Rethinking Survivorship: Communication is the Key

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Background

- Primary care providers (PCPs) play a critical role in the comprehensive care of cancer survivors.
- Safety net providers often need to provide cancer survivorship care in limited resource settings.
- Prior research has found that PCPs in safety net networks lack the knowledge and confidence in survivorship care for breast cancer survivors.
- Coordination between specialists and PCPs is a vital component of cancer survivorship care to ensure that all of the survivor’s needs are met.
- Most cancer survivors have additional comorbidities and would benefit from better communication and coordination between specialists and primary care providers.

Objectives

- Assess knowledge and attitudes of PCPs regarding care of breast and colon cancer survivors in a safety net health network.
- Assess communication between PCPs, oncologists and patients.

Methods

- A modified National Cancer Institute and American Cancer Society Survey of Physician Attitudes Regarding the Care of Cancer Survivors (SPARCCS) was sent electronically to 220 PCPs in 12 primary care clinics.
- Primary care clinics are part of the San Francisco Health Network affiliated with Zuckerberg San Francisco General Hospital and Trauma Center.
- N=110, response rate = 50%
- Descriptive statistical analysis was conducted with SAS software.
- PCPs quotes were obtained from comments section on survey.

Four components of cancer survivorship:

- Surveillance for recurrence of new primaries.
- Identification and management of long term and late effects from cancer and its therapies.
- Health care maintenance
- Coordination between specialists and PCPs to ensure that all of the survivor’s needs are met.

Results

Table 1: PCP Characteristics

Characteristics	% (n)
Specialty	
Internal Medicine	36.0% (29)
Family Medicine	60.0% (49)
Other	4.0% (3)
Training	
MD/DO	64.0% (52)
Advanced Practitioner NP/PA	23.0% (19)
Resident/Fellow	12.0% (10)
Race	
White	62.0% (51)
Asian	27.0% (22)
Black or African American	7.5% (6)
American Indian/Alaska Native	2.5% (2)
Ethnicity	
Hispanic	6.0% (5)
Non-Hispanic	94.0% (76)
Primary site of practice	
Hospital based primary care	49.4% (40)
Community based primary care	49.4% (40)
Non-SF health network site	1.2% (1)
Number of patients seen weekly	
25 or fewer	51.0% (42)
26-50	33.3% (27)
50 or greater	14.5% (12)
Patients with limited English proficiency	
1-25%	16.0% (13)
25-50%	46.0% (37)
50-75%	22.0% (18)
75-100%	14.0% (11)
Teaching Position	
Yes	67.9% (55)
No	32.1% (26)
Training in Survivorship Care	
Yes/Somewhat	33.3% (27)
No	66.7% (54)
Patients with Medicaid (MediCal)	
<50%	25.0% (20)
>50%	65.5% (84)

*Percentages that do not add up to 100% are due to missing data.

Figure 1: PCPs’ Communication

Table 2: Barriers to Providing Survivorship Care

Barriers to Providing Care	Never/Rarely
I am uncertain about which physician is providing general preventive care	58.0%
Concern of duplication of effort between oncologists & PCPs	47.4%
Concerns about missed care due to unclear delineation of roles	30.8%
Patients contact me for problems that should be treated by oncology specialist	47.0%
I don’t have adequate knowledge to provide care for my patients	25.0%

*Other response options were Sometimes/Often/Always/Almost Always.

Figure 2: PCPs’ Comments on Communication with Oncology Specialists

“The oncology notes do not make the surveillance plan clear. -There isn’t a specific 'hand off' plan and communication.”

“Improved communication around what the follow up plan should be for a particular cancer survivor would be much appreciated.”

“Bidirectional communication between the oncologist and primary care provider is highly desirable, but often lacking.”

“There is NO communication from oncology to PCPs at all, including about what the long term agreements/ plan/treatment should be.”

Conclusions

- Primary care providers in the San Francisco Health Network reported suboptimal communication between the oncologists and PCPs and between PCPs and patients.
- Poor delineation of care was a key factor for concern for missed care of cancer survivors.
- Improving communication can significantly optimize cancer survivors’ care.

This study was funded by Center of Aging in Diverse Communities (CADC) Scholars grant from the National Institute of Aging, grant no. P30 AG15272