PROMOTING A COMMUNITY-BASED SHARED-CARE SURVIVORSHIP MODEL IN SINGAPORE: A NATIONWIDE QUALITATIVE STUDY AMONG PRIMARY CARE PHYSICIANS

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INTRODUCTION

- The current oncologist-centric model in Singapore is unsustainable to address the growing survivorship demands of breast cancer survivors¹.
- A shared-care model involves both specialists and primary care practitioners to provide care jointly to survivors².
- Unclear cross-cultural applicability of transition guides from Western context to Singapore due to differences in primary healthcare practice³.

OBJECTIVE

- Elicit perspectives from primary care practitioners (PCPs) practicing in public or private domains and institution leaders on the delivery of shared-care model among breast cancer survivors in Singapore.

METHODS

PURPOSIVE SAMPLING

- Inclusion criteria: (i) actively practicing in family medicine and (ii) graduated for 3 years
- Exclusion criteria: practicing in non-community areas like emergency departments, aesthetics and community hospitals
- All sessions conducted between June 2018 and November 2018

DATA ANALYSIS

- All sessions were audio recorded and transcribed verbatim.
- Deductive thematic analysis was performed in QSR Nvivo 12 guided by the RE-AIM framework (reach, effectiveness, adoption, implementation and maintenance).
- Data saturation was reached.

RESULTS

- 80 PCPs were approached, 3 did not respond and 7 did not participate due to inconvenience

Demographics	<ul style="list-style-type: none">84.3% are Chinese and 51.4% are female58.6% aged 30-39 years old
Medical experience	<ul style="list-style-type: none">68.6% had 5-15 years of experience
Practice setting	<ul style="list-style-type: none">78.6% practiced in the public domain
Current experience with cancer patients	<ul style="list-style-type: none">62.9% reviewed <10 cancer survivors monthly95.7% spent <20% consultation time on cancer-related issues

RESULTS

DISCUSSION AND CONCLUSION

- Inertia to remodel survivorship care in Singapore is generally weaker than other countries.
- Current implementation climate is positive through engagement with key stakeholders in public primary care institutions.
- Incorporation of patient decision aids may improve survivor's acceptability of community survivorship to improve compliance.
- Cancer centers, primary care institutions and government should collaboratively craft a survivorship landscape based in the community and trial the new shared-care model based on performance indicators.

REFERENCES

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