



Primary Care Management of Symptoms after Prostate Cancer Treatment:

Evaluation of Guideline Dissemination,
Acceptance, and Implementation
among Primary Care Providers



The Michigan Department of Community Health (MDCH) and the Blue Cross Blue Shield of Michigan (BCBSM) Foundation are issuing a Request for Proposals (RFP) to Michigan-based clinicians and researchers. The RFP will focus on development of methods to disseminate the Michigan Cancer Consortium Guidelines (MCC) for the Primary Care Management of Prostate Cancer Post-Treatment Sequelae (2009) and evaluate the acceptance and implementation of the guidelines among primary care providers.

The purpose of this Request for Proposal (RFP) initiative is to promote prostate cancer research in Michigan in accordance with Act No. 135, Public Acts of 2007, which created the Prostate Cancer Research Fund. The Prostate Cancer Research Fund consists of contributions made through State of Michigan income tax forms. The funds collected from the income tax check-off option during the first year (2008) have been matched by the BCBSM Foundation in an effort to maximize the benefit for Michigan men with a history of prostate cancer and their families. Providers and researchers, in collaboration with health systems and universities are invited to 1) disseminate the Michigan Cancer Consortium Guidelines for the Primary Care Management of Prostate Cancer Post-Treatment Sequelae (2009) to primary care physicians, and 2) evaluate their acceptance and implementation. Statewide or pilot projects at specific health systems will be considered. There is \$100,000 dedicated for this initiative and we expect to fund one or more projects with these funds.

A. Background

In 2005 the Institute of Medicine (IOM) released its report *From Cancer Patient to Cancer Survivor: Lost in Transition*¹. The number of cancer survivors is increasing, and there is also a growing awareness that there may be long term consequences of a cancer diagnosis long beyond the end of treatment. The report acknowledged that primary care providers often are not well aware of the consequences of cancer and seldom receive explicit guidance from oncologists. There is also a lack of clear evidence for what constitutes best practices in caring for patients with a history of cancer, thus contributing to wide variation in care.

The IOM made ten recommendations for addressing the needs of cancer survivors. The third recommendation was that “health care providers should use systematically developed evidence-based clinical practice guidelines, assessment tools, and screening instruments to help identify and manage late effects of cancer and its treatment. Existing guidelines should be refined and new evidence-based guidelines should be developed through public- and

¹From Cancer Patient to Cancer Survivor: Lost in Transition, 2006. Institute of Medicine. www.iom.edu

²Hewitt, M and Ganz, P. 2006. From Cancer Patient to Cancer Survivor: Lost in Transition. An American Society of Clinical Oncology and Institute of Medicine Symposium. Washington, DC National Academies Press www.nap.edu.

private-sector efforts.” At a subsequent 2006 American Society of Clinical Oncology (ASCO) and Institute of Medicine (IOM) symposium² that followed the release of the report, experts concluded that where guidelines are available, good data on how they are being used, how reliably they are being used, and how much they are being used are not available.

The MDCH, with funding from the Centers for Disease Control and Prevention (CDC), has had a strategic plan in place since 1991 to reduce the burden of prostate cancer among its residents. The Michigan Cancer Consortium Prostate Cancer Action Committee (PCAC), comprised of experts and consumers, has provided guidance, advice, and expertise in analysis of data, program development, and implementation of the strategic plan. Efforts over the years have included surveillance and data collection (incidence, mortality, use of screening, survival), public and professional activities to explain screening risks and benefits, and development of a decision-aid to help men with early stage prostate cancer decide which treatment modality would be best for them. In 2006 the MCC adopted the strong recommendation of the PCAC that the Michigan prostate cancer program focus on addressing issues faced by men that have been treated for prostate cancer, including the management of the ongoing sequelae of the disease and treatment.

At the same time, in 2007 the Michigan legislature enacted PA 135 to create the Prostate Cancer Research Fund in MDCH to provide grants to support prostate cancer research conducted by a Michigan medical school, a Michigan hospital that specializes in the treatment of cancer, or a hospital located in an urban area in Michigan that provides services to African American men.

