

## CONFERENCE ABSTRACT

### Whole of patient cancer care: bridging the gap between policy and practice

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Calls to improve the quality of care to cancer patients seek a change in practice that moves beyond a focussed disease management model to one that integrates psychosocial care into routine clinical services. In The Institute of Medicine's (IOM) call for "Whole of Patient" care in cancer, the following were identified priorities: improved assessment for better identification of psychosocial needs; support for self management of illness; clinical linkages aligning patients more effectively to services (eg through clinical pathways; case management); coordinated inter-disciplinary services and systematic follow-up and evaluation. In 2016 the World Health Assembly adopted a policy advocating patient centred and integrated care. Both policies call for a move from a (clinical) provider-centred approach with a selective focus on the physical aspect of care to one that has embedded within it the inclusion of patient psychosocial needs and wellbeing.

Specialist practice is encapsulated within professional roles and health service systems and evidence to date identifies the gaps between evidence-based policy direction and clinical practice in this field. Furthermore innovative models of integrated care are necessary to ensure applicability to diverse settings of patient care to overcome the well-recognised disparities in access to the full range of specialist-based cancer.

This paper will provide a brief overview of evidence regarding identification of psychosocial needs of cancer patients within cancer services; review barriers to integrating evidence-based psychosocial care into routine cancer services and discuss examples of research focussing on improving integration of such care within cancer services: focussing on patient, clinician and health system factors. These include multicomponent health service interventions addressing the core elements of IOM guidelines with a focus on improving clinical coordination and pathways among existing services, building skills in psychosocial care among "front-line" cancer clinicians, improving patient access to self management resources, and systematic evaluation incorporating patient outcomes, clinician perspectives and health economic impacts.

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