The Bridge Program: What We've Learned

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The Bridge Program--why

- Medical advances created new group of people surviving lung cancer
- Well known in other cancers that people feel 'Lost in Transition'
 - Institute of Medicine Report 2005
- Unmet needs likely exist, but we don't know much about them
- How are people with lung cancer the same? How are they different?
- How can we connect people to services in their home communities?

THREE AIMS OF THE BRIDGE PROGRAM

Develop and implement a comprehensive survivorship model for lung cancer patients

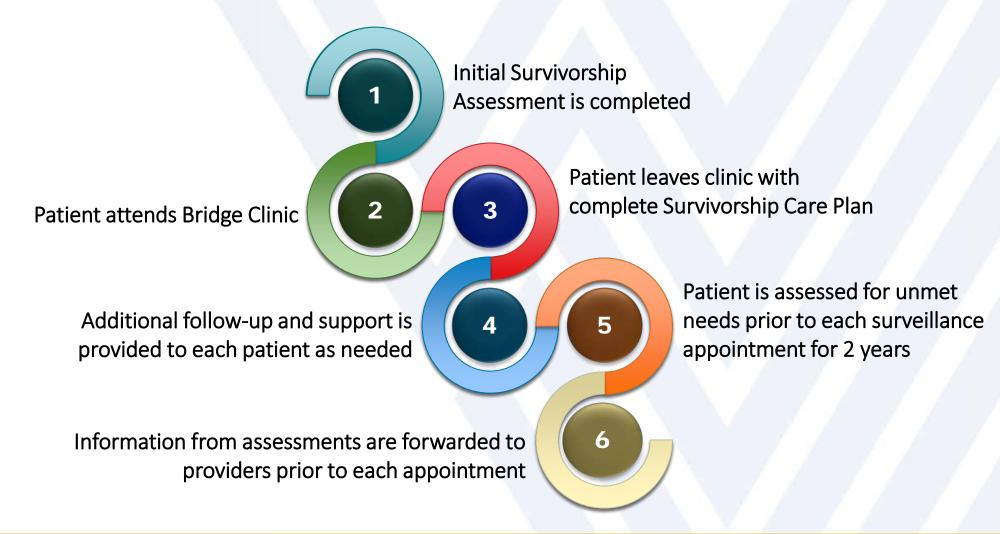
Train health
professionals on
the research,
survivorship, and
treatment of lung
cancer

Disseminate
information about
lung cancer
survivorship to
patients, families,
and health care
providers

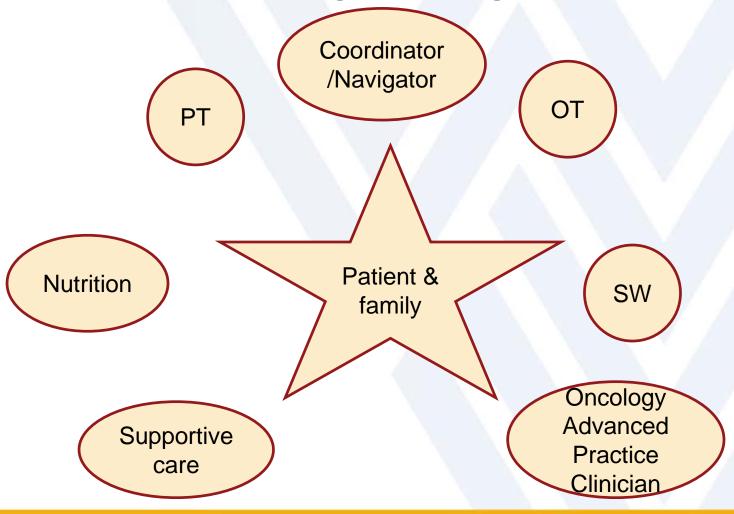
The Bridge Program--what

- Unique combination of clinical services and research
- Funded by Bristol-Meyers-Squibb Foundation
- Targeted to underserved population: lung cancer survivors in southern Appalachia