The BCBSM Foundation is dedicated to improving the health of Michigan residents by supporting health care research and innovative community health programs. The Foundation’s grantees are Michigan-based researchers and nonprofit community organizations. Identification and validation of clinical protocols and evidence-based practice guidelines has been an ongoing priority of the BCBSM Foundation research program. In an effort to leverage the initial available funds for prostate cancer research, the BCBSM Foundation Board of Directors approved MDCH’s request for matching funds to support this next step in improving the health and quality of life of men who have been treated for prostate cancer. The BCBSM Foundation and the MDCH are equal partners in the prostate cancer research project and will be soliciting proposals, determining grantees, and managing the projects together.

B. Program Rationale

Survival rates for prostate cancer are optimally high; however men who have been treated for prostate cancer may live with long-lasting side effects that result from both the disease as well as cancer treatments. While most men survive prostate cancer, the decrease in mortality heightens concern about

physical and quality of life issues given the side effects associated with each type of treatment. Most studies of physical health and the quality of life of prostate cancer survivors focus on the first two years after diagnosis, but men who have been treated for prostate cancer who are serving on the PCAC reported that problems continue to persist long after they have left the care of their specialists.

As an initial strategy to address prostate cancer survivorship, in 2006 a survey of primary care providers conducted by the Michigan Public Health Institute indicated more than half of providers reported they managed symptoms of patients after prostate cancer treatment. However, less than 25% felt very comfortable doing so.

In 2007 a randomized survey of more than 2,000 prostate cancer survivors diagnosed between 1985 and 2005 found that many men experienced urinary, bowel, sexual or psychosocial problems long after treatment ended. The men ranged in age from 39 to 98 years of age. The majority (96.4%) were diagnosed at a localized stage, and the average number of years since diagnosis was 10 years. While men first turn to their health care provider for help, more than half of men who responded to the survey reported they need more information about recurrence, long term effects, and recovery from cancer.

Based on the results of these studies and through an extensive literature review, the PCAC developed and distributed guidelines for primary care providers about managing symptoms after prostate cancer treatment <http://www.michigancancer.org/PDFs/MCCGuidelinesPrimaryCareMgtProstateCaPost-TxSequelae.pdf>. The rationale for distributing the guidelines was to provide primary care providers with strategies for management of common post-treatment problems to minimize the impact of these problems on men who have been treated for prostate cancer and their families. The guidelines, in a tabular format, suggest evidence-based strategies for identifying recurrence and managing specific symptoms including erectile dysfunction, impotence, urinary incontinence, bowel problems, hot flashes, bone health, gynecomastia, relationship issues, and metabolic syndrome. Where evidence does not exist, the oncology experts on the committee provided suggestions based on their own experiences in the clinical setting. A companion set of fourteen Prostate Cancer Survivor Symptom Management Fact Sheets were also developed by experts and made available online at www.prostatecancerdecision.org in September 2009. Each fact sheet describes the symptom, gives practical tips for managing it, and indicates when further professional help is needed.

Almost 90% of the men responding to the survivor survey reported they were seeing a primary care physician for general care at the time of the survey, but over 60% also reported they were seeing a urologist, oncologist, or radiologist as well for prostate care. Using a mailing list purchased from PCA Mailing List Company, the American Cancer Society Great Lakes Division, Inc. mailed

a packet containing a cover letter, the guidelines, and an announcement for online patient information materials to all 3,493 Michigan internists, family physicians, and general practitioners as well as 6,377 nurse practitioners and physician assistants in September 2009. Approximately one-hundred packets were returned as undeliverable. Despite this effort at dissemination of the guidelines, it is unclear that individual providers reviewed the materials. When questioned subsequently, several individual primary care physicians report such guidelines would be very helpful. We now need to determine a more effective method of disseminating the guidelines that will result in review by providers, and evaluate their acceptance and implementation in clinical practice. Providers in the study will also be encouraged to distribute the patient fact sheets if appropriate. Our long-term interest is in ensuring that all primary care providers in Michigan feel confident to effectively manage and treat the ongoing post-treatment symptoms of men who have been treated for prostate cancer.

Therefore, the purpose of this collaborative research project between the BCBSM Foundation and MDCH for the Prostate Cancer Research Fund is to disseminate the MCC guidelines for prostate cancer survivor symptom management to primary care providers and evaluate their acceptance and implementation.

C. Program Aim

This aim of this research is to disseminate the Michigan Cancer Consortium Guidelines for the Primary Care Management of Prostate Cancer Post-Treatment Sequelae (2009) to primary care providers, and evaluate their acceptance and implementation.

