



Adaptation of Cancer Supportive Care to the Correctional Setting: A Literature Review & Proposed Model

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Abstract

Purpose: Cancer Supportive Care in correctional settings remains disjointed and has not kept pace with significant advances in the community setting. The present project describes findings of an evidence-based literature review, a proposed model for adaptation of coordinated, cost-effective, and compassionate Cancer Supportive Care in the correctional environment and a planned pilot project in the Connecticut Department of Correction.

Methods: A literature review was conducted which included review of published Cancer Supportive Care practice guidelines and its implementation at major cancer centers. The review also included current cancer care in the correctional setting, primarily published palliative and hospice care in the correctional setting.

Results & Innovation: The literature review identified essential elements for adaptation of Cancer Supportive Care in the correctional setting. The proposed model describes reorganization of available resources, education/training requirements, and use of innovative technology. The model delineates unique challenges and opportunities in the correctional environment. The planned pilot project is a first, vital step towards adaptation of Cancer Supportive Care in the correctional facilities.

Background

- Significant rise in cancer diagnosis in inmate population due to ^{1,2}
 - overall rise in inmate population
 - marked “graying” of inmate population
- Number of inmates 55 years of age and older increased from 3% in 1995 to 5% in 2007^{2,3}
- Median survival of inmates with cancer is significantly inferior compared to patients with cancer in the community⁴
- Among prisoners 55 years of age and older, average annual death rate due to cancer is substantially higher compared to death rates due to other causes⁴
- Correctional facilities have become a critical frontier for acute, chronic and end of life care of inmates with cancer
- The present project describes a comprehensive review of the literature, a proposed model and a planned pilot project for adaptation of Cancer Supportive Care to the correctional setting

Objectives & Methods

Objectives:

1. Identify essential elements for implementation of Cancer Supportive Care in the correctional setting
2. Review current evidence-based literature for cancer care in the correctional setting
3. Propose a comprehensive, cost-effective model for adaptation of Cancer Supportive Care in the correctional setting

Methods:

1. A comprehensive review of current Cancer Supportive Care literature including
 - Review of evidence-based National Comprehensive Cancer Network (NCCN) practice guidelines for cancer supportive care
 - Review of evidence pertaining to successful implementation of the NCCN guidelines at major cancer centers across US
2. An evidence-based review of current cancer care in the correctional setting

Literature Review

Development of Structured Cancer Supportive Care Guidelines in the Community Setting:

National Comprehensive Cancer Network (NCCN)⁵ published “Practice Guidelines for Cancer Supportive Care”

Institute of Medicine published report in 2007⁶ “Cancer Care for the Whole Patient”

American College of Surgeons Commission on Cancer in 2012 “Mandatory Standards for Cancer Supportive Care”

Essential Elements for A Successful Cancer Supportive Care Program⁶:

A Cancer Supportive Care team consisting of:

- A Nurse Coordinator: team leader and coordinator
- Physicians: oncologist, internist, psychiatrist
- Other mental health services
- Psychosocial services: social work
- Spiritual Counseling services

