graphic at left summarizes the basics of billing for survivorship plans. Although there is no separate billing code for plan development and delivery, physicians can receive some payment if the plan is delivered as part of the patient's regularly scheduled follow-up visit, and bill for a more complex visit. Institutions should be aware of alternative approaches such as tasking an advanced practice nurse with plan creation, under the supervision of a medical oncologist, which alleviates the workload of medical oncologists and may be more cost effective.

Achieving the Ideal

While reimbursement continues to be a concern, a larger issue, given the current and projected number of survivors, is the feasibility of creating and delivering these plans for every patient receiving treatment at the cancer program. NorthShore University HealthSystem has developed a program which balances patients' needs and system resources. At NorthShore, an internist and advanced practice nurse work in tandem to provide treatment summaries and care plans for breast cancer survivors. The internist is responsible for template development and proposed plan review, while the nurse customizes and delivers the plan to the patient in an education visit. To date they have delivered over 400 breast cancer survivorship plans and expect to expand their offerings to other tumor sites.

Taking It One Plan at a Time Approach #1: Institution-Developed Survivorship Template



Case in Brief



NorthShore University HealthSystem

- An 850-bed health system located in Evanston, Illinois
- Developed LIFE (Living in the Future) survivorship program, which offers survivorship educational visits, survivor care plans, educational series
- Employed internal medicine physician dedicates one-third of time to developing, revising care plan with advance practice nurse
- Program does not bill patients for survivorship visit due to concern that billing would discourage participation, utilization of service
- For more information: www.northshore.org/life

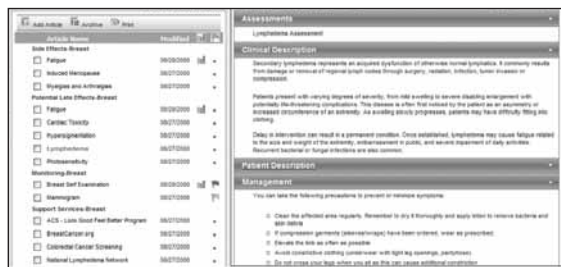
Source: NorthShore University HealthSystem, Evanston, IL; Oncology Roundtable interviews and analysis.

Why Reinvent the Wheel?

Integrating OIS¹ with Survivorship Offers Major Time Savings

Approach #2: ARIA™-EQUICARE CS™

Web-Based Case Management Solution Streamlines Process



Components

- Clinical content, knowledge base developed from peer-reviewed, published evidence
- Standardized follow-up pathways using published guidelines from ASCO, NCCN
- FACIT standardized questionnaires
- Internet portal with secure access to information for patients, PCPs

Functionality

- Patient treatment summary automatically obtained from ARIA™
- Ability to create customized care plan for each individual patient
- Individualized user dashboards with patient work lists, patient charts
- Built-in alerts, reminders for optimized patient management, follow-up

Cost

- Initial cost includes hardware, training, installation services; estimated cost = \$65,000²
- Annual per patient cost for new, continual system users; estimated cost = \$125.00 per patient²

Recognizing that survivorship is not currently a revenue-generating service, and that many institutions cannot dedicate such extensive resources, alternative, less staff-intensive models, are emerging. Varian and Cogent Health Systems have partnered to develop a technology-based solution, Equicare CS, which pulls patient data from the EMR to develop a Web-based care plan accessible by both clinicians and patients. Informed by peer-reviewed, published evidence, the plans incorporate standardized follow-up guidelines from both the American Society of Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN). The system is available only to ARIA™ users, and requires an up-front investment of approximately \$65,000, and ongoing annual costs of approximately \$125 per patient.

