

Cancer Survivor Follow-up in **Primary Care**

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Faculty / Presenter Disclosure

Faculty / Speaker: Mario Elia MD, OntarioMD Peer Leader

Relationships with commercial interests:

No relationships with commercial interests



Disclosure of Commercial Support

This program has not received financial support or in-kind support from any organization

Potential for conflict(s) of interest:

Mario Elia MD has not received payment or funding from any organization supporting this program <u>AND/OR</u> organization whose product(s) are being discussed in this program.



Mitigating Potential Bias

There are no potential sources of bias.



Objectives

- Review the importance of accurate and efficient follow-up of our cancer survivors
- Identify challenges in identifying and tracking these patients
- Provide an easy-to-use framework for moving forward with cancer followup



The Problem

- More cancer follow-up is being downloaded to primary care
 Rarely are we given specific constructs on how to integrate this
- Most have efficient processes in place for diabetes, CHF, immunizations, cancer screening
- In busy practices, can easily become neglected
 "Number needed to track" is very low, huge opportunity for
 improvements



What is Required

- A system for each practice that allows for cancer follow-up that is inclusive of all affected patients
- Follow-up interventions meet current standard of care, and can be easily updated to reflect new evidence
- Can be easily integrated into a busy practice, with the least amount of human resources required moving forward



Challenges

- Data standardization
 - Significant issue with both free-form and pre-set problem lists
 - Where is the data being entered?
 - How are you entering each cancer in your system?
 e.g. Breast cancer as: ca breast, breast ca, breast cancer,
 breast carcinoma, carcinoma of the breast
- Timing
 - Should this be occurring in real-time with reminders, or monthly, or yearly?
- Flexibility
 Is my system easily adaptable to changes in evidence?



A Sample Practice

- Sample practice of 2200 patients
- Number of living patients by cancer:

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Bladder cancer - 14
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Breast cancer - 42

Cervical cancer or dysplasia requiring treatment - 69

CLL - 6

Colorectal cancer - 21

Esophageal cancer/Barrett's - 16

Lung cancer - 8

Lymphoma - 3

Melanoma - 28

Prostate cancer - 50

Renal cancer - 4

Sarcoma - 2

Thyroid cancer - 5

Uterine cancer - 4



A Possible Framework

- Step 1: Decide on a standard method for labelling each cancer
 - What are the cancers you need to be following?
 - What are your standard entries for each cancer?
 - Where will you enter this data? (Problem list, HPH, etc.)
 - Ensure that every local user is aware of these standards
 - Have glossary available at each clinical workstation
- Step 2: Find the patients
 - Go through each cancer, and expand searches to include every method you may have entered data in the past
 - I have a glossary of searches for those interested
 - Update patient data to reflect your new standards



A Possible Framework

- Step 3: For each cancer, decide on most appropriate follow-up means
 - What do they require for each cancer?
 - Yearly check-up vs. imaging vs. bloodwork
 - Passive reminder system vs. active searching
 - Timed system audits? Monthly? Yearly?
 - How often to review latest evidence for follow-up?



Expanding to Other Areas

- Framework can be used to track other pre-cancerous conditions
- Colon polyps
 - Tubular adenoma, tubulovillous adenoma, villous adenoma, serrated adenoma, colon polyp
- Thyroid nodules
- Barrett's esophagus



Caution...

- Don't run home and do all of this work today! (As tempting as it may be...)
- Establish a plan for your office, and delegate tasks accordingly
- Set a goal a few months down the road for where you want your office to be, and continually re-establish new goals for cancer survivor quality improvement



Thank you!



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