

A Seamless Provision of Cancer Care between Public Hospital and Primary Care

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Background

Oral anticancer therapies (oral chemotherapy or targeted therapies) may be considered as an alternative option to intravenous treatment in some cancer groups. From a patient's perspective, there are advantages associated with oral anticancer therapies, such as convenience, spending less time away from home, avoidance of requiring intravenous access, promotion of autonomy, reduction in complications associated with infusions such as discomfort and anxiety associated with venous cannulation. However, serious adverse effects may take place if not promptly recognised or managed appropriately.

This emerging trend of cancer patients' use of oral anticancer therapies has raised concerns from the general practitioners (GPs) in relation to appropriate patient care in the community, especially when timely communication between the hospital and the primary care sector is not facilitated: with regard to the dose, changes to dose or schedule of the treatment.

Aim

To implement a seamless provision of complex care between hospital cancer care services and GPs through relevant timely communication.

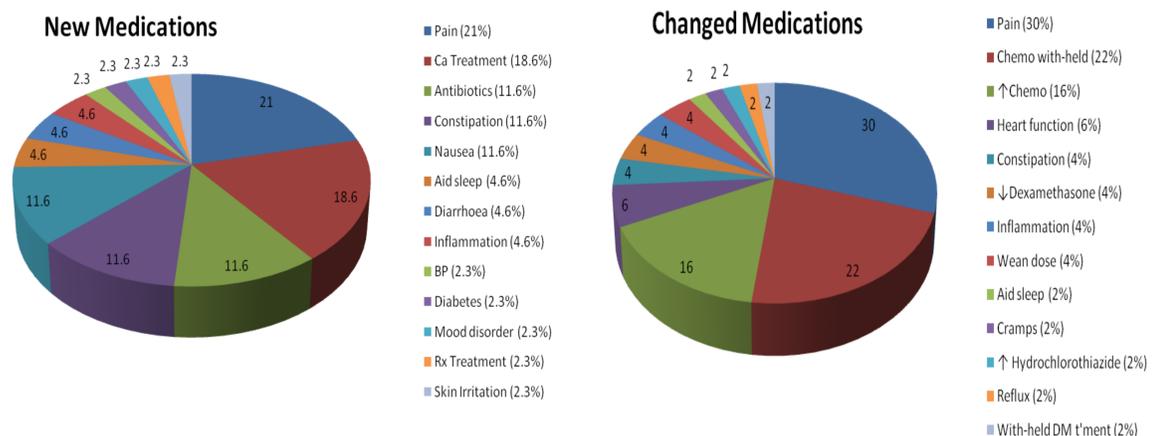
Methods

All patients on oral anticancer therapy either as a single agent or in combination with intravenous treatment were included between 1st March, 2017 to 31st May, 2017. Succinct information and recommendations from the oncologists, together with an updated medication list from an oncology pharmacist's review, was faxed to inform GPs of changes to their patients' oncological care plan immediately after the appointment (<24 hours).

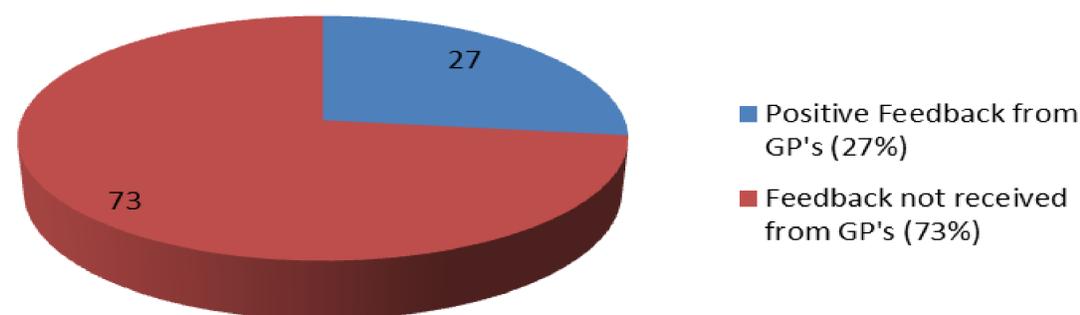
Results

Forty-four patients were included (31 patients on single agent oral anticancer therapy; 13 patients on combination therapy). Each patient was provided with an initial care plan and a medication list as baseline at the commencement of this trial. At the end of the three month period, 64% (n=28) had multiple care plans and medication lists updated. Most of the interventions were drug related such as adverse effects from cancer treatment, suboptimal pain management, frailty, and requests from patients who were also under different teams of doctors due to other comorbidities.

Eight of 30 GP's involved in the study have responded to our request for feedback and it has been overwhelmingly positive.



Responses from GP's



Conclusion

The services and GPs provides an example of novel communication initiative between hospital cancer care a seamless continuity of complex care between public hospital and primary care.

References

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