Cancer care in primary health care

Evidence of the general practitioners’ role
National Research Center of Cancer Rehabilitation
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A research center with focus on themes and research questions relevant to the cancer population in primary care
Content

- Introduction
  - Why focusing on the GP’s role?
  - Shared care in cancer care – which phases?
  - Frequent cancer-related problems and patients most in need of targeted support

- Evidence of the effectiveness
  - Sharing and transfer of care and information
  - Needs assessment by use of a patient questionnaire

- Conclusions and perspectives
Why focusing on the GP’s role?

- Modern cancer care
  - A holistic approach including rehabilitation, survivorship care and palliation is in demand
  - Several guidelines have outlined the important role of the general practitioner, including systematic needs assessment

- Reorganisation of cancer care is demanded
  - Shared care with clear distribution of roles
  - Proactive behavior of GPs
  - Social inequality, comorbidity and individual resources should be taken into account
Physical and psychosocial vulnerability
Comorbidity

Diagnostic phase

Prehabilitation

Cancer diagnosis

Curative-intent or not

Surgery
Chemotherapy
Radiotherapy
Other

Routine follow-up

End-of-life

Palliation
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Impairment</th>
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<tbody>
<tr>
<td>Fatigue</td>
<td>Physical</td>
</tr>
<tr>
<td>Sleep disturbances</td>
<td>Psychosocial</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Existential</td>
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<td>Depressive symptoms/depression</td>
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<tr>
<td>Social isolation</td>
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<td>Role difficulties</td>
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<td>Existential issues</td>
<td></td>
</tr>
</tbody>
</table>

*Hansen DG et al, 2014*
*Moor KA et al, 2013*
*Harrison JD et al, 2009*
Frequent problems

**Symptoms**
- Fatigue
- Sleep disturbances
- Anxiety
- Depressive symptoms/depression
- Social isolation
- Role difficulties
- Fear of recurrence
- Existential issues

**Impairment**
- Physical
- Psychosocial
- Existential
- Impaired daily functioning compared to what patients normally did and liked to do

- **Typical challenges for the primary care population**
Patients most in need

Increased risk of not...
- having their problems
  - articulated
  - identified
  - addressed
- participating in rehabilitation interventions or dropping out

Characteristics
- Single, elderly and men
- Less educated
- Economically disadvantaged
- Outside the labour market
- Language/reading difficulties
- Specific cancers
- Struggling with comorbidity
- Previous depressive symptoms/mental vulnerability

Rottmann N et al. In review
General practice

- Many health problems due to cancer are typical challenges for the primary care population – and for the GP

- Knowledge about the pre-cancer situation
  - Patient and family
  - Physical and mental comorbidities
  - Psychosocial resources and vulnerability
Evidence of the GP’s role

- Involvement during sharing and transfer of information and care

- Needs assessment based on patient questionnaires
GP involvement in cancer rehabilitation

- RCT: underlining the GP’s role in cancer rehabilitation by personally calling the GP and forwarding individual and general information and encouraging to contact the patient to address needs
- N= 955 mixed-site cancer patients newly diagnosed
- No effects
  - Patient-reported outcomes
    - Quality of life
    - Psychological distress
    - Participation in cancer rehabilitation activities
    - GP proactivity
    - Satisfaction with the GP
  - GP-reported process outcomes
    - GP proactivity

Bergholdt SH et al. Acta Oncol 2013
## RCTs: The impact of GP involvement in cancer rehabilitation

<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Participants</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Nielsen JD et al, 2003</td>
<td>Denmark</td>
<td>N=248</td>
<td>Shared care programme: transfer of knowledge to the GP, contact details for communication, patients advised to seek their GP</td>
</tr>
<tr>
<td>Holtedahl K et al 2005</td>
<td>Norway</td>
<td>N=91</td>
<td>Increased contact with the GP soon after treatment (invitation to two consultations and advised to contact GP with any problems)</td>
</tr>
<tr>
<td>Johansson B et al, 2008</td>
<td>Sweden</td>
<td>N=510</td>
<td>Intensified primary health care including information to the GP, about referrals, education and supervision in cancer care for GPs</td>
</tr>
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<td>Hansen DG et al, 2010</td>
<td>Denmark</td>
<td>N=955</td>
<td>Nurse-led rehab consultation, encouraged to seek the GP; underlining the GP’s role by personally calling and forwarding individual and general information and recommend to contact the patient to address needs</td>
</tr>
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<td>Bergholdt SH et al 2012, 13</td>
<td>Denmark</td>
<td>N=955</td>
<td>Hospital-based case managers undertook care pathway supervision, information dissemination to health professionals and outreaching patient support</td>
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<tr>
<td>Wulff, CN et al, 2012</td>
<td>Denmark</td>
<td>N=280</td>
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## RCTs: The impact of GP involvement in cancer rehabilitation

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<tr>
<th>Study</th>
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<td>Nielsen JD et al, 2003</td>
<td>Denmark</td>
<td>248</td>
<td>No improvement in QoL, Positive but insignificant impact on patient evaluation of cooperation across health care sectors and feeling of not being left in limbo</td>
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<tr>
<td>Holtedahl K et al 2005</td>
<td>Norway</td>
<td>91</td>
<td>No improvement in QoL or number of GP consultations</td>
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<td>Johansson B et al, 2008</td>
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<td>No improvement in QoL or psychological well-being</td>
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<td>Hansen DG et al, 2010</td>
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<td>No improvement in QoL, psychological distress, participation in cancer rehabilitation, GP proactivity, or satisfaction with care</td>
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<tr>
<td>Bergholdt SH et al 2012, 13</td>
<td>Denmark</td>
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<td>No improvement in QoL, Patient evaluations of care improved</td>
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Needs assessment questionnaires for use in clinical care

- Different tools

- Evidence from the oncological setting
  - More quality of life issues are discussed
    - Especially non-physical problems, practical and emotional problems
  - A trend towards more action taken with regard to relevant issues

- Some studies show clinically relevant improvement in QoL issues

- No RCT from primary care!

Conclusion and perspectives

- An important role of the GPs is emphasised

- Evidence from the general practice setting is sparse regarding
  - How to enhance involvement of the GP
  - How to increase shared care and clarification of roles
  - Effectiveness of needs assessment tools

- Research from the GP setting is mandatory to gain evidence on GP activities
  - Public health studies
  - Clinical trials