



# Newsletter

June 2013



During the course of the past year, a Membership Models Task Force of the ONS Board of Directors has been reviewing various aspects of the ONS membership experience to determine ways to continually improve that experience and to position the Society for future growth and sustainability. Their work took into consideration significant amounts data, including member feedback derived from a number of sources. Among other key outcomes, this research revealed that members who were engaged in ONS at the local level tended to be much more engaged at the national level as well, demonstrated higher levels of overall satisfaction, and were much more likely to retain their membership for a number of years. However, currently only about one-third of all ONS members belong to their local chapter. These factors contributed to the task force recommending, and the board approving, a new membership model whereby chapter membership is no longer an optional add-on experience but automatically included as part of

ONS membership. \$10 will be added to the ONS dues amount to cover the chapter membership, and that amount will be rebated back to each member's chapter.

Members already affiliated with a chapter will remain affiliated with that chapter. Members not affiliated with a chapter will be assigned to the closest chapter based on the zip code of choice (home or work).

The transition to the new model will begin in late spring, and is expected to be completed by July 1, 2013. Please note that this date may change, due to the complexity of the transition of this project in terms of membership records database changes, technical upgrades to software programs, and individual chapter issues.

For more information see the ONS website <http://www.ons.org/> or contact [www.chapters.ons.org](http://www.chapters.ons.org)

## Palliative Care Research in the News

As many of you know Marie Bakitas has joined the University of Alabama at Birmingham (UAB) School of Nursing and

has received a four-year, \$720,000 grant from the American Cancer Society to study whether a phone-based palliative care intervention can help reduce access disparities for veterans, minorities and patients from rural areas who have advanced cancer.



Palliative care focuses on providing patients with relief from the symptoms, pain and stress of illness. Research shows that when patients with incurable cancer receive palliative care along with regular cancer treatment, they have a better quality of life, as well as less symptoms and depression, and they may live longer.

Over the past decade, the study's principal investigator, Marie A. Bakitas, D.N.Sc., APRN, FAAN, professor of nursing and Marie L. O'Koren Endowed Chair, has worked to develop Project ENABLE (Educate, Nurture, Advise, Before Life Ends), a phone-based palliative care intervention for patients.

Initial work has been done in an academic medical center setting.

“Nearly 60 million Americans, many of them veterans and ethnic minorities, live in rural areas where few palliative care services exist,” Bakitas said. “The American Cancer Society has set a nationwide objective to eliminate cancer disparities by 2015. Given that advanced cancer patients in rural areas are less likely to benefit from palliative services due to limited access and suboptimal care, we believe this intervention will provide an innovative way for cancer centers in these areas to provide palliative care.”

In the original ENABLE II study, a specially trained advanced practice nurse coached patients and their caregivers through a series of structured telephone sessions on topics such as problem solving, communication, symptom management and self-care, as well as medical decision-making. The participants had four weekly educational sessions and monthly follow-up sessions.

**Research shows that when patients with incurable cancer receive palliative care along with regular cancer treatment, they have a better quality of life, as well as less symptoms and depression, and they may live longer.**

In the June 2009 Journal of the American Medical Association (JAMA) Bakitas and colleagues published conclusive findings on Project ENABLE’s effectiveness at a National Cancer Institute-designated comprehensive cancer center in New Hampshire, its affiliated outreach clinics and a Veteran’s Affairs medical center in Vermont. They now want to know if the intervention can be as effective for patients and their caregivers from rural areas, outside the reach of an academic medical center.

“The patients who underwent this intervention had a better quality of life, less depression and lived longer than patients who received only regular cancer care,” Bakitas said. “This is extending the results of that study to patients and family members in the community.”

Bakitas said the project will target four communities representing rural geography and/or ethnic and racial diversity: Birmingham, Ala. (Birmingham VA Medical Center); Grand Rapids,

Mich.; Spartanburg, SC.; and Bangor, Maine. Project teams at each site will work together over the next four years to tailor ENABLE to their individual communities.

“Our short-term goal is to learn the best way to bring palliative care services to patients and families to improve care and quality of life, as well as reduce the burden of cancer in these four communities,” Bakitas said. “We also will develop a toolkit that can be used to implement the model.”

The project’s long-term goal, Bakitas added, is to make this project accessible to patients and family members in other non-academic community cancer centers across the country.

“In so doing, we hope to reduce the suffering of patients living with cancer nationwide,” she said.

