# Q&A Survivorship Care Plans

# July 09, 2015

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Q: Lisa, is the 10% within the year 2015 or should 10% already be captured by 1/1/15? ­

A: Because the term is “by” I would assume it is meant that 10% should be captured before 2015 begins based on your 2014 eligible patients

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Q: Are class of case 00 considered "eligible cases" for the survivorship care plans? ­

A: ­Survivorship care plans are the responsibility of the “treating” facility, if you diagnose only, you would simply share diagnostic information for the treatment facility providing the survivorship care plan.

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Q: Lisa, what does the Accreditation Services do?

A: From the Commission on Cancer they are responsible for the Cancer Program Standards and Surveys along with other supportive resources and tools. Registry Partners Incorporated Accreditation Services, offers a variety of resources and services to programs seeking accreditation or maintaining accreditation, from mock surveys, Survey Application Record readiness evaluations, mentoring new staff/registrars, managing the entire accreditation process (or just certain areas) it is an ala carte menu of any and all combinations of Cancer Program expertise.

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Q: Lisa, do all sites includes BCC & SCC (Skin Cancers)? ­

A: You would need a survivorship care plan on all REPORTABLE cancers that were treated by your program¬, consider discussing with your cancer committee.

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Q: Cathy, thanks for the presentation. What percentage of patients from the list that was provided to you that needed care plans had information available at the central registry? Thanks!­

A: Over 95% of the patients who were identified by hospitals as being ready to receive care plans were in the central cancer registry database when we received the request. This indicates that timeliness of registry data is much less of a concern for pre-populating care plans than we had originally thought.

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Q: ­ Just to clarify, can the hospital provide the NAACCR file to Web Plus to populate the survivorship care plan or is it only the Central Registry that provides the data?­

A: Either the hospital or the central registry can provide the data. There are pros and cons to each approach. While the hospital may be able to provide the data faster than the central registry, the most complete set of data from all treatment facilities will come from the central registry. We chose to pilot the process using central registry data in order to be able to populate the most information available to the patient and we found that timeliness was not a barrier to that approach.

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Q: Cathy and Randi- are there plans for facilities to be able to modify the Web Plus SCP to be able to add facility logos?­

A: While that is not available at this time, it is an option we have discussed and would be fairly easy to implement. We see no problem with making that option available in the future.

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Q: ­ Is there a way to request a demo of the Web Plus product for our cancer program?­

A: Yes, please contact Cathy Bledsoe at cathy.bledsoe@state.co.us or 303-691-4047.

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Q: ­Did you show that the TNM stage tables are included, that went by quickly, and I'm not sure?­

A: Yes, there is a table of stages on the last page of the care plan. This was included in order to give patients an understanding of their cancer’s stage and how it fits into the broader spectrum of their disease.

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Q: Cathy and Randi-these sound great! But, should we promulgate use of these plans if there is no evidence of their efficacy?­

A: It is true that there is a lack of evidence in the field of survivorship care planning, especially related to the exact impact that the plans have on patient health outcomes. However, many organizations (like the Institute of Medicine) have promoted care plans for many years based on the idea that they make sense and patients have been asking for this type of information for decades. Ultimately, treatment summaries and survivorship care plans are going to be used in practice because of things like the IOM recommendations and the CoC Standards. Now, the scientific community needs to figure out how to measure their impact so that we can ensure that patients are really getting the information they want and need. Research should also be done to determine how SCP development and delivery impacts the oncology practices who are trying to implement the Standards.

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Q: ­If a patient believes data in the tx summary is incorrect (such as histology or tx) should the nurse change the data based on pt­?

A: Not necessarily. The documents are meant to provide accurate clinical information to the patient about what happened to him or her during diagnosis and treatment. If a patient disagrees with a component of the treatment summary, the clinician may need to do more research to confirm the correct response to a question. But ultimately, if the registry and medical record data point to a certain type of treatment or a certain histology, then this may be an opportunity for the clinician to educate the patient and “set the record straight”.

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Q: ­ Can we get a copy of Cathy's power point demo slides that show what the Web Plus Tool looks like? It looks like a fantastic product!­

A: The slides will be provided as a part of this NAACCR webinar. A short video which shows the program and templates is available at <http://www.cdc.gov/cancer/npcr/tools/registryplus/wp_survmodule.htm>.

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Q: ­ Would you please give us the website for Journey Forward? ­

A: ­ www.journeyforward.org­

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Q: ­Will the central registry be able to provide this information in a timely manner?­

A: Yes, we believe that timeliness will not be too much of a barrier for central registries, although this could depend on processes that different among states. In our pilot, over 95% of the patients who were identified by hospitals as being ready to receive care plans were in the central cancer registry database when we received the request.

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