Oncologists and Primary Care Physicians Infrequently Provide Survivorship Care Plans

A recent study has shown that most primary care physicians (PCPs) and oncologists do not consistently provide survivorship care plans (SCPs) to cancer survivors (J Clin Oncol. 2014;32:1578-1585). This finding is important, because there are currently about 14 million cancer survivors in the United States, and with an aging population and better cancer therapeutics, this number is ever increasing.

The Institute of Medicine recommends that, after primary treatment, all patients receive an SCP that includes a treatment summary and individualized follow-up plan that makes clear which physician will be responsible for carrying out the plan. Other organizations such as the American Cancer Society, the American College of Surgeons Commission on Cancer, and the American Society of Clinical Oncology also support SCPs.

Despite the recommendations, it appears that SCPs are not widely used. The current study examined how frequently PCPs and oncologists provide and discuss SCPs with their surviving patients. Danielle Blanch-Hartigan, PhD, MPH, a cancer prevention fellow at the National Cancer Institute in Rockville, Maryland, and colleagues used data from the Survey of Physician Attitudes Regarding the Care of Cancer Survivors, a 2009 national poll of 1020 PCPs and 1130 oncologists, for the current study.

The survey asked about practices and attitudes surrounding the posttreatment follow-up care for patients surviving breast or colon cancer. They examined 4 outcome variables: oncologists’ provision of a written SCP to patients, oncologists’ discussion of survivorship care recommendations and clear delineation to the patient as to which health care provider was responsible for follow-up care, PCPs’ discussion of survivorship care recommendations and provider responsibility, and oncologists’ provision of both a written plan as well as a discussion with the patient.

The study found that a majority of oncologists (64%) reported always/almost always discussing survivorship care recommendations. Approximately one-half of oncologists said that they always/almost always discussed which physician would provide the follow-up services for the patient’s cancer care, and 42% discussed which physician would take care of other medical issues.

Meanwhile, only about one-third of oncologists reported that they discussed both the SCP and provider responsibility with an individual patient. Slightly less than 10% said they always/almost always provide a written SCP to their survivor patients, and less than 5% said they regularly did all 3: discussed both the SCP and provider responsibility and provided a written document.

Answers from PCPs revealed that 21% reported always/almost always discussing recommendations for survivorship care, 34% reported always/almost always discussing who would follow the patient for their cancer, and 33% reported always/almost always discussing which physician would take care of other medical issues. Only 12% of PCPs reported always/almost always discussing all 3 issues with survivors.

“Survivorship care planning is intended to be a patient-centered communication tool to improve the quality of follow-up care for cancer survivors,” says Dr. Blanch-Hartigan.

Written survivorship care plans were given out by only a small percentage of physicians to patients who have survived cancer, a recent study indicates.
“They are intended to be for the patient, but they are often not provided or discussed with the patient. As implementation efforts increase in response to new mandates, oncologists and PCPs should engage the survivor in discussions about survivorship care planning.”

Factors Affecting Physicians’ Behavior

The study notes several factors that affected the dissemination of written SCPs by oncologists. Oncologists who reported having patients who requested more aggressive cancer follow-up were 47% less likely than those without this experience to provide written SCPs. Asian oncologists were 60% more likely to have survivorship discussions with patients, and oncologists who had detailed training in the long-term effects of cancer were twice as likely to regularly discuss recommendations and provider responsibilities compared with those with some or no training.

Some factors were also found to be associated with the behavior of PCPs. Those PCPs who always received both a treatment summary and follow-up care plan from the oncologist were over 9 times more likely to have discussions about survivorship care than those who did not receive them. PCPs with little training in survivorship care were 43% less likely to have discussions with survivors. Female PCPs were twice as likely to have these discussions compared with their male counterparts.

PCPs who reported a high percentage of time in patient care were 42% less likely to have discussions than those who reported a low percentage of time spent in patient care, and PCPs who saw more than 35 breast or colon cancer survivors per year were 46% less likely to always/almost always have discussions with patients than those who saw fewer than 15 survivors per year.

Lewis Foxhall, MD, vice president for health policy at The University of Texas MD Anderson Cancer Center in Houston says there are barriers to providing SCPs. “Summary documents and care plans are frequently not generated automatically as part of the medical record and require considerable time to prepare,” says Dr. Foxhall. “This function is not covered by insurances. The interaction between primary care, oncology practice, and the patient to coordinate care is also not covered. An end-of-treatment consultation or transition-of-care consultation payment would likely help,” he adds.

Addressing the Problem

The study by Blanch-Hartigan et al demonstrates that there is a large gap between recommendations and physician behavior. Less than 5% of oncologists provided the written SCP and had full survivorship discussions with their patients. Only 12% of PCPs reported having the full discussions of survivorship care with their patients. The authors suggest that the factors that they found to be associated with behaviors could provide targets for improving survivorship care, specifically physician training and care coordination. Increased medical education could address the training issue, and increased communication between providers could address the coordination issue. The fact that PCPs were 9 times more likely to discuss survivorship if they received SCPs from oncologists illustrates that increased communication would promote the discussion of survivorship issues, the authors note.

“We are examining opportunities to revise our Web portal to allow better uptake of the survivorship care documents,” says Dr. Foxhall. “Further, we are applying for grant support through the Cancer Prevention and Research Institute of Texas to engage primary care training program practices in a practice change intervention. This will target improving utilization of summary documents and care plans as part of a dialogue between primary care and oncology practices, and should improve care coordination.”

One counterintuitive result worth noting is that PCPs who saw a large number of cancer survivors per year and those who spent a larger percentage of their time in patient care were less likely to have SCP discussions. “Because of the cross-sectional design, it is difficult to draw conclusions as to why we saw this relationship in our data,” says Dr. Blanch-Hartigan. “Future research should explore the barriers and potential facilitators of survivorship care planning discussions in high-volume PCP practices.”

Because this study did not establish the cause and effect of associations, the authors contend that the results are hypothesis-generating. The authors write that the next step is to assess the quality of the discussions and written SCPs, as well as to develop intervention studies to test the hypothesis that better care coordination and survivorship training will help to improve survivorship care.

“I am currently working on a study with collaborators to examine qualitatively what is going on during survivorship care planning discussions between survivors and providers,” Dr. Blanch-Hartigan adds. “The next step is also to experimentally assess if improved care coordination and survivorship training for physicians will increase not only the frequency of these discussions, but also survivor adherence to care recommendations, quality of life, etc. There is currently an NCI funding opportunity announcement for these types of research questions.”

doi: 10.3322/caac.21240