The research will attempt to answer the following questions:

- **What is an effective means of disseminating guidelines to primary care providers?**
- **With what level of acceptance are the MCC guidelines received by primary care providers? That is, do providers have confidence that the MCC guidelines are valid?**
- **What is the most effective way for primary care providers to implement the guidelines?**

It is expected that the final product will be a report suitable for publication in a peer-reviewed journal.

D. Proposal Process

1. Eligibility

By law (PA 135 of 2007) the following entities are eligible for funding:

- A medical school located in Michigan.
- A hospital located in Michigan that specializes in the treatment of cancer.
- A hospital located in an urban area in Michigan that provides services to African American men. Urban area is defined in the law as an urbanized area as determined by the economics and statistics administration of the United States bureau of the census according to the 2000 federal decennial census.

Urban areas fitting the definition in the legislation (excluding those along the Indiana and Ohio border) are:

Ann Arbor	Jackson
Battle Creek	Kalamazoo
Bay City	Lansing
Benton Harbor-St. Joseph	Monroe
Detroit	Muskegon
Flint	Port Huron
Grand Rapids	Saginaw
Holland	South Lyon-Howell-Brighton

A review board of prostate cancer experts and staff from BCBSM Foundation and MDCH will review the proposals to determine applicants' eligibility and select one or more projects for funding.

E. Proposal Submission Instructions and Requirements

A complete Prostate Cancer Research Fund proposal must contain the information in the order outlined below.

1. Proposal Cover Sheet provided in Attachment A should be completed.
2. One page project summary.
3. Body of proposal should be up to 20 double-spaced pages, including cover sheet and budget pages. The proposal should use 12 point font and have one inch margins. Proposals should address the topics listed below:

a. Identified Geographic Area(s) and Population(s):

1. Describe the medical school or hospital affiliated with the researcher submitting the proposal, demonstrating eligibility as stated in Public Act 135.

2. Describe the population served by the medical school or hospital under study, including percentage of African American men.

b. Prostate Cancer Experience and Services:

1. Describe the medical school or hospital's experience with treatment of prostate cancer.
2. Provide information on the location and extent of the medical school or hospital's access to primary care services and providers.
3. Describe the current use, if any, of the Michigan Cancer Consortium Guidelines for the Primary Care Management of Prostate Cancer Post-Treatment Sequelae (2009) and the Prostate Cancer Survivor Symptom Management Fact Sheets in affiliated primary care practices.

c. Methodology and Considerations:

1. Describe methods to initiate or increase use by primary care providers of MCC guidelines for management of side effects of prostate cancer treatment.
2. Detail the planned dissemination process including size of provider population to be reached.
3. Identify methodology for determining provider acceptance of the guidelines.
4. Describe the method(s) to be used to assess how primary care providers are implementing the guidelines in clinical practice.
5. If the research will involve human subjects, provide a statement that all applicable requirements of the applicant's institution on research involving human subjects will be met.

d. Project Coordination and Management:

1. Curriculum Vitae of the principal investigators and other key personnel.
2. Detailed work plan and timeline for project activities, quarterly and final report.
3. Identify and describe the internal resources for completing and institutionalizing this project.

e. Budget:

1. There are two (2) budget forms that must be completed and submitted with the proposal: the Program Budget Summary (DCH 0385) and the Program Budget – Cost Detail Schedule (DCH 0386). These forms are available at http://www.michigan.gov/documents/mdch/Budget_Workbook_315433_7.xls
 - a. The Budget Summary Form (DCH 0385) is used to provide a standard format for the presentation of the financial requirements (both expenditure and funding). Be sure to include all expenses for the entire period of the project. The budget will cover October 1, 2010 – September 30, 2011.
 - b. The Program Budget – Cost Detail Schedule Form (DCH 0386) is also required and provides the detail information supporting the Budget Summary.

Please note: the Excel Workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH 0386. Detailed instructions for completing both forms are available at http://www.michigan.gov/documents/mdch/Budget_Instructions_315434_7.pdf.
2. In addition to these two forms, proposals must include a detailed budget narrative that explains the amounts requested in each line item, why the expense is necessary, how it will contribute to the project, and how the amount was calculated.
3. Additional information for categories in the budget for this specific project are:
 - a. **Salaries and Wages:** See Budget Instructions. The budget detail narrative should list each type of position description, number of positions (or fraction of a position) assigned to the project, the number of months/years the position will be filled, and the budgeted amount. Show the calculations of the total salary for each type of position for the entire length of the project; explain the calculations if they are not straightforward.
 - b. **Fringe Benefits:** Fringe benefits for this project *are limited to twenty-five percent (25%) of salaries*. In this category include the employer's contributions for insurance, retirement, FICA and other similar benefits for all permanent and part-time employees assigned to the project.
 - c. **Travel:** See Budget Instructions. Out-of-state travel is not an allowable budget item. The budget detail narrative should explain how this budget amount was calculated.