Product in Brief

- 
- Product designed, developed by case management solution provider, Cogent Health Solutions Inc., headquartered in Vancouver, British Columbia, Canada
 - Recently partnered with Varian Medical Systems for commercialization, distribution of joint ARIA™ Oncology Information System - EQUICARE CS™ Survivorship Solution
 - Web-based architecture accessible by both professionals, patients
 - For more information:
Varian Medical Systems: www.varian.com
Cogent Health Solutions: www.cogenths.com

Calculating the Investment

Sample Annual ROI Projection³

New Survivors per Year	1,500
Revenues and Reimbursement	
Incremental procedures per survivor	0.33
Incremental procedures per survivor referral	0.25
Average reimbursement for chest x-ray, 2-view	\$250
Total Survivor Procedure Associated Revenue	\$218,750
NP-led follow-up assessments per year	3
Average NP reimbursement per assessment	\$48
Total Follow-up Assessment Reimbursement	\$216,000
Total Survivorship Associated Revenue	\$434,750
Survivorship Program Operating Costs	
Total Labor Costs	\$165,000
Equicare CS cost per patient	\$125
Total Equicare CS Cost	\$187,500
Total Costs	\$352,500
First Year Net Revenue	\$82,250

¹ Oncology information system.

² Costs may vary but are typical for site with 1,500 survivors per year. Interface to ARIA™ is included. Note: There are two options for purchase; (1) Software as a Service (SaaS), (2) Capital Purchase.

³ See Appendix for ROI projection model assumptions.

Priority #2: Establish Survivorship Clinics

As a plan is only as good as the action that follows, the second priority focuses on the establishment of survivorship clinics. Both community hospitals and academic medical centers identify survivorship clinics as a forum to bridge patients into the next phase of care. As outlined to the right, there are several models, all sharing the common goal of evaluating the patient, and developing an action plan for the long term. In the first two models, the primary role of follow-up care is managed in a survivorship clinic staffed by an NP or dedicated medical oncologist. The third model focuses on more complex cases utilizing a multidisciplinary team of providers. In selecting an appropriate model, there are several factors to take into consideration, highlighted at the bottom of the page, including the type of patient population, the length of follow-up, and resource availability.

Clinics Becoming Crux of Follow-Up Care

Overview of Survivorship Clinic Models

Provider Type	Nurse Practitioner	Medical Oncologist	Multidisciplinary Team
Overview	<ul style="list-style-type: none"> NP provides initial survivorship evaluation, follow-up care according to guidelines 	<ul style="list-style-type: none"> Designated survivorship oncologist provides initial survivorship evaluation, follow-up care according to guidelines 	<ul style="list-style-type: none"> Oncologist/Internist, RN/NP, mental health professional evaluate patient, similar to traditional multidisciplinary clinic model
Benefits	<ul style="list-style-type: none"> Frees up oncologists to see new patients NP able to bill for clinic services 	<ul style="list-style-type: none"> Frees up remaining oncologists to see new patients, while still providing survivors with oncologist-directed care 	<ul style="list-style-type: none"> Comprehensive evaluation provides in-depth follow-up care plan
Limitations	<ul style="list-style-type: none"> Patients may experience anxiety, resist decreasing relationship with oncologist 	<ul style="list-style-type: none"> Given limited number of oncologists, feasibility will depend on individual market, physician willingness 	<ul style="list-style-type: none"> Resource intensive, not a likely option for many hospitals; more commonly used for complex cases

Key Considerations

- **Patient Population: Tumor Site-Specific or General**

Necessary to determine patient need, patient volumes when determining scope of clinic; most programs pilot clinic for one site

- **Purpose: One-Time Assessment or Ongoing Follow-Up**

Necessary to determine overall purpose of clinic based on needs of patient population, mission, resource availability

- **Resource Availability: Space, Staff, and Financial Means**

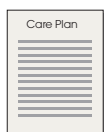
Necessary to determine space, staff availability to inform size, frequency of clinic; requires significant up-front investment as ROI still in question

Priority #3: Engage Primary Care

Reengaging PCPs in Ongoing Care Process

Addressing Survivorship from the Primary Care Perspective

Care Plans



Care plan, treatment summary provides overview of treatment history, side effects, potential late effects, recommended timing of follow-up tests, screenings

Grand Rounds



Opportunity for oncology specialist to present to primary care providers; provides overview of survivorship care, including needs, resources, etc.

Educational Materials



Materials, both general and cancer type-specific, provide reference for physicians; opportunity to relay more in-depth information

Given the projected shortage of medical oncologists, there is an increasing interest in engaging primary care practices in providing survivorship care to cancer patients. Currently, there are several approaches under consideration, including sharing care plans, offering survivorship grand rounds, and creating PCP-specific educational and training materials. For example, Johns Hopkins has developed a breast cancer survivorship guide for their referring physicians, outlining key lessons across each care phase. Since releasing the publication to the public, Hopkins has found that the book has generated significant interest not only from physicians, but also from patients and family members. There is a clear hunger for additional information; the challenge is developing a mechanism for disseminating this information in an effective and efficient manner.

