

# Making the Case for Collaboration between Oncology and Primary Care

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Program Director of Survivorship Program



TEMPLE HEALTH

# Disclosures

- None

# Objectives

- Identify characteristics that build connections between primary care and oncology providers
- List factors that are valuable for strong collaboration between primary care and oncology providers
- Review strategies to improve connections between primary care and oncology providers in your local care delivery system

# ”Lost in Transition”

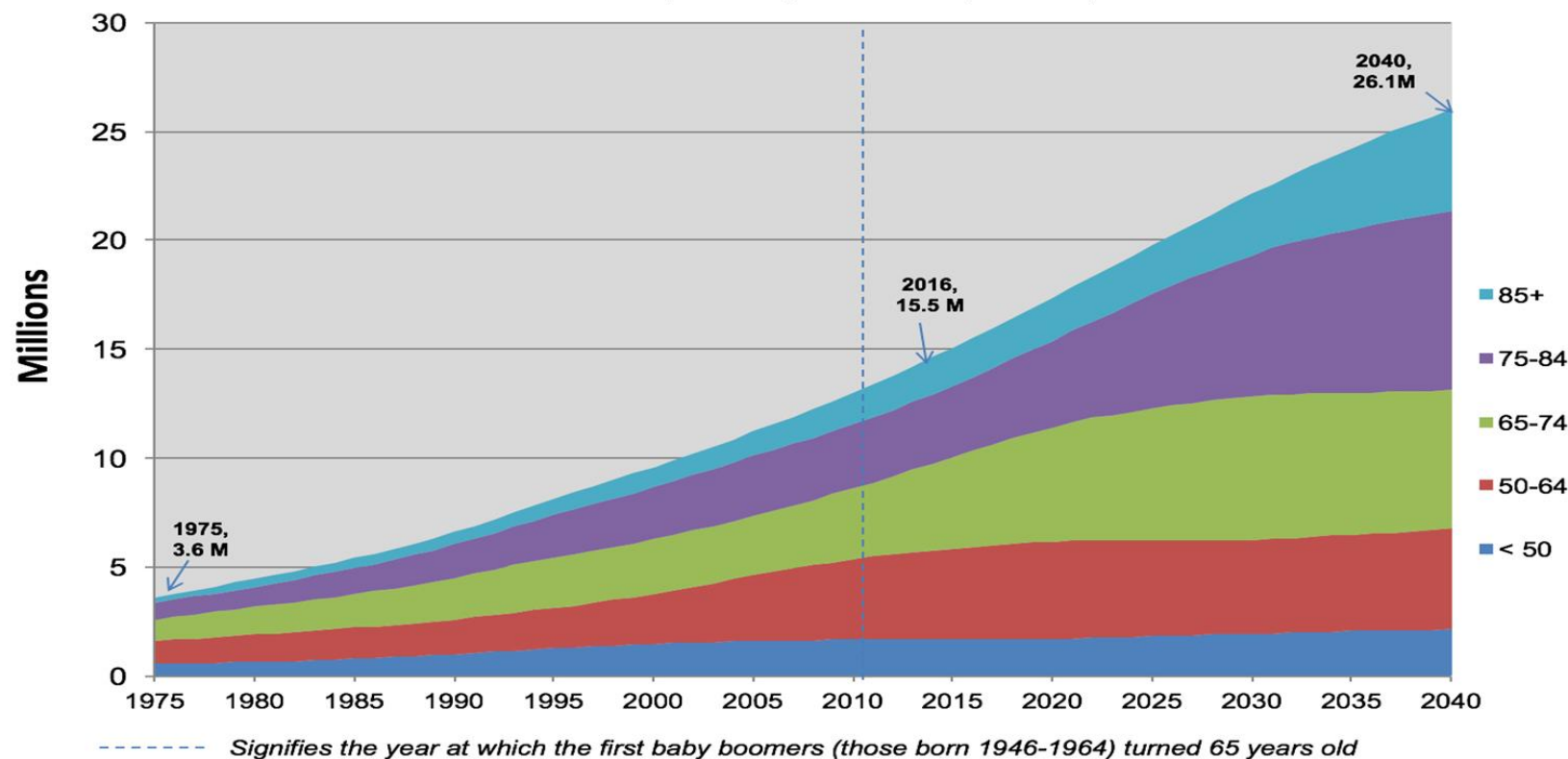
- 2006 Institute of Medicine published a landmark report to help improve access to quality survivorship healthcare
- Essential Elements of Survivorship Care:
  - *Prevention*
  - *Surveillance*
  - *Intervention*
  - ***Coordination***-between specialists and primary care providers to ensure that all of the survivor’s health needs are met<sup>1</sup>