May 13-17, 2013, is National VA Research Week. On May 15, Bakitas is discussing a related project involving veterans during a poster presentation at the Birmingham VA Medical Center. The

poster, “Oncology Clinicians’ Perspectives on Providing Palliative Care for Patients with Advanced Cancer,” was built upon data collected from her palliative care research at White river Junction VA Medical Center in Vermont.

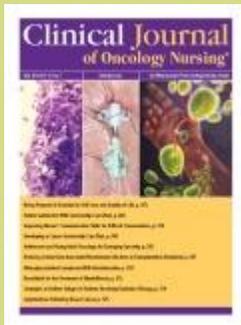


## MEMBERS IN THE NEWS



Laura Urquhart APRN, OCN

Authored article published in JCON  
 "Taxanes as First-Line Treatment in metastatic Breast Cancer" February 2013



## MEMBERS IN THE NEWS



Marie Bakitas DNSc, APRN, FAAN

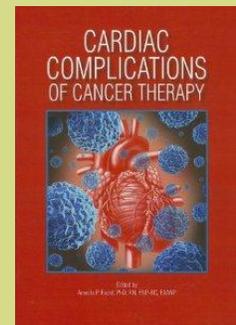
We sadly but fondly wish Marie well in her appointment as the Marie L. O'Koren Endowed Chair Professor of Nursing at the University of Alabama Birmingham. You are an inspiration to us all and we will miss you!

## ONCOLOGY PUBLICATIONS



Claire Pace APRN, MSN

Contributing Author in a new book  
 ONS publication on the Cardiac Complications of Cancer Therapy



Claire also published in the CJON her research project in Survivorship Care Plans

### [Patient Satisfaction With Breast and Colorectal Cancer Survivorship Care Plans](#)

B.L. Sprague, K.L. Dittus, C.M. Pace, D. Dulko, L.A. Pollack, N.A. Hawkins, & B.M. Geller

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■ **CJON Article**

### Patient Satisfaction With Breast and Colorectal Cancer Survivorship Care Plans

Brian L. Sprague, PhD, Kim L. Dittus, MD, PhD, Claire M. Pace, MSN, APRN, ACHPN, Dorothy Dulko, PhD, ARNP, AOCNP<sup>®</sup>, Lori A. Pollack, MD, MPH, Nikki A. Hawkins, PhD, and Beta M. Geller, EdD



Cancer survivors face several challenges following the completion of active treatment, including uncertainty about late effects of treatment and confusion about coordination of follow-up care. The authors evaluated patient satisfaction with personalized survivorship care plans designed to clarify those issues. The authors enrolled 44 patients with breast cancer and 19 patients with colorectal cancer who had completed treatment in the previous two months from an urban academic medical center and a rural community hospital. Patient satisfaction with the care plan was assessed by telephone interview. Overall, about 80% of patients were very or completely satisfied with the care plan, and 50% or more agreed that it was useful, it was easy to understand, and the length was appropriate. Most patients reported that the care plan was very or critically important to understanding an array of survivorship issues. However, only about half felt that it helped them better understand the roles of primary care providers and oncologists in survivorship care. The results provide evidence that patients with cancer find high value in personalized survivorship care plans, but the plans do not eliminate confusion regarding the coordination of follow-up care. Future efforts to improve care plans should focus on better descriptions of how survivorship care will be coordinated.

Brian L. Sprague, PhD, is an assistant professor in the Department of Surgery and the Office of Health Promotion Research and Care. Kim L. Dittus, MD, PhD, is an assistant professor in the Department of Medicine, both at the University of Tennessee in Knoxville. Claire M. Pace, MSN, APRN, ACHPN, is a nurse practitioner in the Department of Radiation Oncology at Grand Rapids of Medicine at Grand Rapids Community Hospital in Grand Rapids, MI. Dorothy Dulko, PhD, is a senior research analyst at Eastern Health, Inc., in New York. Lori A. Pollack, MD, MPH, is a medical officer at NCI. A. Hawkins, PhD, is a behavioral scientist, both at the Center for Disease Control and Prevention in Atlanta, GA, and the Department of Family Medicine and Population Science at the University of Tennessee. Support for this research was provided through a grant from the Centers for Disease Control and Prevention (5U49CE001505-01-01-02). The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention. The authors take full responsibility for the content of this article. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free of commercial bias. For more information, submit to the content of this article has been identified the independent peer reviewers to editorial staff. Sprague can be reached at [bsprague@vanderbilt.edu](mailto:bsprague@vanderbilt.edu). All rights reserved © ONSN Publishing, October/November 2012. Reprint identifier November 2012. Accepted for publication December 2, 2012. Digital Object Identifier 10.1188/3.CJON.12.03AP

