

Bringing the Voice of Primary Care to BC Cancer

Provincial Health Services Authority

Results from a Province-wide Primary Care Oncology Needs Assessment for Program Planning

Authors:

Catherine Clelland¹, <u>Jennifer Wolfe¹</u>, Brenna Lynn², and Laura Beamish²

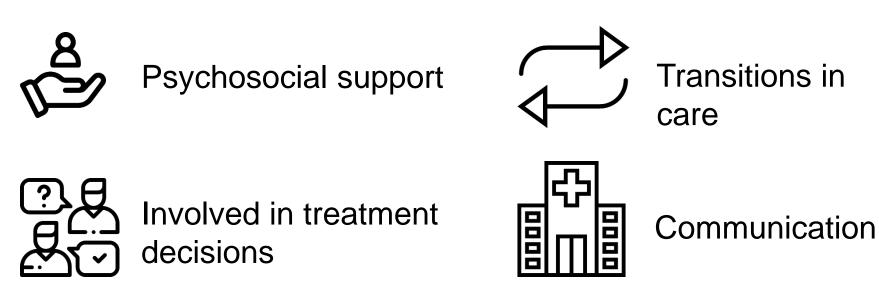
¹Family Practice Oncology Network/BC Cancer Primary Care Program,

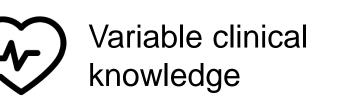
²Faculty of Medicine, Division of Continuing Professional Development, University of British Columbia, Vancouver, Canada

Category: Population Health and Health Services

Key Topic Areas

We asked questions within the following key topic areas:







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Recommendations

Top Priorities

- Advocate for improved access to appropriate clinical resources/services for patients (e.g. shorter wait times);
- Develop practice tools for supporting care for patients with cancer (e.g. treatment algorithms/pathways); and
- Provide education and training for physicians.

Background

The Family Practice Oncology Network (FPON) was established in 2002 as a means to enhance family physicians' abilities to provide cancer care, including the administration of systemic therapy and supportive care, in rural communities. FPON evolved to offer continuing medical education (CME) programming and cancer care practice tools to support family physicians in BC/Yukon: *** GPO Education Program 2x yearly**

Monthly Oncology CME Webcasts

- Primary Care Cancer Guidelines
- Journal of Family Practice Oncology 2x yearly
- Family Practice Oncology CME Day
- *** GPO Case Study Day**
- Community Cancer Care Workshops

In 2017, with a 40% increase in cancer diagnoses projected by 2030, BC Cancer committed to provide significantly more support to family physicians through more effective integration of primary care into the continuum of cancer care and the work of BC Cancer. The Provincial Primary Care Program (evolution of FPON) was established, a Provincial Lead appointed, and efforts began to determine the focus and direction of this enhanced support network.

To inform the evolution of the Provincial Primary Care Program, a province-wide need assessment was conducted in partnership with the UBC Division of Continuing Professional Development. This needs assessment aimed to determine the current and ongoing unmet needs of family physicians (FPs) providing care for patient throughout the continuum of cancer care.

Results

Demographic Information

Category of Practice

General Practitioner/Family Physician [83%]
Specialist [3%]
Resident [2%]
General Practitioner in Oncology (GPO) [5%]
Nurse Practitioner [3%]
Other [5%]

Time in Practice

Less than 5 years [19%] 5 to 10 years [18%] 11 to 20 years [19%] 21 to 30 years [22%] Over 30 years [23%] Practice Community Type

📕 Urban [67%] 📕 Rural [33%]

Practice Community Population

Under 10,000 [13%] ■ 10,000 to 49,999 [18%] ■ 50,000 to 99,999 [16%] ■ 100,000 to 499,999 [24%] Over 500,000 [29%]

Type of Practice

Other [2%]

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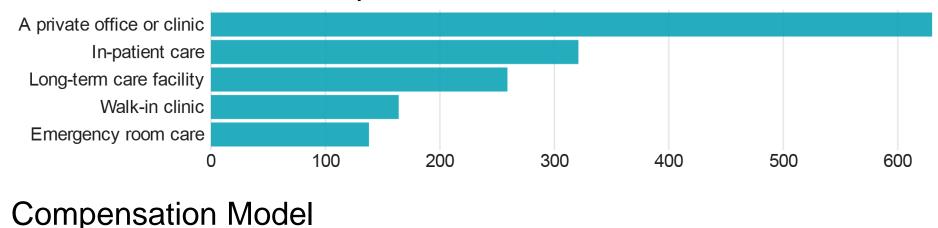
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BC

CER

📕 Full-time [63%] 📕 Part-time [24%] 📒 Retired [2%] 📕 Locum [8%] 📕 Other [3%]