# Introduction

- Estimated by January 2030 there will be 22.1 million cancer survivors<sup>2</sup>
- Expected in 2040 73% of survivors will be  $\geq 65$  years old<sup>3</sup>
- Treatment for cancers is improving and patients are living longer
  - *There are over 400,000 adult survivors of childhood cancers<sup>4</sup>*
  - *69% of survivors have lived more than 5 years since diagnosis and 47% of survivors have lived more than 10 years since diagnosis<sup>4</sup>*
  - *Cancer survivors living  $\geq 5$  yrs after diagnosis will be close to 11.9 million*

# “Silver Tsunami”

Figure 1: Estimated cancer prevalence by age in the US population from 1975 (216 M) to 2040 (380 M)



Bluethmann, et al (2016). Anticipating the "Silver Tsunami": Prevalence Trajectories and Comorbidity Burden among Older Cancer Survivors in the United States. Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology, 25(7), 1029–1036.

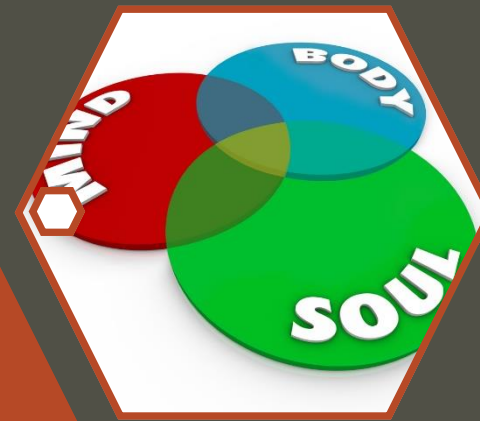
# Barriers to Survivorship

- Lack of evidence for best practices
  - *Guidance on tests, examinations, etc<sup>1</sup>*
- Lack of reimbursement
- Lack of a trained workforce
- Lack of a cohesive health system leading to fragmented care<sup>6</sup>
- Poor communication between care providers<sup>7</sup>

# Barriers to Survivorship

- Lack of clarity about respective roles of PCPs and oncologists
- Differences in what is deemed important in follow up care
- Need for research
- Variability in different survivorship clinics<sup>8</sup>





Cancer  
Recurrence

Psychosocial  
Effects

Late Side  
Effects





**"Good news.  
Your cholesterol has stayed the same,  
but the research findings have changed."**

HARLEY SCHWADRON FOR READER'S DIGEST

# MODELS OF CARE

# Survivorship Care Models

- No clear consensus of which is best model
- No commonly accepted taxonomy exists
  - *Models for disease specific or general*
  - *Models for separate vs integrative*
  - *Models based on type of provider<sup>9</sup>*
- Difficult for generalization due to broad spectrum of cancers and the sequelae of treatment for each cancer is different

# Barriers to PCP Model Survivorship

- Lack of knowledge to provide survivorship care
  - *Screening*
  - *Late effects of treatment*
- Adding to already full workloads
- Lack of time<sup>9</sup>
- Complexity of survivors' needs<sup>10</sup>
- Difficulty in transition from active to post-treatment care
  - *Care coordination*



# Shared Care Model

- Care is shared/coordinated between 2 or more health care providers in different locations or specialties<sup>7</sup>
- Easier to implement
- To be successful need:
  - *Communication*
  - *Knowledge exchange*<sup>11</sup>