- d. **Supplies and Materials:** See Budget Instructions. The budget detail narrative should explain how this budget amount was calculated. Specific detail should be provided if any item exceeds 10% of Total Expenditures.
- e. **Contractual (subcontracts):** See Budget Instructions. Information on each subcontractor (subcontract name, subcontractor address, name of contact person, amount of subcontract, type of work performed and a description of the subcontractor's organization and abilities) must be provided on the budget detail narrative.
- f. **Equipment:** Equipment costs *are not allowable for this project*.
- g. **Other Expenses:** See Budget Instructions. The calculation of these items should be specifically listed on the budget detail narrative. Minor items may be identified by general type of cost and summarized. Some of the more significant groups or sub-categories of costs are described in the budget instructions and should be individually identified in the budget detail narrative. Specific detail should be provided if the "Other Expenses" line exceeds 10% of Total Expenditures.
- h. **Consultant Services:** Provide the name or category of consultant and type of work performed, and how the costs for the consultant were calculated in the budget detail narrative.
- i. **Indirect:** Indirect/administrative cost *is not allowable for this project*.
- j. **Other Funding:** Enter and identify the amount of any other funding received or contemplated for this or similar projects. Please include in-kind contributions from the organization itself. Describe these in the budget detail narrative.

F. Program Funds

The MDCH and BCBSM Foundation are interested in both statewide projects and pilot projects at specific health systems. A total of \$100,000 has been committed to this initiative. Award of the funds are contingent on State Administrative Board approval. One or more projects will be supported with these funds.

G. MDCH Contract Administrative Guidelines

Funding will be through a cost reimbursement grant agreement. A template of the Department's standard agreement language is available at http://www.michigan.gov/documents/mdch/Standard_Agreement_Language_315432_7.pdf

H. Incurring Costs

Neither MDCH nor BCBSM Foundation is liable for any costs incurred by applicants prior to effective date of the grant agreement. All proposal budgets prepared by the contractor will be the maximum budget amounts for the duration of the proposed grant agreement. No increases in budget amounts will be permitted.

I. Contractor Responsibilities: see Standard Agreement Language document

J. Questions and Answers

A teleconference has been scheduled from 1:00 to 2:00 pm on May 12, 2010 to give potential researchers the opportunity to ask questions as they develop their proposals. This will be the only time questions will be addressed. To participate in the question and answer session please dial 877-336-1828, and when prompted, enter the Passcode 3288992#. Staff from MDCH and the BCBSM Foundation will be available to explain the purpose of the project, and to answer questions.

K. Proposals Due

Proposals are due on June 17, 2010 by 12:00 p.m. Proposals must be submitted electronically in one email sent to Polly Hager at hagerp@michigan.gov. Any proposal received after June 17, 2010 at 12:00 p.m. will not be considered for funding. An email will be sent to the applicant to confirm receipt of the proposal. If the confirmatory email has not been received by June 18 please contact Polly Hager at hagerp@michigan.gov or call the Michigan Cancer Consortium toll-free number at 1-877-588-6224. Awards will be announced on or about August 2, 2010.

ATTACHMENT A

Proposal Cover Sheet

Date Submitted: _____ Federal Tax ID# _____

Organization Applicant: _____

Contact Person: _____

Address: _____ Phone Number: _____

_____ Fax Number: _____

_____ E-mail: _____

Title of Proposal: _____

Contact Person (if subcontract is awarded): _____

Address: _____ Phone Number: _____

_____ Fax Number: _____

_____ E-mail: _____

Community Partners providing letters of support:

1) Organization Name: _____

Letter of support included: ____ Yes ____ No

Contact Person: _____

2) Organization Name: _____

Letter of support included: ____ Yes ____ No

Contact Person: _____

Total Budget Request: \$ _____

Signature and title of officer authorized to commit organization to contract.

_____ Title: _____

For Office Use Only

Date Received: _____

Reviewers: _____



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