Seamless care for patients treated with oral anticancer drugs (Award winner!!)

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**Background** Previous research resulted in a set of 82 key interventions (KI), organized in 7 themes, which can be used as a concrete tool for cancer centers to build or enhance their current care process for patients treated with oral anticancer drugs (OACD). In the theme ?coordination of care?, 5/15 KI concern the involvement of primary care.

**Purpose** To study the involvement of healthcare professionals (HCP) from primary care in the care process of patients treated with OACD and to identify facilitators and barriers for seamless care.

**Method** A mixed method approach was used to allow patients and HCPs from primary and secondary care, related to four different hospitals in Flanders, to describe the involvement of primary care. First, current involvement was investigated quantitatively by means of a survey exploring the level of implementation of a subset of the KI. KI that were positively rated by at least 90% of respondents were considered fully implemented. Furthermore, semi-structured interviews were performed in the same audience to define barriers and facilitators for the involvement of primary care.

**Findings** In none of the hospitals the KI related to the involvement of primary care were (fully) implemented. Even worse: the KI ?at the start of the OACD, all HCPs from primary care are informed?, was implemented in none of the hospitals. These findings were supported by qualitative data. General practitioners (GP) mentioned they are informed to some extent by the oncologist but that their active involvement is limited. GPs, however, are interested in playing a concrete role in the follow-up of the treatment e.g. taking blood samples and managing side effects. Community pharmacists and homecare nurses raised not to be informed about the treatment and therefore not to be involved. They stressed the need for an adequate communication tool, allowing exchange of information between all involved HCP, as they play a role in the follow-up of adherence, side effects and interactions. Another important barrier for primary care HCP to take up a role, that was repeatedly voiced, is a lack of knowledge and expertise on the drugs used in cancer treatment.

**Conclusion** The current involvement of HCP from primary care in the care process of patients treated with OACD is limited. Primary care HCP are willing to play a role in the follow-up of these patients, if effective communication tools, are implemented and educational needs are addressed.