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Cancer Survivors in Primary Care: Environmental Attributes for Success in Patient-Centered Medical Homes

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BACKGROUND

Successes in diagnosis and treatment of cancer have resulted in dramatic increases in the number of long-term cancer survivors, many of whom are being cared for predominantly by primary care. It is unclear what environmental and contextual attributes of new Patient Centered Medical Homes (PCMHs) allow for optimal care for these complex patients.

OBJECTIVE

This study is examining environmental and contextual attributes of the local community, medical neighborhood, and policy neighborhood that help or hinder successful cancer survivorship care in the primary care setting.

METHODS

Design:

Health Policy Analysis of contextual elements of communities, medical networks and policy environments that impact cancer survivorship care in primary care. This analysis is embedded within a large NCI-funded comparative case study evaluating PCMH implementation strategies across the country, comparing exemplar practices guided by NCQA recognition versus those in which innovation is the guided principle.

Data Sources:

Mixed methods health policy analysis, with data collected from field interviews with key stakeholders, alongside literature/Internet review and GIS mapping of practice regions.

Settings:

National purposeful sample of 7 exemplar PCMHs that include a diverse mix of states, medical networks, and policy environments. NCI grant includes future research using immersion/crystallization technique to identify 13 additional practices to include as case comparisons, highlighting additional elements of diversity of communities, medical networks and regional policy differences.

Participants:

Patients with a history of cancer, primary care physicians, healthcare professionals, and office staff. Key stakeholders to be interviewed in the coming months include community members, medical network administrators, oncologists, legislators and insurance administrators.

Qualitative Analysis:

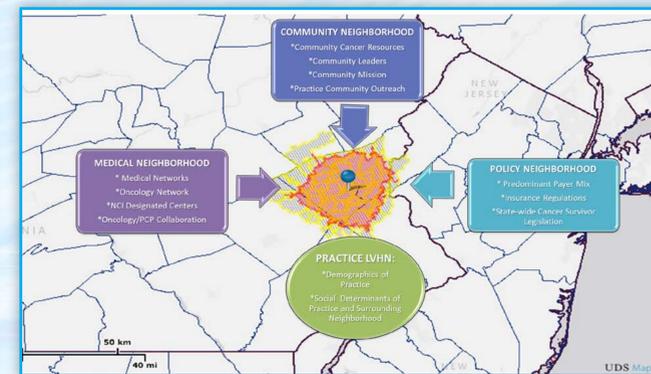
~96 key stakeholder interviews transcribed, Atlas.ti, qualitative analysis of data to create 20 discrete case descriptions of practices, with a focus on community, medical and policy neighborhood attributes that influence cancer survivorship care.

Quantitative Analysis:

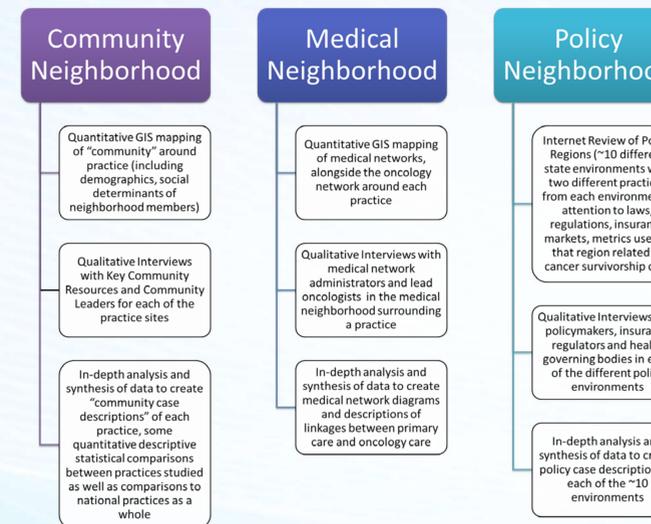
Develop 20 case studies with descriptive statistics, do comparative statistical analysis of case study practice regions against practices across the country to determine factors that may be influencing cancer survivorship care in exemplar practices.

RESULTS

Environmental and Contextual Elements of Three Layers of Neighborhood that Affect Cancer Survivorship Care in a PCMH.



Mixed Methods Approach: Three Layers of Neighborhood evaluation of environmental and contextual attributes aiding or hindering cancer survivorship care in PCMHs.



References:

- Ganz PA. Survivorship: adult cancer survivors. *Prim Care*. Dec 2009;36(4):721-741.
- Ogle KS, Swanson GM, Woods N, Azzouz F. Cancer and comorbidity: redefining chronic diseases. *Cancer*. Feb 1 2000;88(3):653-663.
- Sunga AY, Eberl MM, Oeffinger KC, Hudson MM, Mahoney MC. Care of cancer survivors. *Am Fam Physician*. Feb 15 2005;71(4):699-706.

DISCUSSION

Next Steps: Identify and recruit key stakeholders from each of the three neighborhood levels: Community Key Stakeholders, Medical Network Key Stakeholders, Policy Environment Key Stakeholders. Qualitative 30-45 minute unstructured interviews with key stakeholders for content related to how cancer survivorship is provided in the primary care setting

Practice Selection: Of the 7 practices that already participated in the parent research on-site evaluation, the preliminary analysis shows some limitation in range of diversity across patient demographics, payer type, practice type and political state context. The next round of practices to be included for on-site study have been specifically chosen to expand on these variables and include greater diversity of:

Patient Demographics, Payer Mix, Medicaid Expansion State, Large Health Systems, Politically Supportive State, Medicare Shared Savings Model, Direct Care and Nurse-led Models

CONCLUSIONS

Cancer Survivors are becoming increasingly more common among primary care patients. Through this health policy analysis, we aim to uncover any specific community, medical and policy neighborhood elements across the country that aid or hinder the delivery of high-quality cancer survivorship care within exemplar PCMHs. Particular attention will be taken to address whether community resources, oncology-PCP collaboration and policy/insurance regulation environments could provide sufficient inertia to allow for the delivery of high-quality cancer survivorship care within the primary care setting.

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