ENGAGING PRIMARY CARE PROVIDERS IN SURVIVORSHIP AND TEAM-BASED CARE OF CANCER PATIENTS

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-Montana Cancer Coalition, Quality of Life Committee, MT DPPHHS

-President Montana State Oncology Society

This presentation is supported by an unrestricted educational grant from Pfizer.

PROVIDING PATIENT-CENTERED CARE IN A RESOURCE-POOR ENVIRONMENT

-Care fragmentation results in worse outcomes for cancer patients nationally and resource-limitations makes this worse in rural areas

-Patient-centered, team-based care reduces fragmentation

-Health care redesign incorporating PCPs into the care team does not require additional resources and can begin now

DISCLOSURE OF SUPPORT

Dr. Hensold is a co-Principal Investigator and receives salary support via a grant from the Merck Foundation to ASCO:

"Increasing Access to Cancer Care in Rural Montana"

MONTANA CANCER COALITION

- A division of the state Department of Public Health and Human Services
- Quality of Life subcommittee
  - Membership from across the care continuum: oncologist, APPs, system leadership, psychosocial care, pharmaceutical, cancer survivors
- Mission:

The MTCC strives to ensure better quality of life and enhance the odds of survivorship through prevention, early detection and state-of-the-art cancer care.

MONTANA CANCER COALITION

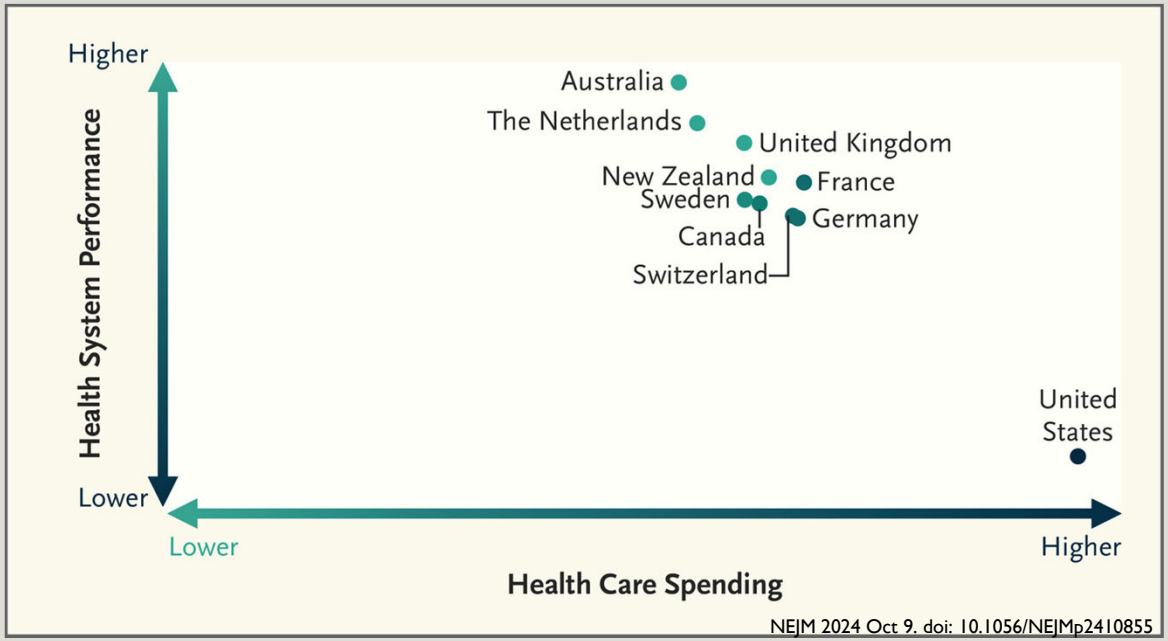
QUALITY OF LIFE SUBCOMMITTEE

- **Project:** Team-based Approach to Cancer Care in Rural & Frontier Montana
- **Goal:** Provide EDUCATION to health care providers and leaders to help them understand the need for a team-based approach to care for cancer patients during treatment and survivorship. Raise AWARENESS of the need for team-based care and the inclusion of primary care physicians in the care of oncology patients, developing a new model of patient flow and the inclusion of psychosocial care. Create an easily accessible RESOURCE for information regarding survivorship and supportive care

Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System

The U.S. continues to be in a class by itself in the underperformance of its health care sector.

The Commonwealth Fund



NEJM 2024 Oct 9. doi: 10.1056/NEJMp2410855

OUR CURRENT SYSTEM IS BROKEN

Fatal to Fearless *is a brutally honest and deeply personal account of your diagnosis of multiple myeloma and ductal carcinoma in situ breast cancer. It is also a primer on how patients with cancer can navigate what you describe as a "deplorably fragmented, bureaucratic, and exceedingly complex" medical system that does not benefit patients facing serious illness. In the book, Clifford A. Hudis, MD, FACP, FASCO, Chief Executive Officer of ASCO, gives an even more blunt assessment of the problem. "We do not have a system in the United States. No strategic plan for health care. No mission statements. No set of goals. No national agenda.... We do not have a system. Full stop," said Dr. Hudis.*

What needs to be done to fix the broken medical system and improve health care for patients with cancer?

This is an unfortunate situation for patients and their caregivers, and it's not fair. The health-care system is incredibly fragmented. As a result, patients are left with having to integrate the medical team, including medical oncologists, surgical oncologists, and radiation oncologists, among others, into their care. Coordinating their care, understanding complex treatments, and incurring the financial costs of cancer care are among the biggest burdens patients face.

