

Introduction

- By 2030, the predicted number of U.S. cancer survivors will exceed 22 million [1]. With the majority living for more than 5 years following their diagnosis, there is increasing demand for sharing and transitioning survivorship care between oncology to primary care [2].
- Primary care clinicians have expressed preference to share survivorship care between oncologists and primary care [3], however the process requires tools and resources to better support coordinated care [4].
- Survivorship Care Plans (SCP) have been proposed to facilitate communication, care coordination and collaboration between oncology & primary care [5].
- Optimizing SCPs to meet primary care needs would be beneficial to enhance SCP use to ultimately better manage cancer survivors. Ongoing research has focused on improving SCPs [6], yet limited literature has addressed primary care clinician information needs and support for decision making [7].

Objective

To assess if the majority of primary care clinicians:

- Perceived a *re-engineered SCP* as useful
- Desired to receive the *re-engineered SCP*

Methods

- This is the 3rd phase of a multi-phase project conducted by a collaborative of engineers, oncology, survivorship and primary care clinicians, survivor advocates, and informaticists.
 - In the preceding phases, semi-structured interviews with WREN primary care physicians and APPs targeted an existing EHR-based SCP template to generate a re-engineered sample SCP.
- In the 3rd phase, a 9-question survey (8 multiple-choice Likert question, 1 free text comment) was administered electronically via Qualtrics to recruited clinicians across the U.S. from three primary care practice-based research networks with high rural affiliations (including WREN).
 - The survey included a linked to the re-engineered SCP for review.
- Analysis included descriptive statistics on clinician characteristics and perceived usefulness regarding the sample *re-engineered SCP*. Exploratory analysis was performed to compare clinician perspectives by demographics. Pearson Chi-square test was used to determine statistical significance.

Results

Table 1: Respondent Characteristics

Characteristic	%
Primary Care Eligibility (n=111)	
Currently practice or employed in a primary care setting	86.5
Previously practiced or was employed in a primary care setting	10.8
Neither of the above	3.6
Professional Degree (n=90)	
Physician (e.g. MD, DO, MD/PhD)	53.3
Advanced Practice Providers (e.g. NP, PA)	18.9
Other (e.g. RN, MA, PT, OT)	27.8
Training (n=107)	
Family Practice	71
Internal Medicine	11.2
Pediatrics	6.5
Obstetrics	2.8
Other	9.3
Gender (n=90)	
Female	66.7
Male	32.2
I prefer not to answer	1.1
Rurality of Practice Location (n=89)	
More than 50,000 people	62.9
50,000 people or less	34.9
I don't know	2.2

