

Key Messages

- Most primary care providers report having patients who are cancer survivors.
- Less than half of providers (between 25% and 44%) reported feeling very confident in their knowledge of cancer follow-up care.
- Most primary care providers reported not usually getting an explicit follow-up care plan from their patients' oncologist.
- Financial barriers to appropriate cancer follow-up care were reported frequently.
- Patient-centered care coordination between PCP and oncologists needs to begin at the time of diagnosis and continue throughout the cancer care continuum.

Primary Care Provider Survey: Cancer Survivor Care Knowledge and Coordination

the Montana Cancer Control Programs (MCCP) surveyed primary care providers to assess their knowledge of appropriate follow-up care for cancer survivors and the level of coordination with their patients' oncologists. The survey was sent to all primary care physicians, nurse practitioners, and physician assistants identified as practicing within Montana through the WIM tracking database and the MCCP cancer screening database (about 870 individuals) starting December 2019 and closing February 2020. 229 providers completed the survey during that time for a response rate of 26%. The majority of respondents were physicians and reported that their primary practice was a hospital associated clinic or an independent clinic (Figures 1 and 2).

Figure 1: Number of respondents by provider type

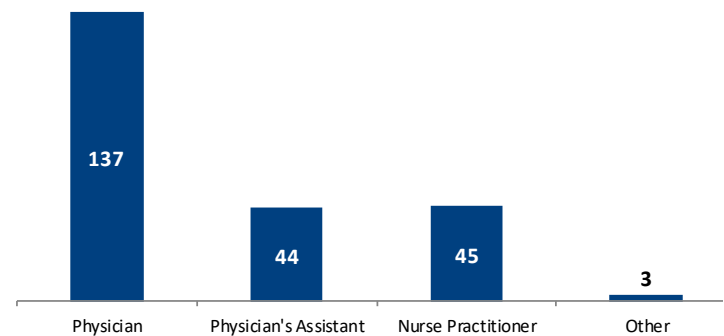
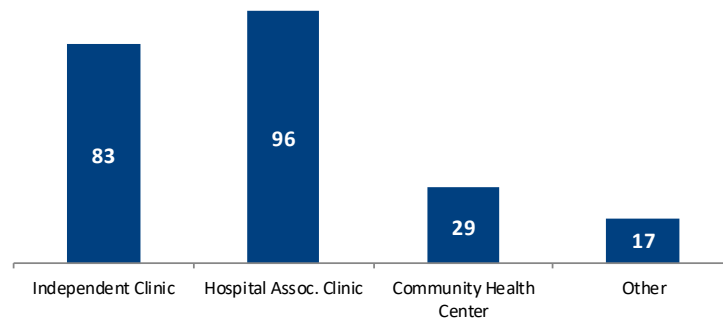
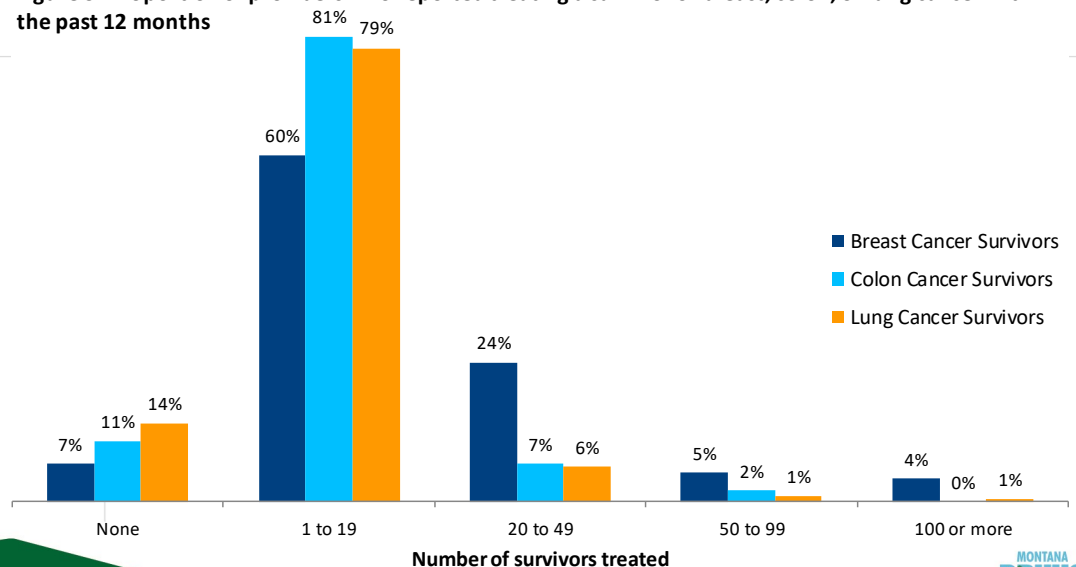