Cavallo, J. (2024, March 25) From Fatal to Fearless: How Patients Can Take Control of Their Disease and Fear Cancer Less. The ASCO Post.
https://ascopost.com/issues/march-25-2024/from-fatal-to-fearless-how-patients-can-take-control-of-their-disease-and-fear-cancer-less/

LEARNING OBJECTIVES

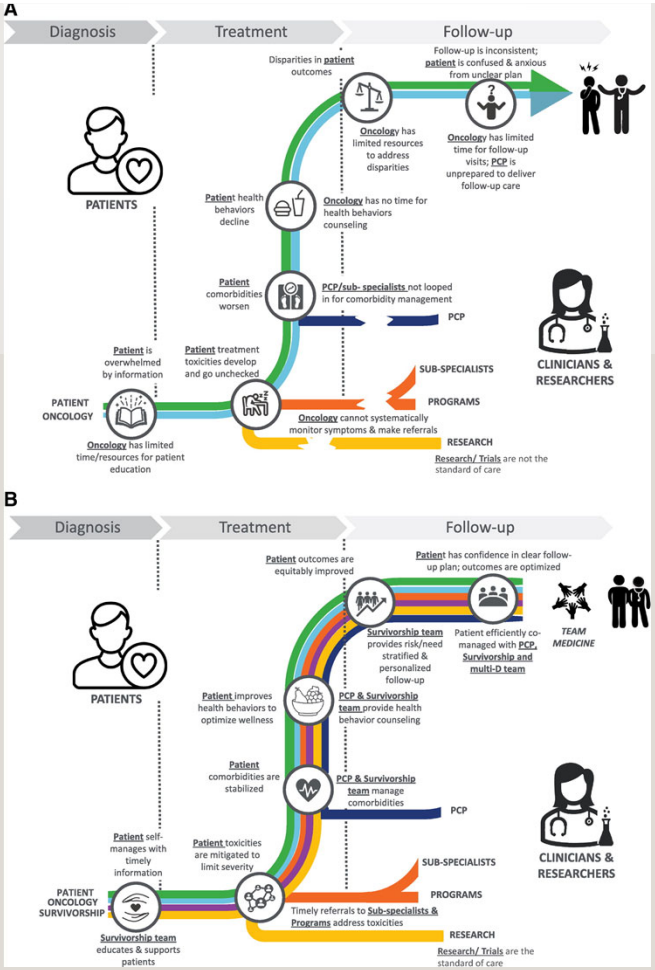
- Fragmentation of cancer care delivery and limited access to care results in worse outcomes for patients residing in rural areas
- A "team-based approach" to care has been proposed (IOM 2013) to reduce care fragmentation
- Involvement of Primary Care Providers across the continuum of cancer care for their patients is integral to "team-based" care and coordination across the "team" is necessary

"UNCOORDINATED" CARE

- **"Busy oncology clinics focus on navigating the increasing complexity of treating cancer and the patient's primary care provider (PCP) often is out of the loop or unprepared to cotreat patients. As a result, many treatment toxicities go unrecognized and unaddressed; treatments exacerbate comorbidities or create new ones that go unmanaged; nutrition and exercise suffer; patient and caregiver needs for information and support go unaddressed; and patients experience numerous physical, psychological, social, functional, and financial issues that impair their quality of life and long- term wellbeing."**

- Engaging TEAM Medicine in Patient Care: Redefining Cancer Survivorship from Diagnosis. Am Soc Clin Oncol Educ Book. Education Book. 2022 42: 921-931.

Repairing What Is Broken



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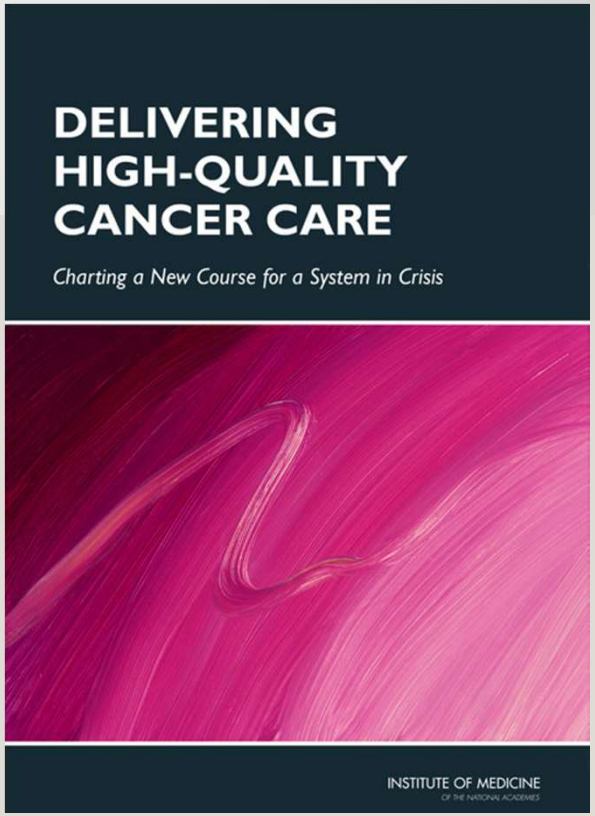
INSTITUTE OF MEDICINE. WASHINGTON (DC): NATIONAL ACADEMIES PRESS (US); 2013 DEC 27.



"DELIVERING HIGH-QUALITY CANCER CARE: CHARTING A NEW COURSE FOR A SYSTEM IN CRISIS."

