

**University of Oklahoma
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Dept of Family Medicine
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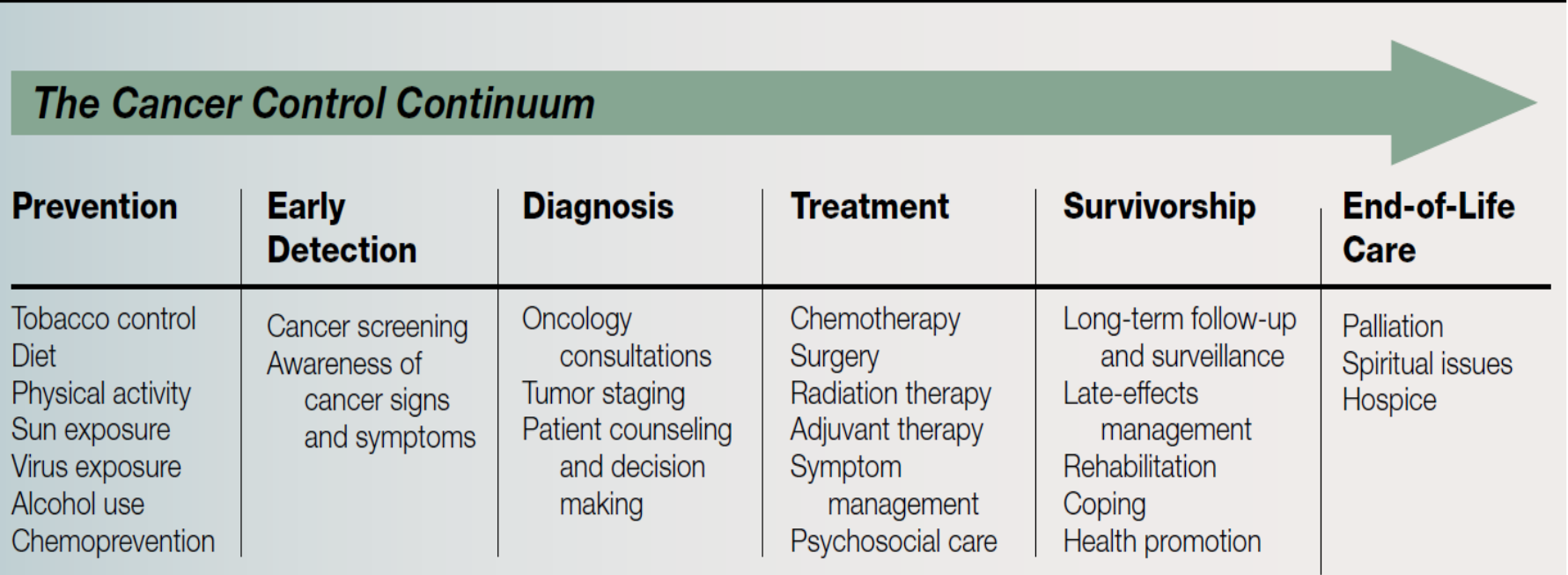
Oncology & Primary Care Coordination: Perspectives of Care Providers

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Cancer Control Continuum

Figure 1. The Cancer Control Continuum



Source: Hewitt M, Greenfield S, Stovall E. (Eds.) From Cancer Patient to Cancer Survivor: Lost in Transition. National Cancer Policy Board. Institute of Medicine and National Research Council of the National Academies. Washington, DC: The National Academies Press; 2005:24. Available at: www.iom.edu/Reports/2005/From-Cancer-Patient-to-Cancer-Survivor-Lost-in-Transition.aspx. Last accessed Mar. 31, 2010.

