

Primary Care for "Unattached" Patients: Implementation and Early Evaluation of a Cancer Survivorship Nurse Practitioner Role

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Background

Cancer survivorship covers the physical, psychosocial and economic issues experienced by cancer survivors. Primary care providers play a key role in the provision of primary health care as well as surveillance for late effects, recurrence and second primary cancers.

- In 2013, over 1 million people in Canada (~200,000 people in British Columbia) have had cancer
- 65% of adults and 80% of children with a cancer diagnosis are expected to survive for at least 5 years
- ~ 700 "unattached" cancer survivors in the Vancouver area (no regular primary care provider)
- Surveillance recommendations not always followed by patient or provider
- Survivorship issues not always addressed by patient or provider
- Many oncologists manage primary care needs

"By taking on patients who are ready to be discharged but who don't have a family physician, the Survivorship NP facilitates their ongoing medical care. This also opens space in the follow-up medical oncology clinics for patients who require this limited resource the most."
- Medical Oncologist, Systemic Therapy, BC Cancer Agency, Vancouver Centre

Implementation

- Survivorship Nurse Practitioner (NP) is a Registered Nurse with post-graduate training and Nurse Practitioner credential
- NP completed General Practitioner in Oncology (GPO) training offered by the BC Cancer Agency Family Practice Oncology Network
- Position funded by British Columbia Ministry of Health (NP4BC initiative) and hosted by the BC Cancer Agency and UBC Family Practice Centre

"It's great having a NP with a specialized cancer expertise as she is a resource for the management and follow up of our oncology patients. She also serves as a conduit via which physicians at the clinic can access cancer agency resources, and the oncologists."
- Family Physician and Research Director, UBC Family Practice Centre, Vancouver

Practice setting

- UBC Family Practice Centre, Vancouver, BC, Canada
- Team: 8 Family Physicians, 2 Nurse Practitioners, 8 Family Practice Medical Residents, 2 Psychiatrists, 1 Dietitian, 1 Clinical Pharmacist, 24/7 on-call Physician services
- Survivorship NP accesses cancer-related diagnosis and treatment history through the BC Cancer Agency electronic medical record

Registered patients

- 109 patients who have had a cancer diagnosis
- 16 types: 46% breast, 13% lymphoma, 7% colorectal
- 27 family members
- Average age: 51
- Gender: 73% female, 27% male
- Ongoing appointments with oncologist: 78% yes, 22% no

"[The NP] has made a very positive difference to my confidence when dealing with my day to day health care. The wonderful care and thoroughness give me great peace of mind."

Evaluation: Stakeholder interviews & patient satisfaction survey

A) Stakeholder interviews

Interviews with seven key stakeholders (oncologists, healthcare administrators, primary care team) conducted six months after NP start-date to identify and address concerns early