Practice Location/Description



Fee for service [73%] 📕 Sessional [6%] 📙 Salary [6%] 📕 Service Contract [9%] 📕 Blended Payment [4%]

Major Themes and Insights

Roles and care delivery

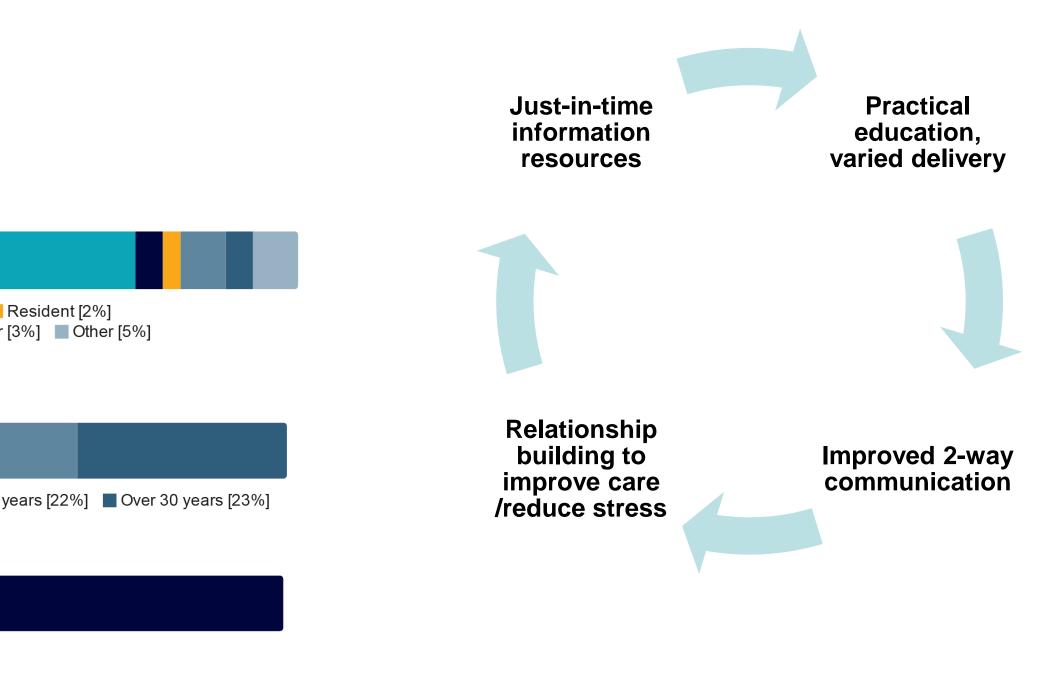
Clinical knowledge

Communication

Education barriers

The role of BC Cancer

Areas of Focus



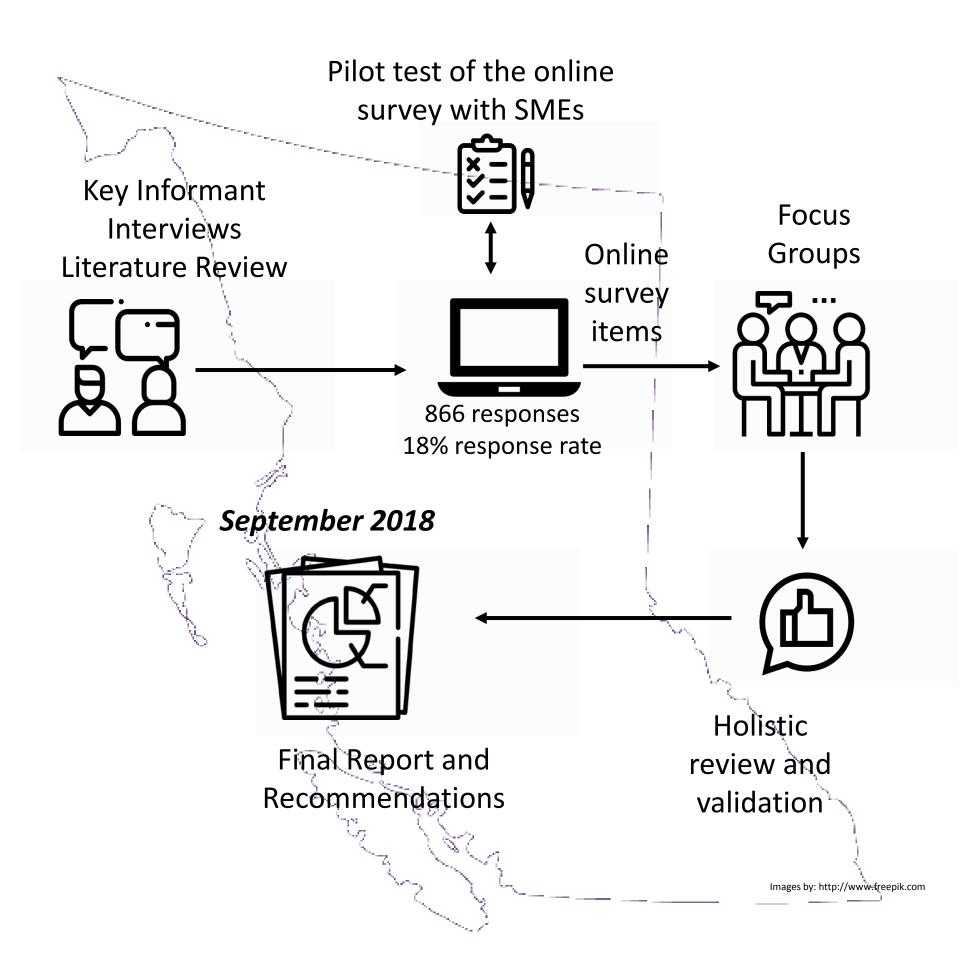
Building Bridges, Strengthening Care

The results of this province-wide needs assessment will guide the development of BC Cancer's Provincial Primary Care Program and inform BC Cancer's current and future interactions with the primary care system.

All initiatives will align with the forthcoming Ministry of Health/BC Cancer Strategy for Cancer Care including the

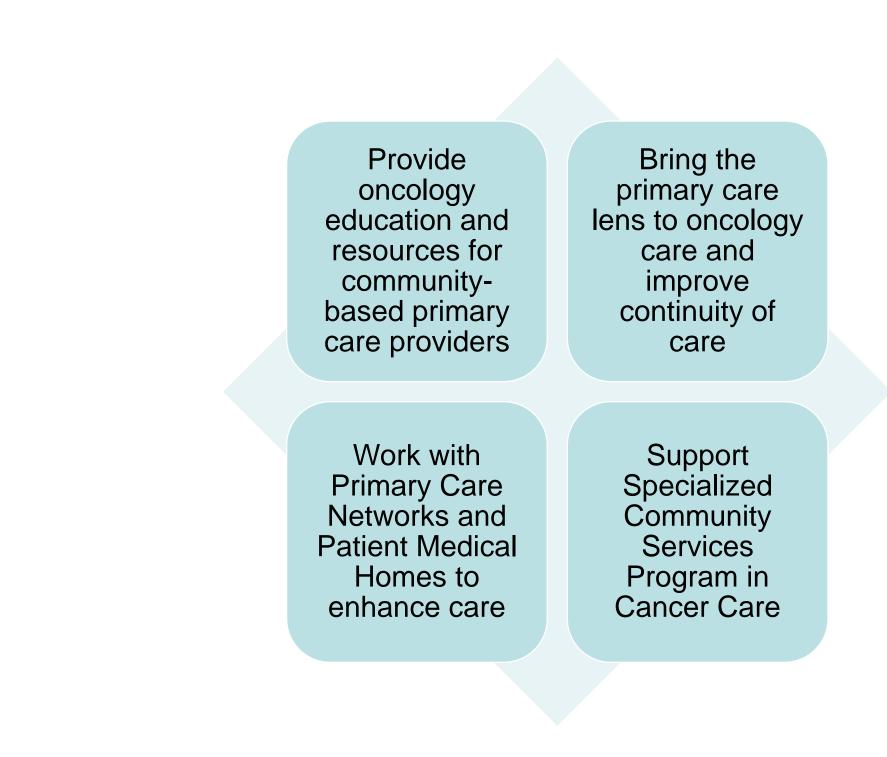
Methods

The needs assessment was conducted in three phases, with results from each phase informing the next. The phases consisted of nine key informant interviews, followed by a comprehensive online survey, and five focus groups. Each phase of the needs assessment was designed to collect information pertaining to the core issues surrounding the current and future landscape of cancer care and the role that the FPs can play in supporting their patients living with cancer.



transformation of family physician practices and health authority primary care clinics into team-based Patient Medical Homes, linked together in team-based Primary Care Networks, and supported by the Specialized Community Services Program now in development.

Primary Care Program Purpose



"We view ourselves as kind of the grand organizers and guides as the patient goes through the process."

"I have trouble sometimes because I don't have all the information on what treatments were being discussed and so that's a time when it would be really helpful to have that consult letter sent to me quickly."

"Referring to BC Cancer is a complex process, hard to get the patient to the right area, or make any choice in who they see, hard to find contact numbers for specialists once they are there."

For More Information

The Executive Summary of the Family Practice Oncology Network Primary Care Needs Assessment September 2018 is available at <u>www.fpon.ca</u> along with full details on all our programs and initiatives.





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