IOM. 2013

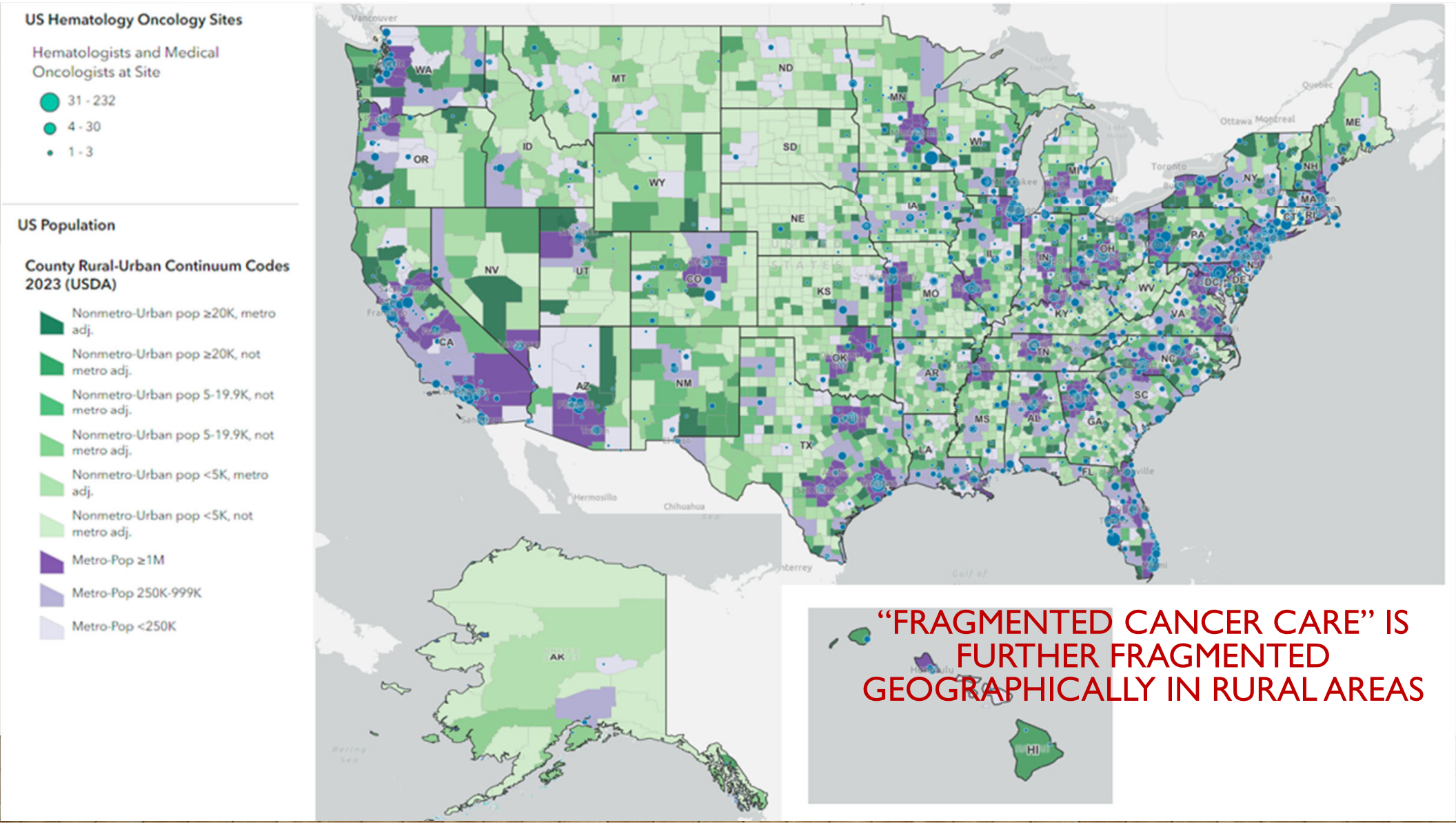
- **The complexity of the cancer care system is driven by the biology of cancer itself, the multiple specialists involved in the delivery of cancer care, as well as a health care system that is fragmented and often ill prepared to meet the individual needs, preferences, and values of patients who are anxious, symptomatic, and uncertain about where to obtain the correct diagnosis, prognosis, and treatment recommendations.**

  - **Institute of Medicine. 2013. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*. Washington, DC: The National Academies Press. https://doi.org/10.17226/18359**

"COORDINATED" CARE

- **Recommendation 3: An Adequately Staffed, Trained, and Coordinated Workforce**
- **Goal: Members of the cancer care team should coordinate with each other and with primary/geriatrics and specialist care teams to implement patients' care plans and deliver comprehensive, efficient, and patient-centered care.**
- **To accomplish this:**
- **Federal and state legislative and regulatory bodies should eliminate reimbursement and scope-of-practice barriers to team-based care.**
- **Academic institutions and professional societies should develop interprofessional education programs to train the work-force in team-based cancer care and promote coordination with primary/geriatrics and specialist care teams.**
    - Institute of Medicine. 2013. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*. Washington, DC: The National Academies Press. https://doi.org/10.17226/18359.

CURRENT STATUS OF CANCER CARE DELIVERY IN RURAL UNITED STATES AND MONTANA



"FRAGMENTED CANCER CARE" IS FURTHER FRAGMENTED GEOGRAPHICALLY IN RURAL AREAS

CANCER OUTCOMES IN RURAL AREAS

- Decreased cancer screening and increased presentation at advanced stages
- Rate of improvement in cancer-related survival lags behind urban areas
- Decreased receipt of standard-of-care cancer therapies
- Less access to clinical trials
- Decreased receipt of any treatment
- Increased financial toxicity of treatment related to travel to access care

MONTANA TUMOR REGISTRY DATA (2014-18)

Patient outcomes in MT counties with and without a Commission on Cancer-approved cancer center.

	CoC counties	Non-CoC counties
No Treatment	18.1%	20.6%
Treatment out of state	7.6%*	9.1%

* Delaware – 5.1%

Barrier of "Perception"

"DELIVERING HIGH-QUALITY CANCER CARE: CHARTING A NEW COURSE FOR A SYSTEM IN CRISIS."

Institute of Medicine. 2013. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis.* Washington, DC: The National Academies Press. https://doi.org/10.17226/18359

"Team-based" care rather than "disease-based" care to move toward "patient-centered" care

THE CANCER CARE TEAM

"DELIVERING HIGH-QUALITY CANCER CARE: CHARTING A NEW COURSE FOR A SYSTEM IN CRISIS."

Institute of Medicine. 2013. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis.* Washington, DC: The National Academies Press. https://doi.org/10.17226/18359

Members of the cancer care team

- **Physicians: Oncologists, Primary Care/Geriatricians**
- **Nurses**
- **Advanced Practice RNs/Physicians Assistants**
- **Palliative Care & Hospice Clinicians**
- **Psychosocial Support and Spiritual Workers**
- **Pharmacists**

"ENGAGING TEAM MEDICINE IN PATIENT CARE: REDEFINING CANCER SURVIVORSHIP FROM DIAGNOSIS "

Am Soc Clin Oncol Educ Book. 2022 Apr;42:1-11.

