The Primary Care Provider (PCP) – Cancer Specialist Relationship

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Disclosures

• Agency for Healthcare Research and Quality (AHRQ) K08HS026030-01A1
Care Models

• Primary Care Based
• Specialty Based
• Shared Care
The Primary Care Provider (PCP)-Cancer Specialist Relationship: A Systematic Review and Mixed-Methods Meta-Synthesis

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Project Aim

• Our objective was to describe the attributes of the relationship and communication between PCPs and cancer specialists.
  • determine what is currently known
  • to inform a preliminary conceptual model
  • to expose relevant gaps in knowledge
  • to make recommendations for future work
301 titles and abstracts screened

43 articles identified as potentially eligible

36 articles included in systematic review

258 titles and abstracts excluded:
- 70 related to patient perspective or patient-physician relationship
- 52 addressed cancer screening
- 48 addressed specific disease management
- 34 contained non-primary data (commentary or review)
- 23 addressed a non-cancer diagnosis
- 12 addressed health care utilization or access
- 9 addressed cancer education or research
- 5 related to physician-non-physician relationship
- 3 were based on data obtained prior to 2000

16 full-text articles excluded
10 full-text articles included after hand-search
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N=35 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Site*</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>14 (40)</td>
</tr>
<tr>
<td>Colorectal</td>
<td>7 (20)</td>
</tr>
<tr>
<td>Endometrial</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Melanoma</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Various (3 or more types)</td>
<td>17 (49)</td>
</tr>
</tbody>
</table>
### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N=35 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study Location</strong></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>23 (66)</td>
</tr>
<tr>
<td>Outside United States</td>
<td>12 (34)</td>
</tr>
<tr>
<td><strong>Study Population</strong>*</td>
<td></td>
</tr>
<tr>
<td>Primary Care/Generalist Physicians</td>
<td>29 (83)</td>
</tr>
<tr>
<td>Cancer Specialists</td>
<td>19 (54)</td>
</tr>
<tr>
<td>Medical Oncologists</td>
<td>17/19 (89)</td>
</tr>
<tr>
<td>Radiation Oncologists</td>
<td>6/19 (31)</td>
</tr>
<tr>
<td>Surgical Oncologists</td>
<td>3/19 (16)</td>
</tr>
<tr>
<td><strong>Stage of Cancer Care</strong></td>
<td></td>
</tr>
<tr>
<td>Curative Intent Treatment</td>
<td>2 (6)</td>
</tr>
<tr>
<td>Survivorship</td>
<td>26 (74)</td>
</tr>
<tr>
<td>Cancer Continuum</td>
<td>6 (17)</td>
</tr>
</tbody>
</table>
1. Poor and delayed communication between cancer specialists and PCPs
2. Cancer specialists’ endorsement of a specialist-based model of care
Models of Care

Specialist Based Care
- Active Treatment Phase

Shared Care
- Maintenance Phase
- Palliative Care/End of Life

PCP Based Care
- Surveillance
- Survivorship

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3. PCPs believe that they play an important role in the cancer continuum
“We are oriented toward the whole person rather than focusing on just their cancer.”
4. PCPs’ desire and willingness to play a role in the cancer continuum
5. Specialists and PCPs are uncertain of the PCPs’ knowledge or training to provide care
6. Discordant expectations and preferences between providers
Summary of Themes

Primary care provider

Relationship
- Expectations
- Preferences
- Perceived competence
  - Pt factors

Model of care
- PCP based
- Shared
- Specialist based

Communication
- Content
- Mode
- Style

Cancer specialist
Recommendations for PCPs

1. During initial referral, provide direct contact information and request follow up from cancer specialist.
Recommendations for PCPs

2. Access referring physician portals prior to visits with patient.
Recommendations for PCPs

3. Schedule follow-up appointment with patient after consultation with cancer specialist to address psychosocial concerns, answer patient questions and optimize co-morbidities that may impact cancer treatments
Recommendations for PCPs

4. Schedule preoperative visit prior to a major cancer operation to provide medical optimization and ensure patient has necessary medications supplies for postoperative period
5. Encourage patient to schedule follow-up visits intermittently during cancer treatments to readdress psychosocial concerns and comorbidity management.
Recommendations for PCPs

6. Utilize survivorship care plan if provided to guide history and physical exam as well as imaging
Recommendations for Specialists

1. After initial referral, contact the PCP directly and summarize diagnosis, prognosis and treatment plan.
Recommendations for Specialists

2. Provide instructions on accessing referring physician portals if applicable
Recommendations for Specialists

3. Provide summarized documentation during active treatment
Recommendations for Specialists

4. Contact the PCP directly after major changes in patient’s course or prognosis, at discharge or transition to palliative care.
Recommendations for Specialists

5. Encourage patient to maintain regular visits with PCP and defer management of comorbidities to PCP
Recommendations for Specialists

6. Provide a survivorship care plan (SCP) at the end of active treatment
Recommendations for Specialists

7. Provide oncology related resources that provide the right information at the right time for the PCP
Recommendations for Specialists

8. Participate in CME events directed towards PCPs caring for cancer patients and survivors
Future Directions

1. Co-management during long term maintenance therapy (oral chemotherapeutics)
2. Co-management of opioids and persistent opioid use associated with cancer care
3. Surveillance and survivorship
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