Figure 2: Number of respondents by practice type



Almost all providers (98%) reported having ever treated a survivor of breast, lung, or colon

Figure 3: Proportion of providers who reported treating a survivor of breast, colon, or lung cancer within the past 12 months



Montana Cancer Control Programs

(406) 444-2732

<http://www.dphhs.mt.gov/publichealth/cancer>



cancer. Currently treating (within the past 12 months) a survivor of breast, lung, or colorectal cancer was also very common (Figure 3).

- 93% of providers reported treating at least one breast cancer survivor in the past year.
- 89% reported treating at least one colon cancer survivor in the past year.
- 86% reported treating at least one lung cancer survivor in the past year.

Provider Knowledge and Training

Despite this level of experience most providers were only somewhat confident or not at all confident in their knowledge of general survivorship care for all three types of cancer (Figure 4). Providers reported the least confidence in their knowledge of how to manage the long-term and late adverse effects of cancer and cancer treatment for all three types of cancer. Providers reported the most confidence in their knowledge of appropriate surveillance testing to detect recurrent cancer for breast and colon cancer. Providers reported lower levels of confidence in their knowledge of three types of follow-up care for lung cancer survivors than for the other cancer types.

These reported levels of confidence are explained by a lack of detailed training in cancer survivor care. Over a third of respondents (36%) reported not receiving any training regarding the late or long-term effects of cancer treatment. The majority of respondents (57%) reported getting some training but only 7% reported having detailed training on the late or long-term effects of cancer treatment. The most common source of training within the past 5 years was a continuing medical education (CME) activity (Figure 5). Medical journals, colleagues, and professional conferences were also commonly cited sources of training (Figure 5).

MCCP is currently developing a tele-mentoring program to help primary care providers in Montana receive training on cancer survivor care. This program

Figure 4: Level of Confidence in knowledge of cancer-related follow-up care for survivors of breast, colon, and lung cancer.