Results

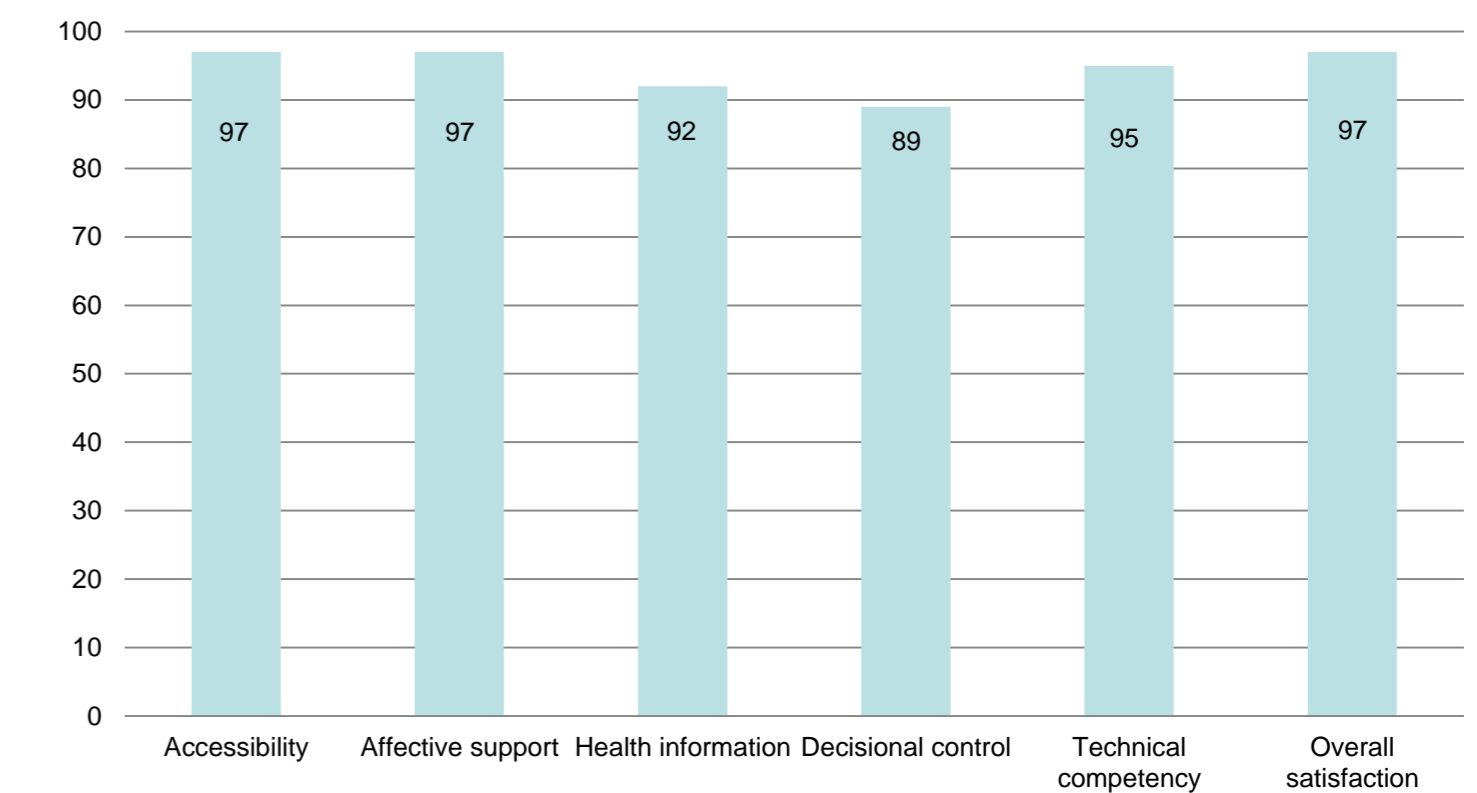
- Role clarity:** Stakeholders not clear about NP scope of practice and how role different from LPN, RN
What we did: Organized face to face meetings to explain scope and answer questions
- Awareness:** Stakeholders not all aware that NP is accepting patients
What we did: Printed brochures, distributed press release, submitted articles to partner newsletters
- Communication:** Lack of identified guidelines for communication between NP and oncologists (communication via phone, email and/or electronic medical record)
What we did: Established guidelines for communicating and reporting

B) Patient satisfaction survey

- Client Satisfaction Tool (Bear & Bowers 1998)
- Mailed to 92 respondents. Response rate 66%

"I did not have a family doctor prior to being referred and probably would not be receiving regular care if not for this program."

Figure 1: Percent satisfied with NP by element



- Most comments focused in a positive way on the NP providing affective support, i.e. providing "reassurance, comfort, or understanding regarding a client's expressed feelings or worries; attending to the client's emotional state – actual or likely – and making an encouraging, optimistic, or supportive statement in the content of an expressed concern."³
- One comment focused on the NP scope of practice

"After looking for a GP for 2 years, I was referred to see [the NP]. I was so glad that she was: 1) available, 2) we came up with a health plan for me, 3) she understood my concerns, 4) she took her time so each problem was or will be treated. High quality service."

Future directions/next steps

- Ongoing strategies to promote and raise awareness of the NP role
- Expand network of Survivorship Nurse Practitioners across British Columbia
- Continue to evaluate (e.g. what is the impact of the Survivorship NP on patient adherence to surveillance, patient life expectancy and use of other health system resources?)

³Bear, M & Bowers, C. (1998). Using a Nursing Framework to Measure Client Satisfaction at a Nurse-Managed Clinic. Public Health Nursing, 15(1): 50-59.