AIM OF THE REVIEW

• To review the evidence with regard to the role and collaboration between geriatricians, primary care practitioner, nurses and the oncology team during cancer treatment delivery to older adults

Review questions:
1. How do different medical specialists & nurses view their (current and potential) role in the care of older adults?
2. How do others view different medical specialists & nurses in their (current and potential) role in the care of older adults?
3. What is the evidence of multidisciplinary collaborations on the quality of care/cancer outcomes of older adults?

RESULTS: PERCEIVED HEALTH CARE PROFESSIONAL CURRENT /POTENTIAL ROLE

• Primary care physicians (PCPs) feel underutilized during active treatment given (often long) relationship with patient
• Can provide input on frailty, cognitive impairment, home environment, loss of decision making capacity and advance directives
• No recent studies regarding geriatricians about their willingness to be involved in cancer care for older adults with cancer
• The French oncogeriatric approach has more clearly established collaborations between oncologists and geriatricians but less clear collaborations between primary care physicians and oncologists
• In France, US and Australia RNs/APNs/NPs facilitate the conduct of the CGA and implementation of the care plan in collaboration with geriatricians and oncologists.

PCPS PERCEIVED ROLE

Quotes from PCPs (n=25) in the study
“Patients kind of disappear from me during cancer treatment and come back only when they need me. And it's sometimes at a time you don't know what to do because you have not been involved the whole time”.

“When the patient is on treatment, they are completely lost in the cancer system and then they come out at the end having a whole adventure, and the family doctor does not know anything about it”.

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Canadian team to improve community-based cancer care along the continuum (Sidney et al. Current Oncology 2017)
A significant group of oncologists and oncology nurses want to collaborate with geriatricians to support management of complex older adults but there is a lack of availability of geriatricians. The oncologists' endorsement of the specialist based care model has limited collaboration between oncologists and PCPs. There are discrepancies and uncertainties about the knowledge and training of PCPs to provide cancer care for cancer patients during & after treatment for both oncologists and PCPs. RN/APN/NP not mentioned by the PCP/oncologist/geriatrician, no data on RN/APN/NP and PCP collaboration, they do help identify cases for oncologists that need geriatrician involvement. About a quarter see them regularly during treatment for support and questions about their cancer treatment, others prefer to get their primary care from the oncologist (as they see them often; much trust in specialist; or distrust of PCP when there were delays/ errors in diagnostic process). A smaller group of older adults question the willingness of PCPs to be involved during active cancer treatment and whether the PCPs were adequately trained.

**RESULTS: HOW PROVIDERS PERCEIVE OTHER DISCIPLINES’ CURRENT/POTENTIAL ROLE**
- Older adults want their PCPs informed about their cancer diagnosis and treatment.
- About a quarter see them regularly during treatment for support and questions about their cancer treatment, others prefer to get their primary care from the oncologist (as they see them often; much trust in specialist; or distrust of PCP when there were delays/ errors in diagnostic process).
- A smaller group of older adults question the willingness of PCPs to be involved during active cancer treatment and whether the PCPs were adequately trained.

**OLDER ADULTS WITH CANCER QUOTES**

“I think, maybe the specialist needs to communicate a bit more with the GP but the GP doesn’t want to know, have a lot of information. That they cannot wade through it, you know?”

“It gets to the point where you think, well, what is the point of going to the GP if you know he is going to run the same tests as your oncologist? You know I’ve probably got to the point where I am bypassing my GP as I have been dealing with cancer for so long.”

**RECOMMENDATIONS MADE BY DOSSETT ET AL. HOW TO IMPROVE THE INVOLVEMENT & COLLABORATION BETWEEN PCPS AND ONCOLOGISTS**

**For the PCP:**
- During the initial referral, provide direct contact information (telephone or email) to oncologist and request follow-up communication after patient consultation from oncologist back to PCP.
- Schedule follow-up appointments with patient after consultation with oncologist to provide medical optimization and ensure pts have medication supplies for postoperative period.
- Encourage patient to schedule follow-up appointments during treatment to address psychosocial concerns and comorbidity management.

**For the oncologist:**
- After the initial referral, contact the PCP directly (by telephone or email) to summarize diagnosis, prognosis and treatment plan.
- Encourage patient to maintain regular visits to PCP and defer management of comorbidities to PCP.
- Contact the PCP directly in case of major changes in treatment or prognosis.
- Encourage patient to schedule follow-up appointments for postoperative period.
- Provide summarized documentation during treatment.
- Provide oncology related resources (CME) that provide the right information at the right time (e.g. about the treatment/survivorship).

For both: avoid using the patient as a mode of PCP-oncologist communication.

**REVIEW DOSSETT ET AL. A CANCER JOURNAL FOR CLINICIANS 2016**

- Institutional policies that make the geriatrician part of the cancer treatment team.
- Site specific nurse navigators can facilitate communication between oncologists and geriatricians as they are more present in the clinics, closer proximity and can identify cases for the geriatrician.
- To be involved at tumour boards.
- Physical proximity of geriatricians and oncologists.
- RN/APN/NPs working in geriatric oncology clinics could facilitate communication between geriatrician-PCP and oncologist.
- Collaborative research projects.
HOW CAN THE INVOLVEMENT & COLLABORATION BE IMPROVED CONTINUED

For RNs/APNs/NPs: not discussed
However based on our experience:
- Geriatric oncology nurses are key in follow-up of older adults with cancer during treatment (by phone or in-person) to provide assessment and management of geriatric ongoing/new issues
- Facilitate communication between geriatric team-oncology team and PCPs.
- NPs could have a greater role due to their ability to independently diagnose, order tests and prescribe treatments

EVIDENCE OF HOW MULTIDISCIPLINARY COLLABORATIONS IMPROVE HEALTH OUTCOMES IN OLDER ADULTS

- Four recent studies using a GAM intervention showed positive impact on quality of life, optimization of supportive care and cancer treatment toxicity (Kalsi et al, Puts et al, Magnusson et al, Schmidt et al.)
- A recent meta-analysis of 30 years of cancer care coordination studies (n=52) showed that the three most common approaches were patient navigation, home telehealth and nurse case management. The review showed that the approaches led to improvement in 81% of outcomes such as screening, patient outcomes and quality of care (Sheinfeld Gorin et al Ann Behav Med 2017).

CONCLUSION

- The communication and collaboration between different health care providers can be optimized
- More research on the impact of the collaboration of geriatric oncology teams / RNs/APNs/NPs on quality of life and cancer treatment outcomes is needed. Research in general geriatrics have demonstrated NPs providing similar quality of care compared to physicians and may be more cost-effective and more widely available
- Health technology can be an important vehicle to increase the communication and collaboration through the possibility of sharing more information

ACKNOWLEDGEMENTS

Dr. Puts is supported by a Canadian Institutes of Health Research New Investigator Award.

THANK YOU FOR YOUR ATTENTION!