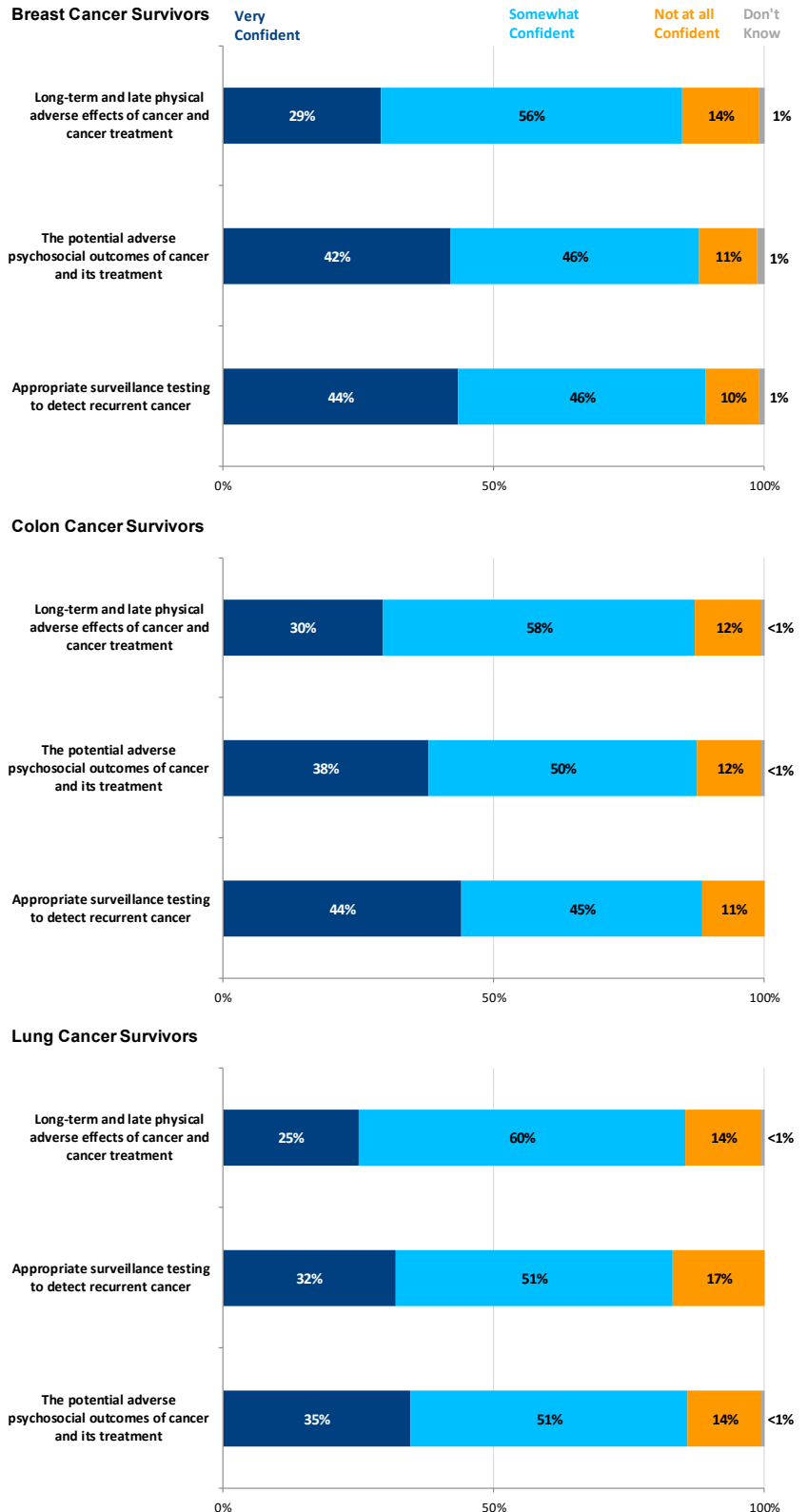
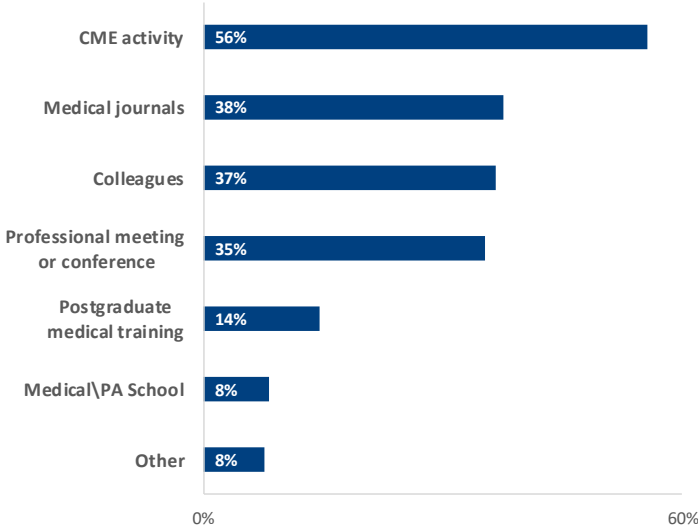




Figure 5: Sources of training on the late or long-term effects of cancer treatment received in the past 5 years



will use the Project Echo model and allow primary care providers in remote areas to access high quality mentoring and education without having to travel.

