

PERCEPTION, ASSESSMENT AND EXPECTATION BY GENERAL PRACTITIONERS OF A MEDICATION REVIEW INFORMATION SUPPORT PROVIDED FROM ONE ONCOLOGY DAY-HOSPITAL

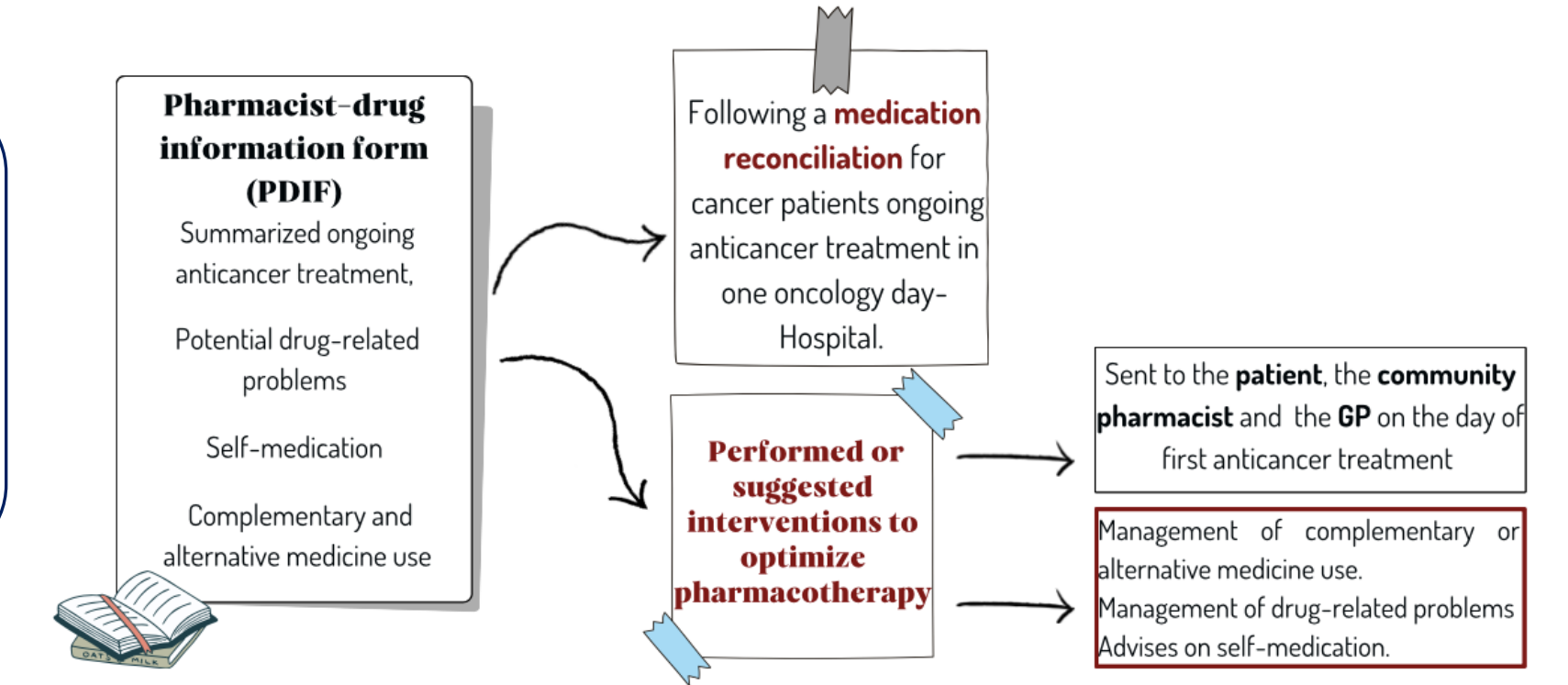
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Introduction : Cancer requests consequent time and expertise from General Practitioners (GPs), and communication gaps with hospital specialists are well documented.^{1,2} However, their implication in cancer care pathway might improve patients' outcome and quality of life.³ This qualitative study aimed to investigate GPs' perception, assessment and expectations regarding a pharmacist-led drug information form (PDIF) as a useful document for their practice.

Methods and materials : A qualitative study was conducted using semi-structured interviews of 15 GPs in Grand-Est, France. All participants have already received at least one PDIF for following a medication reconciliation for their cancer patients ongoing anticancer treatment in one oncology day-Hospital.



Results : GPs reported a great interest for the PDIF to improve collaboration and cancer care coordination. The content seemed satisfactory for their practice. Format was improved to prioritize key message and clarify the role of each care provider in practice. When forming their opinion, GPs considered their expectations regarding their reliance on information, role in cancer care and use of the PDIF in practice. We were able to deliver a revised version of the PDIF that incorporated key feedback from the interviews.

Fig 1. Assessment by GPs of the pharmacist-led drug information form.

