Family Physician Integration with the Cancer System (FPICS)

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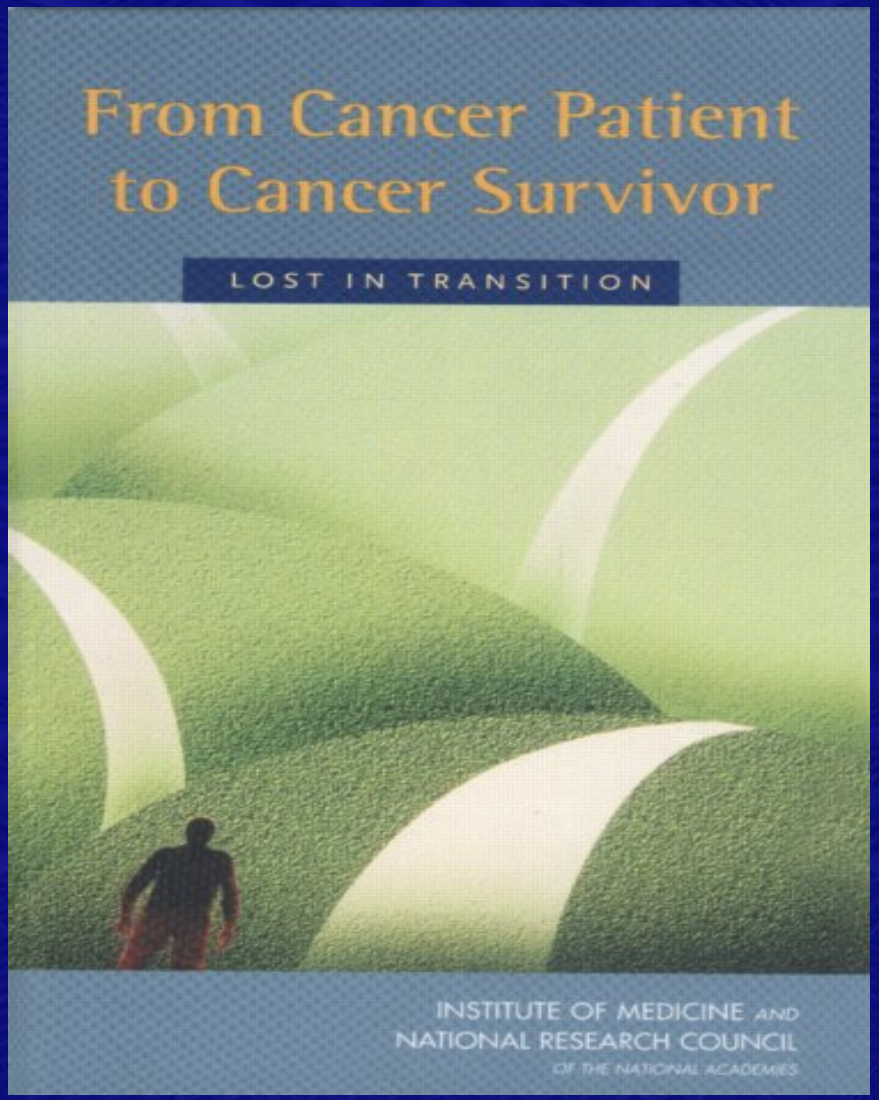
Complexity of Cancer Care

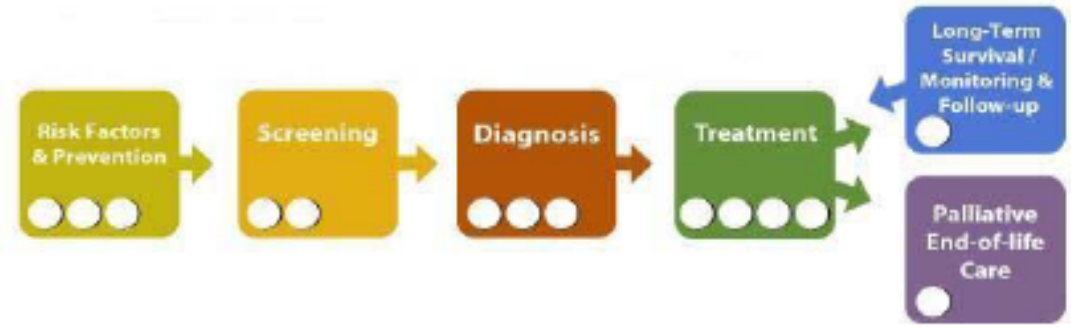
- Multiple transitions
- Multiple providers
- Increasingly complicated regimes
- Increasing frustration by providers and patients
  - Issues in communication & provider role clarity
- Complexity of caring for whole patient
  - Ongoing medical issues & survivorship long term issues

