

# Survivorship Model of Care

## Development and implementation of a nurse practitioner–led intervention for patients with breast cancer

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**BACKGROUND:** Despite a call for action to improve survivorship care, no optimal model of care exists.

**OBJECTIVES:** To develop and evaluate the feasibility of a nurse practitioner (NP)–led model of care for survivorship visits after initial therapy.

**METHODS:** Patients received an NP-led survivorship bridge visit (NPSBV) following treatment for early-stage breast cancer. A cross-sectional survey was used to evaluate responses to the NPSBV and patient satisfaction with care. Satisfaction with usual care was evaluated in a comparison of patient groups. Differences were assessed with a chi-square test or Fisher's exact test.

**FINDINGS:** Of 166 surveys, 118 were returned. The NPSBV met feasibility with a high attendance rate and had high acceptability and satisfaction rates. NPSBV patients were more likely to report that their team always cared as much as they did about their health compared to controls. Most patients would recommend the NPSBV to others.

### KEYWORDS

breast cancer; survivorship; nurse practitioner; interdisciplinary care model

### DIGITAL OBJECT IDENTIFIER

10.1188/17.CJON.E99-E105

**I**N 2006, HEWITT, GREENFIELD, AND STOVALL published *From Cancer Patient to Cancer Survivor: Lost in Transition*, a report that describes cancer survivorship care and the Institute of Medicine's recommendations. Since then, survivorship clinics and interventions have been established throughout the country with various models and levels of success. Despite a growing body of literature on this topic, the optimal delivery model to address the healthcare needs of cancer survivors has yet to be established.

Barriers to survivorship care implementation are well documented and include challenges with staffing, clinician time, and clinic resources (Birken, Mayer, & Weiner, 2013; Mayer, Birken, Check, & Chen, 2015). Hewitt et al. (2006) also recommended that every patient receive a survivorship care plan (SCP) detailing follow-up care, a surveillance plan, and general health recommendations. However, other literature reveals that SCP adoption in oncology clinics is highly variable, and insufficient evidence suggests that that SCPs improve outcomes for patient (Mayer et al., 2014; Salz et al., 2014).

### Background

About 15.5 million cancer survivors live in the United States today, and more than 3.5 million of them are breast cancer survivors (American Cancer Society, 2016). The potential needs of breast cancer survivors and the long-term sequelae following treatment are well documented and include depression, anxiety, fatigue, peripheral neuropathy, body image concerns and complications postreconstruction, bone health, menopausal symptoms, cognitive changes, sexuality issues, and lymphedema (Bluethmann et al., 2015; Gopie et al., 2013; Lester et al., 2015; Partridge, 2013; Pauwels, Charlier, De Bourdeaudhuij, Lechner, & Van Hoof, 2013; Soo & Sherman, 2015). Treatments exist for many of these issues, yet many cancer survivors report not connecting with the necessary providers to address their concerns (Todd, Feuerstein, Gehrke, Hydeman, & Beupin, 2015). A growing public health challenge is appropriately screening for these issues among patients with breast cancer, identifying patients in need, and efficiently directing them to appropriate resources. Collectively, these findings suggest a need to develop clinical models that