Cancer Rehabilitation: Programmatic Experiences and the Role of Accreditation Standards

Vishwa S. Raj, M.D.
Director of Oncology Rehabilitation
Carolinas Rehabilitation
The Levine Cancer Institute

Objectives

• Understand the clinical context for cancer rehabilitation care
• Discuss the role for accreditation standards for program development
• Describe elements for successful implementation of a cancer rehabilitation program

Dorothy’s Story
Dietz Model for Cancer Rehabilitation

- Preventative
- Restorative
- Supportive
- Palliative


Definition of a Survivor

In cancer, a person is considered to be a survivor from the time of diagnosis until the end of life.


“As the number of cancer survivors continues to increase, it is important for medical and public health professionals to be knowledgeable of issues survivors may face, especially the long-term effects of treatment on their physical and psychosocial well-being.”

Arica White, Ph.D., M.P.H.
Division of Cancer Prevention and Control
Centers for Disease Control and Prevention
Statistical Understanding of Survivorship

- Cumulative survivorship data
  - 14.4 million individuals currently live with a history of cancer
  - 18.9 million individuals are predicted to be cancer survivors by 2024

- Specific survivorship data
  - 3.1 million females are currently breast cancer survivors
  - 3 million males are currently prostate cancer survivors
  - 1.5 million individuals are currently colorectal cancer survivors
  - 60,600 survivors are aged 14 or younger


Coordination of Oncology and Rehabilitation

Levine Cancer Institute and Carolinas Rehabilitation

<table>
<thead>
<tr>
<th>General Information</th>
<th>Levine Cancer Institute</th>
<th>Carollins Rehabilitation</th>
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<tbody>
<tr>
<td>Patient access</td>
<td>Large research database</td>
<td>3008 annual inpatient admissions</td>
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<tr>
<td></td>
<td>Analytical case book for cancer registry approximately 11,000 annually</td>
<td>201,000 annual outpatient therapy visits</td>
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<tr>
<td>Locations</td>
<td>25 treatment locations in North and South Carolina</td>
<td>14 outpatient therapy locations</td>
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<tr>
<td></td>
<td>179 licensed beds</td>
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<tr>
<td>Cancer related accreditations</td>
<td>CoC Network Accreditation</td>
<td>CAE accreditation for cancer rehabilitation</td>
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<td>Recipient of the 2013 Outstanding Achievement Award by the CoC</td>
<td>Survivorship Training and Rehabilitation Program Certification</td>
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<td>National Accreditation Program of Breast Cancer</td>
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Relationship of Survivorship with Rehabilitation

- Survivorship and rehabilitation care provide opportunities for synergy in cancer care
  - Commission on Cancer (CoC) Standards for Survivorship and Rehabilitation
    - Standard 3.1: Patient navigation process
    - Standard 3.2: Distress screening
    - Standard 3.3: Survivorship care plan
    - Standard E11: Rehabilitation services.
      - A policy or procedure is in place to access rehabilitation services either on-site or by referral.

Rehabilitation and Healthcare Reform

- Reduction of cost is a major focus of healthcare reform
- Metrics that yield improved outcomes will directly impact reimbursement
- Cost effectiveness and clinical efficiency are key drivers for all stakeholders in patient care
- Rehabilitation professionals are uniquely situated to positively impact clinical care

The Needs of the Individual
Key Focuses

- Clinical approaches that remain person-centered
- Care plans that honor individual preferences
- Resources that allow for coordinated medical care
- Systems that support individuals and families

Specific Components of Care

- Functional deficits due to metastatic disease
- Adjustment and coping from a new diagnosis of cancer
- Quality of life for the individual and their support systems
- Resources to assist with all aspects of cancer and rehabilitation care
- Systems to integrate preferences and decrease isolation due to cancer diagnoses

Carolinas Rehabilitation

Key Components of the Oncology Rehabilitation Program

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<th>Clinical services</th>
<th>Inpatient rehabilitation care</th>
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<td>Outpatient clinical services</td>
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<td>Acute care consultation and treatment</td>
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<td>Key Team Members of the Cancer Team</td>
<td>Physiatry</td>
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<td>Therapy services (PT/OT/ST/RT)</td>
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<td>Rehabilitation nursing</td>
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<td>Social work</td>
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<td>Psychology and Neuropsychology</td>
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<td>Pastoral care</td>
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<td>Case Management</td>
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<td>Dietary</td>
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<td>Collaborations</td>
<td>Survivorship program at LCI</td>
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<td>Oncology medical specialists</td>
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<td>Acute care treatment teams</td>
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<td>Systems based utilization departments</td>
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Commission on Accreditation of Rehabilitation Facilities (CARF)

- Not for profit accreditor of health and human services
- Consultative approach with external review evaluating programs to internationally established standards for quality
- Accreditation in several domains, including medical rehabilitation programs

http://www.carf.org

Cancer Rehabilitation Specialty Program

"A person-centered cancer rehabilitation specialty program utilizes a holistic interdisciplinary team approach to address the unique needs of persons who have been diagnosed with cancer."

Cancer Rehabilitation Specialty Program

- Survey consists of 31 applicable standards for evaluation and consultation
- Standards can be applied to a variety of settings for accreditation
- Flexibility is key for satisfactory fulfillment of certain standards
- Multidisciplinary approaches are necessary for comprehensive care of the patient
Program Management Team (PMT)

- Leadership team for the oncology rehabilitation program
  - Led by Sarah Sangermano, MS, OTR/L
  - Sarah.sangermano@carolinashealthcare.org
- Members represent all aspects of cancer rehabilitation care
- Primary driver of cancer rehabilitation initiatives within our system, including both LCI and CR

Initiatives of the PMT

- Programmatic and referral development
  - Novel models of inpatient rehabilitation care with concurrent radiation and chemotherapy
  - Medical and functional coordination for hematology patients
  - Marketing to internal and external stakeholders for cancer rehabilitation growth
- Educational opportunities
  - Competencies for staff
  - Patient handbooks during rehabilitation care
  - Academic and research presentations and publications
- Measures of quality
  - Collaboration with oncology services to improve patient experience
  - Relevant measures of outcomes to ensure appropriate delivery of care
  - Coordination of services to improve patient satisfaction with rehabilitation services

Dorothy’s Story
Conclusions

• Successful cancer rehabilitation programs require multidisciplinary and coordinated care

• Standards for accreditation may provide opportunities for programs to develop a framework for cancer rehabilitation care delivery

• Care should always remain person-centric.

Questions

Vishwa.raj@carolinashealthcare.org
Carolinas Rehabilitation
1100 Blythe Boulevard
Charlotte, North Carolina 28203
(704) 355-9330