

Shared care of cancer patients in primary and specialist care – proposal for a principle based implementation process.

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Background

- Shared care offers a number of advantages to patients
- Evidence supports non-inferiority of shared care in a number of cancer settings and potential for cost savings.
- Despite its potential, shared care is infrequently taken up

Shared care

- Usually applies to shared care between specialist and primary care provider
- Similar aspects of care delivered by 2 or more providers in 2 or more settings
- Distinct from hospital led care and primary care led care and multidisciplinary care that is not shared
- Not just a skill but a process that can be supported by system and skill development
- Any aspect of cancer journey
- Contribution may differ according to provider



Potential benefits

- Closer to home
- More holistic care
- Greater engagement of primary care providers
- May increase capacity for services to deliver care
- May reduce cost

Objectives

- To define key principles behind successful implementation and delivery of shared care in cancer



Methods:

- A rapid review of systematic reviews and RCTs relevant to shared care
- Stakeholder consultation
 - face to face meeting with practitioners involved in shared care delivery followed by a draft development and wider stakeholder consultation.
 - Consumer consultation

Rapid review

- 18 systematic reviews, 166 papers
- No difference in term of recurrence, survival or QOL for shared care versus specialist led care

Emery JD, Shaw K, Williams B, Mazza D, Fallon-Ferguson J, Varlow M, Trevena LJ. The role of primary care in early detection and follow-up of cancer. *Nat Rev Clin Oncol.* 2014 Jan;11(1):38-48.



Principles

- **Core objective** – improve care for the patient through improved access, acceptability and quality of care
- **Parties involved** – patient and providers. Planning should include all parties to ensure care is:
 - Acceptable
 - Flexible
 - Clear of
 - Expectations
 - Communication pathways
 - Implementation process
 - Integration
 - Evaluation



Consumer workshop

- General comments
 - Consumer at the centre
 - Communication
 - Sharing of information (? E-health)
 - Care plan
- Detailed analysis pending



Next steps for PC4

- Encourage and promote shared care
- Access to tools and resources
- Build understanding of what works and why
- Develop strategies to promote research in shared care



Conclusions

- Principles can be used as a framework for design, implementation and evaluation of shared care
- Can assist in planning research