# Why a Shared Model?

- Cancer survivors are at increased risk of long term morbidity<sup>12</sup>
- Racial/ethnic and socioeconomic disparities<sup>12</sup>
- Demand for oncologists will continue to increase<sup>13</sup>
  - *Aging oncology workforce*
  - *Current number of training positions*
  - *Aging population with increase cancer rates*
  - *Increase in cancer survivors*

# Why a Shared Model?

- Importance of non-cancer related care and health maintenance in survivors<sup>12</sup>
- Need for disease prevention in survivors<sup>12</sup>
- PCPs have strong ability to manage psychological and physical symptoms (pain, fatigue, weight changes, bone health, etc.)<sup>14,15</sup>



# Quality of Non-Breast Cancer Health Maintenance Among Elderly Breast Cancer Survivors

By Craig C. Earle, Harold J. Burstein, Eric P. Winer, and Jane C. Weeks

- SEER review women diagnosed with breast cancer in 1991 or 1992
  - 5,965 *non-metastatic breast cancer patients and 6,062 controls*
  - *Non metastatic disease at diagnosis*
  - *Alive by 1998*
  - *Had not been enrolled in hospice*
- 71% had node negative disease
- Average age of 78y
- More comorbidities in survivors vs controls  
(45% vs 42%;  $p=0.0003$ )

# Quality of Non-Breast Cancer Health Maintenance Among Elderly Breast Cancer Survivors

By Craig C. Earle, Harold J. Burstein, Eric P. Winer, and Jane C. Weeks

**Table 4. Relationship Between Type of Physician Follow-Up and Receipt of Preventive Services for Survivors**

	Neither PCP nor Oncology Specialist* (n = 221)	PCP Only (n = 2,466)	Oncology Specialist Only (n = 203)	Both PCP and Oncology Specialist (n = 3,075)
Mammography	30.3	60.7	80.3	86.7
Influenza vaccine	28.1	62.6	59.1	70.1
Lipid testing	20.4	42.1	34.5	54.9
Cervical exam	3.2	24.7	12.3	38.8
Colon exam	1.4	12.6	10.8	21.2
Bone densitometry	1.4	7.0	8.9 (NS)	9.9

Abbreviations: PCP, primary care physician; NS, not significant.

\*For example, cardiologists, 14.8% of visits; ophthalmologists, 8.2%; chiropractors, 7.7%; pulmonologists, 5.0%.

## Preventive Care for Colorectal Cancer Survivors: A 5-Year Longitudinal Study

*Claire F. Snyder, Craig C. Earle, Robert J. Herbert, Bridget A. Neville, Amanda L. Blackford, and Kevin D. Frick*

- Retrospective, longitudinal cohort study
  - 1541 colorectal cancer survivors, Stage I-III 1998-2003
- Examined patterns of visits for 5 years after cancer treatment completed
- In year 1, 37% of survivors saw PCP and oncology specialist, 44% saw PCP only
- In year 5, 21% of survivors saw PCP and oncology specialist, 62% saw PCP only

# Preventive Care for Colorectal Cancer Survivors: A 5-Year Longitudinal Study

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**Table 4.** Preventive Care Received by Physician Mix Seen for Years 1-5 Combined

Parameter	Both PCP and Oncologist, %	PCP Only, %	Oncologist Only, %	Neither PCP nor Oncologist, %	<i>P</i> *
No. of patients	2,106	4,150	449	1,000	
Influenza vaccination	61.7	52.4	49.2	31.4	< .0001
Cholesterol screening	35.7	33.5	24.3	15.4	< .0001
Mammograms, < 76 years of age†	65.5	48.4	56.1	25.2	< .0001
Cervical cancer screening†	20.6	14.3	11.9	5.1	< .0001
Bone densitometry†	12.0	10.7	5.5	5.4	< .0001

Abbreviation: PCP, primary care provider.

\*Values are based on  $\chi^2$  tests.

†Percentages based on number of females only.

