Attitudes to cancer follow-up care in general practice – preliminary findings

Never Stand Still | Medicine | Prince of Wales Clinical School

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Why is this an important issue?

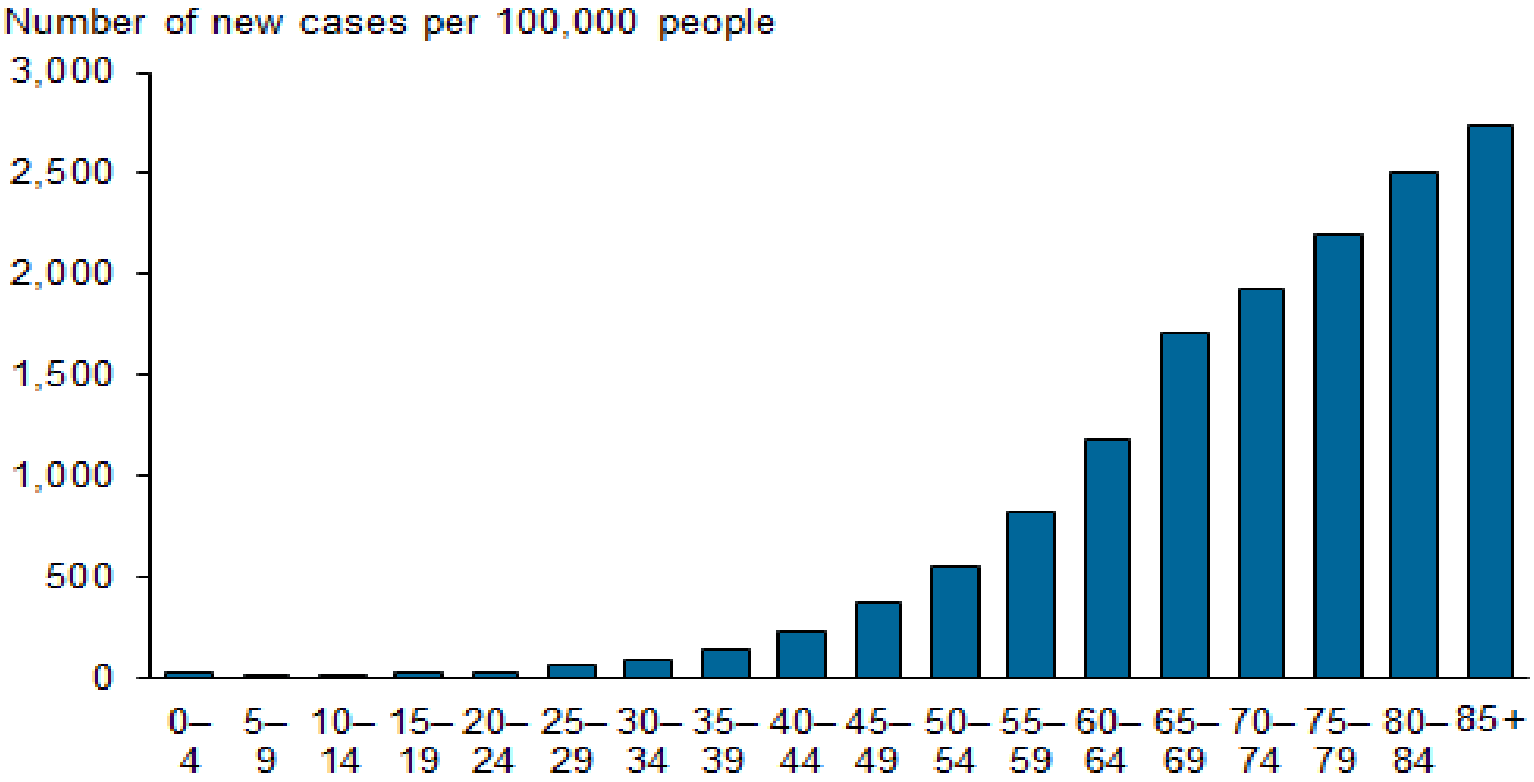