Members of the cancer care team

- **"Core" cohort**
  - **Oncologists, APPs, RNs, Navigators, MAs**
- **"Consulted" cohort**
  - **Primary Care Providers**
- **"Connected" cohort**
  - **Subspecialists**

ENGAGING PRIMARY CARE PROVIDERS IN SURVIVORSHIP AND TEAM-BASED CARE OF CANCER PATIENTS

CURRENT SITUATION:

DEFAULT ENGAGEMENT OF PRIMARY CARE PROVIDERS

- **Example 1: Management of hypertension as a complication of cancer treatment**

- **Example 2: Management of cancer therapy toxicities in "outreach settings"**

INCORPORATION OF PRIMARY CARE PROVIDERS INTO THE CARE OF THEIR PATIENTS WITH CANCER

- "Patient-centered" care instead of "disease-centered" or "system-centered" care
- Reduces "fragmentation" of health care
- Facilitates transitioning cancer patients to "survivorship" care
- Improved efficiencies from working at "top of license"
- Improved "wellness" of care team

PRIMARY CARE PHYSICIANS' PERSPECTIVES OF THEIR ROLE IN CANCER CARE

- Systematic review of 35 articles - **10,941 PCPs**
  - -45% involved during cancer treatment
  - -70-80% during survivorship
  - -95% preferred a more active role across phases
  - -50% felt unprepared to manage late effects
  - -Rarely and inconsistently received sufficient information from oncologists

Lawrence RA, et al. J Gen Intern Med, 2015

INCORPORATION OF PRIMARY CARE PROVIDERS INTO THE CARE OF THEIR PATIENTS WITH CANCER

If all the previous points are true, why am I talking about this over a decade after the 2013 Institute of Medicine report?

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→Fragmented care delivery system

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→Fragmented care delivery system

→A system-wide approach is needed to address a system-wide problem

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→A System-wide problem

→Fragmented care delivery system

→A system-wide approach is needed to address a system-wide problem

*We don't have a system!

HOW DO WE MOVE TOWARD TEAM-BASED CARE?

- ENGAGEMENT OF ALL STAKEHOLDERS
  - THE "TEAM"
  - PATIENTS
  - ADMINISTRATION

FILLING THE GAPS IN THE CARE TEAM

FILLING THE GAPS IN THE CARE TEAM

-INCORPORATION OF APPS INTO THE TEAM

FILLING THE GAPS IN THE CARE TEAM

- Incorporation of APPs into the team
- No standardized statewide approach

FILLING THE GAPS IN THE CARE TEAM

- -Incorporation of APPs into the team
- No standardized statewide approach
- Most MSU CoN NPs do not have job prospects upon graduation

FILLING THE GAPS IN THE CARE TEAM

- Need to understand the discrepancy between "supply and demand"
- Montana State Oncology Society and MSU CoN are working to address this problem

COORDINATING THE CARE TEAM

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-Role Definition

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-Role Definition

-Optimize timely communication

COORDINATING THE CARE TEAM

-Role Definition

-Optimize timely communication

-Standardize workflows

COORDINATING THE CARE TEAM

-Particularly important:

- When care crosses organizations
- When care is geographically disparate

COORDINATING THE CARE TEAM

WE CAN WORK ON THIS NOW

-WHAT IS THE ROLE OF PROFESSIONAL SOCIETIES IN DOING THIS WORK?

EDUCATING THE CARE TEAM

EDUCATING THE CARE TEAM

ONCOLOGY-SPECIFIC TRAINING FOR ONCOLOGISTS

EDUCATING THE CARE TEAM

ONCOLOGY-SPECIFIC TRAINING FOR NURSES & PHARMACISTS

EDUCATING THE CARE TEAM

AD HOC ONCOLOGY-SPECIFIC TRAINING FOR APPS

EDUCATING THE CARE TEAM

NO ONCOLOGY-SPECIFIC TRAINING FOR PCPS

WHY WORRY ABOUT LACK OF ONCOLOGY TRAINING OF PCPs?

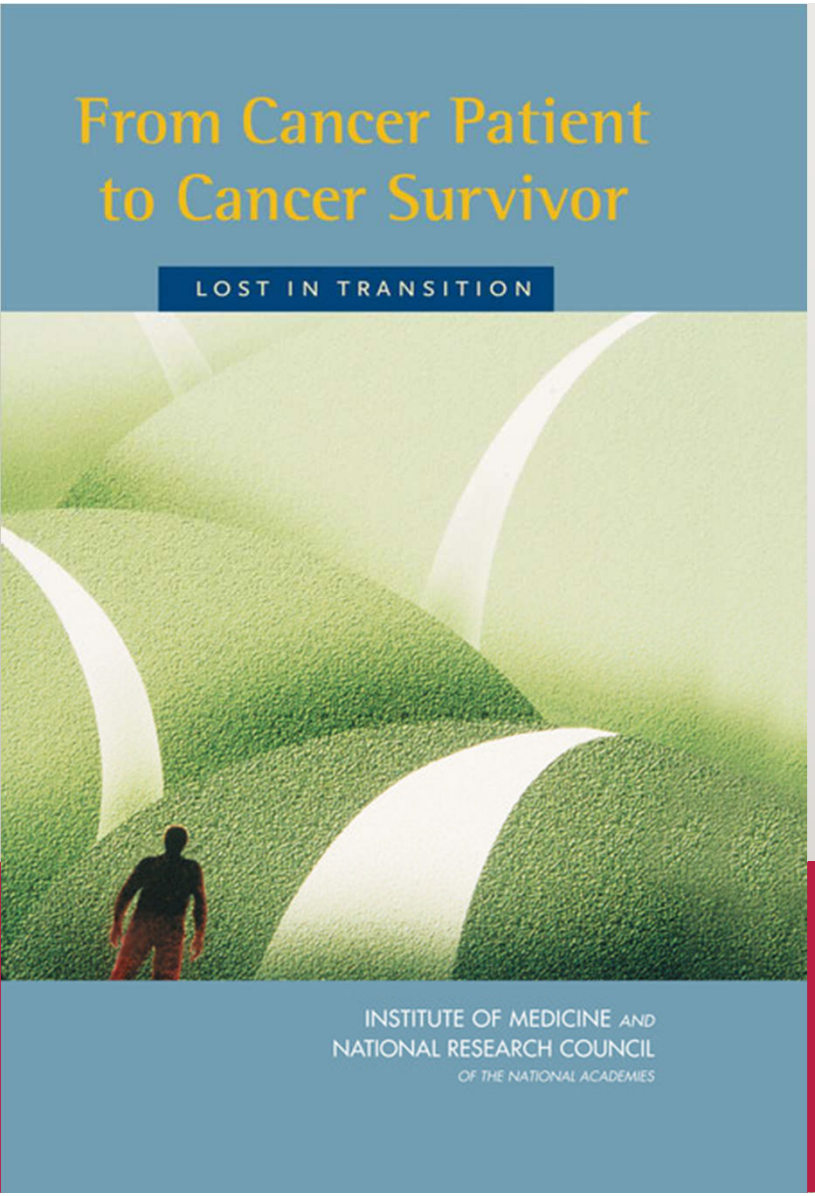
DEFAULT INVOLVEMENT IN CANCER CARE CURRENTLY