FOX CHASE EXPERIENCE



# Fox Chase Cancer Center (FCCC) Care Connect

## Goal:

Create an engagement strategy with primary care physicians (PCP) to improve coordination of patient care

# FCCC Care Connect

## Care Connect Member

- Effective access & communication with FCCC
- Opportunity to improve Quality Physician Measure (QPM) scoring
- Brand identity for practice
- Education to improve core competencies
- Enhance shared collaboration in support of growing cancer survivor population

## Fox Chase Cancer Center

- Improve transition of survivorship care planning back into community
- Opportunity to provide screening, risk & diagnostic services
- Increase ability to dispel notion that FCCC is only place for cancer treatment
- Ability to leverage organized group of PCPs for patients who need a PCP

# FCCC Care Connect

- Established in April 2015
- Pillars
  - *Communication and access*
  - *Education: Physician and non-physician*
  - *Support of research*



# FCCC Care Connect

Affiliated group of primary care practices that are aligned with FCCC

- Participation criteria for PCPs
- Education programs focused on survivorship issues
- Enhance access
- Brand development
- Communication
- Quality assessment
- Marketing
- Advisory team

# FCCC Care Connect- Current State

- Consists of 40 primary care practices, 1 OB/GYN practice and 1 surgical practice
  - *45% of the practices are within the Temple Health System*
- 96 Family medicine/Internal Medicine Physicians
- 2 OB/GYN physicians
- 1 general surgeon
- 48 mid-level providers

# FCCC Care Connect

- Prior to the pandemic we hosted “live” events
  - *2 hour dinner meetings*
- We offered 2 hour webinar based events (“live”) from 2020-late 2021
  - *PCPs feedback stated difficult to attend events due to lack of time and staffing issues*
- Provided 25 “live” educational sessions

# FCCC Care Connect

- Then started “Education on the Go”
- We tape short videos (5-7 minutes) of our providers giving educational information on topics relevant to PCPs
  - Breast screening, colon screening, when to refer for genetic testing, abnormal uterine bleeding, etc.
- Videos are embedded in a “blast” e-mail sent to PCPs, advanced practice providers (APP) and office personnel
- Provided 4 “Education on the Go” videos

## EDUCATION ON THE GO

**Welcome to our Education on the Go series!** Physicians at Fox Chase are developing short informational videos—five minutes or less—to keep primary care physicians like you up to date on cancer-related topics. We value your time and look forward to our continued collaboration in patient care.

### **Breast Cancer Screening Guidelines: What You Should Know**

Primary care physicians play a pivotal role in encouraging patients to get regular breast cancer screenings. Having specific screening knowledge helps PCPs navigate patient confusion about screening guidelines. Watch this short video on the three components of breast cancer screening—brought to you by Andrea Porpiglia, MD, MSc, FACS, Assistant Professor, Department of Surgical Oncology at Fox Chase.