Lost in Transition



The Care Trajectory

Conceptual Model: Interface with Providers



Primary Care Providers

Public Health Specialists

Secondary and Tertiary Care Providers

Primary Care

CCAC Providers

cancer care ontario | action cancer ontario

Integration

- The process of creating and maintaining a common structure and connection between different providers for the purpose of coordinating patient care, while retaining each provider's unique role
- Context specific (health system and disease)
- Evaluation of integration requires development of instruments that reflect the unique nature of the disease model and care trajectory being examined

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Domains of Integration

- ***Clinical Integration***: the extent to which patient care services are coordinated across the various functions, activities and operating units of the cancer system

- ***Functional Integration***: the extent to which key support functions and activities are coordinated across operating units of the cancer system

- ***Vertical (System) Integration***: the extent to which there is regional collaboration, coordination, and leadership with respect to cancer services that is recognized as a "system"

Why is this important to patient care?

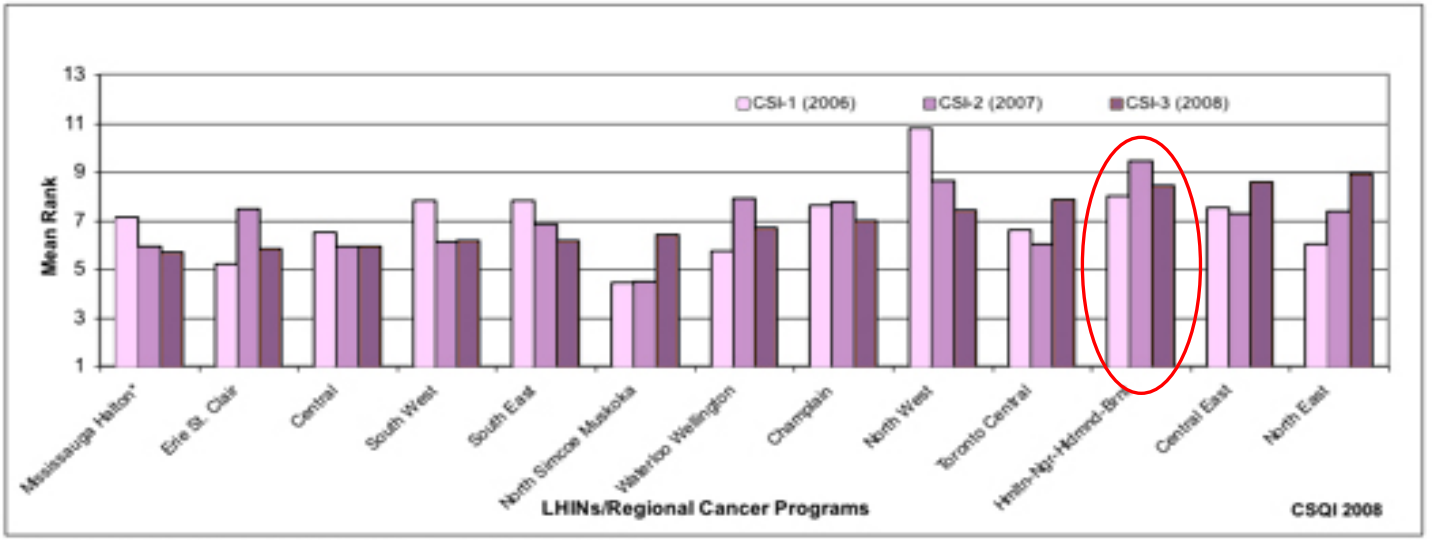
- Easing the journey for cancer patients
- Integrated services, which have been linked to continuity of care, are expected to improve the patient experience
- An effectively coordinated cancer system – one that integrates the full spectrum of services across different providers, institutions and care settings – will enable patients to advance smoothly from screening to diagnosis to treatment and beyond
- Improving the integration of cancer services is a key policy objective for the Ontario cancer system

CCO CQCO 2008

Integration within Regional Cancer Programs in Ontario

Cancer Services Integration (CSI-3) Survey

Composite (Mean Rank) CSI Score by LHIN/RCP (CSI-1 vs. CSI-2 vs. CSI-3)



Source: Cancer Services Integration (CSI-3) Survey, 2008

Notes:

1. LHIN/RCPs sorted in ascending order by composite (mean rank) CSI-3 score. Higher composite (mean rank) CSI score indicates better overall cancer services integration
2. * Results for the Central West LHIN are included with results for the Mississauga Halton LHIN.

