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Patient, oncologist and GP views about cancer follow-up care in general practice

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Abstract

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Patient, oncologist and GP views about cancer follow-up care in general practice

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Background: The rising incidence of cancer and increasing number of cancer survivors places competing demands on specialist oncology clinics. This has led to a need to consider collaborative care between primary and secondary care in the long term post-treatment care of cancer survivors.

Aim: To explore cancer survivors, their oncologists and general practitioners (GP) views about GPs taking a more active role in ongoing follow-up monitoring and care.

Methods: Collective instrumental case study of cancer survivors (patients), their general practitioners and oncologists. Patients were eligible if they had completed their active treatment for breast or colon cancer and had no current evidence of reoccurrence.

Semi-structured interviews were conducted face-to-face or by telephone. Respondents were asked their views on the specialist hospital-based model for cancer follow-up care and their views on their GPs taking a greater or leading role in follow-up care. Thematic analyses within and across-cases were performed in Nvivo version 10. Researcher triangulation was used to refine the coding framework and emergent themes; source triangulation and participant validation were used to increase credibility.

Results: Fifty six interviews were conducted (patients 22, oncologists 16, GPs 18), with 19 cases involving patient, their GP and one or more of their oncologists. Within-case analysis (patient-specialists-GP) highlighted the importance of specialist cancer knowledge, the psychosocial care GPs provided, and the need for GPs to have an interest in and time for cancer follow-up care. Across-case analysis indicated that a staged, shared care team arrangement with both GPs and specialists flexibly providing continuing care would be acceptable for most.

Conclusions: Collaborative care of cancer survivors may lessen the load on specialist oncology clinics. The findings suggest that building this model will require early and ongoing shared care processes. This may be facilitated by shared electronic care plans involving patients, oncologists and GPs.

Biography

Heike Schutze is a lecturer and research fellow at the University of Wollongong. Her research interests include health services research, Aboriginal and Torres Strait Islander health, indigenous health, health inequity, translational research, and the prevention and management of chronic disease.

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