EDUCATION ON THE GO



# Breast Cancer Screening

Andrea S. Porpiglia, MD, MSc, FACS

*Assistant Professor, Department of Surgical Oncology*

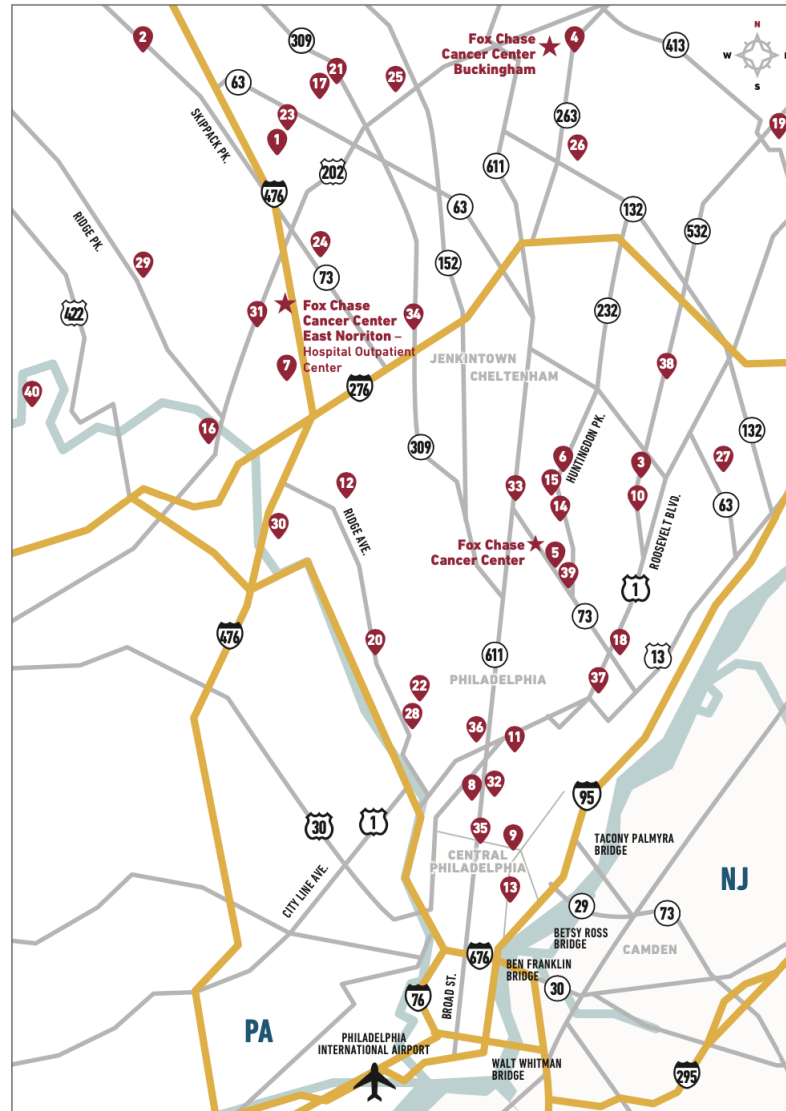


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# FCCC Care Connect- Getting PCPs Involved

- CME and MOC offered during “live” events
- Care Connect PCPs participate in clinical advisory team
- Provide education for PCP practice staff members recognizing their front-line role in patient care
  - *collect education effectiveness data*
- Continue to expand geographic footprint (satellite sites) – see latest map

## FOX CHASE CANCER CENTER CARE CONNECT PRACTICE LOCATIONS



Please visit [FoxChase.org/careconnect](https://www.FoxChase.org/careconnect) for the most up-to-date listing of Care Connect members.



**Learn more about Care Connect:**  
**215-728-3536 | [FoxChase.org/careconnect](https://www.foxchase.org/careconnect)**





# FCCC Care Connect- Getting PCPs Involved

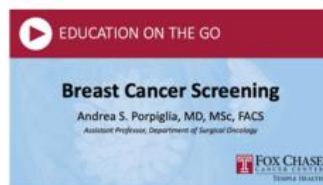
- “News Blast” emails
- Reaches 500 recipients with each “blast”
- CME announcements, screening updates, programs/events at FCCC, general cancer related stories
- 127 blast emails have been sent
  - *This year open rate is ~20% (industry standard is 21%)*
  - *Previous years closer to 52%*

## EDUCATION ON THE GO

Welcome to our Education on the Go series! Physicians at Fox Chase are developing short informational videos—five minutes or less—to keep primary care physicians like you up to date on cancer-related topics. We value your time and look forward to our continued collaboration in patient care.

### Breast Cancer Screening Guidelines: What You Should Know

Primary care physicians play a pivotal role in encouraging patients to get regular breast cancer screenings. Having specific screening knowledge helps PCPs navigate patient confusion about screening guidelines. Watch this short video on the three components of breast cancer screening—brought to you by Andrea Porpiglia, MD, MSc, FACS, Assistant Professor, Department of Surgical Oncology at Fox Chase.



### Three Components of Breast Cancer Screening

#### Breast Awareness

- Each patient must know her breasts and be aware of what changes are normal for her.

