

Survivorship care and survivorship care plans have become integral components of comprehensive cancer care and national accreditation. An academic and community cancer network successfully pilot tested a new non-nursing role to support efficiency in case finding, staffing, and tracking patients throughout care delivery: the survivorship data coordinator (SDC). Key functions of the SDC role include abstracting data into survivorship care plans, scheduling survivorship visits, and tracking the number of completed survivorship care plans shared with patients. This pivotal role improved organizational processes and facilitated achievement of accreditation standards around survivorship care.

**AT A GLANCE**

- Survivorship care is a team effort that starts at diagnosis and requires prospective data collection.
- Survivorship care plans represent one patient-centered component of comprehensive survivorship care coordination.
- Oncology nurses are instrumental in the provision of personalized education in survivorship care to support each patient completing cancer treatment.

**KEYWORDS**

survivorship care plan; data; care coordination; patients with cancer; staffing

**DIGITAL OBJECT IDENTIFIER**

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# Survivorship Data Coordinator

Successful exemplar of a new survivorship care plan role

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The survivorship movement gained momentum in 2006 with the publication of *From Cancer Patient to Cancer Survivor: Lost in Transition*, which highlighted concerns about cancer survivors after completing treatment (Hewitt, Greenfield, & Stovall, 2006). *Lost in Transition* challenged cancer centers to provide survivorship care and recommended that survivors receive a written survivorship care plan (SCP) at treatment completion. The goal of SCPs is to ensure that patients understand their treatment, including long-term side effects and specific follow-up care needed over time. The SCP can also be used to communicate treatment and follow-up care with primary care providers to optimize coordination of care (Hewitt et al., 2006). In 2012, the Commission on Cancer (CoC) mandated SCP implementation by 2015 for all CoC-accredited programs; this required that 50% of patients completing initial cancer treatment be provided an SCP (American College of Surgeons, 2016).

An estimated 16.9 million cancer survivors were living in the United States in 2019. By 2030, that number is projected to rise to 22.1 million survivors (American Cancer Society, 2019). This growing number is related to improved treatments, early detection, and screening efforts (McCanney et al., 2018; Mullan, 1985), as well as growth of the aging population (American Cancer Society, 2019). As the volume of cancer survivors increases, oncology practices are challenged to

provide personalized survivorship care for them. Although the recommendations were introduced almost 15 years ago, many oncology practices have not started using SCPs, or they struggle to provide them because of the operational constraints associated with their creation, implementation, and distribution.

Several barriers to implementation of SCPs exist (see Figure 1). These barriers include lack of staff and provider knowledge about survivorship issues (Dulko et al., 2013; Lester, Wessels, & Jung, 2014), amount of time needed to develop and share the plans with patients, resources to compile SCPs, support from staff (Dulko et al., 2013; Spears, Craft, & White, 2017), and difficulty obtaining medical records from external facilities. Challenges relative to electronic health records (EHRs) also exist, such as unstandardized templates and lack of autopopulating information from the EHR. In addition, reimbursement is unavailable for the time needed to compile the SCP (Spears et al., 2017). Cancer centers need to develop creative, cost-conscious approaches for implementing SCPs across practice settings.

Multiple models exist to support the implementation of survivorship visits and SCPs. The most common model is for advanced practice providers (APPs) (Downs-Holmes, Dracon, Svarovsky, & Sustin, 2014; Dulko et al., 2013), RNs, or oncologists to complete and review SCPs with patients (Spears et al., 2017). Some survivorship care is provided within cancer clinics, whereas other programs have a dedicated survivorship clinic (Downs-Holmes et al.,

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