

Information for health professionals

Cancer Australia is evaluating the delivery of shared follow-up care for early breast cancer for women who have completed treatment for early breast cancer or ductal carcinoma in situ (DCIS).

Evaluation will focus on the delivery of shared follow-up care in line with best practice recommendations between primary and specialist clinicians for the follow-up of patients from three months after completion of hospital-based therapy for early breast cancer.

Shared care has the potential to promote and support continuity of cancer patient care, whole person care and equity of access to local evidence-based care. The information collected for Cancer Australia will not identify any individual patients.

Purpose of follow-up after early breast cancer

The purpose of follow-up care after treatment for early breast cancer includes:

- ▶ early detection of local, regional or distant recurrence
- ▶ screening for a new primary breast cancer (in the ipsilateral or contralateral breast)
- ▶ detection and management of psychosocial distress, anxiety or depression
- ▶ detection and management of treatment-related side effects
- ▶ reviewing and updating family history information
- ▶ observation of outcomes of therapy
- ▶ reviewing treatment, including new treatments that may be appropriate for the patient.¹

Supporting evidence for shared care

Shared care is the joint participation of primary and specialty care physicians in the planned delivery of care² and has been successfully and safely implemented across a range of health settings, including diabetes, paediatric oncology and obstetric care.

For women with breast cancer, follow-up care provided by a general practitioner (GP) has been found to be a safe and effective alternative to specialist follow-up with no differences in survival outcomes, breast cancer recurrences or serious clinical events.³

The increasing demand for specialist services combined with health workforce shortages requires the development of new service delivery models.

As a continuation of the important role of the GP in the multidisciplinary team, shared care has the potential to provide a safe and effective solution while facilitating equity of access to breast cancer care across Australia.

Cancer Australia's *Shared care demonstration project* implemented from 2009-2011 indicated shared care to be a feasible model of follow-up care for early breast cancer which can improve access to care and promote the provision of care in line with best practice recommendations.

Cancer Australia is continuing to build the evidence relating to the provision of shared follow-up care in line best practice recommendations.⁴



Resources to support shared care

Specialist and primary care clinicians involved in the delivery of shared follow-up care will be provided with key resources to support quality care.

Shared Care Plan

An individualised care plan that contains the key elements required to provide ongoing comprehensive care to a patient who has received treatment for early breast cancer.

Rapid Access Request

Access to urgent specialist consultation is an integral part of the project. It is supported by a template to facilitate communication between the GP and specialist if a specific clinical issue requires urgent specialist advice or consultation.

Other Cancer Australia resources to support evidence-based follow-up care include:

- ▶ *Recommendations for follow-up of early breast cancer.* Cancer Australia, Surry Hills, NSW (March 2010)
- ▶ *Follow-up care for women with early breast cancer: a guide for general practitioners.* Cancer Australia, Surry Hills, NSW (March 2010)
- ▶ *Principles of shared care.* Cancer Australia, Surry Hills, NSW (March 2010)

Medicare Benefits Schedule rebates

The Medicare Benefits Schedule (MBS) includes items to financially support clinician involvement in shared care.

The GP and specialist may hold a case conference at the commencement of shared care to discuss the joint approach to follow-up. This case conference provides an opportunity to agree on the roles and responsibilities of shared follow-up care and discuss the patient's individual shared care plan. It is also an opportunity to agree on methods of communication between the GP and specialist throughout follow-up, and in particular, to agree on a rapid access process for when follow-up raises a clinical issue that requires specialist consultation.

Details of relevant MBS items can be accessed via www.health.gov.au/mbsonline

References

- 1 Cancer Australia. Recommendations for follow-up of early breast cancer. Cancer Australia, Surry Hills, NSW (March 2010).
- 2 Smith, S. M., S. Allwright, et al. (2007). "Effectiveness of shared care across the interface between primary and specialty care in chronic disease management." *Cochrane Database Syst Rev*(3): CD004910.
- 3 Grunfeld E, Levine MN, Julian JA, et al. Randomized Trial of Long-Term Follow-Up for Early-Stage Breast Cancer: A Comparison of Family Physician Versus Specialist Care. *Journal of Clinical Oncology* 2006; 24:848-55
- 4 Cancer Australia Shared care demonstration project: Evaluation report. Cancer Australia, Surry Hills, NSW, 2013 (in development).