#### Clinical Breast Exam (CBE)

- Asymptomatic women between 25-39 years old with no risk factors should undergo a CBE every 1-3 years.
- Women over age 40, women with increased risk factors for breast cancer, women with a history of breast cancer and/or who are symptomatic should undergo more frequent CBE.

#### Breast Imaging

- Women who are at average risk should get an annual digital screening mammography starting at age 40.
- Women who are at increased risk should get an annual breast MRI in addition to annual mammograms.

Fox Chase offers a [Risk Assessment Program](#) for individuals and families at risk for cancer and those with cancer, including breast, ovarian, gastrointestinal, endocrine, kidney, diffuse gastric, uterine and skin cancers. Our team of physicians, nurses and genetic counselors provides clinical and genetic evaluation and testing, screening and cancer risk-reduction services. To learn more, visit [FoxChase.org/rag](http://FoxChase.org/rag) or call 877-627-9684.



**Andrea Porpiglia, MD, MSc, FACS**  
Assistant Professor, Department of Surgical Oncology

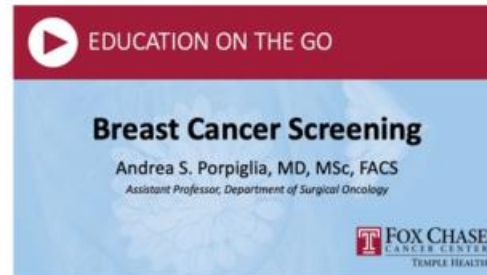
For questions about breast cancer screening guidelines, please email [Dr.Porpiglia](mailto:Dr.Porpiglia)

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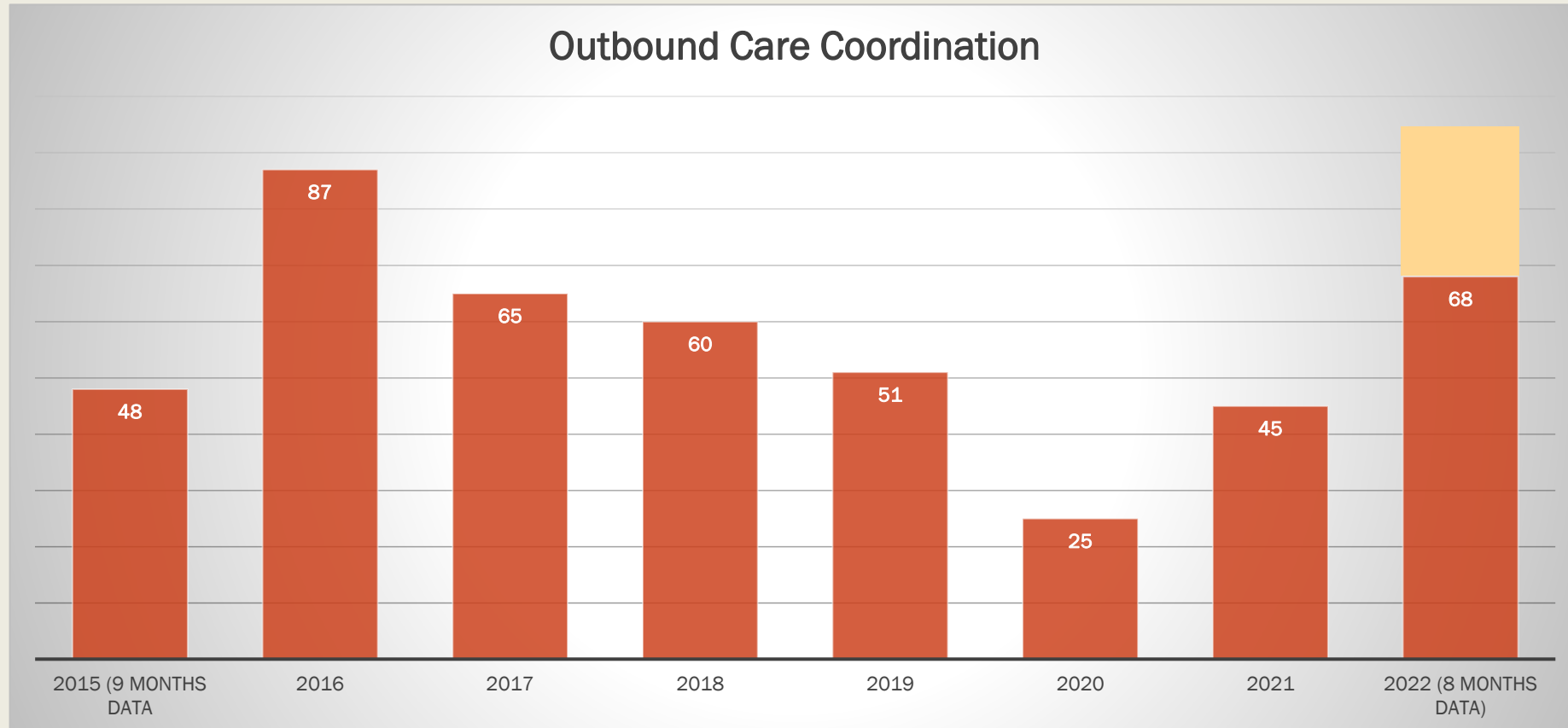
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# FCCC Care Connect- Connectivity - FCCC