EXPANDING NUMBERS OF CANCER SURVIVORS

CURRENT STATE OF TRAINING

Training in "Silos"

- Specialist – limited knowledge of general care
- PCP – limited knowledge of specialty care and impact of that care on general care

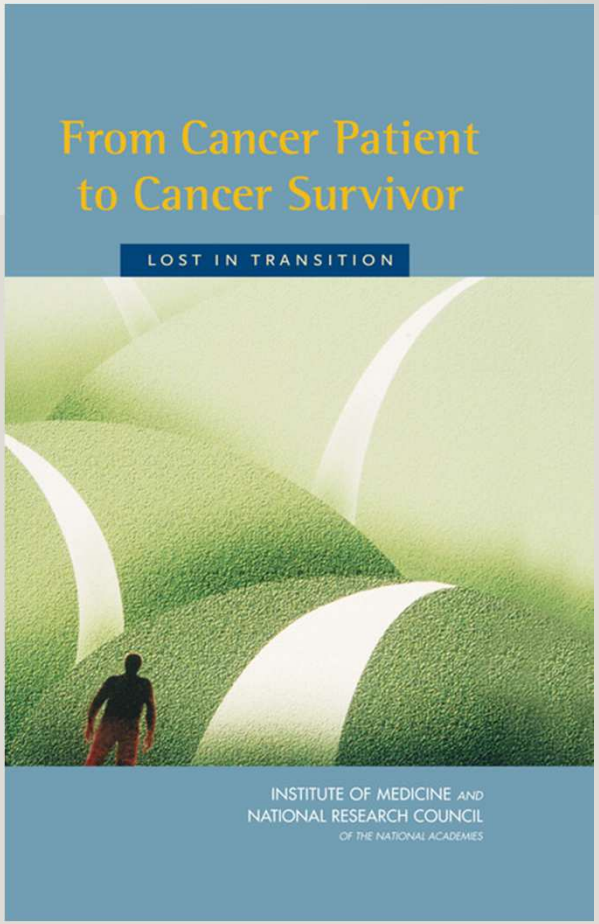


"SURVIVORSHIP"
IOM 2006

"SURVIVORSHIP" IOM 2024

- "We argue that the problem is not with the guideline recommendations themselves or intended care models but with the challenges in implementing and sustaining these within our current health care system. The problems facing survivors have now been well identified, and it is past time to take advantage of expertise and technology that is readily available to implement multilevel solutions that are scalable and sustainable."

- Atlas SJ, Hass JS et al. Engaging patients, oncologist and primary care clinicians in the care of cancer survivors: A coordinated care model with system-level technology to move the outcomes needle. JCO Oncol Pract. 2024 Aug 1:OP2300818.
- doi: 10.1200/OP.23.00818. Online ahead of print.



SURVIVORSHIP

- Narrow Definition:

Survivorship care is the follow-up care provided upon completion of cancer therapy to address the physical, psychological, and social impacts of cancer treatment.

SURVIVORSHIP

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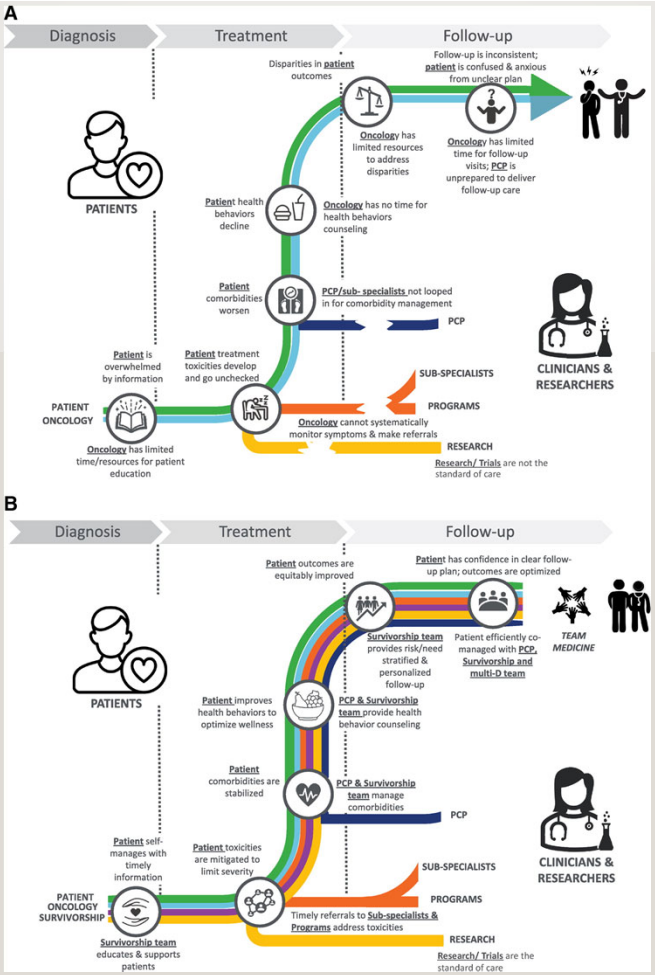
Survivorship care is the follow-up care provided upon completion of cancer therapy to address the physical, psychological, and social impacts of cancer treatment.

- Broad Definition:

Survivorship begins at diagnosis of cancer and extends through the lifetime of the patient.