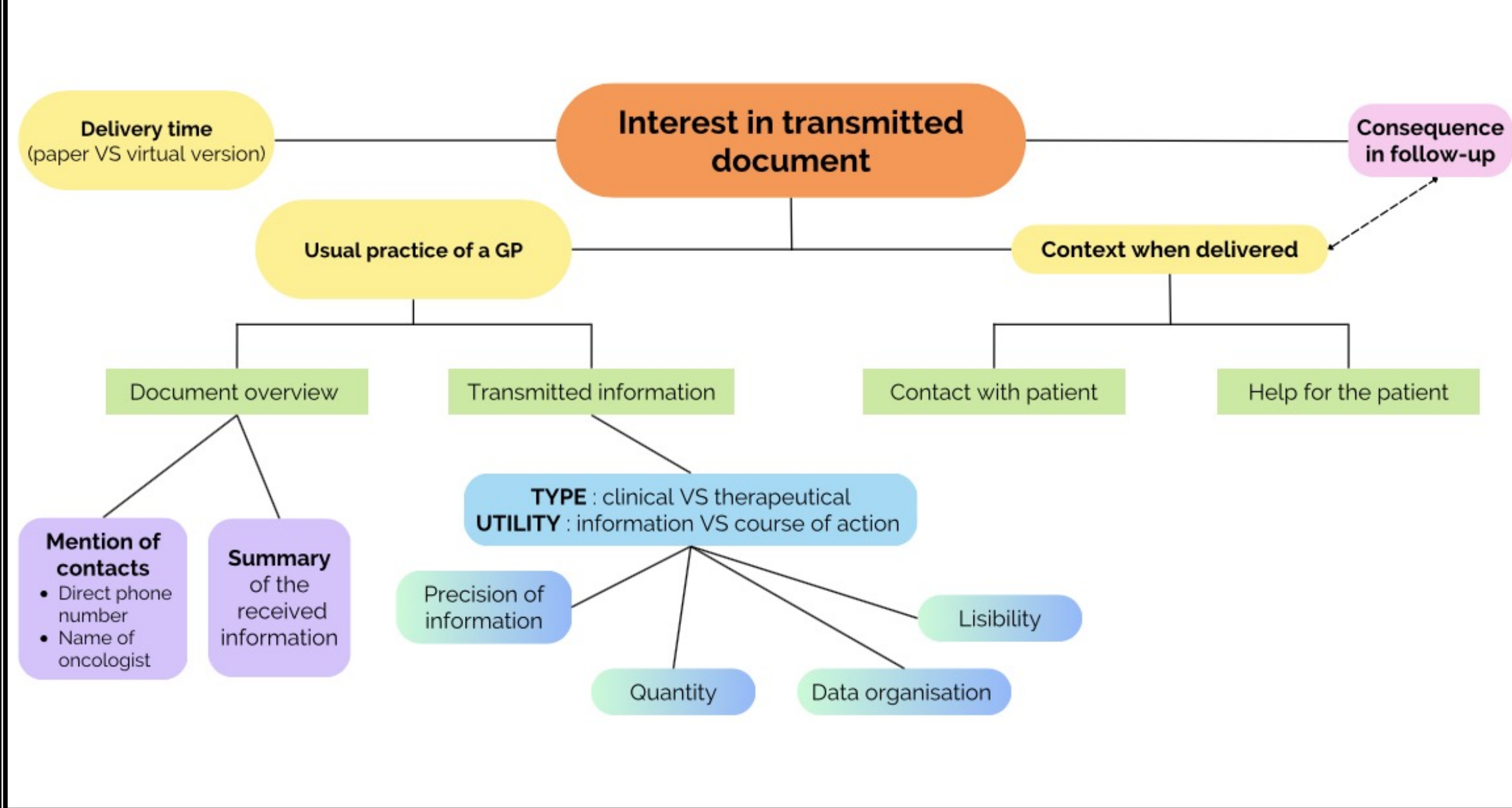


Fig 2. Perception of cancer care by GPs.

Communication	Interprofessional relation	Collaboration
1	2	3
Medical transmitted information is : irrelevant for practice delayed not secured not updated	Too many healthcare professionals	Parallel patient follow-up
Information quantity > quality	Communication is impersonal & insufficient	City/hospital partitioning
No course of action given	Unavailability at the desired time	Overly specialized care in the active phase
	Delayed phone calls	Lack of knowledge in cancer care for the GP
	Communication exclusively by mail	Less consideration of the GP by the hospital
	Isolation of the GP	Time consuming follow-up
Exclusion of the GP from the patient's treatment		

Fig 3. Expectations of GPs regarding received papers.

Contact must be visible
Document must have a title
Protocol name & oncologist name must be visible

GPs want to know :
- Drug name and prescribed dose
- Supportive (care) drugs
- Proposed clinical / biological monitoring with the role of each care provider
- Drug-related problem

Important information is summarized at the end from most clinical to less impactful

Conclusion : GPs could play a key role in cancer care but often lack appropriate information. Providing appropriate information could enhance their involvement in cancer care management. Including GPs earlier in the conception of such drug information forms could probably lead to a greater engagement in cancer patient follow-up.

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