Study Questions

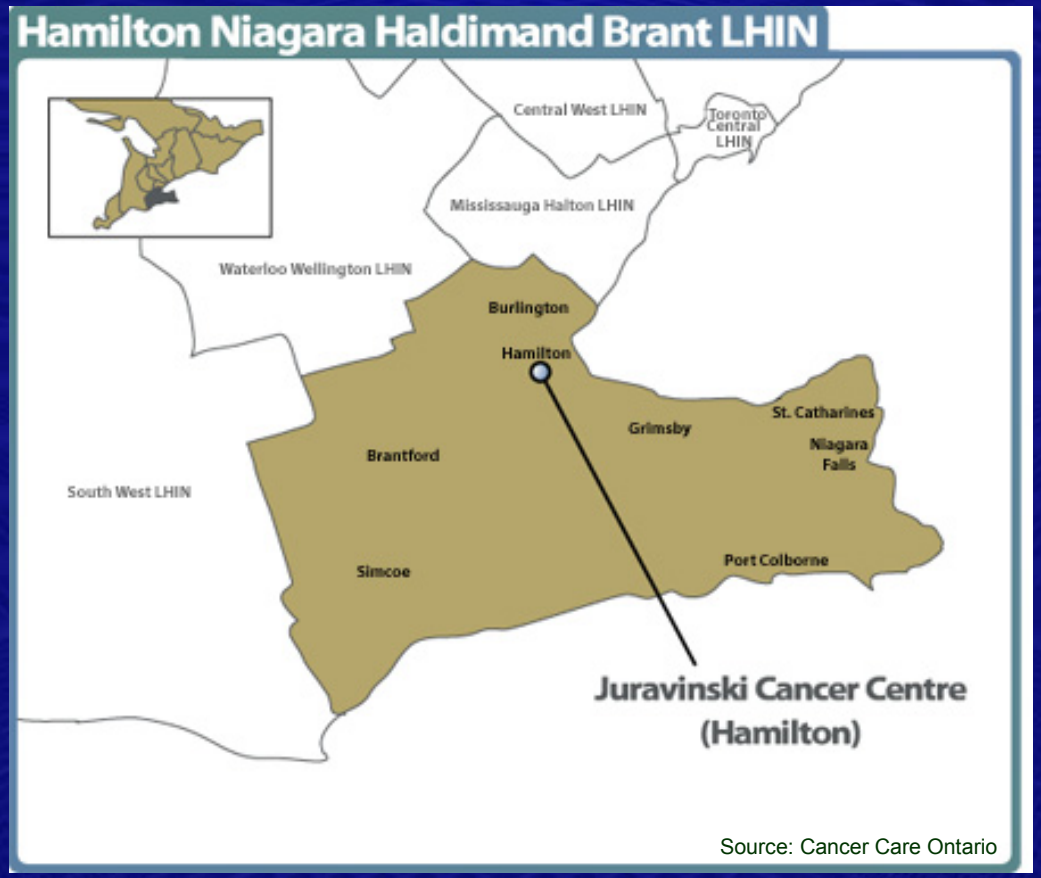
- What are the **current practices** of primary care practitioners in the care of cancer patients across the trajectory of care?
- What are the **perceptions** of primary care practitioners regarding the **processes of caring for patients** with cancer?
- To what extent do primary care practitioners feel **clinically and functionally linked** to the various parts of the cancer care system?
- What **opportunities** exist for regional cancer programs to **better integrate** family physicians in the care of cancer patients?
- What are the **current gaps in caring** for cancer patients as perceived by family physicians across the trajectory of care?