Developed systematic process to direct patients in need of a PCP for care management and implementation of survivorship care plans

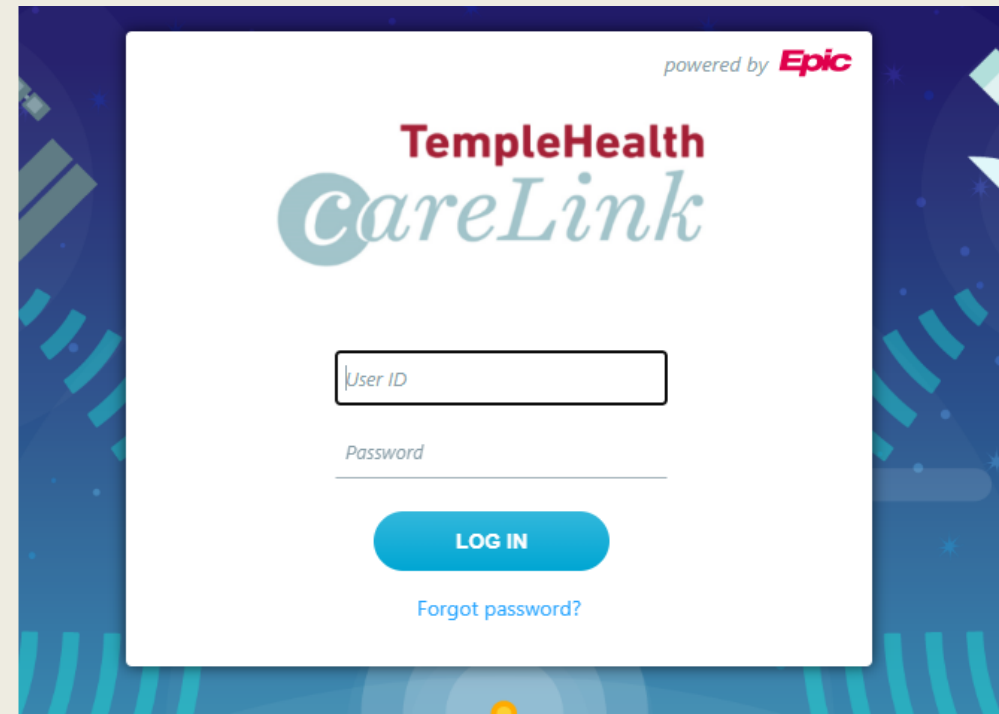
- Initiated directed “Care Connect” order process in electronic health record (EHR) (Epic) application
  - *Facilitate & document a referral between patient & participating Care Connect practice*
- Designated patient reminder EHR of shared patients with Care Connect practices
  - *FCCC Physician must acknowledge notification that patient is shared with a Care Connect physician*

