

# ONCOLOGY ISSUES

## Interview with Julie Silver, MD

By Amanda Patton, Associate Editor



*Oncology Issues* spoke with Julie Silver, MD, co-founder of Oncology Rehab Partners, to learn more about STAR Program® Certification. Dr. Silver is assistant professor at Harvard Medical School in the Department of Physical Medicine and Rehabilitation, and she is a breast cancer survivor. She developed the STAR Program with a team of clinicians. Read about STAR Program Certification experience at ACCC-member Jupiter Medical Center (*Oncology Issues*, May/June 2012).

**OI.** *When was the STAR Program Certification launched?*

**DR. SILVER.** In 2009.

**OI.** *What was the impetus for developing the program?*

**DR. SILVER.** I was in cancer treatment when I was in my 30s, and I came out of treatment very, very sick, and I began to talk about the need for rehabilitation. I'm a physiatrist, a rehabilitation physician. So I began talk about the need for rehabilitation when I gave grand rounds in hospitals, and I would get a lot of requests via emails or phone calls from people who would say, "Yes, absolutely we need this care but how do we do it in a best practices manner?" One thing I realized was that at every hospital I visited, there was a brain trust already there—really smart, really empathic people. If they had the right information and some support and structure, they could implement these services in an evidence-based, best practices manner and get reimbursed for this care. But I couldn't explain it to each person individually, so that's really where the impetus for the STAR Program came from. To develop the infrastructure to be able to support hospitals in their quest to provide the best possible care to patients on the survivorship side of care and also to make sure that the care is evidence-based and reimbursable.

I was also seeing hospitals trying to implement these types of services and making some very big mistakes because they really didn't have the experience or the knowledge to do this in a best practices manner. For example, they were making mistakes in billing and coding side that potentially put them at significant risk for fines and other problems.

**OI.** *Can you elaborate on common mistakes or barriers to implementation?*

**DR. SILVER.** One of the biggest barriers to overcome is that both the Oncology and the Rehabilitation Departments need to understand evidence-based cancer rehabilitation care because that's how reimbursement is given. Educating two departments in a hospital so that they understand how the care needs to be delivered is one of the biggest barriers. On the other hand, with STAR Program Certification, what we have found is that these two departments enjoy working together. They are very grateful to be connected, and participants are really excited about partnering and having referrals flow back and forth.

**OI.** *The STAR Program Certification seems to offer participants a soup-to-nuts program.*

**DR. SILVER.** Yes, the STAR Program is very comprehensive. The goal is evidence-based survivorship care with a focus on cancer rehabilitation. We provide soup-to-nuts turnkey solutions, beginning with evidence-based cancer prehabilitation. We have just developed STAR Program Prehab, which is a line of services that can be implemented immediately after someone is diagnosed in order to better prepare them for upcoming cancer treatments. Prehabilitation has [been] shown to reduce morbidity and mortality, and there is exciting new research focusing on cancer prehab and how we can best support survivors from the diagnosis throughout the continuum of care.

In the pre-certification phase, we focus on educating the healthcare participants—anyone who is involved in survivorship care: administrators, physicians, nurses, and so on. During pre-certification, we provide training, and we have developed protocols that hospitals can easily implement that using evidence-based tools to evaluate cancer survivors for their survivorship and rehabilitation needs.

On the post-certification side, we focus on outcomes. We look at four different categories: clinician education and training on an ongoing basis; patient functional outcomes, so we demonstrate that patients actually function at a higher level; patient satisfaction—that patients are happier with their care overall; and, finally, increasing referrals and revenue because cancer rehabilitation is reimbursable care.

**OI.** *You've said that the goal of the STAR Program is evidence-based survivorship care, how does the STAR Program benefit patients in active treatment?*

**DR. SILVER.** Cancer survivorship is most often defined as from the moment of diagnosis. I know often survivorship care may seem to imply post-treatment care, but this is not post-treatment. Cancer rehabilitation *is* treatment. This is medical care that is reimbursed by Medicare and other payers. Cancer rehabilitation can

begin at many different points. It can begin before someone has started treatment if they have some sort of impairment. For example, a woman scheduled for a mastectomy who has a rotator cuff impingement that needs to be addressed so that she'll have a better post-operative outcome. Cancer rehabilitation can be offered when people are in active treatment or when they are finished with active treatment. Many cancer survivors live with cancer as a chronic condition, and they are always in some sort of treatment. There is excellent research to support cancer rehabilitation in Stage 4 survivors.

**OI.** *There are an estimated 12 million cancer survivors in the U.S., and estimates are that over the next decade the demand for cancer services will increase as the baby boomers age. How might oncology rehabilitation services help with these populations?*

**DR. SILVER.** Studies have demonstrated again and again that the better we rehabilitate people physically, the better they do emotionally. Also the more people are able to function in their usual capacity, their pre-morbid capacity, the greater the likelihood that they will return to work, return to their former level of function. Rehabilitating cancer survivors well means that survivors will be able to function at a higher level, they will be able to return to work in higher numbers, take care of their families better, and be less of a burden on society and the healthcare system.

**OI.** *Does the STAR Program provide the tools or templates to track these outcomes?*

**DR. SILVER.** Yes, we provide multiple levels of support. Some of the outcomes we track ourselves and give the results. For example, for clinician education, the clinicians take online pre-tests and post-tests. We also have templates for the evidence-based tools that program can use to track patient function. We have templates for patient satisfaction surveys. And we have templates and assistance with tracking referrals and revenue including an ROI calculator. The average ROI is usually two to three months.

**OI.** *So cancer programs don't have to reinvent the wheel in terms of developing outcome tools or outcomes measures. These are available to them.*

**DR. SILVER.** That's exactly right. You don't have to reinvent the wheel on any level. We provide all of the structure and support so the hospitals we are working with don't have to put time, money, and other resources into trying to come up with these outcome measures or trying to educate their staff on evidence-based survivorship care.

**OI.** *For community-based cancer centers that already have oncology rehabilitation services in place, what would be the benefit of STAR Program Certification?*

**DR. SILVER.** Many hospitals do have some cancer rehabilitation services in place, but STAR Program Certification is really about building a service line that is an evidence-based, best practices model. STAR Program Certification means they are keeping up on the latest research, they've implemented protocols, and

they are tracking outcomes. From a marketing point of view, this is a really effective way of marketing not only the cancer rehabilitation and survivorship services, but it can also be a differentiator for patients. The STAR Program streamlines patient access to these services.

**OI.** What kind of ongoing training or support is provided to programs who have achieved certification?

**DR. SILVER.** We provide ongoing support to make sure that the clinicians stay up to date on evidence-based cancer rehabilitation and survivorship care, and we provide a lot of support on outcomes. We help hospitals operationalize their service line. That includes a lot of structure and support for tracking outcomes as well as pre-packaged awareness campaigns.

**OI.** How often do programs re-certify?

**DR. SILVER.** There is annual re-certification that basically involves keeping up to date with continuing education and implementing the protocols. We work with the programs throughout the year to help them. As long as they're completing their continuing education requirement and they've implemented the protocols, they're recertified.

**OI.** What costs are involved?

**DR. SILVER.** Hospitals pay an upfront fee that ranges from around \$15,000 upwards, depending on the number of participants, and there is a much lower re-certification fee that ranges from about \$5,000 upwards.