

Survivorship Care Plans Redux

Survivorship care plans (SCPs) were originally recommended in the Institute of Medicine's *From Cancer Patient to Cancer Survivor: Lost in Transition* (Hewitt, Greenfield, & Stovall, 2006). Much work has been done by many people since then, and SCPs have been integrated into the American College of Surgeons Commission on Cancer (CoC) standards. However, eight years later, research suggests that few cancer programs are ready to implement this recommendation. Many have expressed concerns about the CoC's January 2015 deadline requiring SCP implementation. In early 2014, the CoC surveyed members on their readiness to implement SCPs and found that only 21% already had a SCP process ready for implementation and another 37% of member programs were confident that they could. This mirrors other research that show low and inconsistent uptake, nationally, of the SCP standard. Much of this was discussed in a previous editorial (Mayer, 2014), so why bring it up again?

Two events occurred that have now changed the approach to developing and implementing an SCP. The first is the recent work done by a working group of the American Society of Clinical Oncology (ASCO) (Mayer et al., 2014). The template for SCPs, originally developed in response to the Institute of Medicine report (Hewitt et al., 2006), needed to be revisited as it was complex, not patient centered, and took a long (unreimbursed) time to complete. With the guidance of the ASCO SCP working group, input was gathered from a stakeholder conference that evaluated the minimum elements needed by survivors and their primary care provider to assist in the transition from patients receiving cancer treatment to patients who had received cancer treatment. The SCP working group was able to make the process more patient centered, shorter, simpler, easier to un-

derstand, and easier to complete. The authors pilot tested the revised template in 11 oncology practices across the United States and found it to be faster to complete while still including the important components for someone ending his or her treatment. The authors also identified and addressed a number of barriers that kept the SCP from being implemented. One of the committee members, Lawrence Shulman, MD, also chaired the CoC Quality Integration Committee and brought the findings to the CoC for consideration. These collaborative efforts took two years.

The second event was the publication of a clarification document from the CoC (2014). This document made changes to the SCP Standard 3.3 and endorsed the elements included in the ASCO template, better defined who was to receive the SCP, and recognized that a range of oncology care providers could develop and deliver the SCP (e.g., nurse practitioners). This allowed for much-needed flexibility in interpreting and implementing this standard. Importantly, the CoC extended the implementation time frame by changing the expectations for the 2015 deadline. In addition, the CoC developed a schedule that phases in the implementation of SCPs, with 10% of eligible survivors ending curative treatment being the goal for the first year. Full implementation is expected of all CoC accredited cancer programs by the beginning of 2019.

I thought it was important to return to the conversation about SCPs for a few reasons. One significant reason is that

New Editor Appointed for *Clinical Journal of Oncology Nursing*

Lisa Kennedy Sheldon, PhD, APRN, BC, AOCNP®, has accepted the role of editor of the *Clinical Journal of Oncology Nursing* (CJON) effective June 1, 2015. She will serve



Kennedy Sheldon

as editor elect under current editor Deborah K. Mayer, PhD, RN, AOCN®, FAAN, starting in January. Sheldon is an assistant professor at the University of Massachusetts–Boston and an oncology nurse practitioner in the Cancer Center at St.

Joseph Hospital in Nashua, NH. Her program of research has focused on communication and psychosocial concerns of people living after a diagnosis of cancer. She served as a past associate editor for *CJON*.

"It has been my pleasure to be involved with *CJON* for almost 10 years as an author, peer reviewer, writing mentor, and an associate editor," said Sheldon. "Throughout my career, I have witnessed the impact of oncology nursing practice on the outcomes of people living after a diagnosis of cancer. I am honored to follow Deb Mayer as editor and continue the important mission of *CJON*, delivering the information oncology nurses need to deliver the best patient care."

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these changes were brought about by an interprofessional committee led by a nurse. The committee engaged in process improvement of a recommended cancer practice that was not gaining traction

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despite being strongly recommended by the Institute of Medicine. In a previous editorial, Ann Reiner, MN, RN, OCN®, and I discussed leadership from the bedside to the boardroom (Mayer & Reiner, 2013). Our opinion suggested that work

nonmedical staff. All made significant contributions. It would have been a lesser product had it only been one professional group at the table. So, again, volunteer and speak up as your organization implements this change.

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to improve the quality of cancer care, such as the SCP, reflected the efforts of oncology nurses and many others. That interprofessional collaboration provided valuable input. The input identified what was important for survivors as well as what was feasible in developing and implementing SCPs in practice. I want you to pay attention to the fact that not only can we have a seat at the table, we also can sit at the head of the table to improve cancer care. Volunteer and speak up as your organization implements this change to survivorship care planning.

The other point I wanted to make was the interprofessional makeup of the ASCO SCP working group, which consisted of an oncology nurse, a medical oncologist, a primary care provider, a health services researcher, and other

I am proud of the work our group—yes, I was the oncology nurse at the table—did over the past two years to further improve the SCP template. However, so much more now needs to be done to integrate SCPs into daily practice and into our electronic health records and to make sure they are delivered to survivors ending treatment. We also need to track what difference they make. Is there greater adherence to recommended cancer surveillance? Is there greater adoption of healthy behaviors? What part do you want to play in doing this? Our profession's focus is well suited to providing leadership in this project as nursing's focus is to assist patients toward restoration of health (American Nurses Association, 2010).

As for me, the idea of an SCP at the end of initial therapy is insufficient. There are now two other aspects of the cancer experience to turn my attention to: (a) providing a written treatment plan at the time of diagnosis and (b) wondering what will be the equivalent of a SCP will be when a patient's cancer treatment doesn't end or when the survivor has advanced cancer. Stay tuned.

More information about the ASCO cancer survivorship compendium can be found at <http://bit.ly/lupZ0Hy>.

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