Repairing What Is Broken



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- We are making this more complicated than it should be *
- 3 vignettes / models
  - Breast cancer
    - Key points for other survivor groups with low or intermediate risks related to the cancer
  - Hodgkin lymphoma
  - Chronic lymphocytic leukemia
- Health care redesign integrating the PCP **into** the cancer team
- Trustworthy sites for further information

*Slides kindly provided by Kevin Oeffinger MD, Duke Cancer Institute

BREAST CANCER

Jane is a 61 year-old white, NH post-menopausal female that you have followed for several years who has well-controlled hypertension and mild dyslipidemia with a 10-year ASCVD risk of 5.0%, is mildly obese (BMI 31.4) and is relatively sedentary (average of 4-5,000 steps/day).

She is diagnosed with a screen detected left-sided invasive breast cancer (Stage IIB, ER+, PR-, HER2-). After seeing the surgeon, radiation oncologist and medical oncologist, Jane decides to have breast conserving surgery followed by radiation to the left breast, adjuvant chemotherapy with AC-T (doxorubicin and cyclophosphamide [AC] followed by paclitaxel [T]), followed by hormone therapy with an aromatase inhibitor.

BREAST CANCER

As a primary care physician, what is your role over the next few months:

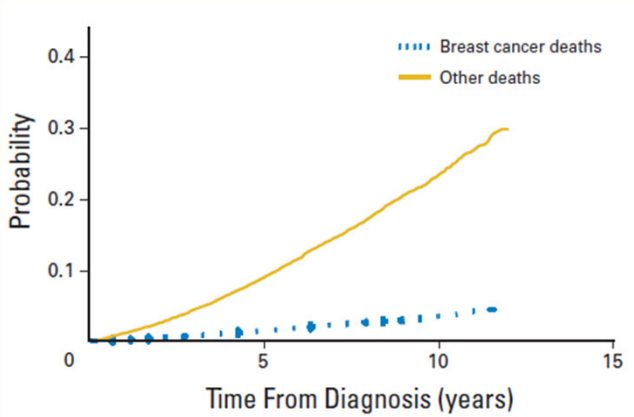
A. Follow Jane with social visits to minimize unnecessary visits and cost (to the patient).

B. Respond only as needed (prn).

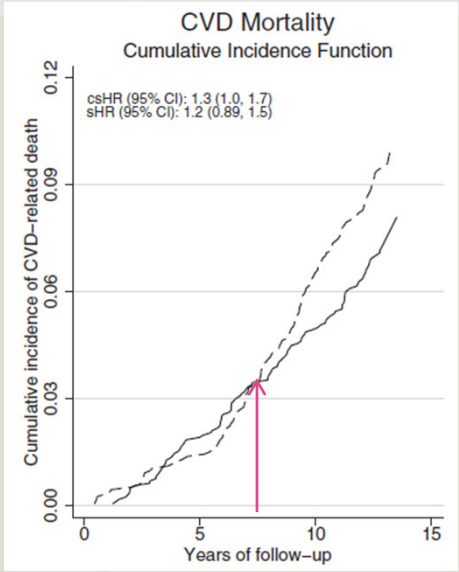
C. Manage her blood pressure and dyslipidemia and use the teachable moment for health promotion?

Importance of Non-Cancer Comorbidities

PROBABILITY OF DEATH FROM BREAST CANCER OR OTHER CAUSES AMONG WOMEN AGE 50 AND OLDER WITH ER+ EARLY STAGE BREAST CANCER
SEER: 1988-2001

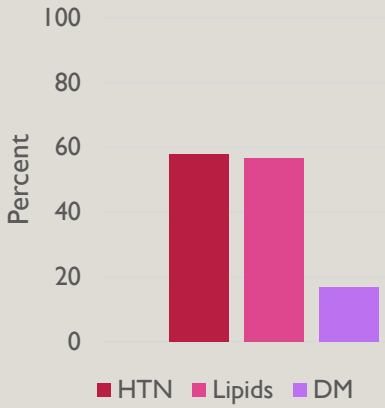


Hanrahan EO, et al. J Clin Oncol, 2007



Bradshaw PT, et al. Epidem, 2016

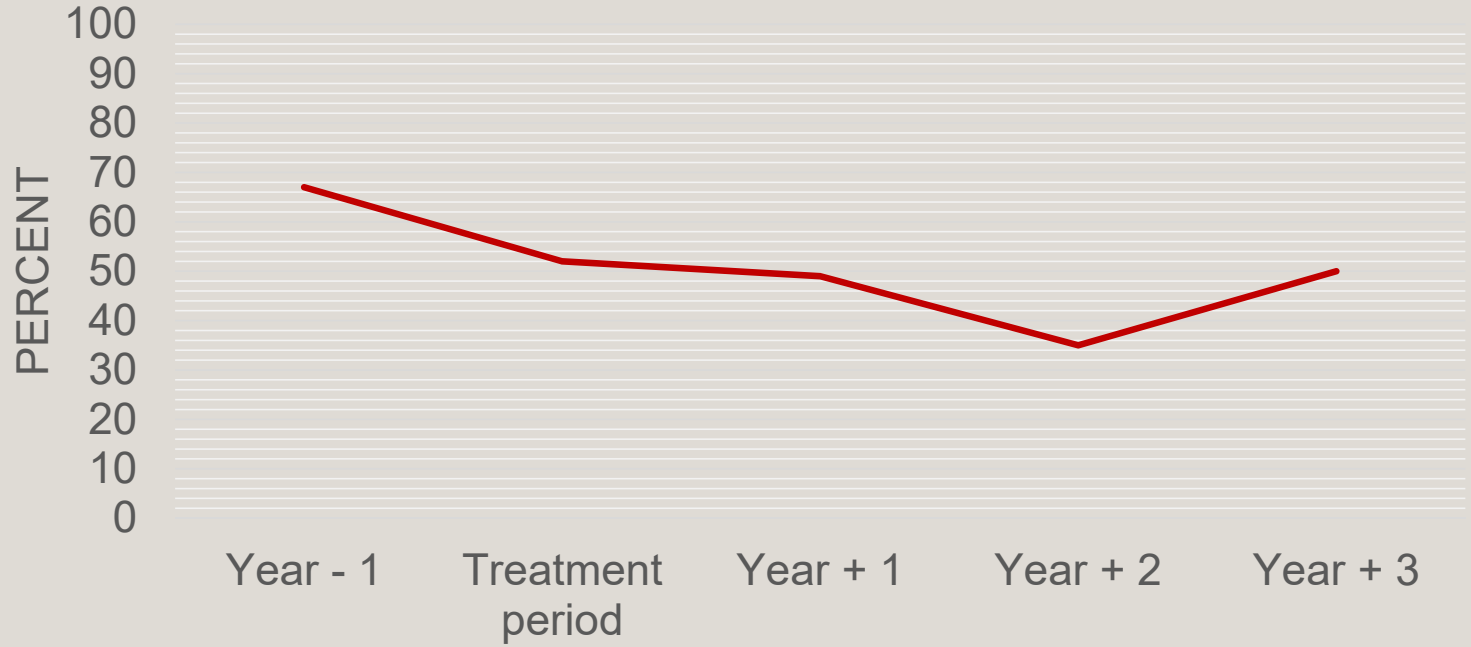
Percent of women with early stage breast cancer and a cardiovascular risk factor
SEER-Medicare: 2000-2007



