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Cancer Survivor Follow-up in Primary Care

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Faculty / Presenter Disclosure

Faculty / Speaker: Mario Elia MD, OntarioMD Peer Leader

Relationships with commercial interests:

- No relationships with commercial interests

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Disclosure of Commercial Support

This program has not received financial support or in-kind support from any organization

Potential for conflict(s) of interest:

Mario Elia MD has not received payment or funding from any organization supporting this program AND/OR organization whose product(s) are being discussed in this program.

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Mitigating Potential Bias

- There are no potential sources of bias.

Objectives

- Review the importance of accurate and efficient follow-up of our cancer survivors
- Identify challenges in identifying and tracking these patients
- Provide an easy-to-use framework for moving forward with cancer follow-up

The Problem

- More cancer follow-up is being downloaded to primary care
  Rarely are we given specific constructs on how to integrate this

- Most have efficient processes in place for diabetes, CHF, immunizations, cancer screening

- In busy practices, can easily become neglected
  "Number needed to track" is very low, huge opportunity for improvements

What is Required

- A system for each practice that allows for cancer follow-up that is inclusive of all affected patients
- Follow-up interventions meet current standard of care, and can be easily updated to reflect new evidence
- Can be easily integrated into a busy practice, with the least amount of human resources required moving forward

Challenges

- Data standardization
  - Significant issue with both free-form and pre-set problem lists
  - Where is the data being entered?
  - How are you entering each cancer in your system?
    e.g. Breast cancer as: ca breast, breast ca, breast cancer, breast carcinoma, carcinoma of the breast
- Timing
  - Should this be occurring in real-time with reminders, or monthly, or yearly?
- Flexibility

  Is my system easily adaptable to changes in evidence?

A Sample Practice

- Sample practice of 2200 patients
- Number of living patients by cancer:
  - Bladder cancer - 14
  - Breast cancer - 42
  - Cervical cancer or dysplasia requiring treatment - 69
  - CLL - 6
  - Colorectal cancer - 21
  - Esophageal cancer/Barrett's - 16
  - Lung cancer - 8
  - Lymphoma - 3
  - Melanoma - 28
  - Prostate cancer - 50
  - Renal cancer - 4
  - Sarcoma - 2
  - Thyroid cancer - 5
  - Uterine cancer - 4

A Possible Framework

- Step 1: Decide on a standard method for labelling each cancer
  - What are the cancers you need to be following?
  - What are your standard entries for each cancer?
  - Where will you enter this data? (Problem list, HPH, etc.)
  - Ensure that every local user is aware of these standards
  - Have glossary available at each clinical workstation

- Step 2: Find the patients
  - Go through each cancer, and expand searches to include every method you may have entered data in the past
  - I have a glossary of searches for those interested
  - Update patient data to reflect your new standards

A Possible Framework

- Step 3: For each cancer, decide on most appropriate follow-up means
  - What do they require for each cancer?
  - Yearly check-up vs. imaging vs. bloodwork
  - Passive reminder system vs. active searching
  - Timed system audits? Monthly? Yearly?
  - How often to review latest evidence for follow-up?

Expanding to Other Areas

- Framework can be used to track other pre-cancerous conditions

- Colon polyps
  - Tubular adenoma, tubulovillous adenoma, villous adenoma, serrated adenoma, colon polyp
- Thyroid nodules
- Barrett's esophagus

Caution...

- Don’t run home and do all of this work today! (As tempting as it may be…)
- Establish a plan for your office, and delegate tasks accordingly
- Set a goal a few months down the road for where you want your office to be, and continually re-establish new goals for cancer survivor quality improvement

Thank you!

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