


Carolinan HealthCare System

**Cancer Rehabilitation
Programmatic Experiences and the Role
of Accreditation Standards**

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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

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Dietz Model for Cancer Rehabilitation

- Preventative
- Restorative
- Supportive
- Palliative

Dietz JH Jr. Adaptive rehabilitation of the cancer patient. *Curr Probl Cancer*. 1980 Nov; 5(5):1-56.

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Definition of a Survivor

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

NCI Dictionary of Cancer Terms. National Cancer Institute at the National Institute of Health, <http://www.cancer.gov/dictionary>

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“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

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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

American Cancer Society, Cancer Treatment and Survivorship Facts & Figures 2014-2015. Atlanta: American Cancer Society; 2014.

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Coordination of Oncology and Rehabilitation



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Levine Cancer Institute and Carolinas Rehabilitation

General information		
	Levine Cancer Institute	Carolinas Rehabilitation
Patient access	Large research database Analytical case load for cancer registry approximately 11,000 annually	3000 annual inpatient admissions 200,000 annual outpatient therapy visits
Locations	25 treatment locations in North and South Carolina	14 outpatient therapy locations 179 licensed beds
Cancer related accreditations	CoC Network Accreditation Recipient of the 2013 Outstanding Achievement Award by the CoC National Accreditation Program of Breast Centers	CARF accreditation for cancer rehabilitation Survivorship Training and Rehabilitation Program Certification

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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.

6/2/15 <https://www.facs.org/~media/files/quality%20programs/cancer/coc/programstandards2012.ashx> 10



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

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The Needs of the Individual



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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

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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

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Carolinas Rehabilitation

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

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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>

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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.”

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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

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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

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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

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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.

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Questions

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