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Cancer Survivor Follow-up in Primary Care

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OntarioMD

Empowered Practices. Enhanced Care.



Faculty / Presenter Disclosure

Faculty / Speaker: Mario Elia MD, OntarioMD Peer Leader

Relationships with commercial interests:

- No relationships with commercial interests

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.

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

Breast Cancer Follow-Up

Jun 21, 2017

Breast Cancer Follow-Up - Diagnosis to 2 years

ME

Breast Cancer Follow-Up - Diagnosis to 2 years

Date of diagnosis: Date of discharge back to primary care: **Visits every 3-4 months

Path/Treatment Received: Hormonal Treatment:

Visit Date:

ROS

- bone pain abdominal pain/ascite
- arm swelling unexplained fatigue
- headache/neuro sx new unexplained cough
- weight loss irregular vaginal bleeding
- no relevant symptoms

P/E (include ht/wt/BP in separate note for data integrity purposes)

Affected breast, incision site and axilla:

Contralateral breast and axilla:

- No supraclavicular/axillary lymphadenopathy
- No lymphedema/skin change: Normal abdomen
- Normal chest wall exam Chest clear

Impression

- No concerns re: recurrence or mets
- Concerns re: recurrence or mets

Plan (remember annual mammogram, BMD every 2-3 years if on aromatase inhibitor) ⊕

Visit Date:

ROS

- bone pain abdominal pain/ascite
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Prostate Cancer Follow-Up

Edit Reminders

Edit

<Enter search text>

Reminders

- ASA and colon cancer prevention
- BMD
- BP overdue
- CHF Flowsheet
- CHF Q050
- Hypothyroid - Needs TSH
- Lipids - overdue
- Needs K030
- NOAC and Cr
- Pneumovax
- PPI switch to cheaper
- Pregnancy Toolbar
- Preventative Care - Paps
- Preventative- Cervical Followup
- Preventative - Colon
- Preventative - Colon Family History and...
- Preventative - Esophageal + Barrett's s...
- Preventative - Mammo
- Preventative - Mammo - Breast Cancer
- Preventative - Mammo Family History
- Preventative - Prostate Family History
- Preventative - Prostate - PSA overdue**
- Preventive Care Female
- Preventive Care Male

Reminder Name: Preventative - Prostate - PSA overdue

CPP Prob ICD-9 any item starts with 185
and
Prostate Specific Antigen [PSA], months since latest > 12

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Comments:

Show Intervention as Reminder: Needs PSA

Show Custom Form or Stamp: N/A

Priority: High (scan daily) Medium (reminder report) Low (next visit)

Delete Reminder New Reminder Done

Cervical Cancer Follow-Up

Edit Reminders

Edit

<Enter search text>

Reminders

- A1C
- anti-HTN and Cr
- ASA and colon cancer prevention
- BMD
- BP overdue
- CHF Flowsheet
- CHF Q050
- Hypothyroid - Needs TSH
- Lipids - overdue
- Needs K030
- NOAC and Cr
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- Preventative Care - Paps
- Preventative- Cervical Followup**
- Preventative - Colon
- Preventative - Colon Family History and F...
- Preventative - Esophageal + Barrett's sur...
- Preventative - Mammo
- Preventative - Mammo - Breast Cancer
- Preventative - Mammo Family History
- Preventative - Prostate Family History
- Preventative - Prostate - PSA overdue
- Preventive Care Female
- Preventive Care Male
- Smoking status overdue
- Spirinolactone and CHF
- Weight overdue

Reminder Name: Preventative- Cervical Followup

HPH/Past Hx/History of Past Health contains laser for cervical dysplasia
or
PROB/Problem List/Problem List contains laser for cervical dysplasia
or
HPH/Past Hx/History of Past Health contains LEEP,
or
PROB/Problem List/Problem List contains LEEP,
or
PROB/Problem List/Problem List contains LEEP
or
PROB/Problem List/Problem List contains HSIL
or
HPH/Past Hx/History of Past Health contains HSIL
or
HPH/Past Hx/History of Past Health contains LEEP
or
HPH/Past Hx/History of Past Health contains cone biopsy
or
PROB/Problem List/Problem List contains cervical ca
or
HPH/Past Hx/History of Past Health contains cervical ca
or
PROB/Problem List/Problem List contains loop excision
or
HPH/Past Hx/History of Past Health contains loop excision
or
PROB/Problem List/Problem List contains cone biopsy
or

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Comments:

Show Intervention as Reminder: Needs pap for f/u

Show Custom Form or Stamp: N/A

Priority: High (scan daily) Medium (reminder report) Low (next visit)

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Cervical Cancer Follow-Up

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<Enter search text>

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HPH/Past Hx/History of Past Health contains cone biopsy
or
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HPH/Past Hx/History of Past Health contains cervical ca
or
PROB/Problem List/Problem List contains loop excision
or
HPH/Past Hx/History of Past Health contains loop excision
or
PROB/Problem List/Problem List contains cone biopsy
or
CPP Prob ICD-9 any item starts with 555
or
CPP Prob ICD-9 any item starts with 556

and
Colposcopy, months since latest > 12
and
Pap Test Report, months since latest > 12
and
Age < 70
and
HPH/Past Hx/History of Past Health does not contain hyst
and
Sex is female

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Comments:

Show Intervention as Reminder: Needs pap for f/u

Show Custom Form or Stamp: N/A

Priority: High (scan daily) Medium (reminder report) Low (next visit)

Delete Reminder New Reminder Done

Thank you!



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