

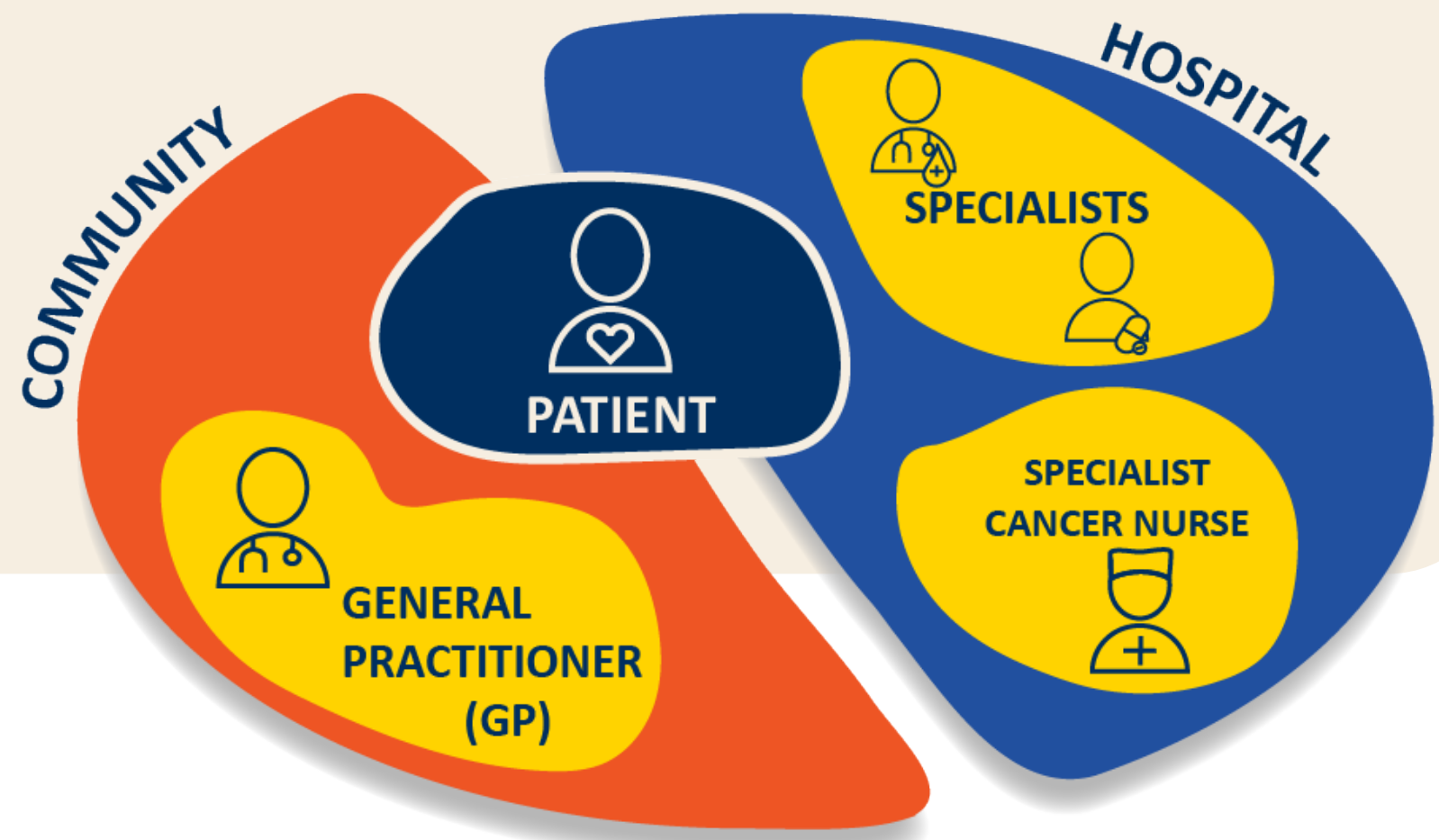
COMMUNICATION FACTORS INFLUENCING IMPLEMENTATION OF SHARED CARE MODELS IN FOLLOW-UP CANCER CARE: A QUALITATIVE STUDY

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BACKGROUND

- As cancer treatments improve, the number of patients surviving cancer have also increased over the years
- **Monitoring and management of progression, recurrence, surveillance, and comorbidities arising from cancer are of paramount importance** for cancer survivors in follow-up care
- **Current cancer care models are specialist-centric**, putting unsustainable increased strain on healthcare systems
- **Shared care models have been proposed to provide a holistic approach** to cancer follow-up care to provide patient centred care
- For multidisciplinary care teams, **effective communication is critical for meaningful patient-centred care**

