Implementing a Rehab Program for Patients with Cancer

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- Chris Wilson
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- Stephanie Lockingen
  - Nothing to disclose

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4.6 Rehabilitation Care Services

Definition and Requirements

Policies and procedures are in place to guide referral to appropriate rehabilitation care services on-site or by referral. Rehabilitation care is patient-centered care that optimizes patient functional status and quality of life through preventive, restorative, supportive, and palliative interventions. The availability of rehabilitation care services is an essential component of comprehensive cancer care, beginning at the time of diagnosis and being continuously available throughout treatment, surveillance, and, when applicable, through end of life.

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Optimal Resources for **Cancer Care**

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Body Systems Affected by Cancer and Treatment[1]

- Cardiovascular System
- Endocrine System
- Immune System
- Digestive System
- Nervous System
- Respiratory System
- Lymphatic System

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Patient Benefits of Cancer Rehab

- Rehabilitation effectively alleviates or mitigates functional impairments[2]
  - WHO defines function as "those activities identified by the individual as essential to support physical, social, and psychological well-being."[3]
- Exercise is associated with improved survival after cancer[4]
- Exercise training and rehabilitation positively impacts cancer-related health outcomes[4-6]
  - Cancer-related fatigue
    - Evidence supports that exercise is more beneficial than pharmaceutical intervention or psychological intervention alone
  - Health related quality of life
  - Physical function
  - Anxiety and depression symptoms
  - Restore range of motion
  - Prevent or reverse incontinence

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Indirect Benefits of Cancer Rehab[6-7]

- Tolerance to active cancer treatment, especially chemotherapy
- Mitigation of functional decline after initiation of active cancer treatment
- Decreased post-operative hospital length of stay, rate of complication and time spent in the ICU
- No adverse events related to blood counts
  - Improved immune function
  - May decrease the risk for developing neutropenia and thrombocytopenia
- Positive impact on biomarkers (immune and inflammatory)

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Integration of Oncology Rehabilitation

- Evidence that rehabilitation interventions are effective: prehab, throughout treatment, and into survivorship[2]
- Introduction of exercise and rehabilitation at different points along the cancer continuum demonstrate various positive effects on tolerance of cancer treatment[6]
- Impact of exercise intervention improved when the program was supervised vs unsupervised[6]
- Exercise prescription is nuanced requiring consideration of many factors
  - Health status, clinical history, functional abilities of the patient and ongoing oncologic interventions[6]
- Only 18-47% of patients with or living beyond cancer meet the recommended amount of meaningful exercise[8]
- 49% of survivors felt their non-medical needs were not met
- Only 1-2% of individuals were treated for cancer-related disability[9]

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Turning Knowledge into Action

- Implementation science: promote the systemic uptake of research findings and evidence-based practice into routine practice to improve the quality and effectiveness of care[9]
- Oncology rehabilitation is stuck in the research-to-practice gap. Research has proven the therapeutic potential of exercise but there is a gap connecting patients to programs.
  - Needs assessments to determine barriers and facilitators
  - Define expected outcomes for adoption, implementation and maintenance linking behaviors to achieve the outcomes
  - Utilize evidence-based implementation strategies
  - Implementation of an overall plan with support materials and structures partnered with key stakeholders[8]
- Call to action for key stakeholders to create the infrastructure and cultural adaptations needed so that all people living with and beyond cancer can be as active as is possible for them[4]
- Consideration needs to be not only for the evidence-based intervention itself, but also the setting in which it will be delivered[10]

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New Treatment Paradigm - PRISM

- **Pr**evention
  - Initial education for avoidance of at-risk behaviors (poor diet, smoking, advocating for screenings, lack of exercise)
  - Prospective surveillance to establish baseline functional levels
- **I**ntervention
  - Proactive intervention
  - "Traditional" rehabilitation
  - Therapy to maintain or slow the decline of function
- **S**ustained Wellness **M**odel
  - Support individuals into survivorship
  - Health maintenance behaviors to maintain an optimal level of activity and enjoy the highest quality of life for as long as possible[11]