Survivorship Care

- (1) prevention of new (primary) & recurrent cancers and other late effects;
- (2) surveillance for recurrence or new cancers;
- (3) interventions for illnesses secondary to cancer and cancer treatment;
- (4) **coordination between specialists & primary care providers (PCPs)**
 - **All health needs of survivors are met**

The Problem

- Challenges to Survival Care
 - PCP & Oncologists on Roles/Responsibilities in delivery of care
 - Differing perspectives
 - Lack of communication
 - Lack of clear expectations
 - Limited Evidence
 - Possible fragmentation of care if lack of standards

Specific Aims

1. Identify **perceptions, knowledge** and **practices** in sample of PCP & oncology care providers regarding **post-treatment follow-up care** of adult cancer survivors.
2. Identify **barriers** and **facilitators** of primary care => oncology care & vice-versa **transition** in current **clinical practice**.
3. Describe following **aspects of communication** about care transition:
 - A. **What is** currently being **communicated** between primary care and oncology care?
 - B. **When** and **how information** is being **communicated**?
 - C. What **type** of **information** that is desired from both perspectives to **enhance quality** of patient care?
 - D. Any **specific issues**, potential **suggestions** or **changes** recommended?

Methods

- Quantitative-Qualitative Mixed Methods Survey Design
 - Quantitative – quantification
 - Up to 917 PCP & Oncology providers
 - Qualitative – specific solicitation
 - Individual interviews
 - PCPs (N=30) & Oncologists (N=30)

Specific Aims

- Literature Review
- Quantitative Surveys
- Qualitative Surveys

Literature Review

- 279 abstracts
- Survivorship care & cancer coordination
- 201 – further categorized
 - Used for White Paper report
- 78 eliminated
 - Failure to relate to topic of study

Literature Review Table

Author	Title	Year	Model of Care (Provider)	Model of Care (patient)	Review	Cancer type(s)	Experimental/Theoretical	Focus of Care	Misc
Absolom et al	Follow-up care for cancer survivors: Views of younger adults	2009	No	Yes	No	General	Experimental	Survivorship care	Survivors like a multi-disciplinary services for chronic care
Aiello et al	Understanding high-quality cancer care: A summary of expert perspectives	2008	Oncologists	No	No	General	Experimental	Cancer care coordination	Expert's perspectives on barriers & facilitators for high quality-cancer care
Allan et al	People and Teams Matter: Organizational Change: Professional's and Manager's	2013	PCP	Yes	No	General	Experimental	Cancer care coordination	Change requires obtaining multiple perspectives including emotional, technocratic and system factors
Anvik et al	When patients have cancer, they stop seeing the role of general	2006	PCP	No	No	General	Experimental	Cancer care coordination	Pts and PCPs need to come together for a plan that involves the PCP more in cancer care
Aranda et al	Impact of a novel nurse-led prechemotherapy education intervention (chemoed) on patient distress, symptom burden, and treatment-related information	2011	No	Yes	No	Breast, GI & blood	Experimental	Survivorship care	ChemoEd holds promise to improve patient treatment-related concerns and some physical/psychological outcomes
Arora et al	Population-based survivorship: Experimental using cancer registries: A study of non-hodgkin	2007	No	Yes	No	General	Experimental	Cancer Registries	Cancer registries are good for collecting subjects for Experimental

Literature Review

- Categorization
 - Model of Care (Provider)
 - PCP, Oncologist, Both, General, or No
 - Model of Care (Patient)
 - Yes or No
 - Review
 - Yes or No
 - Type of Cancer
 - Breast, Colon, Prostate, Lung, Gyn, H&N or General
 - Experimental/Theoretical
 - Intervention/Analytical => Experimental
 - Review/Conceptual => Theoretical
 - Focus of Care
 - Cancer care coordination, Survivorship Care, Survivorship care plans, Follow-up of care, Pt Navigation & Pt's Perceptions
 - Miscellaneous: Summary