Figure 1 – shared care model



AIM

- Identify **communication factors** that enable or prevent meaningful implementation of shared-care models in follow-up cancer care

METHODS

- 49 interviews conducted across two separate clinical trials (i.e., EMINENT – early breast cancer, GOSPEL – lymphoma)
- 37 interviews were with patients, 12 interviews were with healthcare professionals
- Thematic codes and key quotes about shared-care implementation were generated using the Consolidated Framework for Implementation Research (CFIR)



COMMUNICATION FACILITATORS

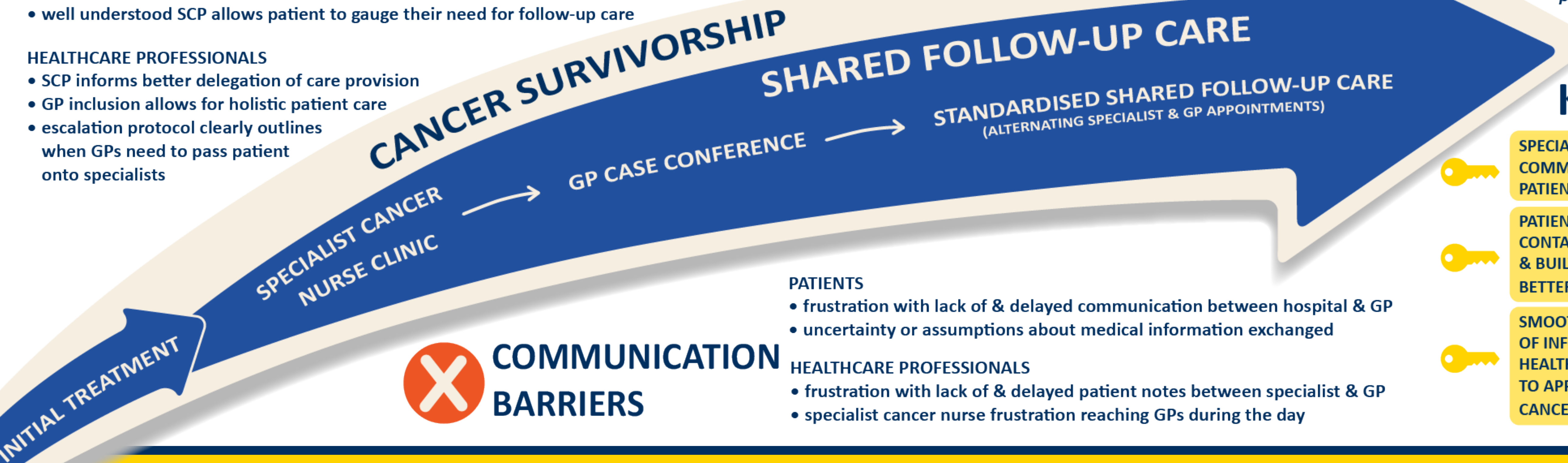
PATIENTS

- well communicated survivorship care plan (SCP) boosts patient empowerment
- well understood SCP allows patient to gauge their need for follow-up care

HEALTHCARE PROFESSIONALS

- SCP informs better delegation of care provision
- GP inclusion allows for holistic patient care
- escalation protocol clearly outlines when GPs need to pass patient onto specialists

“...both of these projects that I’ve been involved in have shown me how good it can be to have everybody working towards the same end. As a team, in other words. *All of us are on the level, you know, and we all fulfil the patient’s need in a different way.*”



COMMUNICATION BARRIERS

PATIENTS

- frustration with lack of & delayed communication between hospital & GP
- uncertainty or assumptions about medical information exchanged

HEALTHCARE PROFESSIONALS

- frustration with lack of & delayed patient notes between specialist & GP
- specialist cancer nurse frustration reaching GPs during the day

KEY POINTS

- **SPECIALIST CANCER NURSES ARE THE COMMUNICATION BRIDGE BETWEEN PATIENT-HOSPITAL-GP**
- **PATIENTS WITH CONTINUED HOSPITAL CONTACT FROM INITIAL TREATMENT & BUILT RELATIONSHIP WITH GP HAD BETTER FOLLOW-UP EXPERIENCE**
- **SMOOTH & TIMELY EXCHANGE OF INFORMATION BETWEEN VARIOUS HEALTHCARE PROFESSIONALS PRIOR TO APPOINTMENTS IS ESSENTIAL IN CANCER SHARED FOLLOW-UP CARE**

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