

Cancer Survivorship in Primary Care - A Mixed Methods Comparative Study of Environmental and Contextual Features of Care Across Three States.

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Cancer Survivorship in Primary Care - A Mixed Methods Comparative Study of Environmental and Contextual Features of Care Across Three States

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BACKGROUND

Cancer survivorship care is a growing primary care need as cancer clinical outcomes improve alongside an expanding and aging population. Given the complexity of care management for cancer survivorship, multi-level research and interventions are necessary to understand how to provide better survivorship care.

OBJECTIVE

Through a novel mixed methods approach, focused Rapid Assessment Process (fRAP), we seek to identify potential modifiable community, medical and policy level contextual elements that aid or inhibit delivery of optimal cancer survivorship care.

METHODS

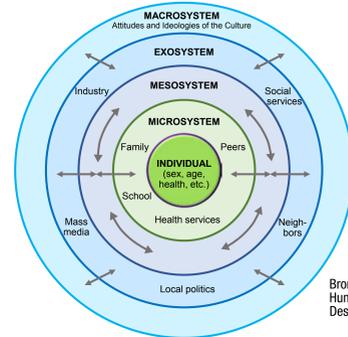
DESIGN: This study is a mixed methods comparative case study design, embedded within a larger national R01 study of cancer survivorship in primary care.

METHODS: fRAP mixed methods include quantitative GIS technologies alongside qualitative depth interviews of local key informants used to evaluate three levels of the socio-ecologic model - community, medical and policy - around primary care practices neighborhoods.

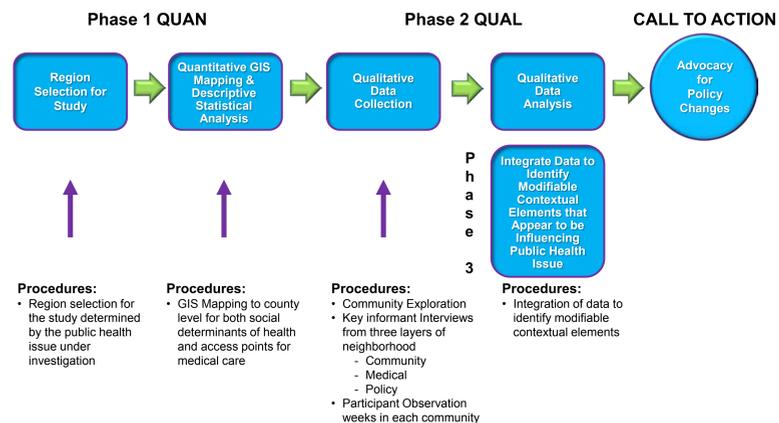
SETTING: 7 counties located in 3 states, Colorado, New York and Maine, served as the case studies.

PARTICIPANTS: Purposefully sampled key informants from each of the 3 neighborhood levels were consented to participate in telephone interviews. A total of 21 key informants participated across the 7 counties.

OUTCOMES MEASURES: We sought to identify potentially modifiable community, care delivery (medical) and policy features that are barriers or facilitators to high quality cancer survivorship care.

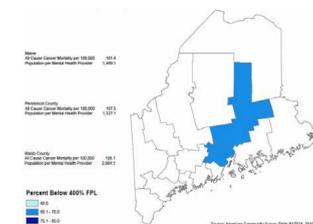


Bronfenbrenner, Urie (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.

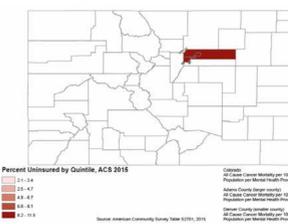


RESULTS

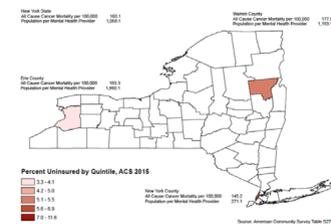
Maine Counties by Percent Below 400% FPL, 2010-2014 Showing Only Penobscot and Waldo Counties



Colorado Counties by Percent Uninsured, 2015 Showing Only Adams and Denver Counties



New York State Counties by Percent Uninsured, 2015 Showing Only Erie, New York and Warren Counties



Qualitative Analysis:

- 21 Key Informants – Community, Medical and Policy Informant from each of the 7 counties
- 6 Key Themes Identified, with variety of overlap across counties and levels

Discovering the Gap

- Cancer Survivorship is a NEW IDENTITY
- Community level informants aware of gaps and are key responders

Ideal Care Team

- No agreement on who should be on survivorship care team
- Medical informants likely to name Medical professionals; Community informants likely to name family/support persons; Policy informants likely to include primary care

Organizing Care

- Care organized currently around Cancer Centers
- Question of where accountability lies for survivorship long-term
- Rural versus urban divide

PCP-Oncology Relationship

- Majority of the 7 counties noted relationships must be improved, coordination enhanced
- Two Cancer Centers have begun prioritizing

Survivorship Policies

- Context (county and Level) influence what types of policies are suggested
- Overall, challenging for informants to name policies or improvements

Organizing and Moving Medical Information

- All 7 counties noted need for improved communication/HIT
- Unique workarounds developed in each area to deal with this issue

DISCUSSION

Context matters: type of county, and local environmental, medical network and policy features influence what and how cancer survivorship care is delivered. Informants across all levels were challenged to identify possible policy avenues for improving cancer survivorship care. Only three informants (1 community, 1 medical and 1 policy) were articulate about policy improvements. Community level informants across practice regions were most likely to be aware of the unique needs of cancer survivors in their catchment areas. Beyond the above 6 themes, community informants also brought up the need for:

- Laughter as therapeutic for survivors
- Research and community activism needs to increase
- Awareness of disparities in care, minority survivors' needs are paramount

CONCLUSIONS

Cancer survivorship is a new and evolving disease management entity. This pilot research suggests that we have just begun the process of care delivery for this unique and vulnerable population. Areas for policy/interventions uncovered include working to advance awareness and understanding of this new group, "Cancer Survivors," as well as improving and building upon relationships, coordination and communication between oncology, primary care and community resource groups.

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