A Lot to Digest



- Johns Hopkins Breast Center offers its publication to referring physicians in attempt to increase PCP awareness of survivor needs
- Book walks providers through stages of breast cancer care from point of referral to survivorship, outlining key lessons for provider, patient
- Publication available to public; additional interest shown by providers, patients, family members

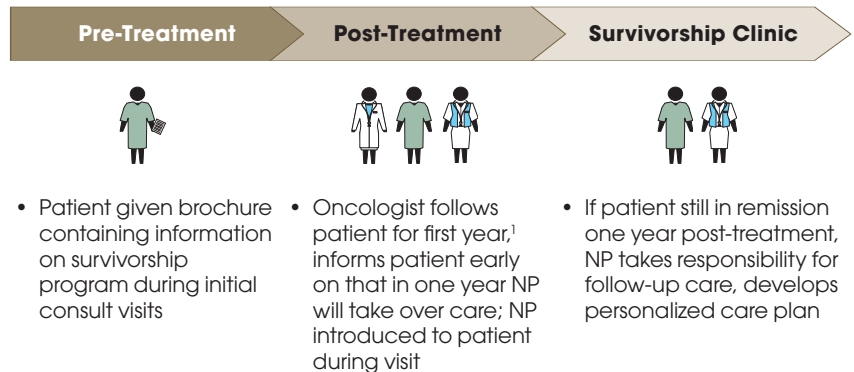
Priority #4: Address Patient Concerns

As illustrated by Johns Hopkins' experience, patients have their own concerns and questions about their post-treatment care, particularly centered around when to seek follow-up care and from whom. The case studies at right illustrate two approaches for engaging and educating patients in their ongoing care. In the first approach, Memorial Sloan-Kettering Cancer Center introduces patients to the concept of survivorship during their initial consult, prior to treatment. This is followed by a conversation with their medical oncologist who introduces the patient to the nurse practitioner responsible for the survivorship clinic during their first year post-treatment. This gradual introduction secures patient confidence not only in the providers, but also in the process, ensuring that patients know all their needs will be addressed.

In the second model, NorthShore University HealthSystem patients attend a lecture series, known as "Survivorship 101," which provides an introduction to survivor-related topics such as financial and work issues, legal matters, and emotional and physical changes. During the patient's first post-treatment educational visit, the clinician works with the patient to identify which presentations are most relevant given their situation, and actively encourages attendance.

Transitioning Patient to New Phase of Care *Addressing Survivorship from the Patient Perspective*

Approach #1: Introducing Concept at Diagnosis



Case in Brief



Memorial Sloan-Kettering Cancer Center

- A 420-bed academic medical center located in New York, New York
- Developed multipronged approach to inform patients about survivorship throughout care continuum in order to reduce patient anxiety about transition

Approach #2: Introductory Lecture Series

- Survivorship 101 seminar consists of multiple lectures to introduce patients to survivorship
- Lecture topics address lifestyle, self esteem, intimacy, insurance, employment
- Maximum number of attendees set at 30 to enable interactive format
- Seminar recommendation included in patient care, specific to patient needs



Case in Brief



NorthShore University HealthSystem

- An 850-bed health system located in Evanston, Illinois
- Lecture series is one component of LIFE (Living in the Future) survivorship program
- Seminars offered free of charge
- For more information: www.northshore.org/life

¹ Depending on type of cancer.

