Poster Session
HRT1311 – Improving follow-up care and wellness for cancer patients

5th and 6th Sept 2013 Melbourne

Shared Follow-up Care Early Breast Cancer Patients (NBOCC National Demonstration Project)

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Hospital Code Name:

Problem issues

- Early breast cancer patients were over reliant on the acute sector specialist clinics for their ongoing follow-up care
- The Breast Oncology clinics exceeded capacity
- Patient clinic appointments were frequently rescheduled
- A sense of patient wellness and self reliance needed to be promoted
- GP involvement in follow-up care needed to be fostered

AIM OF THIS INNOVATION

The shared care follow-up model aimed to:

- trial and evaluate approaches to the delivery of shared care between GPs and specialists after completion of hospital based treatment for early breast cancer or ductal carcinoma insitue
- create a sense of wellness, self reliance and ongoing support and care for patients close to home with their local GP who would monitor for recurrence
- reduce demand on the acute hospital services
- equip GPs with the guidance and knowledge to carryout ongoing follow-up

BASELINE DATA -

- 322 new patient episodes in 2007-08
- clinic attendances growing
  - 2483 - 2007 - 08
  - 2585 - 2008 – 09
- incidence of breast cancer predicted to increase by 21% by 2016
- projected separations in SMICS public hospitals predicted to rise by 31% by 2017
- the cancer service plan recommended exploring options for shared care with other providers

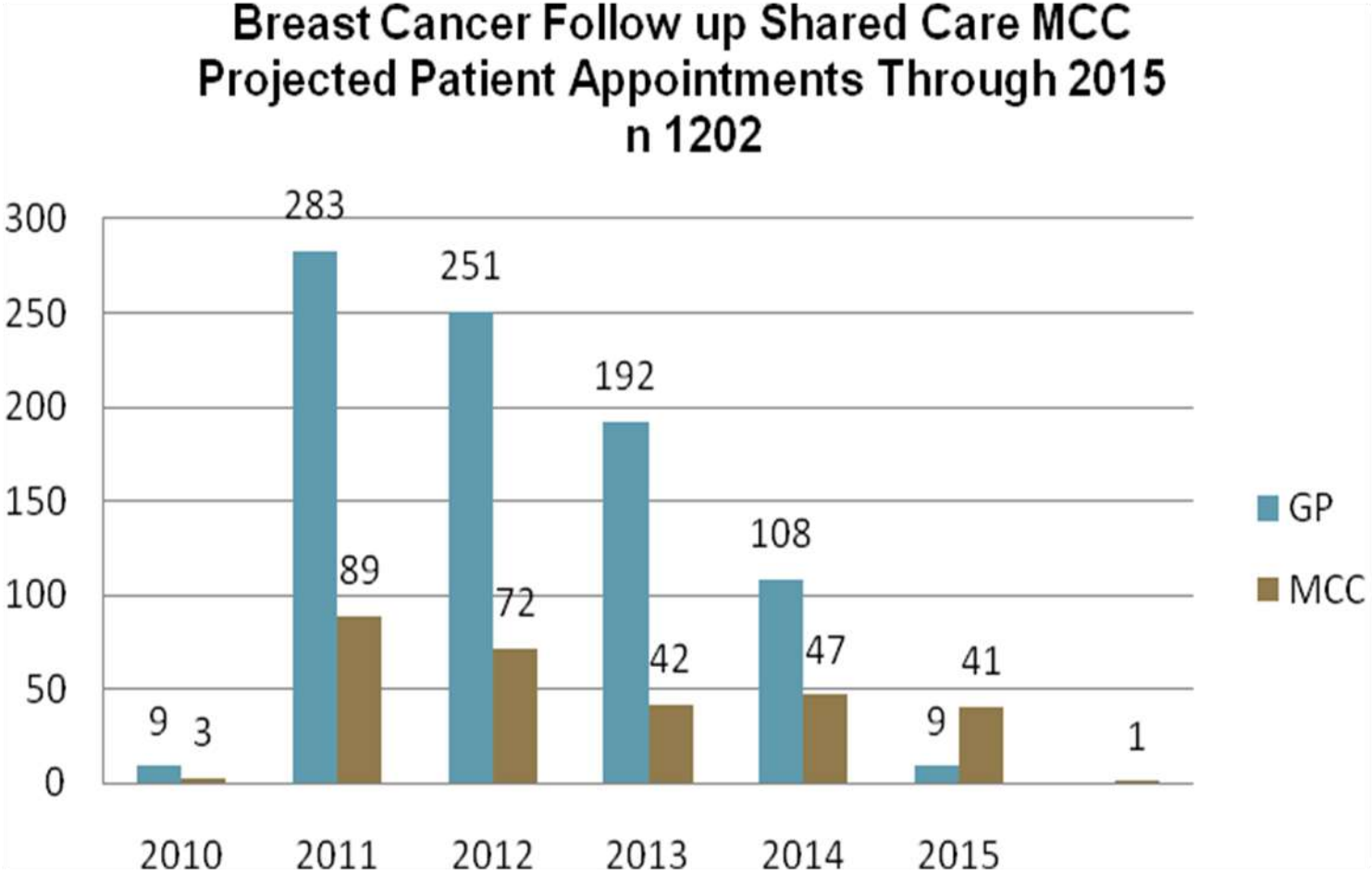
KEY CHANGES IMPLEMENTED

- Development of a shared care follow-up model
- Development of local treatment regime – guides for shared care follow-up
- Promotion of shared care to all eligible patients
- Promotion of project to GPs
- Revision of national shared care plan to comply with medical records requirements
- BCNs educated all recruited patients about shared care
- Shared care patients flagged in iPM patient management system.
- Use of rapid access request forms for easy referral back into breast oncology service through the BCNs

OUTCOMES SO FAR

- Recruitment of 257 patients over 8 months 2010-2011
- Registration of 221 GPS to participate in Shared Care
- Ongoing follow-up being conducted by GPs in conjunction with specialist clinics
- Recruitment to shared care stopped after completion of the NBOCC National Demonstration Project
- Cancer Australia has now funded the health service to conduct a follow-up audit to determine compliance with the Cancer Australia guidelines
- Cancer Australia has also funded the health service to explore creating a sustainable model for breast cancer shared care follow-up

OUTCOMES SO FAR



LESSONS LEARNT

- To integrate shared care into standard practice the concept needs to be introduced to both patients and GPs at the beginning of their journey and then reinforced throughout.
- The cooperation of the specialist team is integral to success
- Populating shared care plans can be time consuming, exploring electronic solutions to populating or developing the plans will save time.
- Gaining signatures from the patient, GP and specialist to get agreement to the plan is very time consuming.
- Developing relationships with practice managers practice nurses and receptionist assists with GP communication.
- Utilise GP organisations to assist with promotion of shared care to GPs