Health Systems Rehabilitation Community

Best Practice Template

Date: 5/1/2013

Title: Cancer Rehabilitation Program Integration into the Survivorship Continuum of Care

Organization: Johns Hopkins Hospital

Briefly explain why this “Best Practice” was developed:

The number of cancer survivors in the United States is projected to reach greater than 18 million by the year 2020. It is well documented that after effects of cancer treatment include pain, fatigue, limited endurance, neuropathy, difficulties with concentration, stiffness, and lymphedema. Often, cancer survivors are dealing with these side effects months to years after acute treatment has concluded. This, unfortunately, has forced many cancer survivors to accept a new normal at a lower functional baseline than before treatment. Rehabilitation professionals are well suited to provide care to cancer survivors to prevent and reduce side effects associated with cancer treatment. Therefore, it is important to integrate rehabilitation services into the cancer survivor continuum of care. The Johns Hopkins Cancer Rehabilitation Program was developed to identify and address needs of the cancer survivor throughout their continuum of care. In order to do this successfully, a systematic approach centered on clinician education, patient access, and referral source awareness that were created in order to fully integrate our services into cancer survivorship at Johns Hopkins.

Description:

The Johns Hopkins Cancer Rehabilitation Program uses a multidisciplinary approach to meet the needs of cancer survivors from diagnosis, throughout their treatment, and after their acute medical care has been completed. Patients receive physical therapy, occupational therapy, and physiatry consultations. Speech-language pathology and neuropsychology are available as needed.

Describe the steps to implementation:

1. Uniform training of rehab staff
2. Passionate clinicians are identified to promote program growth
3. Standardize care among clinics and clinicians
4. Identify patient entry points to service
5. Generate referral and screening tools
6. Systematically promote services
7. Ensure patient access

How long has it been in use within your organization?

The cancer rehab program was officially rolled out in late fall of 2010.
Describe the benefit it has brought to your organization:

1. Increased patient access to care
2. Improved interdisciplinary communication both within Physical Medicine and Rehabilitation and with external departments
   (medical oncology, radiation oncology, plastics)
3. Marketing and collaborative effort opportunities
   a. Interdisciplinary survivorship task force
   b. Survivor retreats
   c. Website integration
   d. Patient education symposiums
4. Increased revenue

Evidence\justification to support this practice:

Patients are accessing and receiving care earlier in their cancer treatment. Overall awareness of the role of therapy has increased and is directly evident in our number of referrals to the program and improved interdisciplinary communication between the cancer center and our outpatient rehab program.

Direct evidence as a result of this practice:

Referrals to Program:
Fiscal Year 2011: 51
Fiscal Year 2012: 150
Fiscal Year 2013: 195 (projected)

Are you willing to share this with others, and is there a cost associated?

Yes, we are willing to share with others, and there may be a cost associated with it.

Is this commercially available?

No.

Any additional information or resources:
N/A

Contact for additional information:

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