Moving the Dial Despite Barriers

Developing a Strategic Approach to Achieve Program Goals

Barrier	Action
1 Physicians demonstrate unwillingness to develop care plans	Form survivorship task force, including physician champions, to provide patient survivorship care plan
2 Hospital lack resources to offer survivorship programs	Conduct assessment to determine components needed and identify available internal resources
3 Hospital lacks resources to invest in overall survivorship program	Reorganize existing programs that provide survivorship-related services; explore potential for community partnerships to fill existing gaps

Although the previous pages highlight a number of creative and comprehensive approaches to survivorship, there are many barriers to success, such as physician reluctance and hospital resource limitations, which can hinder program development if not explicitly addressed early in program development. Recognizing the need for hospital assistance with program development, City of Hope has become a leader in this area through its NCI-funded educational program. During its annual institutional training sessions, City of Hope works with hospitals to identify potential challenges, then provides strategies and case examples from successful programs selected to address their specific situations. Furthermore, City of Hope provides a forum to help hospitals establish institution-specific goals given their unique issue sets and available resources. The goal is to ensure programs set reasonable, actionable goals that will set them on the path to achieving their long-term vision.

Hospitals Seeking Guidance



City of
Hope

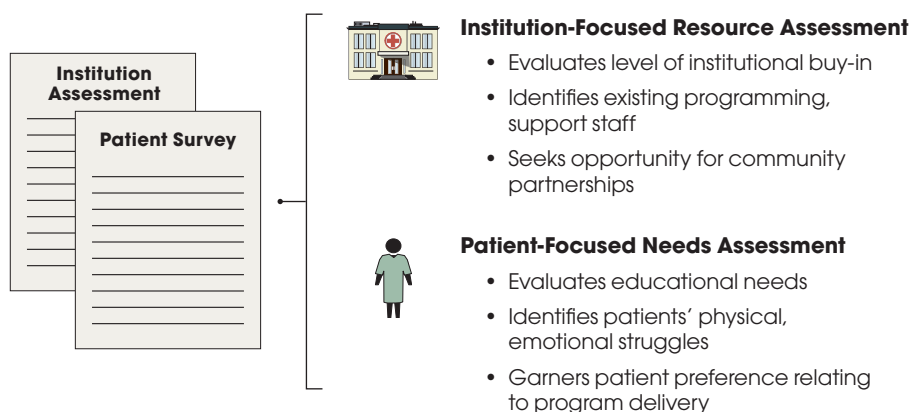
Survivorship Education for Quality Cancer Care

- NCI-funded educational program established to provide annual course for hospitals interested in developing, expanding survivorship program
- Several-day conference includes overview of models as well as expert presentations, small-group workshops
- Each participant sets goals at time of conference, reporting back at 6-month, 12-month, 18-month post-conference intervals
- For more information: <http://www.cityofhope.org/education/health-professional-education/nursing-education/survivorship-conference>

Priority #5: Evaluate Patient Needs and Institutional Resources

The fifth priority, evaluating patient needs and institutional resources, is a key step to ensuring that the program design is appropriate to a program's given situation. As no two cancer programs are alike, it is essential for institutions to objectively assess their program's capabilities and craft a survivorship program specific to their needs. To assist institutions in conducting their own assessments, institution-focused and patient-focused assessments developed by City of Hope are located in the Appendix. The institutional assessment will help cancer programs inventory their existing resources which can be easily leveraged as part of a survivorship program. The patient assessments will identify patient needs, as well as their preference for the type and timing of services during the course of care.

Finding a Starting Point *Conducting Needs, Resource Assessments*



Establishing Program Direction

- ① **Understand Your Options**
Explore various models of survivorship programs
- ② **Be Specific**
Create reasonable, achievable goals
- ③ **Set a Deadline**
Establish a timeline to ensure progress

Priority #6: Identify Partnership Opportunities

Looking Beyond the Hospital Walls

Available Resources Requiring Minimal Investment

Case #1: Partnering with National Organizations

Hospital



Program Offerings

- Weekly support groups
- Nutritional, exercise programs
- Educational lectures
- Stress reduction workshops
- Online support groups
- Programs offered free of charge

The Wellness Community



Relationship Benefits

- Opportunity to host off-site programming
- Connects patients to lifetime resource, regardless of location

Case in Brief



- International nonprofit organization with 24 U.S. locations, 73 satellite programs, The Wellness Community Online, in addition to international sites
- Committed to providing education, supportive evidence-based programming for individuals with cancer, family, friends
- For more information: www.thewellnesscommunity.org

Case #2: Partnering with Local Organizations

McCoy Hospital¹



Cancer-Specific Community Organization A



Program Offerings

- Social services
- Nutritional services
- Psychological counseling
- Medical bill advocacy
- Genetic counselling
- Transportation resources
- Population science

