What is Primary Care Oncology?
Unique Issues Facing Primary Care Providers

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The Breast Cancer Journey: Together with Primary Care
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This CME presentation was developed independent of any commercial influences
Trends in Death Rates Overall and for Selected Sites, United States, 1930 - 2011

C. Females, by site

- Stomach
- Pancreas*
- Breast
- Liver & intrahepatic bile duct*
- Colorectum
- Lung & bronchus
- Uterus*

Deaths per 100,000 Females

Year of Death

Trend in 5-Year Survival 1971-2005

Source: The State of Cancer Care in America: 2014; ASCO
Most women diagnosed with breast cancer in 2015 will not die from their breast cancer.*

* Due to earlier detection and more effective treatments.
2005: Cancer Survivor care lacking

- 10 million cancer survivors
- Institute of Medicine report:
  - *From Cancer Patient to Cancer Survivor: Lost in Transition*
  - Identified a discontinuity ("gap") in care between acute cancer care and primary care
  - Proposed solutions, set goals
2005 IOM: Goals of Survivorship Care

1. **Surveillance and screening**
   - Cancer recurrence, new primary cancers, complications of cancer treatment

2. **Prevention** of late effects of cancer treatment or second cancers

3. **Promotion of Healthy Lifestyle**
   - Risk reduction counseling and interventions

4. **Coordination of care and communication**
   - Continuity of care between specialists and primary care physicians

5. **Treatment**
   - Of ongoing or late-onset physical and psychological symptoms of cancer or cancer therapies (NOT TREATMENT OF CANCER)

Institute of Medicine. From Cancer Patient to Cancer Survivor: Lost in Transition. 2005
2015: 10 years later

How are we doing?
2015: CDC Report

- Now 15 million cancer survivors
  - 24 million cancer survivors by 2025
- Survivorship Programs in many hospitals
- Medical care of survivors still lacking
  - Example: 60% of breast cancer patients report cognitive impairment after cancer treatment. Only 37% discuss with healthcare provider. Only 15% get treatment.
- Financial toll of cancer treatment

American Journal of Preventive Medicine; 2015
www.cdc.gov/cancer/survivorship
2015: CDC Report

- The current healthcare system is not fully equipped to manage long-term disease sequelae or potential consequences of cancer treatments, in particular radiation therapy and chemotherapy.

American Journal of Preventive Medicine; 2015
www.cdc.gov/cancer/survivorship
Can Primary Care Providers close the “survivorship gap”?
Definition of “Primary Care”

• A medical process or function, **not** a medical specialty
  • There are no “board-certified PCPs”

• The level of a health services system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care, **regardless of where the care is provided**.
The 5 C’s of Primary Care

• Core tenets of Primary Care (“the 5 C’s”):
  • First **Contact**
  • **Continuous** care
  • **Comprehensiveness** care: either provided directly or oversees
  • **Coordination** of care
  • **Community / family** orientation: understanding patients in the context of their families and community
“Primary Care Providers”

Board-certified specialists
  Family Medicine, Internal Medicine, Pediatrics

“Mid-levels”
  Nurse Practitioners, Advanced Practice Nurses, Physician Assistants

Patient population
  FPs: throughout the entire lifespan
  IMs: Age 18 and older
  Peds: Up to age 18
Family Medicine

Family Medicine is a medical specialty.

“Family medicine is concerned with the total health care of the individual and the family, and is trained to diagnose and treat a wide variety of ailments in patients of all ages.” – AAMC

Not all Family Physicians are PCPs.
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So what do Primary Care Providers actually “specialize in”? 
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The Patient

The core of Primary Care Medicine is the Doctor-Patient relationship

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The Patient’s social/family conditions

- Social situation/socioeconomic conditions are common fundamental causes of disease and health disparities in America

Family Physician identity?

- Family physicians are specialists who, paradoxically, specialize in being “comprehensivists”

*Source: Sheely Reese, “Why Family Physicians are Different From Other Doctors” Medscape Family Medicine 11/13/2014
Family Physician identity crisis

• Family medicine is seen as being bookended by NPs/PAs on one end and Specialists on other end.

“The former claim to do what we do, and the latter claim to do it better.”

*Source: Sheely Reese, “Why Family Physicians are Different From Other Doctors” Medscape Family Medicine 11/13/2014
PRIMARY CARE AT RISK

Stressors
Healthcare Changes

Disproportionately impacts function/role of Primary Care

• Specialist roles unchanged regardless of care model
• Industry changes: HMO “gate keeper” model, meaningful use, Physician Quality Reporting System
• The coordinating care function of Primary care has become increasingly important
  • Requires more staff; resources; time
• Increasing complexity of medical care
• Primary care function is mostly un-reimbursable
• Widening income gap between specialists/primary care
• Looming shortage of Primary care providers

*Source: Sheely Reese, “Why Family Physicians are Different From Other Doctors” Medscape Family Medicine 11/13/2014
Impacts on all Specialties