Fig 1: Prevalence of cancer by age, 2015

Source: AIHW 2015. Cancer

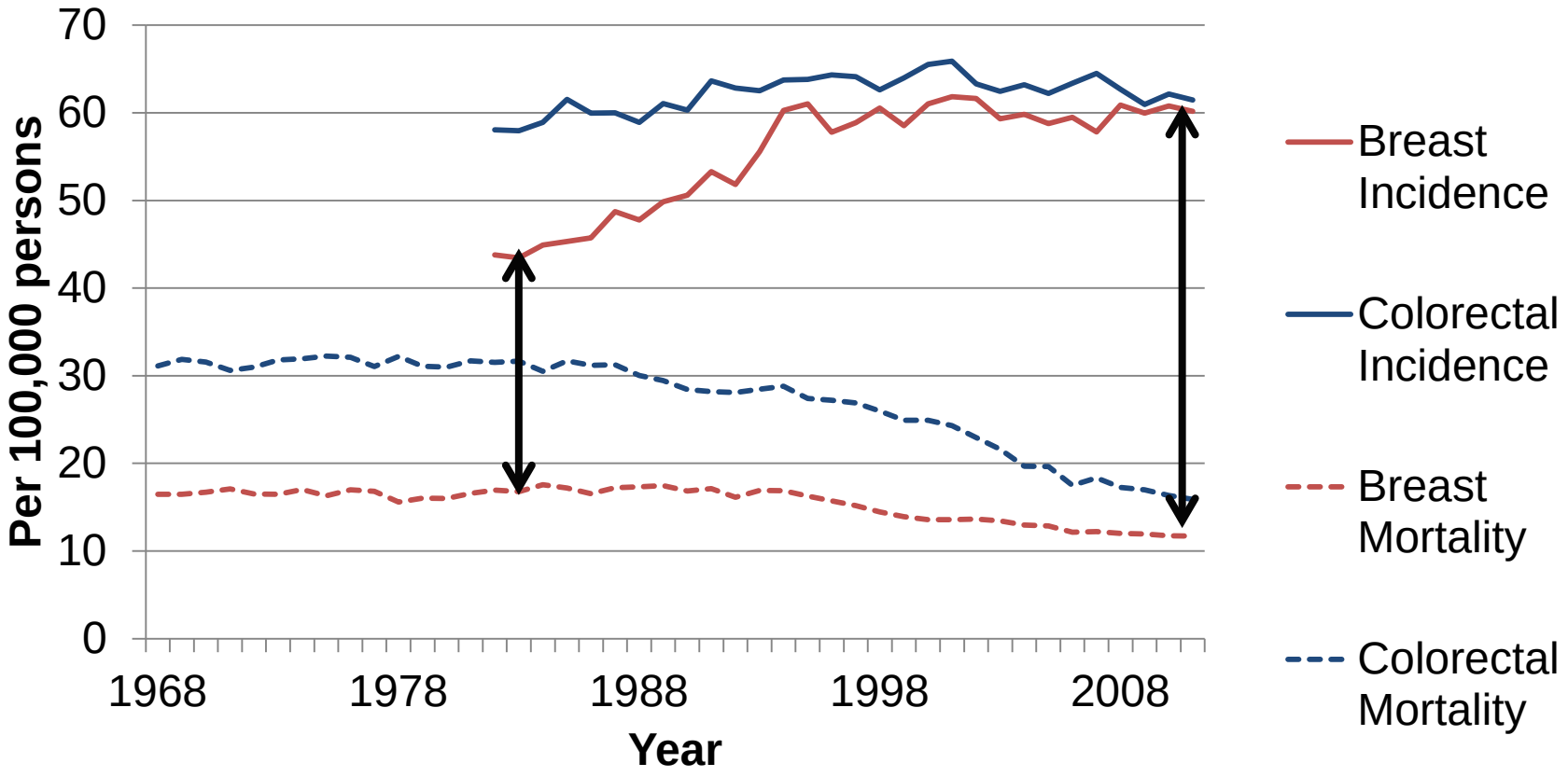

Fig 2: Incidence and mortality 1968-2012

Source: AIHW. Australian Cancer Incidence and Mortality (ACIM) books: Breast cancer. Canberra: AIHW.