Chen J, et al. J Am Coll Cardiol, 2012

Adherence to Medications for Comorbidities

Percent of breast cancer survivors adherent to their statin therapy prior to and following early stage breast cancer diagnosis and treatment (Group Health 1990-2008, N=4,221 women)



Calip GS, et al. Breast Cancer Res Treat, 2013

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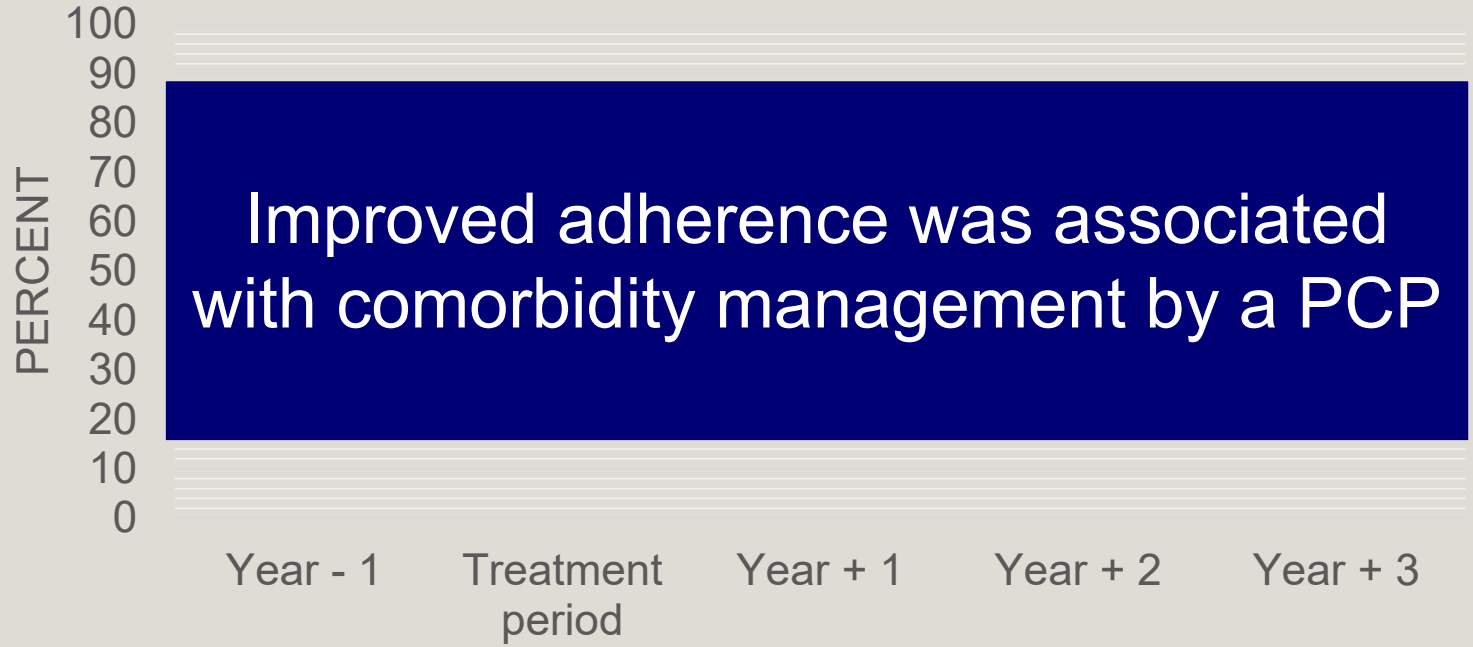
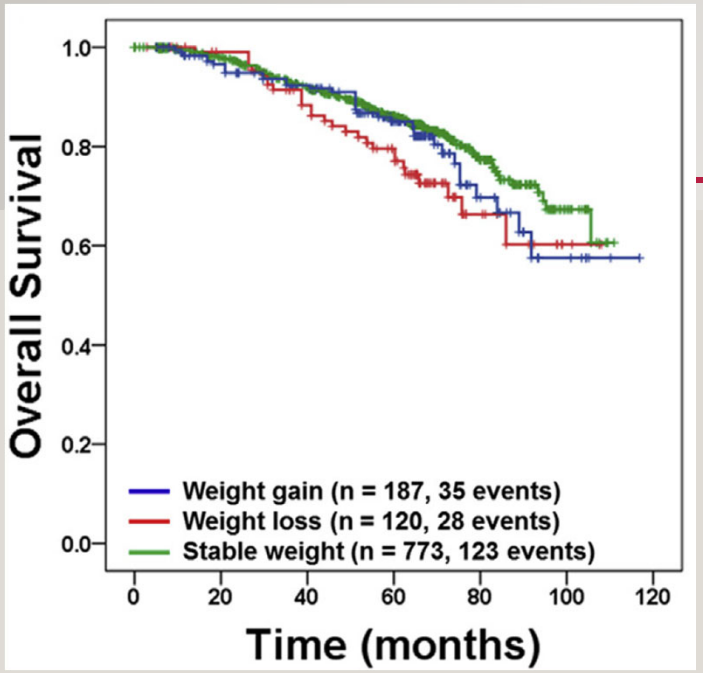


