**Issue #3: Cancer Rehabilitation and Physical Impairment from cancer treatment**

**ISSUE STATEMENT & RATIONALE/EVIDENCE BASED RESEARCH:**
Physical impairments after cancer treatment increase distress, morbidity and mortality. Targeted, cancer-specific physical rehabilitation and cancer-specific exercise has been shown to reduce physical frailty, reduce disability, lengthen survival and improve quality of life in cancer survivors. Part of required distress screening is the imperative to utilize qualified professionals to address the distress caused by physical impairments imposed by cancer. Research has shown that cancer survivors are not being referred for existing rehabilitation and cancer exercise services and that there are not enough qualified rehabilitation professionals and cancer exercise specialists to meet the needs of the increasing numbers of cancer survivors, particularly with increasing elderly and frail survivors. Additionally, minority populations and populations who do not access traditional medical services are excluded from this care.

- “Cancer Rehabilitation is medical care that should be integrated throughout the oncology care continuum and delivered by trained rehabilitation professionals who have it within their scope of practice to diagnose and treat patients’ physical, psychological, cognitive and functional impairments in an effort to maintain or restore function, reduce symptom burden, maximize independence and improve quality of life in this medically complex population.” Silver JK, Raj VS, Fu JB, Wisotzky EM, Smith SR, Kirch RA. Cancer rehabilitation and palliative care: critical components in the delivery of high-quality oncology services. Support Care Cancer. 2015 Dec;23(12):3633-43.


- 25% of cancer survivors have poor physical health and 10% have poor mental health compared with 10% and 6% of adults without a history of cancer respectively. Weaver, K. Mental and Physical Health-Related Quality of Life among US Cancer Survivors: Population Estimates from the 2010 National Health Interview Survey. Cancer Epidemiol Biomarkers Prev; 2012. 21(11);2108-1.

- In spite of research showing rehabilitation improves functional outcomes, cancer survivors receive few referrals to qualified rehabilitation professionals relative to the burden of remediable physical impairment. Cheville, A. The detection and treatment of cancer-related functional problems in an


What factors & barriers contribute to this issue?
-Oncology departments/programs lack integration with rehabilitation, especially Physiatry
-ASCO, NCCN and Commission on Cancer in their publications and guidelines do not identify or partner with the qualified professionals from PMR, PT, OT and Cancer exercise physiology in policy initiatives
-Inadequate medical training in medical schools and oncology residency programs regarding the types and effectiveness of rehabilitation interventions
-PM&R residency training programs not devoting adequate time/resources to training in cancer rehabilitation
-PT, OT, SLP training programs not devoting adequate time to/resources to training in cancer rehabilitation
-Payment systems that have silos versus ACO models
-Poor understanding of medical professionals regarding the specifics of medical exercise prescriptions and how they must be administered to have beneficial/safe effects on cancer survivors (generally have been relegated to sports medicine professionals)
-Lack of understanding of rehabilitation care as covered medical care as opposed to community exercise/wellness
-Lack of screening for physical impairments since Commission on Cancer implemented Distress Screening Guideline but no physical impairment screening guideline
- Health care systems that do not interface with racial and ethnic communities on cultural differences with diet and exercise as well as survivorship care in general
- Lack of partnerships with qualified community cancer exercise professionals in affordable, accessible settings
- Lack of training for Cancer Exercise specialists
- Survivors uneducated on cancer exercise specialists versus community fitness trainers and safety concerns

<table>
<thead>
<tr>
<th><strong>What are the POLICY opportunities to address the identified factors, and racial, economic, geographic, and other barriers that contribute to this issue? What are the POLICY opportunities to address the identified gaps?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with ASCO (MN) and ACS to develop standards for Survivorship Programs utilizing experts in cancer rehabilitation and cancer exercise physiology to set policy for training and implementation of cancer rehabilitation and cancer exercise.</td>
</tr>
<tr>
<td>Advance policy in major cancer organizations to require physical impairment screening for cancer survivors with referral to qualified rehabilitation and exercise professionals following recommendations of the NIH Expert Task Force on Cancer Rehabilitation.</td>
</tr>
<tr>
<td>Require medical schools, PMR residencies and Oncology residences in MN to have training in evidence based cancer rehabilitation.</td>
</tr>
<tr>
<td>Develop telemedicine opportunities and payment mechanisms for cancer rehabilitation.</td>
</tr>
<tr>
<td>Pilot/grant projects to develop models of care for cancer rehabilitation and cancer exercise in Minnesota medical training institutions.</td>
</tr>
<tr>
<td>Require oncology survivorship programs to track percentage of minorities under their care receiving screening for physical impairment and referrals to services.</td>
</tr>
<tr>
<td>Work with insurance companies in Minnesota to evaluate compliance with standards of care coverage for physical impairments as medical care.</td>
</tr>
<tr>
<td>Advance policy statements from major oncology institutions to require community programs stating that they are a “Cancer Exercise Program” to disclose qualifications of class instructors, certify instructors as cancer exercise trained if offering “cancer exercise classes.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What are the STRATEGY opportunities to address both the barriers and the gaps relating to this issue?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MCA work with MN branch of ASCO and ACS to create policy on screening for physical impairment and referral to qualified rehabilitation professionals (PMR, PT, OT) and certified cancer exercise specialists.</td>
</tr>
<tr>
<td>Reach out to Medical training program leaders in Oncology and PMR in MN to develop cancer rehabilitation curriculum.</td>
</tr>
</tbody>
</table>
Reach out to PT, OT, SLP training program leaders in MN to develop cancer rehabilitation curriculum.

Seek grant funding for pilot models of cancer rehabilitation embedded in Oncology Survivorship Clinics.

1. **Who are the existing partners/organizations already working on this issue?**
   - American Cancer Society
   - American Academy of Physical Medicine and Rehabilitation
   - American Physical Therapy Association
   - American Occupational Therapy Association
   - American College of Sports Medicine
   - American Congress of Rehabilitation Medicine
   - Oncology Rehab Partners

2. **Which partners/organizations should work together to address this issue?**
   Those listed above and in addition:
   - American Society of Clinical Oncology
   - MN Medical Schools and medical professional training programs
   - Cancer Health Equity Network

**Which strategies promote health equity?**

MCA work with MN branch of ASCO and ACS, along with CHEN to create policy on screening for physical impairment and referral to qualified cancer rehabilitation professionals (PMR, PT, OT) and certified cancer exercise specialists.