Cancer-Specific Community Organization B



Program Offerings

- Support groups
- Art therapy
- Financial assistance
- COBRA coverage assistance
- Additional therapeutic programming

Case in Brief



McCoy Hospital

- A 700-bed community hospital located in the South
- Partnered with several community cancer-related organizations to expand cancer center's program offerings
- Allowed hospital to focus resources on other survivorship needs

Given resource constraints, it is critical for cancer programs to identify opportunities to partner with other organizations, both national and local, to provide survivorship services. Perhaps one of the most influential, yet overlooked, resources are other cancer-specific organizations. By partnering with organizations, such as The Wellness Community, cancer centers can link patients with additional support groups, lectures, nutritional programs, and additional online resources at no cost to the institution. Similarly, many community-based nonprofits also offer a robust service offering. As shown in the profile at left, McCoy Hospital¹ partners with two local organizations offering both on-site and off-site programming, such as social and nutritional services as well as financial assistance. By working with multiple organizations, McCoy is able to conserve resources, focusing on other unmet survivorship needs.

¹ Pseudonym.

Model I: Community-Based Exercise Program

Beyond traditional program offerings, there are many other services that provide value to patients, such as survivorship-specific exercise and wellness programs. A series of publications in both clinical journals and national news media, have brought national attention to the potential program benefits. In fact, given the dearth of community resources, one cancer survivor took it upon herself to create a survivor fitness program. Survivors' Studio is a community-based program that provides cancer survivors with personal training, exercise, and yoga classes led by individuals trained to work with cancer survivors. Patient interest has been significant. As such, the organization is now self-sustaining, demonstrating the pent up demand for these types of services.

Going Beyond the Traditional Service Offering

Increased Emphasis on Importance of Exercise, Wellness Programs



"Physical Activity and Survival After Breast Cancer Diagnosis"

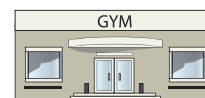


"Physical Activity and Survival After Colorectal Cancer Diagnosis"



"Said the Doctor to the Cancer Patient: Hit the Gym"

Community-Based Program



- Nonprofit organization offers exercise, wellness classes to address physical, supportive needs of cancer survivors
- Program offered to the community via membership, a la carte offerings
- Opportunity for cancer centers, especially those with limited resources

Case in Brief



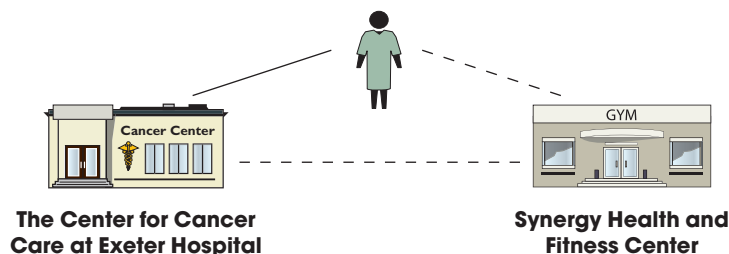
Survivors' Studio

- Independent survivor-focused exercise studio, located in White Bear Lake, Minnesota
- Studio, advocacy organization, founded by cancer survivor who identified need for cancer-specific wellness programs
- Potential to minimize cost to individuals, as some insurers subsidizing memberships through "frequent fitness" benefits
- Partnered with local professionals to develop studio, programming
- For more information: www.survivorstraining.org

Source: Holmes M, et al., "Physical Activity and Survival After Breast Cancer Diagnosis," *Journal of the American Medical Association*, 2005, 293: 2,479-2,486; O'Connor A, "Said the Doctor to the Cancer Patient: Hit the Gym," *New York Times*, August 13, 2008: G12; Meyerhardt J, et al., "Physical Activity and Survival After Colorectal Cancer Diagnosis," *Journal of Clinical Oncology*, 2006, 24: 3,527-3,534; Survivors' Training, White Bear Lake, MN; Oncology Roundtable interviews and analysis.