White Paper Report



Cancer Care Coordination Between PCPs & Oncologists

Krishna Vedala & Dr. Mark Doescher

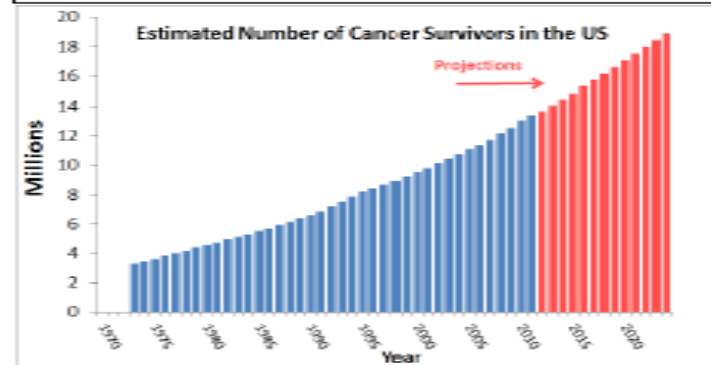
Background

In 2012, there were an estimated 14.6 million cancer survivors in the United States, and this number will undoubtedly grow as cancer treatment and long-term survival improve¹. Currently, over 120 billion dollars are spent annually on cancer-related medical care and this figure is expected to increase, as the number of survivors expands². In addition, a projected mismatch between oncologist supply and demand may complicate survivorship care, as patients may face barriers to being seen by oncologists who are busy treating active disease³. One cost-effective solution to addressing the high medical costs and logistics of ongoing care for cancer survivors would be to involve primary care providers (PCPs) increasingly in the care of cancer survivors. Compared to patients who receive survivorship care from oncologists, those who are seen by PCPs appear to have similar cancer-related outcomes, so a shift towards the delivery of survivorship care in the primary care setting may be warranted⁴.

The Problem

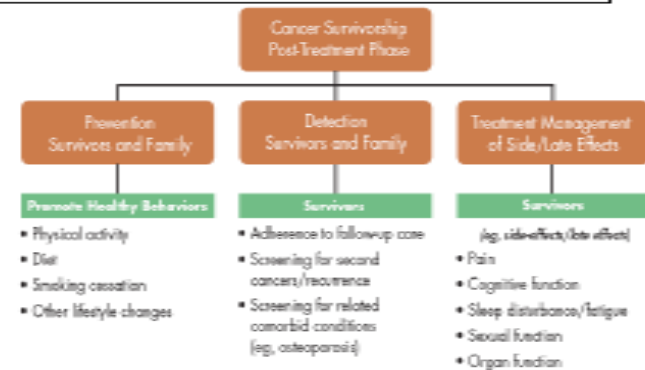
While PCPs may be a reasonable alternative to oncologists for cancer survivorship care, the lack of coordination between PCPs and oncologists presents a major barrier to receipt of survivorship care in the primary care setting. Also, studies have not definitively described the extent to which patients wish to see their PCPs as opposed to their oncologists for cancer survivorship care. Moreover, research shows that PCPs and oncologists often disagree about each other's roles and responsibilities in cancer survivorship care⁵. A better understanding of these issues is warranted.

Figure 1 Number of Cancer Survivors (Est.)



¹ DeSantis C, Chaturvedi L, Mariotto AB, et al. (2014). Cancer Treatment and Survivorship Statistics, 2014. CA: A Cancer Journal for Clinicians. In press.

Figure 2 Cancer Survivorship Tasks



Quantitative Surveys

- 2 Types: PCP & Oncologist
- 2 Means: Paper (Mailed) & Electronic (Emailed)
 - PCPs
 - OKPRN, OUHSC Family Med & OUHSC Internal Med Depts.
 - N = 265
 - Oncology providers
 - N = 652
 - Medical Oncologists (N = 99),
 - Surgical Oncologists (N = 91),
 - Radiation Oncologists (N=35), &
 - Other specialists –
 - ORL (N = 79),
 - Urologists (N = 133) &
 - ONS nurses (N = 215)

Quantitative surveys

- 7/30/2014
 - **Oncology (16 received)**
 - PAPER: 433 packets mailed
 - 58 undeliverable
 - 10 received
 - 365 will be sent 2 wk reminder letter (8/1/14)
 - Qualtrics: 212 (ONS)
 - 16 surveys started
 - 10 in progress
 - 6 received
 - **PCP (17 total received)**
 - PAPER: 8 received from FM Dept.
 - Qualtrics:
 - 11 surveys started
 - 2 in progress
 - 9 received

