Cancer Care Ontario
Action Cancer Ontario

Transition of Colorectal Cancer (CRC) Survivors to Primary Care: Results of a Cancer Care Ontario (CCO) Pilot Project

The Survivorship Program at Cancer Care Ontario in partnership with The Ottawa Hospital Regional Cancer Centre, Thunder Bay Regional Health Sciences Centre, and The North York Family Health Team in partnership with North York General Hospital*

THE ISSUE

Problem Statement:
Despite emerging evidence that the transition of well colorectal cancer (CRC) survivors to primary care is safe and effective, many colorectal survivors continue to be seen in routine follow-up by oncologists on an ongoing basis. New models of care that involve a shift in focus to primary care are of increasing interest to provide care that is effective, efficient and patient-centred.

Project Objective:
The objective of the pilot project was to demonstrate how best to implement sustainable changes in practice to support the transition of CRC survivors to primary care settings.

METHODOLOGY / APPROACH

In 2012, three Regions were awarded funding in response to a peer reviewed request for proposals to develop and implement a sustainable new follow-up model of care for survivors of colorectal cancer. The overall approach was to transition appropriate and well patients from oncologists to primary care providers in the community. Each region had designated administrative leadership and representation from primary care. Funding could be used to develop any aspect of the model including personnel support, primary care engagement, development of communication materials such as care plans and patient education documents. A minimal dataset reporting requirement included a description of the program, documentation of demographics of CRC survivors transitioned as well as patient and provider experience feedback once transition occurred.

Interdisciplinary teams at the regional level included (not an exhaustive list):

- Advanced Practice Nurse Practitioners
- Patient and Family Representatives
- Patient Education Representatives
- Primary Care Providers
- Medical Oncologists
- Radiation Oncologists
- Surgical Oncologists
- Social Workers
- Administrative Directors
- Registered Nurses

MEASURES / COLLECTED DATA

Data was collected from the pilot sites over a period of 1 year. Measurement included:

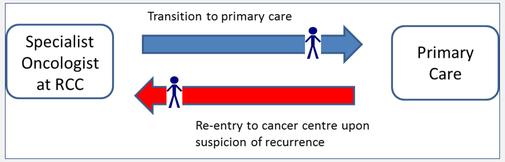
- Number of patients transitioned from a cancer centre to a primary care provider
- Stage of patient when transitioned
- Patient experience with transitioning to a new model of follow-up care
- Provider experience with transitioning patients to a new model of care

* Members of the Survivorship Program that were integral to this project include Dr. Jonathan Sussman, Chair Survivorship Advisory Committee, Maria Grant, Program Manager and Amanda Calzolaio, Project Coordinator. For more information please contact Maria.Grant@cancercare.on.ca

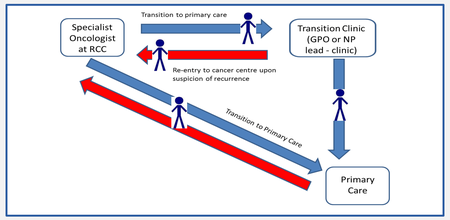
RESULTS

Models Developed

Transition directly to Primary Care



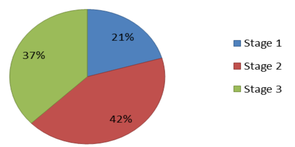
Transition to transition clinic with ultimate path of Primary Care



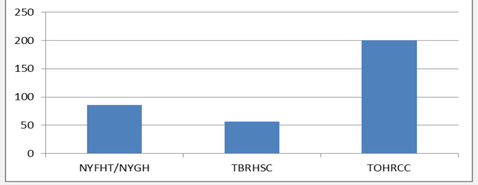
Patient and Provider Outcomes

- 343 CRC Survivors transitioned
- All sites used a survivorship care plan
- 16/32 oncologists responded to satisfaction survey
  - all were satisfied with the process
  - all reported improved role clarity
- Patient and primary care provider satisfaction outcome analysis is ongoing
- Re-referral and guideline adherence analysis ongoing

Number of Patients Transitioned According to Stage for All Pilots



Number of Transitioned Patients Jan 1, 2012 - Jan 1, 2013



OUTCOMES/LESSONS LEARNED

- An interdisciplinary team approach to coordinate and transition patient care into the community setting is essential.
- Oncologists were confident in the ability of primary care providers to care for their patients.
- Primary Care Providers appear willing to assume the care of appropriately selected CRC survivors with supports that includes a well-defined transition process, care plans and facilitated repatriation to oncology if needed.
- This work informed wide-scale implementation of transition of appropriate CRC survivors to a primary care setting through local model of care development. A province-wide initiative has been completed and is currently being analyzed.

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