Engaging Primary Care Physicians
Geneviève Chaput & Michael Shulha
Problem Addressed: Need for Better Communication

- Canadian Partnership Against Cancer has identified a major deficit in the transition of survivorship care

- Clinical information about a survivor’s diagnosis, treatment, follow-up and surveillance needs are rarely communicated by any consistent or formal means between oncology specialists (OS) and family physicians (FP)

- The results of the Ambulatory Oncology Patient Satisfaction Survey (AOPSS) indicated that:
  - RCN is 20% behind Canadian average (i.e. 40% vs. 60%) on the issue of communication between OS and FP
Finding Common Ground Project

• Goal:
  Improve communication between OS and FP and enhance coordination of cancer care

• Objectives:
  1. Improve the communication of diagnosis, treatment plans and side effects to FP during active treatment
  2. Better understand the information needs of breast cancer survivors, FP and OS in the context of survivorship care plans
  3. Increase FP awareness and knowledge of common issues in cancer survivorship (Educational Workshop)

Legend:
- Treatment Plan
- Educational Workshops
- Survivorship Care Plan
- During Treatment
- Post Treatment
Objective 1
Improve Communication During Treatment

• The objective of this workstream is to develop a template to communicate, in a routine manner, ongoing treatment info to family physicians

• A draft template based on the IOM framework and ASCO template was developed and then evaluated by 39 physicians

• 100% of respondents felt the information provided by the template was relevant and pertinent

• During the pilot phase (August), the tool will be sent to the family physicians of cancer patients starting treatment, for a period of 6 months. This pilot will assess feasibility of the implementation and relevance of the information provided.
Objective 2: Understand Information Needs for Survivorship Care Plans - Methods

• Question: In the context of transitioning breast cancer survivors to primary care at the completion of active oncology treatment, what are the unique information needs of:
  • Breast cancer survivors
  • Primary care physicians
  • Oncology specialists

• Approach
  • Delphi Study: A multiple round questionnaire to determine consensus on essential information items from each groups perspective
  • Focus Groups: Explore reactions to draft survivorship templates created from the consensus items of the Delphi study
Objective 2: Survivorship Care Plan
Methods: Delphi Study

What information do you want included in an SCP? (92 item questionnaire*)

Results
Survivors 87/92 items
Primary Care 66/92 Items
Oncologists 8/24 Items

What follow up information (if any) would you like to receive back? (24 item questionnaire*)

15 Breast Cancer Survivors
15 Primary Care Physicians

15 Oncology Specialists
• 8 med onc
• 5 rad onc
• 2 surgery

*Questionnaire derived from Palmer et. al, (2014) Metrics to evaluate treatment summaries and survivorship care plans: A scorecard
# Achievements: Delphi Results

## Treatment Summary

<table>
<thead>
<tr>
<th>Diagnostic Tests Performed</th>
<th>Date</th>
<th>Diagnosis</th>
<th>Date of Biopsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staging:</td>
<td></td>
<td>Grade:</td>
<td>Left or Right Side:</td>
</tr>
<tr>
<td>Estrogen Receptor (+) (-)</td>
<td></td>
<td>Progesterone Receptor (+) (-)</td>
<td></td>
</tr>
<tr>
<td>HER2 Receptor (+) (-)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>Date</td>
<td>Chemotherapy</td>
<td>Start</td>
</tr>
<tr>
<td>(type of surgery)</td>
<td></td>
<td>Drug name</td>
<td></td>
</tr>
<tr>
<td># of axillary nodes dissected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of sentinel nodes dissected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reconstruction Date:</td>
<td>Total Dose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>Start:</td>
<td>Stop:</td>
<td>Targeted Therapy</td>
</tr>
<tr>
<td>Type:</td>
<td>Subtype:</td>
<td>Drug name</td>
<td></td>
</tr>
<tr>
<td># of cycles:</td>
<td>Route:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjacent or Non-adjacent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose Reduction (yes) or (no):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic Testing</td>
<td>Date:</td>
<td>Supportive Therapy</td>
<td>Start</td>
</tr>
<tr>
<td>result</td>
<td></td>
<td>type</td>
<td></td>
</tr>
<tr>
<td>Treatment Complications or Toxicities:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Care Team