# FCCC Care Connect



# FCCC Care Connect-Connectivity – PCP practices

- Care Connect practices have access to shared patient information through either directly through the Epic platform (Temple employed PCPs) or through Epic Care Link (non-employed PCPs)
- Epic Care Link is a web-based platform allowing for increased ease of communication and enhancing connectivity between oncology and primary care including survivorship care plans





# Patient support

## ARE YOU IN NEED OF A NEW PRIMARY CARE PHYSICIAN?

Fox Chase Cancer Center Care Connect is a program linking Fox Chase Cancer Center and community physicians

Learn more about the Care Connect program at [FoxChase.org/careconnect](http://FoxChase.org/careconnect)



### My Action Plan

- ☐ I will not smoke
- ☐ I will avoid the smoke from other people smoking
- ☐ I will make my home and car smoke-free
- ☐ I will get my home tested for radon gas
- ☐ I will avoid cancer-causing agents
- ☐ As a smoker or former smoker, I will ask my doctor if lung cancer is my best choice

### FOX CHASE CANCER CENTER | Care Connect

Fox Chase Cancer Center Care Connect is a program linking Fox Chase Cancer Center and community physicians. Primary care physicians, internal medicine physicians and gynecologists throughout the region are working with Fox Chase in programs that focus on:

- Cancer Prevention
- Education
- Screening
- Treatment
- Survivorship Care

As a Fox Chase Cancer Center Care Connect member, your physician is committed to providing you with a seamless coordination of care.

Learn more about the Care Connect program at [foxchase.org/careconnect](http://foxchase.org/careconnect).

Where can I get more information?

888-369-2427 (888-FOX-CHASE)  
[www.foxchase.org](http://www.foxchase.org)



Temple Health refers to the health, education and research activities carried out by the affiliates of Temple University Health System (TUHS) and by the Lewis Katz School of Medicine at Temple University. TUHS neither provides nor controls the provision of health care. All health care is provided by its member organizations or independent health care providers affiliated with TUHS member organizations. Each TUHS member organization is owned and operated pursuant to its governing documents.



Lung Cancer

☒ Know the Facts...



Breast Cancer

☒ Know the Facts...



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## CARE CONNECT MEANS TRULY COORDINATED CARE FOR YOU

Fox Chase works with primary care physicians throughout the region in the areas of cancer prevention education, screening, treatment and survivorship care plans.

Ask your doctor for a list of Care Connect members or visit: [FoxChase.org/careconnect](http://FoxChase.org/careconnect)



ors that  
ung Cancer?  
oking. Quitting is  
urself and others  
n't smoke, don't  
at 90% of lung  
about 80% in  
d smoke and other  
ome and at work.

To get help to quit smoking call us at  
215-214-1618 or call the PA Quitline at  
1-800-QUIT-NOW (1-800-784-8669).

### FOX CHASE CANCER CENTER | Care Connect

#### NEED A PRIMARY CARE DOCTOR?

Fox Chase Cancer Center Care Connect links patients with primary care physicians in their community for coordinated care.

To schedule your first appointment, call: 215.728.3536

[FoxChase.org/careconnect](http://FoxChase.org/careconnect)

### FOX CHASE CANCER CENTER | Care Connect

#### APPOINTMENT DETAILS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Dr. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

# HOW CAN WE DO BETTER?

# Successful Care Coordination

- Utilizing technology<sup>12</sup>
- Take advantage of Survivorship Care Plans
- Education of primary care physicians
  - *Understand implications of cancer treatment*
  - *Screening for recurrence and new primary cancers*
  - *Management of psychosocial and financial sequelae*<sup>16</sup>
- Establish relationships between PCPs and oncologists<sup>17</sup>



# Successful Care Coordination



# THANK YOU!

- **Kelly Filchner MSN, RN, OCN, CCRC**

Director, Clinical Operations

Fox Chase Cancer Center Partners

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e-mail: [Kelly.filchner@fccc.edu](mailto:Kelly.filchner@fccc.edu)

- **Melissa Schrier, Marketing Manager FCCC**

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# QUESTIONS?