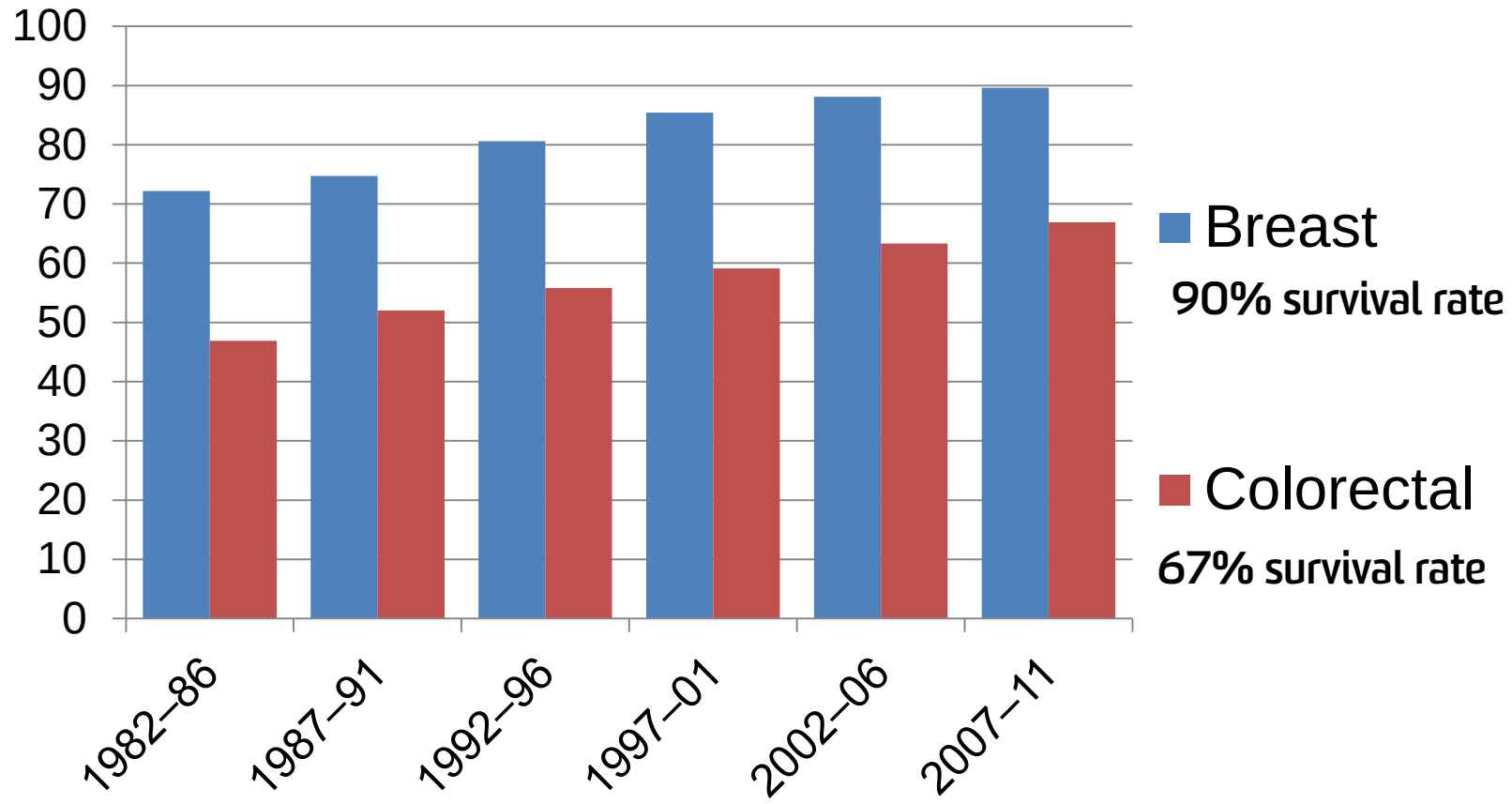

Fig 3: 5-year relative survival rate 1982-86 to 2007-11

Source: AIHW. Cancer in Australia: an overview, 2014. Cat. no. CAN 75. Canberra: AIHW

What's the problem?

- Existing models of care can see cancer survivors continuing to attend hospital-based follow-up appointments for many years, despite not necessarily requiring the expertise of a specialist oncology team.
- Health care expenditure on cancer increased 56% between 2000-2009.
- Increased number of survivors and aging population → greater need for GP to manage cancer long term as well as other comorbidities

Aim

To explore patient, general practitioner (GP) and oncologist views regarding the feasibility and acceptability of transferring breast and/or colorectal cancer survivors with no current evidence of recurrence into the primary care setting.

Ethics Approval

South Eastern Sydney Local Health District

Research questions

1. How feasible and acceptable (to patients, GPs and oncologists) is it for low risk cancer patients without evidence of recurrence to be followed up in general practice rather than in hospital outpatient clinics?

2. What are the views of key stakeholders on the likely impact on quality of cancer care and GP service use if responsibility for cancer follow-up transfers to primary care?

