As of January 2012, an estimated 13.7 million cancer survivors were living in the United States (Siegel et al., 2012). The five-year relative survival rate in the United States for all cancers has improved from 49% for cases diagnosed from 1975–1979 to 67% for cases diagnosed in 2004 (Howlader et al., 2011). The cancer survivor population is growing concurrently with a projected shortage of oncology physicians (Erikson, Salsberg, Forte, Bruinooge, & Goldstein, 2007). With total oncology visits projected to increase from 38 million in 2005 to 57 million in 2020, the United States is expected to face a 48% increase in demand for oncologist services by 2020 (Erikson et al., 2007). The rapidly increasing survivor population and predicted inevitable shortages of both oncology specialists and primary care physicians (PCPs) present a barrier to ensuring high-quality surveillance care for cancer survivors (Potosky et al., 2011).

Cancer survivors face several challenges, including late and long-term effects of therapy and uncertainty regarding follow-up care. The Institute of Medicine (IOM) recommended that patients with cancer and their PCP receive a written survivorship care plan (SCP) at the end of active treatment that communicates what occurred during cancer treatment. That document should include a comprehensive care summary and a plan specifically outlining the responsibility of each provider in follow-up care (Hewitt, Greenfield, & Stovall, 2005). Despite the recommendation by the IOM that an SCP is integral to achieving high-quality care, practical barriers exist to the creation of written documents (Earle, 2006). With oncology care often taking place in multiple outpatient and inpatient settings, compiling information can be arduous and time-consuming. Oncology providers may need to request multiple medical charts to document a single episode of care or a set of services required to manage a patient with cancer over time.

In urban areas, a patient with cancer may have surgery at one hospital, receive radiation therapy at another institution, undergo chemotherapy at a private oncologist’s office, and return to see their PCP closer to home.