Model II: Hospital-Based Exercise Program

Integrating More Tightly with Ongoing Care



- 1 **Hospital-Affiliated Facility**
Partnered with health, fitness center on hospital's campus
- 2 **Dedicated, Trained Staff**
Cancer center employs physical therapist, personal trainers, yoga instructors; all staff attend annual two-day oncology training led by hospital staff
- 3 **Patient Population**
Available to patients in treatment, post-treatment within one year of diagnosis

Program Components

- Twice-weekly program to help patients manage physical, emotional effects of treatment
- Each participant assessed by oncology-trained physical therapist to determine needs, limitations
- Group class setting addresses physical, supportive needs
- Program funded by cancer center, enables patients to participate free of charge

Similarly, Exeter Hospital partnered with a local fitness program to provide patient assessments and twice-weekly wellness classes to patients both during and after treatment. Recognizing the unique needs of cancer patients, Exeter medical staff holds a mandatory two-day training for the fitness professionals in order to ensure they are well versed in the needs and limitations of cancer survivors. Prompted by rising patient demand, Exeter plans to grow the program further and directly employ several personal trainers and yoga instructors.

Case in Brief



Exeter Hospital

- A 100-bed community hospital located in Exeter, New Hampshire
- Senior administrator of cancer center committed to offering wellness program to survivors
- Fitness/wellness program has become hospital's most utilized survivorship service
- Currently conducting research to demonstrate physical, emotional benefits of program

Source: Exeter Hospital, Exeter, NH; Oncology Roundtable interviews and analysis.

Key Takeaways

1 Internal Assessment Key for New, Developing Programs

Likely that most cancer centers already offer programs that can be categorized as “survivorship” services, including support groups, access to counseling. Needs, resource assessments vital to avoid duplication of services, determine feasible options.

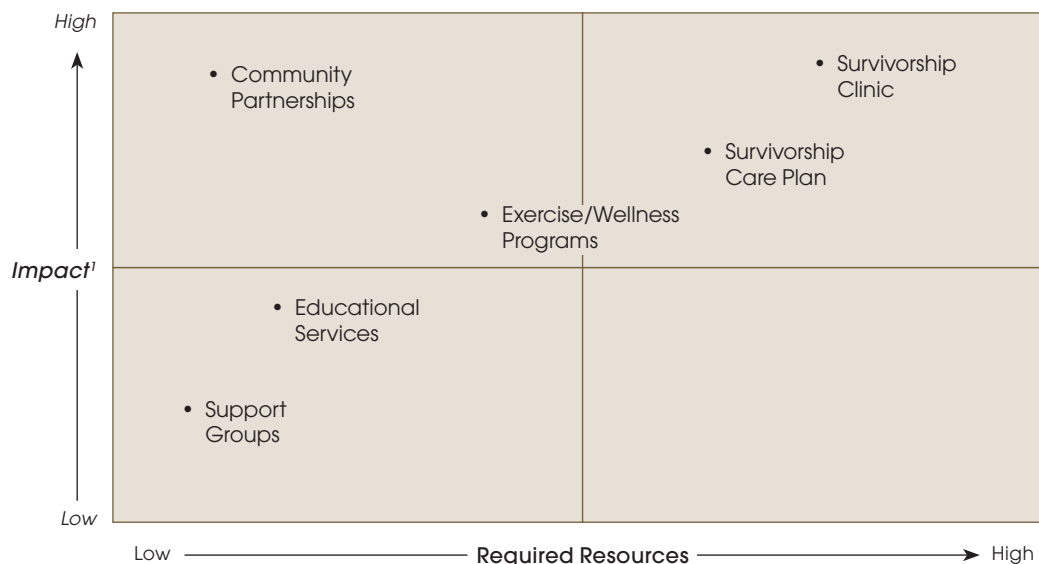
2 Patient Input Critical for Program Effectiveness

Given that survivor needs vary from patient to patient, ongoing program and event-specific evaluations provide mechanism to obtain real-time feedback, allowing for the prioritization of needs, next steps.

3 Realistic Goals Necessary to Ensure Progress

Setting realistic, achievable program goals is key when establishing, expanding survivorship service offering, understanding that setting short-term goals does not preclude organizations from developing simultaneous long-term, larger vision goals.

Weighing the Options



¹ Varies according to degree of investment, scope of program.

Source: Oncology Roundtable interviews and analysis.