• Aging population
  • Acute diseases superimposed on multiple Chronic diseases
• Frequent USPTF updates and mandates to comply
  • PSA, Mammograms, etc
• Patient access to incomplete/inaccurate information (internet)
• Direct-to-consumer advertising
• Cost of healthcare
• Cost of medications
Patient Expectations

How Patients define “Good Medical Care”:

“Care that is individualized and provided by competent, non-judgmental, compassionate doctors and their staff who listen, communicate clearly, and follow-up when they say they will.”
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There is a widening gap between patient and societal expectations and what medical providers can provide.
Primary Care Physician burn out

• 2014: 70% of primary care physicians would not choose their current specialty if given chance to start over

• Implications of high burnout
  • Negatively impacts patient care, leading to lower patient satisfaction and less adherence to treatment plans.
  • PCP Shortage
    • Early retirement and/or reduction in work hours
    • Discourages medical students from going into primary care specialties, thus exacerbating PCP shortages


http://01f21cf.netsolhost.com/physician_workforce_studies.htm

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Can Primary Care Providers close the “survivorship gap”?
Not by themselves

Care of cancer survivors also requires care of Primary Care Providers
SURVIVOR VS SURVIVORSHIP

Definitions
Definition of Cancer Survivor

Two Definitions:

“A person is considered to be a cancer survivor *from the time of diagnosis until the end of life.*” (NCI)

OR

“Individual who has successfully *completed curative treatment or those who have transitioned to maintenance or prophylactic therapy.*” (ASCO)

“Survivorship is a distinct phase of the cancer care trajectory that begins with diagnosis, extends beyond active cancer treatment, and continues through follow-up care and long-term survival”

*It is a term that tries to explain our evolving understanding that the individual with cancer will be forever changed by their experience -- both positively and negatively.*

Source: Institute of Medicine. From *Cancer Patient to Cancer Survivor: Lost in Transition.* 2006
Cancer Survivorship

• An extension of cancer care but it is not cancer treatment.
• For patients who have completed or still in cancer treatment.
• Focuses on helping patients to live with, through, and beyond cancer.
• Especially important for patients with ongoing physical, emotional and practical challenges as a result of their cancer treatments.

*If cancer were always curable and treatments never toxic, there would be no need for cancer survivorship care.*
THE PRIMARY CARE OF BREAST CANCER SURVIVORS
Cancer Survivors and Primary Care. What research shows:

1. **No** study has found that Oncologists are better than Primary Care Physicians at providing comprehensive care for cancer *survivors*

2. No difference in survival or quality of life

*JABFM; 2013: 26(6) 623-625, Lewis, RA. Br J Gen Pract 2009; e234*
Patients do better if PCP involved

1. Most Stage I-III breast cancer survivors will not die from their cancer
   • Other health issues cannot be ignored

2. Survivors are at increased risk for additional comorbidities and complications resulting from their prior cancer treatments
   • Need to be monitored for more than cancer recurrence

3. Survivors at risk for accelerated aging if their comorbid health risks are not appropriately managed.

JABFM; 2013: 26(6) 623-625, Lewis, RA. Br J Gen Pract 2009; e234
Supporting PCP-Patient Relationship
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1. **Never let primary care lapse**: Promote ongoing Primary Care relationship throughout continuum of care
   - For patients with comorbidities, see regularly
   - For patients without comorbidities, phone calls to patient
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   - Communicate, communicate, communicate
   - Advanced care planning
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3. **Oncologists and PCPs need to look at how their processes might disrupt patient care**
   - Non communication (i.e. notes and test results not cc’d)
   - EHR
Why are Oncologists reluctant to transfer low risk patients to their PCP?

- **Strong emotional bond with patient**
  - Especially if the patient is doing really well
- **Enjoy variety of care during the day**
  - Sick and healthy
- **Need to see the healthy long-term “successes” to balance the “failures”**
  - Avoid burn-out
- **Lack of Confidence in skills of PCP**
  - “I had a patient once who....”

Source: Dr. Shaw’s personal observations based on 25 years of clinical experience.
“PRIMARY CARE ONCOLOGIST”

Specialist in the treatment of medical and psychological effects of cancer therapies
Expert in cancer survivorship

- Implications of cancer and its treatment on patients’ physical and mental health care needs
- Evidence-based surveillance guidelines to monitor for recurrences
- Monitor and manage late effects of cancer treatment including psychological sequelae
- Impact of comorbidities on cancer risk, treatment and recurrence risk
- Coordinating and communicating care within the cancer care team and patient’s own personal PCP
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Summary:

1. Cancer Survivorship Care IS actually Primary Care
2. Best patient care when Primary Provider remains involved with patient during and after cancer treatments
   - No GAP opens up.
3. Primary Care Providers cannot absorb the large volume of these complex patients without better tools, staff and resources, support from oncology colleagues, etc.
4. There is a growing need for experts in the treatment of cancer treatment-related conditions (“Primary Care Oncology”)
Thank you!
Questions?
Once again, I like the idea of your ideas more than your actual ideas.