Communication between Primary Care Providers and Oncologists

Most primary care providers reported often or always:

- receiving a comprehensive summary of cancer treatment from the oncologist
- receiving information from the oncologist in a timely manner
- and providing a summary of the patient’s past medical history to the oncologist (Figure 6).

However, providers reported receiving an explicit follow-up care plan from the oncologist much less often. 25% reported rarely or never receiving a follow-up care plan for their patients (Figure 6).

Primary care providers reported direct communication with their patient’s other providers less often than they report having direct communication with their patients about which provider is handling different aspects of care (Figure 7).

Figure 6: Frequency that select communication tools are used by primary care providers and oncologists related to follow-up care for breast, colon, or lung cancer survivors.

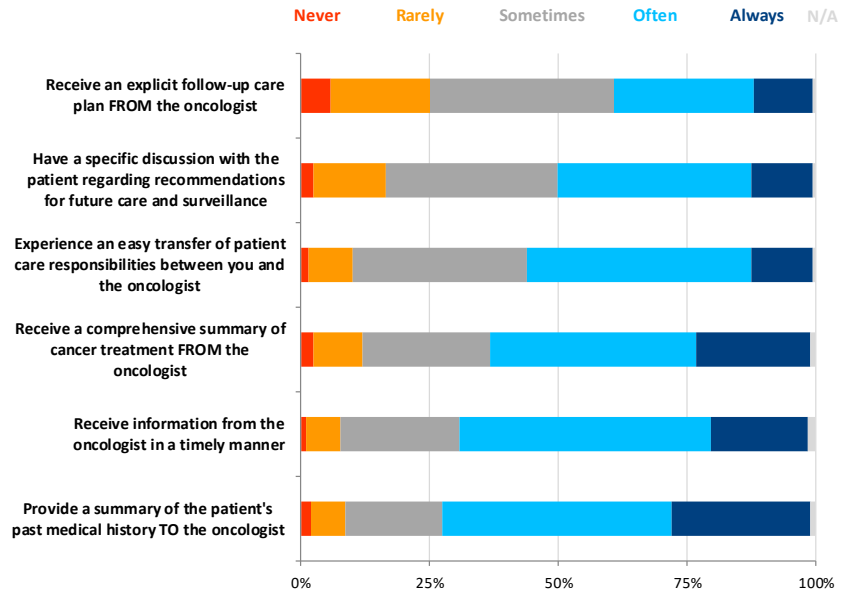
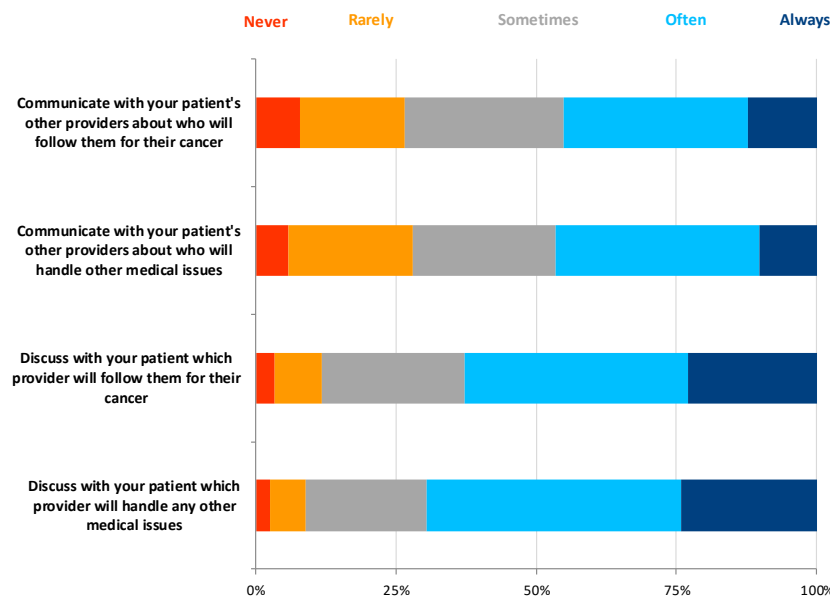


Figure 7: Frequency of communication between primary care providers and oncologists related to follow-up care for breast, colon, or lung cancer survivors.