Qualitative Interviews

- * Interested providers (from Quantitative) will be invited for qualitative survey
- Piloted interview guides (Both PCP & Onc)
 - Develop guide for future qualitative interviews
 - Survivorship Care
 - Providers want cover more topics
 - Sequential
 - Diagnosis
 - Treatment-Decision Making
 - Active Treatment
 - Post-Active Treatment
 - Surveillance/Recurrence
 - Palliative Care
 - General
 - Barriers
 - Providers' fulfilling their roles

1st PCP Interview Guide

1. What is working well within your practice of caring for cancer survivors?
 - a. How would you describe your role in caring for those patients?
2. What type of information do you typically receive from the oncology team?
 - a. Drill down to see if specific examples of the information can be described
 - b. Inquire as to the format — electronic, paper, phone, face to face
3. If you were provided with some type of information from the oncology team:
 - a. Did the oncology team information provide you with any new/additional information regarding your patients?
 - i. If yes, was the new information related to
 1. Cancer history and treatment?
 2. Follow up care recommendations?
 3. Surveillance recommendations?
 4. Long term effects?

Try to elicit specific examples for each
4. What kind of information do you want/need to better care for the cancer survivor in your practice?
 - a. If you could influence the type of information that is provided by the oncology team for cancer survivors in your care
 - i. What are the key pieces of information that you need?
 - ii. At what points in the course of their cancer experience would you want them?
 - iii. In what format would that information be most useful to you?
5. In what ways did having the information from the oncology team change how you manage the care of your cancer survivor patients?
6. What are some of the barriers you face when trying to provide care coordinated with the oncology care team for the cancer survivors you see?
7. What other areas are in need of improvement [other than those we have already discussed]?

Revised PCP Interview Guide

1. **How is the process of evaluation and diagnosis typically coordinated?**
 - a. Do you typically receive all of the information from the oncology that you need concerning the diagnosis and prognosis?
 - b. Are you usually involved in explaining the situation to the patient?
 - c. How well do you think this current process of diagnosing is working?
 - d. What do you think can be improved?
 - e. How would you improve it?
2. **What role do you play in helping patients make the treatment decisions?**
 - a. Do you usually have a chance to help patients find clinical trials or alternative treatment options?
 - b. How well do you think the current process of cancer treatment regimen is working?
 - c. What do you think can be improved?
 - d. How do you propose to improve it?
3. **During the active treatment phase, what is the role of the PCP?**
 - a. Do you typically receive sufficient information from the oncology team?
 - b. What kind of information do you usually receive?
 - c. What do you think needs to be improved in terms of communication between oncologists and PCPs during the initial treatment phase, and how would you improve it?
4. **During the post-active treatment phase, what role do you play in surveillance and in dealing with potential late effects of treatment?**
 - a. What role do PCPs play in dealing with both testing for recurrence and detecting late adverse effects of treatment?
 - b. During this phase, how has the information from the oncologist changed how you manage the care of your cancer patient?
 - c. How do you think the current process of surveillance is working?
 - d. What do you think can be improved in terms of surveillance and how would you improve it?
5. **For patients who fail to respond to treatment, what role do you play during the stage of palliative care?**
 - a. What do you think are some improvements that can be made in terms of palliative care and how would make those improvements?
6. **Overall, what are some of the barriers you face when it comes to coordination of cancer care between PCPs & oncologists?**
7. **How well does the oncology team keep patients informed about their situation?**
8. **How well do you think are doing in keeping oncologists informed?**

1st Oncology Interview Guide

To get started, please think about the cancer patients you have cared for over the past year:

1. What is working well within your practice of caring for cancer survivors?
 - a. How would you describe your role in caring for those patients?
2. What type of information do you typically receive from the primary care team?
 - a. Drill down to see if specific examples of the information can be described
 - b. Inquire as to the format — electronic, paper, phone, face to face
3. If you were provided with some type of information from the primary care team:
 - a. Did the primary care team information provide you with any new/additional information regarding your patients?
 - i. If yes, was the new information related to
 1. Medical history and treatment?
 2. Follow up care recommendations?
 3. Surveillance recommendations?

