

Testing the Impact of a Cancer Survivorship Patient Engagement Toolkit on Selected Health Outcomes

Eun-Shim Nahm, PhD, RN, FAAN, Kenneth Miller, MD, Mary McQuaige, BSN, RN, OCN®, Nancy Corbitt, BSN, RN, OCN®, CRNI, Nick Jaidar, MHA, FACHE, Paula Rosenblatt, MD, Shijun Zhu, PhD, Hyojin Son, MSN, RN, Lindsey Hertsenber, BSN, RN, Karen E. Wickersham, PhD, RN, In Seo La, MSN, RN, Jungmin Yoon, MSN, RN, and Kendall Powell, BS

OBJECTIVES: To evaluate an interactive electronic Cancer Survivorship Patient Engagement Toolkit (CaS-PET) using a single-group pre-/post-test design.

SAMPLE & SETTING: 30 cancer survivors with a mean age of 56.5 years (SD = 13.6) were recruited from the University of Maryland Medical Center in Baltimore.

METHODS & VARIABLES: CaS-PET was designed to deliver survivorship care plans (SCPs) with multifactorial support and comprised of SCPs, biweekly follow-up using patient portal e-messages, and online resources. Outcomes included health-related quality of life, symptom burden, impact of cancer, fear of recurrence, physical activities, dietary behavior, patient-provider communication, adherence to treatment, and e-health literacy.

RESULTS: At three months, there was a significant improvement in quality of life, physical symptom burden, and total symptom burden.

IMPLICATIONS FOR NURSING: Findings suggest an excellent potential for using CaS-PET for survivors who are in transition from treatment to survivorship.

KEYWORDS cancer; survivorship care plan; patient portal; online resource; discussion board

ONF, 46(5), 572-584.

DOI 10.1188/19.ONF.572-584

Meeting the care needs of cancer survivors is a population health issue because unmet needs result in poor health outcomes and increased healthcare use (Rajotte, Heron, Syrjala, & Baker, 2017). Cancer survivors who complete active treatments with curative intent and transition to long-term survivorship develop a new set of care needs as they adapt to a new normal while still managing difficult symptoms associated with treatment, such as fatigue and pain (Gosain & Miller, 2013; Mayer, Nasso, & Earp, 2017; National Cancer Institute [NCI], 2018a). Most survivors are not well prepared to manage these issues at home (National Academies of Sciences, Engineering, and Medicine [NASEM], 2018). Addressing these care needs, the Institute of Medicine recommended that every patient with cancer receive a survivorship care plan (SCP), which is a comprehensive document that includes a treatment summary and a follow-up care plan (Institute of Medicine & National Research Council, 2006). The American College of Surgeons Commission on Cancer (2016) requires its accredited programs to provide SCPs to at least 50% of eligible patients.

Prior findings consistently showed that patients and providers perceive SCPs as important health information for cancer care (Birken et al., 2018; LaGrandeur, Armin, Howe, & Ali-Akbarian, 2018; Mayer, Birken, Check, & Chen, 2015). Many descriptive studies have shown positive relationships between SCPs and health outcomes (Jacobsen et al., 2018; Mayer et al., 2015). However, overall adoption rates for SCPs have been low, and there is a lack of randomized controlled trials that show the effectiveness of SCPs (Brennan, Gormally, Butow, Boyle, &