Figure 1: Usefulness of the survivorship care plan

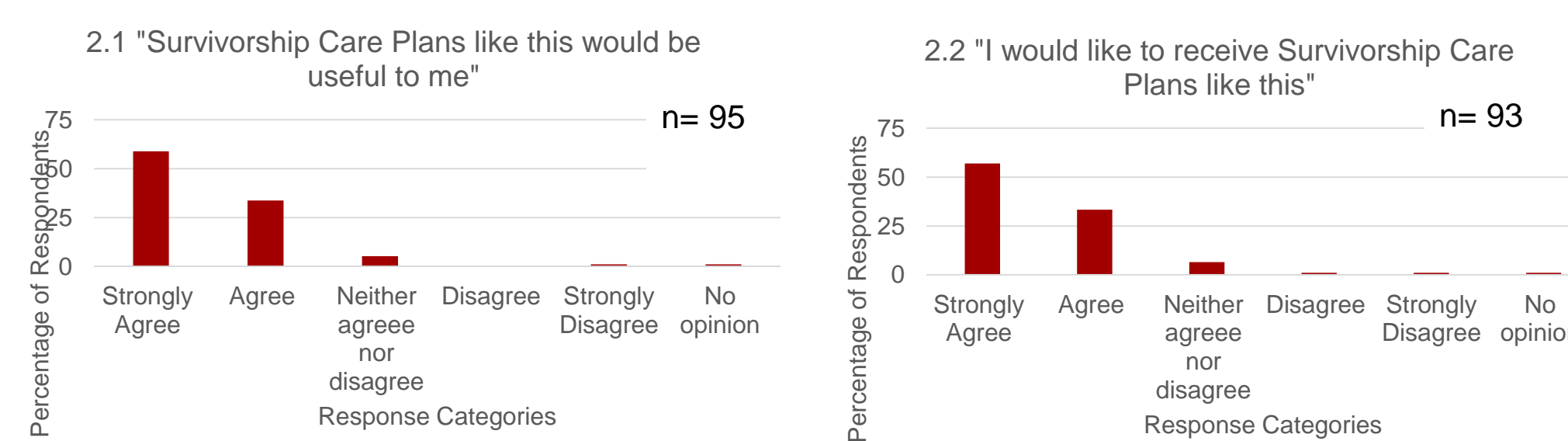
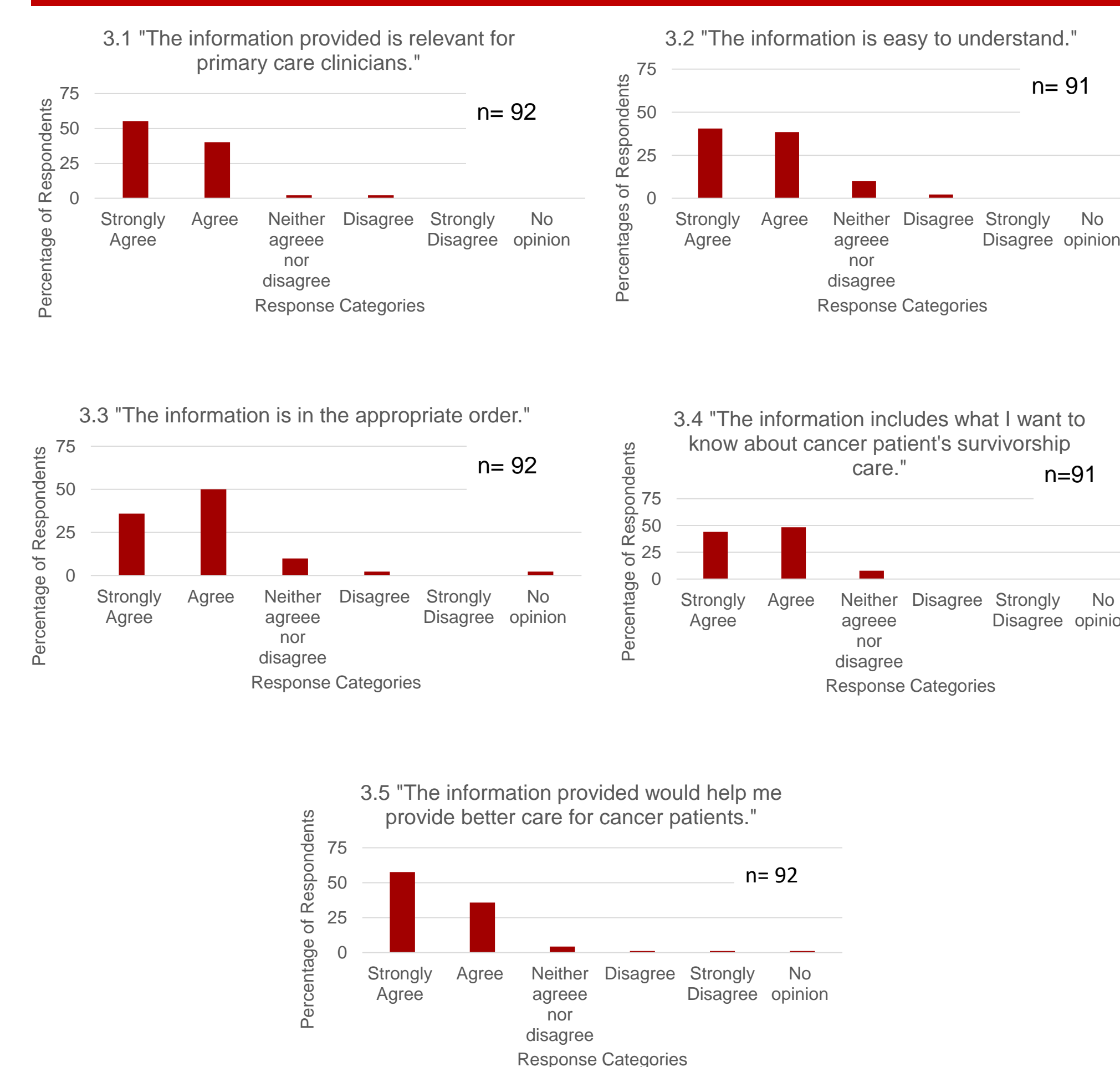


Figure 2: "Looking at the sample Survivorship Care Plan, please indicate how much you agree or disagree with the following statements."



Perceived Usefulness of the Re-engineered SCP

An overwhelming majority selected either "strongly agree" or "agree" for the questions (Figure 1a-b):

- "Survivorship Care Plans like this would be useful to me"
- "I would like to receive Survivorship Care Plans like this."

Most respondents agreed the *re-engineered SCP* was relevant, easy to understand, and in the appropriate order (Figure 2a-c).

Most respondents agreed the *re-engineered SCP* included the information they wanted to know about cancer patient's survivorship care and that it would help provide better care for cancer patients (Figure 2d-e).

No significant differences in responses were found due to demographics (professional degree, training, rurality, and gender on exploratory analyses).

Free Text Comments for SCP Improvement

Categories identified throughout the survey's free text responses included suggestions on:

- SCP length and workload
- EHR integration
- Additions of a summary section or bulleted list
- Individualization
- Overall process of SCP use
- Desire for further survivorship education

One survey respondent explained "I do think the entire document is quite long, which makes it difficult to reference quickly in a clinical setting," but, "it's also got some very important information in it, and I'm not sure what areas I would recommend shortening."

Discussion

- Primary care reported high rates of perceived usefulness and desires to receive the *re-engineered SCP*.
- Over 85% of survey respondents reported satisfaction with the SCP in regard to both layout and content.
 - About a third to one half of those respondents remained in the "agreed" group versus "strongly agreed."
 - This may indicate some level of reservation with the *re-engineered SCP*.
- Survey respondents reiterated issues with workload of the document, expressing concerns with the current length of the *re-engineered SCP*.
 - Survey respondents affirmed the importance of the current SCP content and did not identify any sections of the document to remove.
 - The amount of work required to find information in the SCP document may not be sustainable in clinical practice.
- Clinicians requested concise and easy-to-reference pieces of information, often in the form of summary sections or bulleted lists at the beginning of the SCP.
 - When primary care clinicians were interviewed in the earlier phases of the re-design, they were somewhat conflicted about such summaries.
 - Clinicians may be asking for more support to act on SCP content.
- Ultimately, there is a need to move beyond current SCPs that are primarily received as static, one-time documents pushed from oncology to primary care.

Conclusion & Future Research

- Even with a primary care-centered *re-engineered SCP*, there remain barriers that are unlikely to be overcome by simple alterations to the SCP document.
- There is a need for more research to support the overall clinical workload for both oncologists and primary care while delivering the same important content.

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