Design

- Cross-sectional survey of all practicing family physicians in the Local Health Integration Network (LHIN) 4 area in Ontario (includes Hamilton, Niagara, Halton Norfolk, Haldimand, and Brant regions)
- A Dillman Total Design Method was followed to administer the mail survey
- Survey completion occurred between January and April 2008

Setting

- LHIN 4
- Population 1.5 million
- 1 regional cancer centre
- 5 affiliated clinics



Instrument

- Designed to assess key aspects of integration with the **Regional Cancer Program (RCP)** from the perspective of community family physicians
- Based on existing instruments, the relevant literature, and expert opinion
- Family physicians were asked to think about cancer patients they had cared for in last 12 months
- Covered the trajectory of care from peri-diagnosis (i.e., period from suspicion of cancer to start of active treatment) to palliative care

Analysis

- Descriptive
- By stage in trajectory
- Exploratory regression for factors associated with knowledge of processes and role clarity of practitioners


Results

Family Physician Characteristics (N = 455)

response rate = 61%

Respondent Characteristics		N (%)
Gender		
Male		266 (58.5%)
Female		189 (41.5%)
Years since graduation	median	25 yrs
	range	1 to 51 yrs
Years of practice in Region		
0 to 4 years		71 (15.6%)
5 to 10 years		73 (16.0%)
11 to 20 years		107 (23.5%)
20+ years		203 (44.6%)
Solo Practice		165 (36.3%)

Respondent Characteristics	N (%)
Practice settings	
Private office	398 (87.5%)
Walk-in clinic	32 (7.0%)
Community health centre	20 (4.4%)
Academic teaching unit	23 (5.1%)
Other	56 (12.3%)
Primary source of income*	
Fee-for-service (FFS)	243 (54.2%)
Capitation (CAP)	99 (22.1%)
Mixed†	41 (9.2%)
Salary	18 (4.1%)
Other	47 (10.5%)
Size of practice	
Less than 1000 patients	47 (10.3%)
1000 to 1999 patients	224 (49.2%)
2000 or more patients	170 (37.4%)

* source >80% of income for family medicine
†FFS and either CAP or Sessional Pay each ≥20% of income)

Results: Peri diagnosis
(Vertical and Functional integration items)

- Majority (>85%) report knowing how to work up incident case in most disease site except HENT and NEURO
- Can get necessary tests done in a timely fashion (65%)
- Know process for referral to RCP (60%)

⇩

Aspects Unclear:

- Where to call
- What tests to order prior to referral
- Appropriate reasons for referral
- Who to call

Results: Peri-diagnosis cont.
(Vertical and Functional integration items)

- Agree that access to specialists (specified) is timely:

Surgeon	84%
Med Onc	78%
Rad Onc	73%

- More explicit navigation model needed (78%)

- Navigation model (specified) preferred:

Advisor	14%
Shared	36%
Coordinator	48%

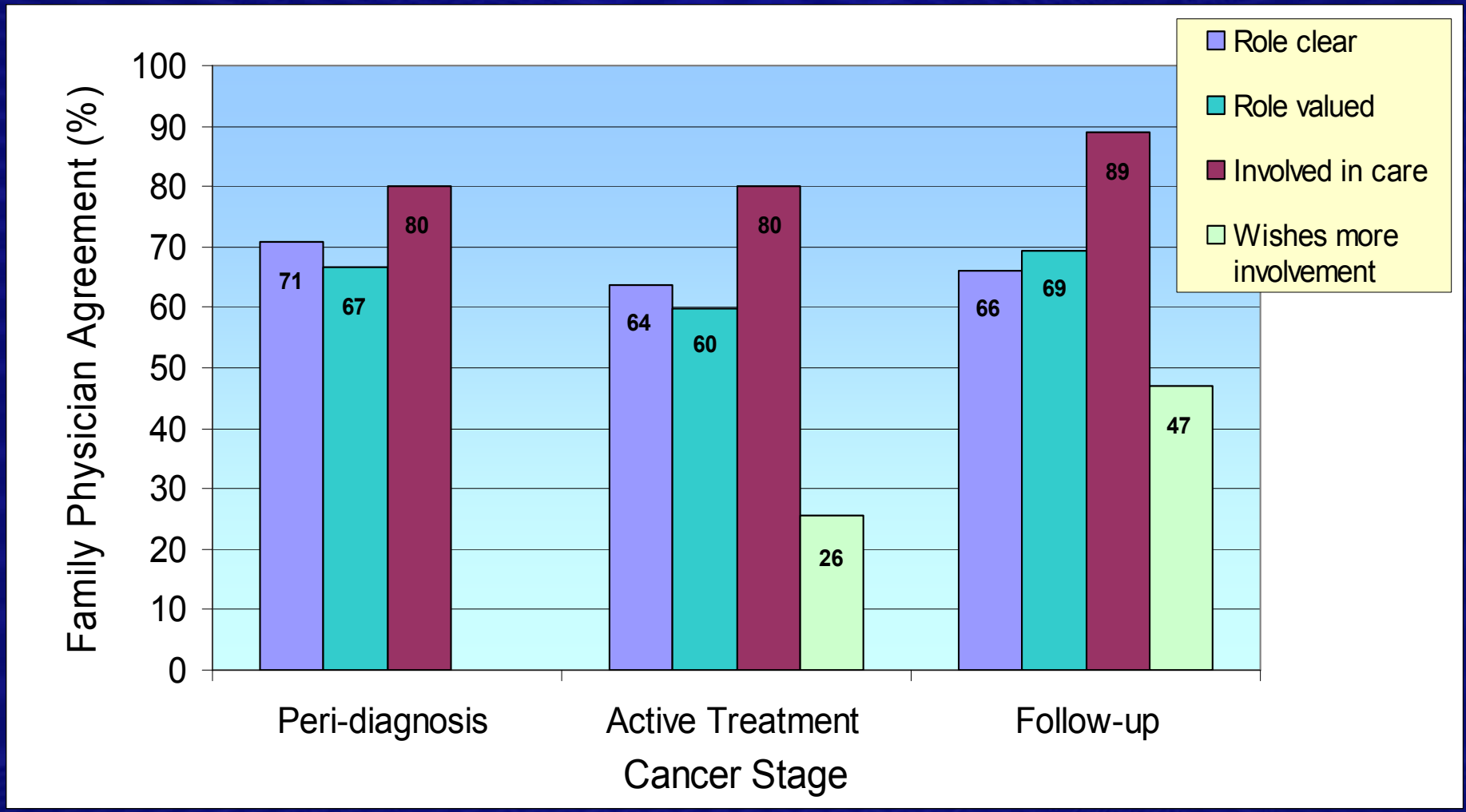
Results: Active Treatment
(Clinical and Functional Integration)

- 98% continue to manage other medical issues
- 74% manage cancer or treatment related symptoms
- 55% discuss cancer treatment information with patients and support treatment decision making
- 85% satisfied with information exchange with RCP
- 61% indicate system responsive to their requests for more information

Results: Post Treatment
(Vertical and Functional Integration)

- 90% continue to see patients
- 20% feel inadequately informed about what is involved in follow-up
- 47% want to be more involved in follow-up care
- 84% feel it is easy to reconnect to RCP if needed
- Most want guidelines for follow-up care

Role in Cancer Related Care
Key Functional Integration Outcomes



Factors associated with system knowledge and role clarity

Multivariable logistic regression outcome: Know procedure for referring patients to RCP

Predictor Variables	Odds Ratio (95% CI)	*p* value
Attends cancer education sessions	1.63 (1.06, 2.51)	0.027**
Years since graduation	1.03 (1.01, 1.05)	0.009**
Number of cancer patients seen	1.86 (1.40, 2.48)	<0.0001**

Multivariable logistic regression outcome: Family physician role clear at Follow-up

Predictor Variables	Odds Ratio (95% CI)	*p* value
Attends cancer education sessions	1.63 (1.06, 2.51)	0.026
Years since graduation	1.03 (1.01, 1.05)	0.001**

** Statistically significant (α<0.05, two-tailed)

General Observations

- Most report that compensation model inadequate for caring for cancer patients (regardless of type of model reported)
- Almost all report internet access but only 10% have used cancer centre internet site
- 52% use some form of EMR, but

  many different platforms (5 main types)
  only 1/3 access electronic medical data outside their practice setting

Conclusions

- First detailed snapshot across a LHIN of integration between RCP and family physicians
- Feasible to conduct this type of research
- Most family physicians continue to see their cancer patients and provide care
- Gaps identified in role clarity and communication
- Many family physicians feel undervalued
- Active navigation and guidelines preferred

Conclusions cont.

- Better integration associated with attendance at educational events and with experience
- Information technology solutions present a significant challenge
- RCP needs to determine how to better engage family physicians to make them feel more valued in caring for cancer patients across the trajectory

What's next?

- Work with LHIN 4 to support decisions around primary care and RCP integration in the short and longer term
  - Virtual tour
  - New referral process
- Analyse findings with CCO integration QA program
  - ⇨Map CSI-3 findings on to those from specialty providers within RCP
- 2010- Ontario Wide Study