Try to elicit specific examples for each
4. What kind of information do you want/need to better care for the cancer survivor in your practice?
 - a. If you could influence the type of information that is provided by the primary care team for cancer survivors in your care
 - i. What are the key pieces of information that you need?
 - ii. At what points in the course of their cancer experience would you want them?
 - iii. In what format would that information be most useful to you?
5. In what ways did having the information from the primary care team change how you manage the care of your cancer survivor patients?
6. What are some of the barriers you face when trying to provide care coordinated with the primary care team for the cancer survivors you see?
7. What other areas are in need of improvement [other than those we have already discussed]?

Revised Onc Interview Guide

1. **How is the process of evaluation and diagnosis typically coordinated?**
 - a. Do you typically receive all of the information from the PCP that you need concerning the diagnosis and prognosis?
 - b. Are you usually involved in explaining the situation to the patient?
 - c. How well do you think this current process of diagnosing is working?
 - d. What do you think can be improved?
 - e. How would you improve it?
2. **What role do you play in helping patients make the treatment decisions?**
 - a. Do you usually have a chance to help patients find clinical trials or alternative treatment options?
 - b. Do you think PCPs could play a greater role in enrolling patients into clinical trials or alternative treatments?
 - c. How well do you think the current process of coordinating cancer treatment is working?
 - d. What do you think can be improved?
 - e. How do you propose to improve it?
3. **During the active treatment phase, what is the role of the oncologist?**
 - a. Do you typically receive sufficient information from the PCP?
 - b. What kind of information do you usually receive?
 - c. Do you think PCPs are proficient enough to be involved in the active treatment phase?
 - d. What do you think needs to be improved in terms of communication between oncologists and PCPs during the active treatment phase, and how would you improve it?
4. **During the post-active treatment phase, what role do you play in surveillance and in dealing with potential late effects of treatment?**
 - a. What role do oncologists play in dealing with both testing for recurrence and detecting late adverse effects of treatment?
 - b. Do you receive any information regarding the cancer patient from PCPs and if so, what kind of information do you receive from PCPs?
 - c. Do you think PCPs are doing a good job of keeping you informed about the cancer patient?
 - d. Do you think PCPs need to play a greater role in surveillance and in dealing with late effects of treatment?
 - e. How do you think the current process of surveillance is working?
 - f. What do you think can be improved in terms of surveillance and how would you improve it?
5. **For patients who fail to respond to treatment, what role do you play during the stage of palliative care?**
 - a. What do you think are some improvements that can be made in terms of palliative care and how would make those improvements?
6. **Overall, what are some of the barriers you face when it comes to coordination of cancer care between PCPs & oncologists?**
7. **How well do you think PCPs keep patients informed about their situation?**
8. **How well do you think are doing in keeping PCPs informed about the cancer patient?**

Specific Aims

- Literature Review
 - Table
 - White Paper
- Quantitative Surveys
 - First Batch Sent Out
 - Reminders Ready (2nd & 4th wks)
- Qualitative Surveys
 - Pilot Interview Guide

What's Been Learned

- Communication not encouraged
 - Time
 - Reimbursement
- Type of Cancer matters
- EMR/EHR
 - Diversity => Lack of Standardization => Communication Issues
 - OUHSC => 7
 - EHR Data Chart Audit Study
- Pt Navigation
 - Med personnel guides Pt through care continuum
- Survivorship Care plans
 - Individualized & diverse
 - Define providers' roles, set timetable, & notes on pt

What's Next?

- Data Analysis
 - Quantitative
 - Qualitative
- Qualitative
 - Further piloting interview guide
 - Participants
- Add Patients' Perspectives to study
- Designing & implementing intervention

QUESTIONS?