To improve communication between primary care providers and oncologists MCCP needs to collect more information about what is causing the breakdown in communication. Do providers (either oncologists or primary care providers) have too little time to initiate the needed communication? Are providers reluctant to reach out because they don't know the other provider? Exploring these questions will help determine what kinds of intervention will be most helpful in increasing communication.

Division of Patient Care Tasks between Primary Care Providers and Oncologists

The majority of respondents reported that they share responsibility with the oncologist to provide:

- management of late or long-term effects of cancer treatment
- treatment for pain related to cancer treatment
- treatment for fatigue
- and screening for recurrent or new primary cancers (Figure 8).

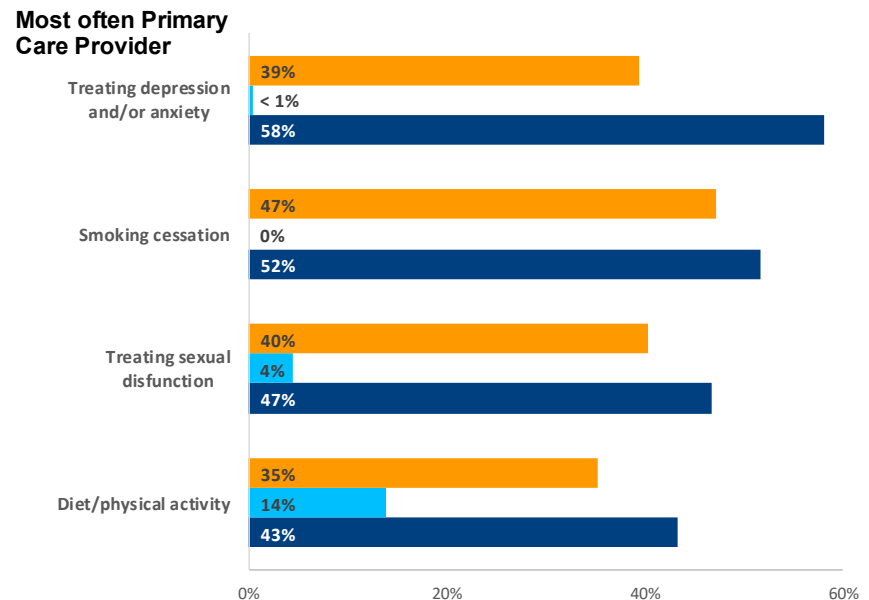
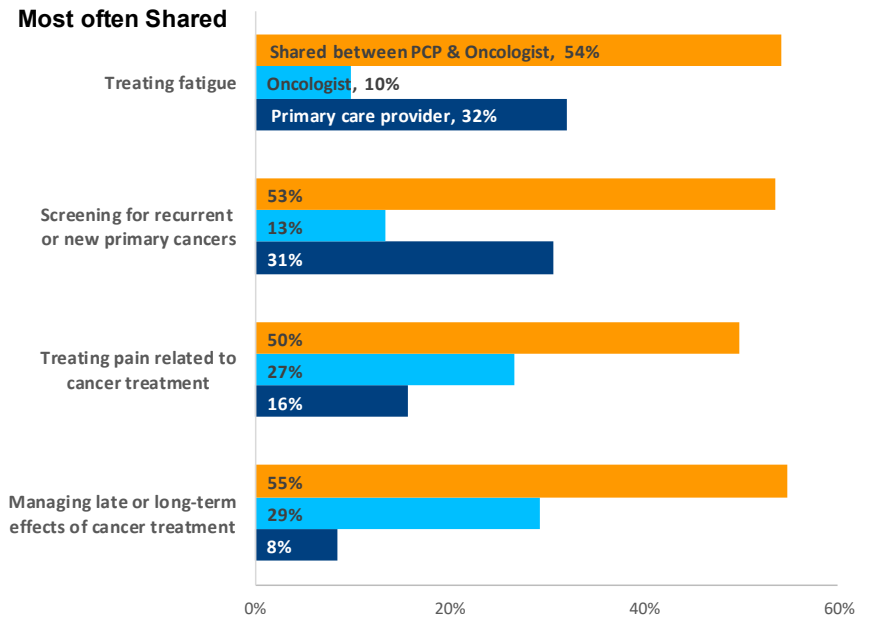
The majority of respondents reported they (the primary care provider) only provide:

- counseling on diet or physical activity
- counseling on smoking cessation
- treatment for depression or anxiety
- and treatment for sexual disfunction (Figure 8).