Calip GS, et al. Breast Cancer Res Treat, 2013

Weight Gain and Physical Activity

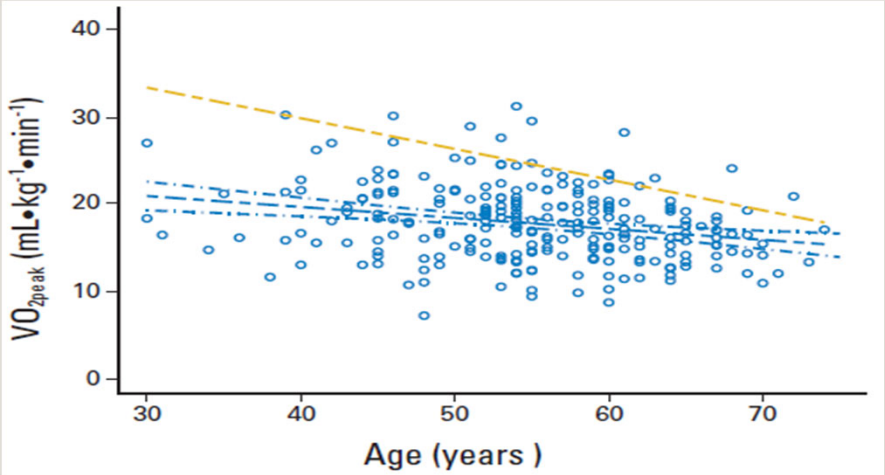


5% weight gain during adjuvant therapy resulted worse overall survival but no change to disease-free survival

Mutschler NS, et al. Clin Breast Cancer, 2018

50 year-old survivor with a 30% reduction in cardiorespiratory fitness – similar to a woman without cancer at age 70

Jones LW, et al. J Clin Oncol, 2012



ROLE OF THE PCP DURING CANCER THERAPY

Manage comorbidities – your care saves lives

- Options for blood pressure management are not changed by chemotherapy

You know your patient – promote healthy lifestyles during this teachable time

- Increase levels of physical activity and add in some resistance training
- Healthy diet; avoid weight gain

ROLE OF THE PCP DURING CANCER THERAPY

Help manage side effects – your care saves lives

- Establish a clear and responsive line of communication with Oncology
- Know what you can reasonably manage and get help for anything else

ROLE OF THE PCP DURING SURVIVORSHIP

Surveillance for recurrence?

Surveillance for second cancers

Surveillance for other risks (e.g., cardiovascular) associated with treatment

Manage long term effects

- Neuropathy
- Fatigue
- Psychosocial effects

HOW DO WE COMMUNICATE?

NOT THIS WAY

- biopsy on 3/5/14 and this demonstrated invasive ductal carcinoma, grade 3, ER/PR negative, Her2 overexpressed (3+ by IHC).

- established care with Dr. ___ on 3/17 and underwent MRI breast on 3/21, showing 2.7cm mass right breast and suspicious nodes

- tentatively scheduled for bilateral mastectomy and reconstruction, but when her biomarkers returned as her2 positive disease, this was put on hold to further consider the utility of neoadjuvant chemotherapy.

- 3/27/14 Axilla core biopsy + for metastasis to node.

- 3/28/14 staging studies demonstrated liver lesion, favoring focal fat infiltration

- liver MRI 3/31 notable for hemangioma, no other concerning lesions

-4/4/14-7/18/14 Neoadjuvant TCHP chemotherapy done; continue Herceptin only through 3/2015

- 8/12/14 Bilateral Mastectomies with complete pathological response ypT0ypN0(0/16); reconstruction with tissue expanders.

- Adjuvant radiation 9/24/14-10/28/14

- continuing adjuvant herceptin through March 2015

PCP-FACING SUMMARY

- Information you need from the oncology team:
- Who is responsible for surveillance for the primary cancer (mammogram / breast exam)?
- Key symptoms (2-3) that may occur
- Key (serious) late effects
- Who to contact
- In our vignette – this information should take no more than 4-5 bullet points.

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ASCO SURVIVORSHIP CARE PLAN TEMPLATE

HTTP://WWW.ASCO.ORG/PRACTICE-RESEARCH/SURVIVORSHIP-CARE-CLINICAL-TOOLS-AND-RESOURCES

General Information	
Patient Name:	Patient DOB:
Patient phone:	Email:
Health Care Providers (Including Names, Institution)	
Primary Care Provider:	
Surgeon:	
Radiation Oncologist:	
Medical Oncologist:	
Other Providers:	

Treatment Summary

Diagnosis

Cancer Type/Location/Histology Subtype:

Stage: ☐I ☐II ☐III ☐Not applicable

Treatment

Surgery ☐ Yes ☐No — Surgery Date(s) (yr)

Surgical procedure/location/findings:

Radiation ☐ Yes ☐No — Body area treated:

Systemic Therapy (chemotherapy, hormonal therapy, other) ☐ Yes ☐No

Names of Agents Used

Persistent symptoms or side effects at completion of treatment: ☐ No ☐ Yes (enter symptom)

Familial Cancer Risk Assessment

Genetic/hereditary risk factor(s) or predisposing conditions:

Genetic counseling: ☐ Yes ☐ No — Genetic testing results:

Follow-up Care Plan

Need for ongoing (adjuvant) treatment for cancer ☐ Yes ☐ No

Additional treatment name	Planned duration	Possible Side effects

Schedule of clinical visits

Coordinating Provider	When/How often

ASCO Survivorship Care Plan

Updated based on consensus conference held on 9.27.13 and the ASCO Survivorship Committee

Cancer surveillance or other recommended related tests

Coordinating Provider	What/When/How Often

...der for all general health care recommended for a (man) (woman) your
...ptoms should be brought to the attention of your provider:
...ymptom;
...ymptom;
...ight be related to the cancer coming back.

...one with this type of cancer and treatment may experience:

...e areas listed below. If you have any concerns in these or other areas,
...d out how you can get help with them.

☐ Weight changes ☐ School/Work ☐ Fertility

☐Stopping smoking ☐Financial advice or assistance ☐ Sexual functioning

...ongoing health, including the risk for the cancer coming back or
...mmendations with your doctor or nurse:

☐ Diet
☐Sun screen use
☐Physical activity

...r comments:

...ared by: Delivered on:

PROVIDING PATIENT-CENTERED CARE IN A RESOURCE-POOR ENVIRONMENT

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