Literature Review continued

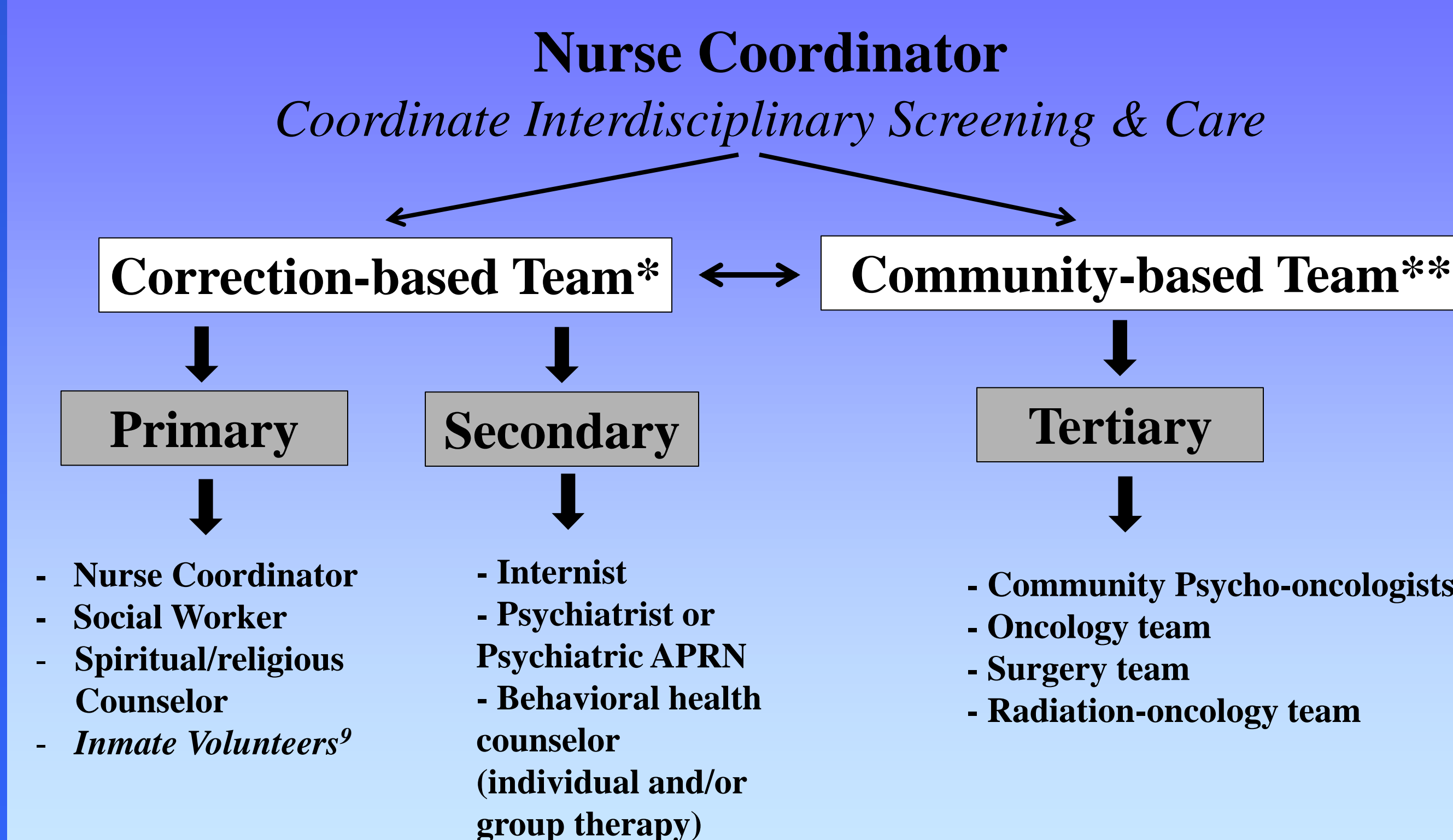
Interdisciplinary Care⁵:

1. Comprehensive screening for supportive care needs with validated questionnaires
2. Physical & Psychological symptom management
3. Psychosocial and Spiritual Care
4. Coordination of care led by the Nurse Coordinator

Literature Review of Cancer Care in the Correctional Setting:

1. Limited evidence, primarily palliative care and hospice/end of life care literature⁷
2. Experience from the “Guiding Responsive Action in Corrections at End of Life” (GRACE) project funded by the Robert Wood Johnson foundation⁸
3. No literature on Cancer Supportive Care across the continuum of cancer care

Proposed Cancer Supportive Care Model



*Coordination of clinic visits in correctional setting (e.g. with nurse and mental health clinicians)

**Consultations with community-based team via telemedicine when in person visits are not necessary

Challenges & Opportunities

Unique CHALLENGES in the Correctional Setting:

1. Limited resources requiring cost-effective systemic reorganization
2. Change in care delivery with emphasis on interdisciplinary care
3. Coordination of care between team members based in correction and in the community
4. Education and training of clinical and support staff including correctional officers

Unique Opportunities in the Correctional Setting:

1. Coordination of clinic visits with the correctional team (e.g. internist & psychiatrist)
2. Use of telemedicine for consultation with team members in the community (e.g. oncologist)
3. Involvement of other inmates as volunteers for end of life care of their fellow inmates
4. Advanced care planning during interdisciplinary team visits

Proposed Pilot Project

Evaluation of Supportive Care needs in cancer patients in correctional setting:

Assessment with following NCCN recommended validated questionnaires⁵:

- Distress Management Screening
- Symptom Distress Assessment with tools such as the M.D. Anderson Symptom Inventory
- Further assessment of specific symptoms with validated scales (e.g. depression, insomnia, fatigue, pain, hot flashes)
- Psychosocial & Spiritual Screening

Investigation of Resources & Systemic Barriers

1. Assessment of cost-effectiveness of current standard of care vs proposed interdisciplinary care (e.g. coordinated clinic visits, consultations using telemedicine)
2. Assess barriers to systemic reorganization and identify critical players/stakeholders for successful implementation of the program

Discussion & Conclusions

• Cancer Supportive Care in the correctional setting has not kept pace with significant advances in the community setting.

• Evidence on Cancer Supportive Care in the correctional setting is primarily about hospice care. However, GRACE project experience can inform implementation of the proposed supportive care program across the continuum of cancer care.

• The essential elements for development of a cost-effective and successful Cancer Supportive Care program exist in the correctional environment

• Systemic reorganization with focus on interdisciplinary care is critical for successful implementation of an effective supportive care program

• An innovative Cancer Supportive Care program in the correctional environment will present unique challenges and opportunities. It will serve as a model for collaboration between correctional-academic institutions to improve cancer care

This review, proposed model and planned pilot study is the first vital step towards adaptation of cost-effective and compassionate Cancer Supportive Care in the correctional setting.

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