Improving Service Delivery to Cancer Survivors in Primary Care Settings

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Introduction
An estimated 14 million cancer survivors live in the U.S., with up to 18 million expected by 2020. Innovative educational programs to teach primary care providers (PCPs) about the specific needs of long-term cancer survivors are limited.

Project Objectives
- Identify cancer survivors in the participating practices and engage patients in survivorship care
- Acquire or develop a summary of treatment documentation and implementation of a survivorship care plan supported by evidence based guidelines
- Build collaboration and care coordination
- Address primary care team members’ knowledge gaps and self-efficacy
- Increase provision of evidence-based preventive services among survivors

Methods
We established a partnership with three Texas family medicine residency programs (Fig 1) to provide interactive educational sessions focused on survivors’ needs for primary prevention and lifestyle counseling, surveillance and screening, and prevention of psychosocial and long-term effects. Project ECHO methodology is used to facilitate interactive tele-mentoring sessions following a systematic curriculum to share best practices and facilitate case-based problem solving. Surveys assessing resident and PCP knowledge, self-efficacy, and practices regarding survivorship care management were administered through REDCap in July 2016 and 2017. Paired t-tests evaluated differences from baseline to follow-up. Additionally each site provided practice-level data on provision of evidence-based preventive services.

Results
- Survey response rates were 64% (60/94) at baseline and 59% (55/93) at follow-up. Compared to baseline, providers at follow-up were significantly more likely to report being “very confident” in their knowledge about (Fig 2): appropriate surveillance to detect recurrent breast cancer (5% vs 24%; p=0.01); long-term physical effects of colon cancer and its treatment (9% vs 18%; p=0.04); potential adverse psychosocial outcomes of colon cancer treatment (24% vs 44%; p=0.01); appropriate screening for new primary breast (29% vs 61%; p<0.001) and colon cancers (27% vs 51%; p=0.01); and preventive lifestyle/behavioral counseling for breast (39% vs 59%; p=0.03) and colon cancers (37% vs 59%; p=0.01).

Results (cont.)
- Finally, providers were more likely to report “always” or “almost always” having a specific discussion with cancer survivors regarding recommendations for future care and surveillance (5% vs 20%; p=0.08; Fig 4).
- Changes in the provision of evidence-based preventive services among cancer survivors are seen in Figure 5.

Conclusions
Preliminary results suggest our project has improved provider knowledge, self-efficacy, and practices regarding survivorship care management, with the greatest gains in areas pertaining to screening and prevention. While provider knowledge and self-efficacy around surveillance for cancer recurrence improved significantly, levels of each remain low. Additionally, we have seen modest increases in the provision of evidence-based preventive services, but expect to see greater increases by project end. We aim to continue this trajectory of improvement in subsequent project years and disseminate the project to other primary care training sites in Texas and beyond.

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Fig 1 Program Implementation Site Map

Fig. 2 Percent of physicians who were very confident in their knowledge about various topics.

Fig. 3 Percent of physicians who strongly agree that they have the skills necessary to do various tasks.

Fig. 4 Percent of physicians who discuss future care and surveillance recommendations with survivors.

Fig. 5 Percent of patients with receipt of evidence based cancer preventive services.

Fig. 6 Percent of physicians who agree that they have the skills necessary to do various tasks.