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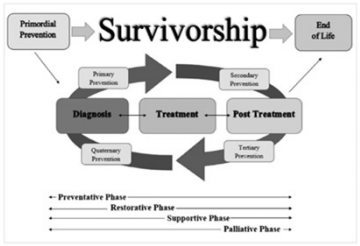
Rehabilitation Arenas



• **Fig. 2.1** Oncology Rehabilitation and Wellness Nexus Model. (Created by Andrew Chongaway, Amy J. Litterini, and Deborah Doherty 2021. Printed with permission.)

- Acute Care
- Post-acute care
  - Inpatient rehabilitation
  - Skilled nursing facilities
  - Long-term acute care hospitals
  - Hospice facilities
- Home care
- Outpatient ambulatory care
- Community exercise and post-rehab[2,9]

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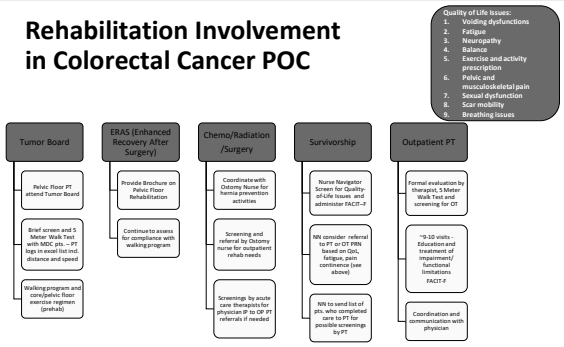
Rehabilitation Involvement in Colorectal Cancer POC



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Specialty Services

- Physical Therapy (doctorate level education)
  - American Board of Physical Therapy Specialties
    - Oncology
    - Cardiovascular and Pulmonary
    - Geriatrics
    - Pediatrics
    - Neurologic
    - Orthopedics
  - Lymphedema
  - Pelvic Health
    - Pelvic Pain
    - Incontinence
  - Balance and Falls
- Occupational Therapy (masters level education, doctorate level 2027)
  - Lymphedema
  - Neurological Conditions
  - ADLs/Cognition
  - Driver Rehabilitation
- Speech Language Pathology (masters level education and 9-month clinical fellowship)
  - Motor Speech Disorders
  - Fluency
  - Language
  - Feeding and Swallowing
  - Cognition-Communication Disorders
  - Resonance

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Value-based Oncology Rehabilitation

Logistics

- Essential to establish a mission statement, vision statement and values statement of the program
  - Clarity of the intent and purpose of the program
- Accessible care that is convenient, patient-centered, and relevant to improving their life situation with an emphasis on patient experience[9]

Sustainability[12]

- Administrative Structure
  - National, Local and Institutional agenda
  - CoC has a standard requiring provision of rehabilitation services to cancer patients
- Education
  - Gap analysis of knowledge
  - Develop avenues for education
  - Participate in tumor boards and multidisciplinary rounds
- Communication
  - Establish guidelines for communication including outcomes
  - Provide data and metrics to administrators, physicians and staff

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Payment and Sustainability

- Rehab services are consistently directly payable services as long as working toward impairments and functional limitations
- Rx must require the skill of a licensed therapist or assistant
  - Unskilled maintenance programs or home programs may not be "skilled"
  - If maintenance programs or slowing the decline require the skills of a therapist, it still is payable[13]
- Brief screenings and informal consultations are not often payable
  - Have to consider that this is a new service line or new patient access
  - Remind therapists not to proceed to a full eval in a screen
- Productivity expectations of therapists
  - Often an initial investment cost
  - Unbillable time – tumor boards, MDCs – proceed strategically

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Key Takeaways

- Find the low hanging fruit first or the most community impact
- Facilitate conversations between rehab administrators and hospital administrators
- Design the program longitudinally and meeting the patient where they are at in their journey

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Thank you

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