Almost 12 million people in the United States were living with a personal history of cancer in 2009, including more than 2.5 million women with breast cancer and more than 1 million men and women with colorectal cancer (Helmick et al., 2012). An extensive body of research provides evidence that cancer survivors frequently experience late effects from their cancer and treatments, including psychological distress, pain, impaired organ function, sexual dysfunction, cosmetic changes, and limitations in mobility, communication, and cognition (Goss, 2009; Hartmann, Hamer, Moskowitz, Todd, & Perrenson, 2009; Herwig, Greenfield, & Sorval, 2009; Stein, Verpeck, & Andriole, 2008; Tricker & Beebe, 2009). A landmark report by the Institute of Medicine (Hewitt et al., 2005) recognized that the system of delivering care to the growing number of cancer survivors was inadequate. Specifically, it suggested that the transition of medical care following cancer treatment often is not well coordinated, and many cancer survivors and providers are unaware of late effects and heightened health risks related to the cancer and its treatment. A key recommendation of the report was that patients with cancer completing primary treatment should be provided with a survivorship care plan that includes a comprehensive treatment and care summary and follow-up plan.

Although the Commission on Cancer (2002) added the provision of a survivorship care plan to its cancer program standards, sparse evidence exists regarding the effectiveness and optimal content of care plans (Nate, O'Neilger, McCabe, Lane,

# Seeking New Board Members

Are you interested in being a member of your local chapter? If so or if you want more information please contact Sara.H.Roebuck@hitchcock.org

## NH/VT ONS Board Members

Elizabeth McGrath-President  
Cory Howarth President-elect  
Kim Maynard-Treasurer  
Megan Goodrich-Secretary  
Laura Urquhart-Program Chair  
Mary Scott-Membership Chair  
Sara Roebuck-Nominating Chair

### MEMBERS ON THE MOVE

Deborah Lindberg has relocated to Ohio ☹️; we congratulate her on her recent marriage 😊

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If you would like to submit news, articles or information to this newsletter or send corrections please contact [elizabeth.b.mcgrath@hitchcock.org](mailto:elizabeth.b.mcgrath@hitchcock.org)

## Membership List

NHVT Chapter Members  
as of 6/2013

- Aldrich, Stacey
- Barton, Joyce
- Bayliss, Virginia\*
- Bedell, Marilyn
- Boucher, Michelle\*
- Brown, Martha\*
- Caron, Paula\*
- Comeau, Laurin\*
- Crosby, Nancy\*
- Cunningham, Sarah\*
- Dann, Emma\*
- Davis, Melissa\*
- Davis, Robin
- Disalvo, Wendye\*
- DiStasio, Susan\*
- Evans, Barbara\*
- Goodrich, Megan\*
- Greifzu, Sherry\*
- Guy, Nancy\*
- Hall, Amy
- Hanscom, Evelyn
- Heath, Donna\*
- Highhouse, Brian\*
- Horwitz, Ruth\*
- Howarth, Cory\*
- Howe, Megan
- Jenkins, Pamela
- Johnson, Connie
- Jones, Connie\*
- Jones, Susan\*
- Kennedy, Nancy
- Lang, Sandra
- Lindberg, Deborah
- Maynard, Kimberly\*
- McGrath, Elizabeth\*
- McNamara, Shawn
- Nash, Nikki\*
- Piper, Ann-Marie\*
- Powers, Sabrina\*
- Reisert, Linda\*
- Rhoda, June\*
- Rodriguez, Catherine\*
- Roebuck, Sara\*
- Root, Lynn
- Scott, Mary\*
- Simeone, Sara
- Stearns, Diane
- Stender, Janet\*
- Stevens, Sherry\*
- Urquhart, Laura\*
- Wermager, Linette\*
- Wiggett, Ann\*
- Wiggett, Cheryl
- Winchester, Deborah
- \*ONCC certified

## CNE Oncology Opportunities on the Horizon

OCN Review Course 10/25-10/26  
DHMC

Best of ASCO 8/23-8/24  
Boston, MA

NECCOS 10/25-10/26  
Stowe, VT

NEHOPS 11/1-11/2  
Newton, MA



