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## CONFERENCE ABSTRACT

### Care Coordination and Continuity of Care in Oral Anticancer Treatment: The Patients' Perspective.

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**Introduction:** Patients receiving oral anticancer medications (OAMs) are at increased risk for fragmentation and lack of continuity which can potentially significantly hinder their ability for self-management. Factors such as the complexity of the regimen, the need for special safety precautions, occurrence of side effects, and drug-drug interactions require close collaboration between the oncology and primary care providers and the alignment of treatment and follow-up plans (1-3). The multiplicity of providers and institutions challenges care coordination, and can impair continuity of care (COC) and outcomes.

**This study aimed to asses:** (1) Patient- reported COC for each type of health care provider involved in oral anticancer treatment (the oncology specialist (OS), the oncology nurse specialist (ONS), and the primary care physician (PCP)); (2) Care coordination as perceived by the patients, within the oncology team (between the OS and the ONS) or across specialty boundaries (between the PCP and the OS or the ONS).

**Methods:** A prospective multicenter cohort study was conducted among cancer patients >18yrs, receiving a first prescription (in the prior 2 weeks) for one of the following OAMs: chemotherapy (Capecitabine, Vinorelbine), targeted therapy (Erlotinib, Sunitinib, Everolimus), or hormonal therapy (Abiraterone). Two-three months after OAMs initiation, a survey containing the Nijmegen Continuity Questionnaire (NCQ) was administered. The NCQ consists of "personal continuity" (8 items) and "collaboration between providers" (4 items) Likert-type subscales (1=strongly disagree to 5= strongly agree) (4).

**Results:** 99 participants completed the NCQ-Hebrew version. Mean subscale score (MSS) for personal continuity was significantly higher for the PCP, followed by the OS, and the ONS (MSS (SD)= 3.53(0.97); 3.27(1.00); 2.9(1.23), respectively;  $p < 0.05$ ). MSS for collaboration

within the oncology team was  $2.95 \pm 1.90$ , and MSS for collaboration across boundaries were significantly lower (PCP-OS collaboration: MSS= 1.88(1.29); and PCP-ONS collaboration: MSS=1.56(1.30);  $p < 0.05$ ).

**Discussion:** This study is the first to measure COC in a multi provider-multi setting context of OAM treatment. OAMs patients rated the COC with the PCP significantly higher than the COC with the OS or the ONS. Additionally, patients perceived care coordination between the oncology team and the PCP to be relatively low.

**Conclusions:** The lack of COC between patients taking OAMs and their oncology providers as well as the low (patient) perceived coordination among OS and PCPs found in this study signifies major areas for much needed improvement in the quality of the cancer care trajectory.

**Lessons learned:** The growing population of patients receiving OAM therapy requires better integration among specialist and primary care providers.

**Limitations:** A relatively small sample and the lack of provider perspective on collaboration among providers.

**Suggestions for future research:** Future studies should use larger samples, incorporate provider perspectives on their collaborative practices within and across professional boundaries, and examine the effects of continuity and coordination in OAM therapy and patient outcomes.

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**Keywords:** oral anticancer medications; continuity of care; care coordination

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