However there was a large proportion of respondents who indicated that these services were shared between the oncologist and the primary care provider.

None of the services were reported to be handled by the oncologist alone by a majority of respondents.

Figure 8: Which provider usually manages select components of follow-up care for patients who are within 5 years of completing active treatment for breast, colon or lung cancer?





Barriers to Survivorship Care

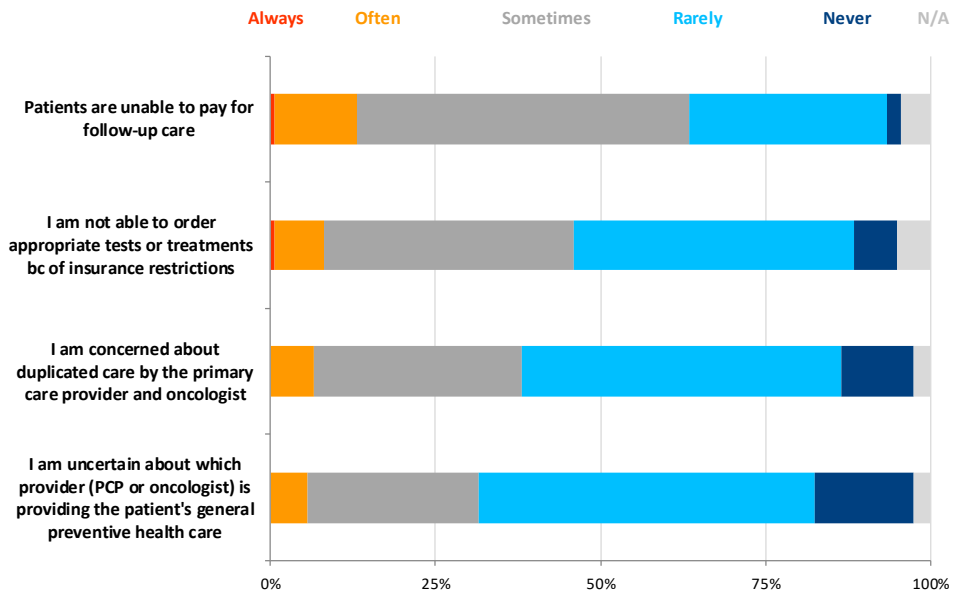
The most commonly reported barriers were both financial barriers. 65% of respondents reported encountering the patient not being able to pay for follow-up care at least sometimes (Figure 9). 47% of respondents reported not being able to order appropriate tests because of insurance restrictions at least sometimes. Barriers related to who is responsible for providing follow-up care were reported less frequently but more than a third of providers (39%) reported concern about duplicating care at least sometimes.

Conclusions

Ensuring all cancer survivors in Montana receive the best possible follow-up care will require a coordinated effort including public health organizations, health care providers, health care payors, and patient advocate organizations. Describing the knowledge and attitudes of primary care providers is a promising first step to improving survivorship care but it is only a first step.

Care coordination between primary care providers and oncologists needs to begin at the time of cancer diagnosis and persist throughout the cancer care continuum. The standard use of a customizable comprehensive survivorship care plan is an essential first step to good care coordination. More education for primary care providers about cancer survivorship care is also needed. Finally, the use of patient navigation is an essential piece to a patient centered care coordination model that will improve care and quality of life for cancer survivors in Montana.

Figure 9: Frequency of encountering barriers to follow-up care for breast, colon, or lung cancer survivors who have completed active treatment 5 or more years ago.



Limitations

Respondents to this survey may not have been representative of all primary care providers in Montana. As such, caution should be used when generalizing the findings of this survey to all providers.