Inclusion criteria

- Patients:
  - o ≥18 years from POWH cancer clinic with breast or colorectal cancer
  - o Completed active treatment (chemotherapy and radiotherapy)
  - o No current evidence of recurrence,
  - o Patients taking post-operative hormone therapy are eligible.
  - o Patients with metastatic disease - ineligible
- Patients' GPs and oncologists

Methods - Recruitment

Oncologists invited by letter

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Written consent received then interviewed

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Eligible patients sent letter of invitation on behalf of participating oncologist

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Written consent received then interviewed

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Patients nominate their GPs, GPs sent letter of invitation from Chief Investigator

↓

Written consent received then interviewed

Methods – Interviews

- Semi structured interviews
  - telephone or face-to-face at a place convenient for the participant
  - Audio recorded

- Respondents asked their views on the specialist hospital-based model for cancer follow-up care and about their GP taking a greater or leading role in their cancer follow-care care.

Methods – Analysis

- Transcribed verbatim
- NVivo 10 to assist coding and data organisation
- Thematic analysis
- Rigour:
  - Coding framework and emergent themes refined using researcher triangulation
  - Source triangulation and participant verification to increase credibility.

Results – Recruitment

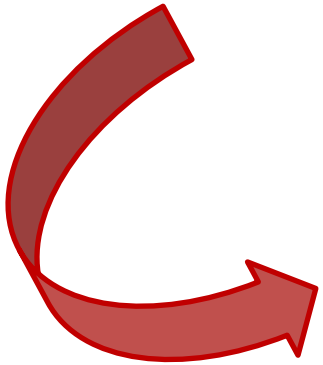
Table 1: Participant recruitment

	Approached	Recruited	Not interviewed / excluded
Oncologists	24	17	1
Patients	37	22	15
GPs	21	18	0

Results – Participant relationships

Diad: Pt + Specialist = 3

Triad*: Pt + GP + 1 x Specialist =19



***** Triads include

Quartet: Pt + GP + 2x Specialist = 14

Pentad[#]: Pt + GP + 3x Specialist = 3

(#limited to breast cancer patients)

