WONCA Special Interest Group
Cancer and Palliative Care
Prague
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Annette Berendsen
Dutch situation:
More people with cancer

All kinds of cancer: Absolute incidence 1989-2007 and prognoses till 2020 (vrouwen)

*Dutch Cancer Society: Kanker in Nederland: Trends, prognoses en implicaties voor zorgvraag. Signaleringscommissie Kanker van KWF Kankerbestrijding BRON NKR*
Dutch situation: More survivors of cancer

Cancer: from lethal disease to treatable disease

All kinds of cancer: Relative deaths 1989-2007 with prognoses to 2020 (men)

*Dutch Cancer Society: Kanker in Nederland: Trends, prognoses en implicaties voor zorgvraag. Signaleringscommissie Kanker van KWF Kankerbestrijding. BRON NKR*
Cancer: vulnerable group
Co-morbidity

Aantal bijkomende ziekten bij patienten met kanker

Cancer: vulnerable group

Co-morbidity ± 70% (age!)

- Cardiovascular disease
- Diabetes
- COPD
- Osteoporosis

More use of medication

- Survivors of breast cancer
- significantly more prescription medications
- a larger variety of different types of medication

Cancer in the Netherlands: Trends, prognoses en implications for demands of care. Signaleringscommissie Kanker van KWF Kankerbestrijding BRON NKR

Role of primary care

- Increase of cancer survivors overloading secondary care
- Co-morbidities
- Who is the director of follow-up care?
General practitioner as director?
Increase of cancer survivors
Overloading secondary care

Co-morbidity
Best care for survivors is delivered by a generalist

Discussion in the Netherlands
Substitution of care from secondary to primary care
Role of primary care

- What is current role of primary care for patients curatively treated - for breast cancer?
- GPs’ experiences with and opinion of follow-up care
- Patients’ preferences
Role of primary care

The cancer-journey
- The Ca-Pri vision

- Support to relatives
- Dying
- Terminal
- Recurrence of disease
- Rehabilitation
- Treatment
- Final diagnostics
- Primary diagnostics incl. waiting times
- Which symptoms are predictive for what?
- Perceived symptoms, iatrogene threshold
- Screene
- Lifestyle, health promotion, primary prevention

F. Olesen, Ca-PRI, May 2011, Noordwijkerhout
Contacts first year after diagnosis primary care - women with breast cancer

A general practitioner has frequent contact

GPs are involved in the management of
- treatment related side effects
- psychological symptoms
Follow-up - phase

Contacts: primary care and women with breast cancer

Contact frequency GP-stays high the first years diagnosis

Follow-up

Prescriptions psychotropic medication 3 years before till 5 years after diagnosis

Role of primary care

• What is current role of primary care for patients curatively treated - for breast cancer?

• GPs’ experiences with and opinion of follow-up care

• Patients’ preferences
Follow-up care - guideline

Follow-up care: Screening - fixed scheme

Local recurrences / new malignancies
Long term effects of (treatment of) cancer

Follow-up care of women with breast cancer

Local recurrences / new malignancies:
After 5 years follow-up by GP or population screening (> 60ste)
GP 2-yearly mammography

Long term effects
No guidelines

NABON / CBO 2008
Follow-up care-GP experiences

Specialist should refer patients back to primary care with a survivorship care plan

NABON / CBO 2008

Survey among 960 general practitioners (2010)

Response: 52% (498)

Referral back: 23% (114)

Communication with the hospital: 55% (61)

Satisfied with communication: 78% (47)

Follow-up care - GP experiences

‘Normal chronic patient’

Providing care depends upon patients requests

Follow-up care must be pro-active but organizing this is difficult

Follow-up care breast cancer: 43% is willing ....unless

Insufficiënt oncological knowledge and skills

Insufficiënt organization in primary practice
Cancer Survivorship Care Plan

Content

Summary of disease
- Diagnosis, treatment
- Complications
- Potential risks
- Identified late effects

Personalized follow-up plan
- Stratified by diagnosis and treatment
- Individual circumstances/ healthy life style
• What is current role of primary care for patients curatively treated - for breast cancer?

• GPs’ experiences with and opinion of follow-up care

• Patients’ preferences
Patients’ preferences

Patients (50%) have strong preferences for specialist follow-up

Barriers for primary care follow-up
- lack of cancer expertise
- limited or no involvement with original cancer care
- lack of continuity of care

Role for primary care in cancer follow-up care (33%)
- performing routine cancer-screening tests
- supplementing cancer and cancer-related specialist care
- providing follow-up medical care when "enough time has passed"

Patients’ preferences

Dutch study

Majority of patients prefer specialist follow-up
- Continuity of care
- Involvement with original cancer care

Follow-up by general practitioner (GP) acceptable for 57%
- Sufficient knowledge /experience of GPs
  - Good communication between GP and medical specialist

Survivorship care plan
- A motivated GP with sufficient time for consultation

Advantages of GP follow-up

- Relationship of trust
- More personal attention
- Easy accessible
- Sufficient time for consultation
General practitioner as director?

Summary

Patients do visit their GP often during follow-up care. However, these contacts are not structured.

Shared care already takes place, but is usually not coordinated: no mutual information.

Follow-up care will be transferred to primary care. Not every GP is familiar with this pro-active care.

Patients want GPs with sufficient knowledge and a good communication of GPs with specialists (survivorship care plan).

Dutch situation – transferrable?
Department of General Practice, University Medical Center Groningen
Survivorship care

Mrs McCartney born 1941
Breast cancer right side 1998
  surgery, 35x radiation and tamoxifen

GP office visit 2010
  diminished physical condition
  overweight
  no sporting activities
Survivorship care

Mrs McCartney born 1941
Breast cancer right 1998
surgery, 35x radiation and nolvadex

Office visit
Lifelines 2011
Aspecific abnormalities ECG
A little short of breath
Still overweight
Does ‘Zumba dancing’
Survivorship care

Mrs McCartney born 1941
Breast cancer right 1998
surgery, 35x radiation and nolvadex

Cardiologist 2011
Dilating cardiomyopathy
LVEF 56 %, NYAC III
Survivorship care

There are not enough resources in developing countries for primary care doctors to get involved in survivorship
Survivorship care

Survivorship care is the domain of secondary care
Survivorship care

Survivorship care is for primary care: as a generalist more attention may be payed to co-morbidities and psychosocial aspects
Survivorship care

What do we need in primary care to deliver survivorship care?
Survivorship care

What is the role of the cancer patient?
Patient empowerment?!
Survivorship care

Barriers and possibilities of different health care systems? Financial, organizational?
Survivorship care

How is the communication with secondary care?
How should it be?
Survivorship care

Continuity of care - a problem or a challenge?