<table>
<thead>
<tr>
<th>(green indicator primary treatment provider)</th>
<th>Name</th>
<th>Institution</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiotherapist</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Surgeon</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Supportive Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other key contacts</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## Care Plan

### Toxicities

### Expected course and recovery

### Long term late effects

### Symptoms

## Surveillance Tests

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Provider Responsible</th>
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</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Cancer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Signs or Symptoms

<table>
<thead>
<tr>
<th>Second Cancers</th>
<th>Signs and Symptoms of Recurrence</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

## Potential Psychosocial Effects

### Key Points

### More Information

### Referral Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Counselling Services</td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td></td>
</tr>
<tr>
<td>Support Groups</td>
<td></td>
</tr>
<tr>
<td>Fertility</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### Healthy Behavior Recommendations

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Nutrition</th>
<th>Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## Breast Cancer Information Sources

### Genetic Testing

Information on who should consider genetic counseling and testing

### Familial cancer risk

Information for first degree relatives

### Type of tests to be considered
Objective 2: Survivorship Care Plan Achievements - Initial Findings

- Survivorship Care Plan Ideal Characteristics
  - Accessible electronically by the different end users
  - Support different views into the care plan based on the information needs of the different users
  - A dynamic solution that can be updated by multiple end users over time
  - A feasible, sustainable solution that supports auto-completion of treatment summary based on existing patient data and guidelines
Objective 3: Educational Workshop

Caring for Cancer Survivors in Family Medicine

Gen Chaput, MD
Attending Physician, Assistant Professor, MUHC
MUHC Cancer Care Mission
Objective 3: Educational Workshop

Workshop developed based on 8 common issues of cancer survivors as per NCCN guidelines:

1) Psychosocial Late Effects: anxiety and depression
2) Cognitive deficits
3) Pain
4) Female and male sexual dysfunction
5) Fatigue and Sleep disorders
6) Cardiac issues
7) Immunizations and prevention of infections
8) Healthy lifestyle and exercise promotion

Workshop received MAINPRO accreditation
Objective 3: Educational Workshop Participants

- Target sample size of 70 FP
- Target exceeded: 90 FP
- Preliminary data reveals
  - 4 sites (out of 5)
  - Total PCP = 145
  - Total FP = 115
  - 90 FP participants
  - Response rate 78%

Workshop Participants (N = 90)

- St Mary's Hospital 39%
- Jewish General Hospital 32%
- CLSC 21%
- Queen Elizabeth Health Complex 8%
Objective 3: Educational Workshop

• Participants filled a pre and post workshop survey

• Specific outcome measures targeted:
  – Participant satisfaction
  – Knowledge of cancer survivorship
  – Confidence in providing cancer survivor care
  – Intent to change practice
Objective 3: Educational Workshop
Did FP learn anything?

Survey Q: Name 2 common late-effects of cancer treatment that you as a family physician would be expected to manage

– Pre-test: 51% identified 2 common effects
– Post-test: 100% identified 2 common effects
– Most common effects reported:
  • Mental health/psychosocial issues: 53.3%
  • Sexual dysfunction/loss of libido: 36.7%
  • Pain management: 27.8%

Results statistically significant
Objective 3: Educational Workshop
Did FP learn anything?

Survey Q: Did you learn anything today that you will put to use in your practice?

95% stated that the content was relevant to family medicine
Objective 3: Educational Workshop
Did FP learn anything?

Survey Q: List 2 Standards of Survivorship Care

Pre-test: 13.3%
Post-test: 66.7%

Results statistically significant
Next Steps

• Finding Common Ground objectives have been met

• Upcoming:
  – Piloting communication tool during active treatment
  – Detailed qualitative analysis of focus group data
  – Draft of prototype Survivorship Care Plans
  – Ongoing distribution of 3-month workshop survey
  – Design Pilot Studies for RCN Sites for Survivorship Care Plans
Thank you!