BRIDGE PROGRAM ROAD MAP



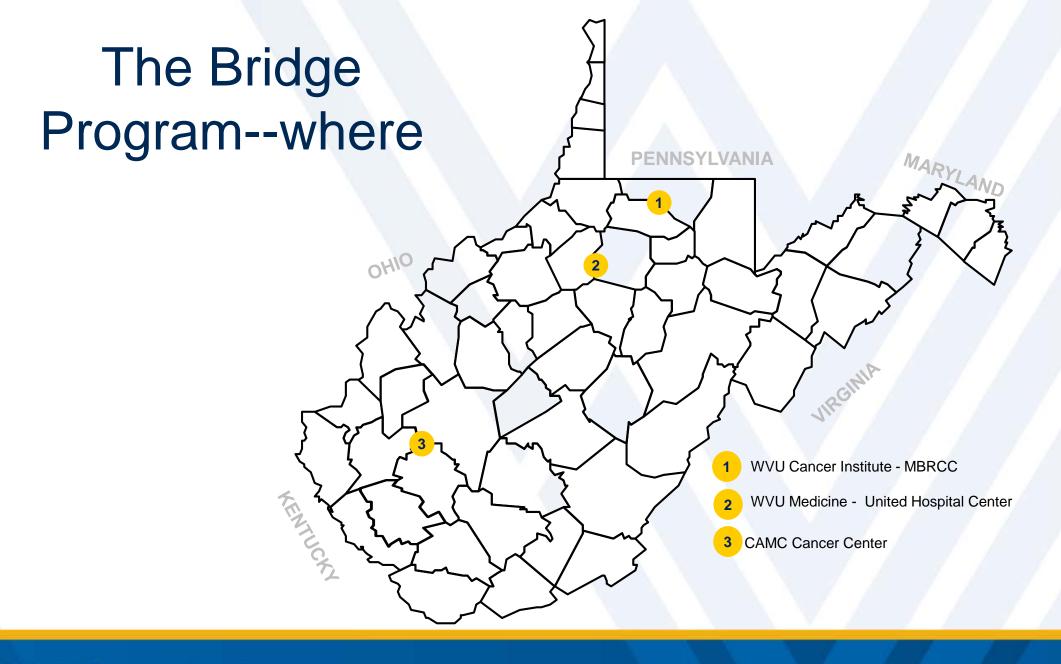
The Bridge Program-who



Team and Assessment Areas

- Advanced Practice Clinician
 - History & physical exam
 - Screening & surveillance
 - Smoking status/cessation
- Physical Therapist
 - Mobility status/ADLs
 - Strength/endurance/balance
 - Neuro-musculoskeletal issues
- Supportive Care
 - Anxiety/depression/distress
 - Pain management

- Dietitian
 - nutritional assessment
 - Body weight status
- Social Worker
 - Family support
 - Financial/insurance issues
- Occupational Therapist
 - Energy conservation/fatigue management
 - Adaptations to home/work/community



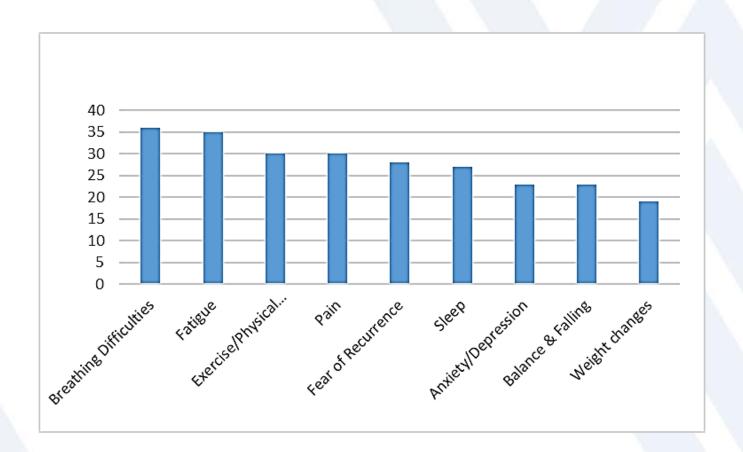
'Typical' Person Served--Sharon

- 58-year-old woman diagnosed with stage 3 lung cancer. She underwent surgical resection (non-robotic) 3 months ago along with chemo-radiation.
 She works as a cashier in a small store located in a rural area, 2 hours drive away from the cancer center. She is married with 3 grown children and 2 grandchildren.
- Upon interview, she rates her major concerns as fatigue, pain at her incision, anxiety about cancer recurrence and about paying the portion of her medical bills not covered by insurance. She feels somewhat depressed that she is not 'back to normal' and that she 'gave this to herself' by being a smoker.

A few statistics...

- 53 patients served to date
- Bimodal distribution between stage 1 ('simple') and stage 3
 - Different needs?
- Predominately smokers (many currently)
 - Associated co-morbidities, social/financial situations

What We've Learned about Concerns:



If you can't breathe, you can't move...everything else falls apart

Pain = recurrence = sleepless nights...

What We've Learned About Services

- Most common referrals are for physical therapy and occupational therapy services
 - Mobility/functional concerns are common, but unmet
 - Are community PTs and OTs prepared for treatment complications?
- Mental health services are very scarce, but greatly needed
- Financial/practical constraints on patients
 - Co-pays, travel costs, need to return to work
 - Very limited resources for transportation

Societal Factor: Lung Cancer is a Stigmatized Disease

- Myths about lung cancer hamper ability to serve/support these patients
 - 'you chose to smoke'
 - 'you don't look sick'
 - 'that's normal—get used to it'
 - 'you're going to die from it eventually'

Successes!

- Providing funds for transportation allowed a patient to get to PT
 - Improved dramatically and very grateful
- 'You guys really have your act together!'
 - Good publicity for participating cancer centers
- Connecting patients to their providers
 - Helped get appointments for follow-up and health screenings
- Learning from other team members
 - More referrals for all kinds of patients
- Involving primary care providers in patients' care
 - Survivorship plans very well received



Next Steps Involve YOU!

- Get education about lung cancer and treatment effects
 - Thank you for coming today!
- Learning about resources in your area
 - Network with agencies/public policy
- Recognize stigma and blame
 - Awareness of social and political determinants of health
- Spread the word!