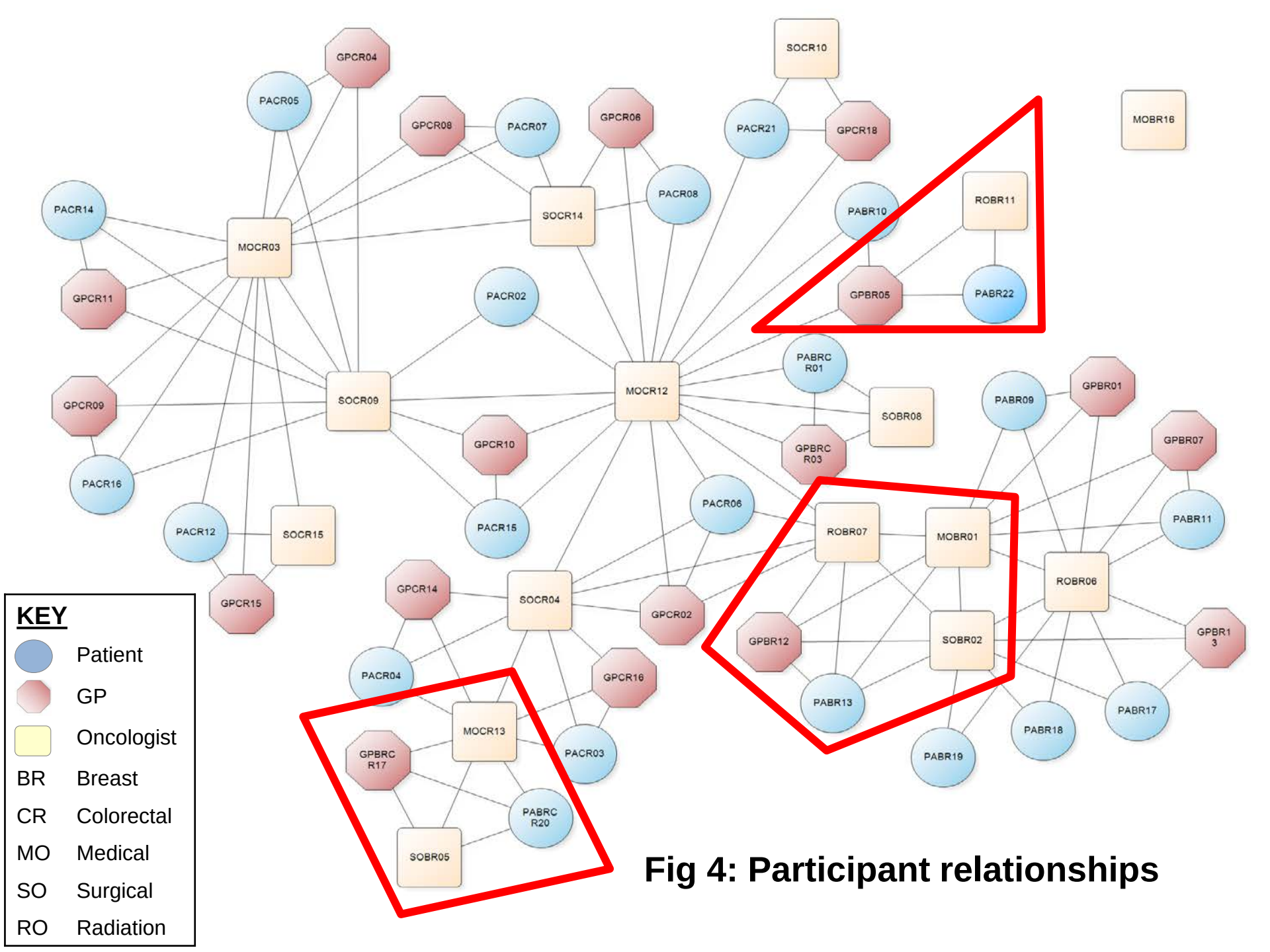


Fig 4: Participant relationships

Results - analysis

Preliminary findings: GPs

- Many GPs feel disconnected from the cancer follow-up care process

"Yeah, my role for many of these patients including [Name] is pretty non-existent really….she had her breast cancer 2012, her follow up was with her specialist and it's unlikely that I will have any involvement in the post-acute treatment stage. She'll be mostly seeing her specialist until the specialist says you don't need to see me anymore, and then the follow up, which is five years down the track, might be the GPs role. So we're not really involved." GPBR13

- Some feel that the professional role of the GP is not recognised and/or is undervalued

"But they're almost kind of dumbing-down the general practitioner role… I just find all I'm doing these days is writing a referral and writing prescriptions." GPCR08

- Some feel that patients' psychosocial and multimorbidity needs are not being adequately supported in specialist care

- GPs do not currently have training, protocols or adequate support for cancer patients to be transferred into their care for follow-up, incl. access to oncology teams
- Most GPs are happy to incorporate cancer follow-up care into their routines as part of a broader team

Preliminary findings: Patients

- Patients value the reassurance they get from a specialist looking after them

"I take great confidence in the fact that they are specialists in their field…I mean [GP] is fantastic, don't get me wrong, she's great, but it does just give me incredible confidence when I see them and they give me the all clear. I really do like that a lot." PABR17

- While some patients feel that GPs do not have the adequate training or knowledge to do cancer follow-up; others are happy for their GPs to do follow-up if they receive adequate training

"If it was so easy there would be no oncologists, all GPs would give treatment. But oncologist is a specialist." PABR09

"I'm sure they would train the GPs to know what they're looking for so I wouldn't have a problem going to a GP if that was the case. It wouldn't worry me." PABR18

Preliminary findings: Oncologists

- A view exists that there is a role for GPs to take on some of the aspects of cancer care

"I think the combination of doing check-ups like this could be very regimented in the sense that there is really no necessity in my mind, apart from obviously having colonoscopies which have to be done by specialists. But the process of checking up on a person, asking how they're going, doing a physical examination, ordering a CT scan and reading or reviewing the results are not something that you really need, in my view, a specialist to be doing." MOCR13

- Whilst having GPs take on a greater role in follow-up may alleviate some of the time pressures for oncologists, some believe that patients should still be reviewed by an oncologist, but less frequently.

"I think people would still need some oncology follow-up but maybe less frequently…getting GPs involved would be helpful. Get them engaged a bit more. They probably should still be followed up by a medical oncologist, I would've thought, but maybe less frequently….I really think 12 months is appropriate." SOCR09

Implications?

- Results are indicating that an RCT trialling the transfer of care of patients to general practice is not acceptable

- It appears that a staged, shared care team arrangement with both GPs and specialists flexibly providing continuing care would be acceptable for most

Further Information

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