USE OF SURVIVORSHIP CARE PLANS TO IMPROVE COST EFFECTIVE CARE FOLLOWING ADJUVANT TREATMENT FOR BREAST CANCER
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Background and Significance: Coordination of care has been noted to vary in the follow-up of breast cancer patients after completing treatment, which can affect patient outcomes and increase cost of care. The Institute of Medicine recommends that each cancer patient receive a Survivorship Care Plan (SCP) at the end of treatment summarizing their disease and treatment, outlining recommended follow-up care, and lifestyle modifications to reduce recurrence and new disease. The American Society of Clinical Oncology (ASCO) has developed evidence-based guidelines for care of these patients. These were initially developed by expert panels in 1997, and updated in 2006 and 2013 by an Update Committee.

Purpose of the Project: To develop a SCP for breast cancer survivors completing treatment to communicate these guidelines to the patient and providers.

Sample/Population: Fourteen patients who had completed treatment for non-metastatic breast cancer.

Implementation Strategy: Patients were provided with a SCP including recommendations for follow-up based on ASCO guidelines. Six months later records were reviewed to determine if follow-up adhered to ASCO recommendations, and cost associated with care. Records of 16 patients completing treatment the previous year, who had not received a SCP, were similarly examined and the groups compared.

Outcomes: The primary outcome was cost of care. Average cost of care per patient for the project group was $308.50, and $545.48 for the pre-implementation group. This difference was not statistically significant. Secondary outcomes included time necessary to prepare the SCP (48.5 minutes), timing of delivery of the SCP (22.3 weeks after treatment), patient ability to identify their follow-up plan before receiving the SCP (< 30% were able to do so), patient satisfaction with the SCP (100% found it helpful/very helpful), and provider satisfaction (70% found it helpful/extremely helpful, 25% found it of no help).

Conclusion/Clinical Practice Implications: Providing a SCP at the end of breast cancer treatment will help communicate evidence-based recommendations for follow-up care and direct cost effective care. A longer follow-up period may show significance in decreasing cost. Length of time to prepare the SCP is a barrier to widespread implementation. Patients are overwhelmingly satisfied with the SCP and it should be incorporated into follow-up care. Provider satisfaction needs to be evaluated to determine how best to incorporate the SCP into clinical practice.