

Care Coordination for Cancer Survivors



An individual is considered a cancer survivor from the time of diagnosis until the end of their life. Of the more than 1 million adult cancer survivors in New York State (NYS), many have complex physical and psychosocial health care needs that may require multiple providers and treatments in varied care settings.¹ This can make post-cancer treatment care fragmented, resulting in unmet needs and poor health outcomes.²

In NYS, compared to adults without a cancer diagnosis, adult cancer survivors are significantly more likely to report having a personal doctor (Figure 1). Adult cancer survivors are also significantly more likely to receive a routine check-up within the past year (than adults without a cancer diagnosis) (Figure 2).

Because of survivors' higher likelihood of engagement with primary care, there are opportunities for more organized, coordinated, and systematic care. Effective communication between oncology and primary care teams throughout the cancer continuum could ensure well-coordinated, evidence-based care for survivors. The use of survivorship care plans and adherence to survivorship care guidelines can facilitate a collaborative and standardized approach to quality cancer care.³

Figure 1. Percentage* of Adults who Report having a Personal Doctor or Healthcare Provider by Cancer Survivorship Status

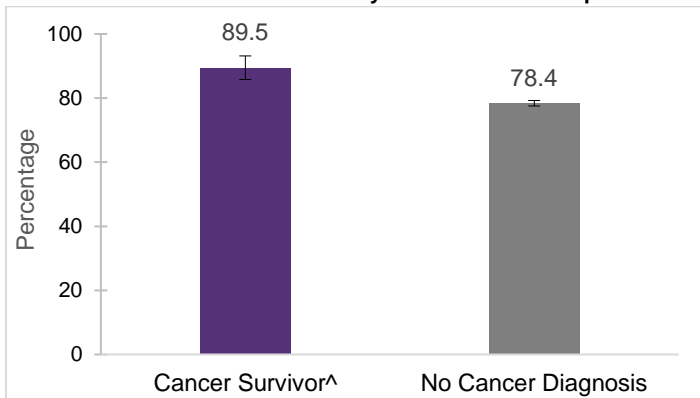
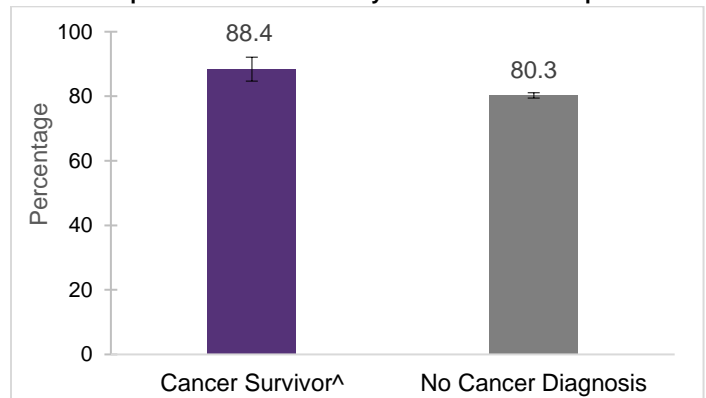


Figure 2. Percentage* of Adults who Report Receiving a Routine Check-Up within the Past Year by Cancer Survivorship Status



Data Source: NYS Behavioral Risk Factor Surveillance System 2018

*Percentages are age-adjusted to the US 2000 standard population

[^]Cancer survivors are those 18 years of age and older who have ever been diagnosed with a cancer other than skin cancer.

Fig 1: Respondents who answered 'Yes, only one' or 'More than one' to "Do you have one person you think of as your personal doctor or health care provider?"

Fig 2: Respondents who answered 'Within the past year' to "About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition."

Public Health Opportunity

A coordinated approach, including strategies outlined in the [NYS Comprehensive Cancer Control Plan](#), includes:

- Use of standardized survivorship care plans among oncology and primary care providers.
- Increased awareness among oncology and primary care and use of existing cancer survivorship care guidelines such as those published by the American Cancer Society and American Society of Clinical Oncology.
- Share best practices related to the benefits of survivorship coordinators and navigators located in pediatric and adult oncology centers.
- Complete the GW Cancer Center's [Cancer Survivorship E-Learning Series for Primary Care Providers](#).

For more information, please send an e-mail to BCDER@health.ny.gov with IFA #2021-08 in the subject line. To access other Information for Action reports, visit the NYSDOH public website: http://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/index.htm

¹New York State Comprehensive Cancer Control Plan. Accessed at https://www.health.ny.gov/diseases/cancer/consortium/docs/2018-2023_comp_cancer_control_plan.pdf

²National Research Council. (2006). From Cancer Patient to Cancer Survivor: Lost in Transition. Washington, DC: The National Academies Press. Accessed at <https://doi.org/10.17226/11468>

³Overholser, L., & Callaway, C. (2019). Improving Care Coordination to Optimize Health Outcomes in Cancer Survivors. Journal of the National Comprehensive Cancer Network, 17(5): 607-610. Accessed at <https://jncn.org/view/journals/inccn/17/5.5/article-p607.xml>