

SUPPORT-FM

BACKGROUND

To better support patients with palliative care (PC) needs in the community throughout their illness trajectory by improving both capacity and support to enable more family physicians (FPs) to provide community-based primary palliative care (CPPC) to patients as part of the Patient Medical Home¹ in Family Medicine.

PURPOSE

- Explore current landscape of FPs' involvement in providing CPPC to patients within the Patient Medical Home
- Identify components in the system to best support FPs in caring for patients with PC needs in their community throughout the duration of their illness
- Inform system changes to empower FPs in providing this care for patients

PACES

BACKGROUND

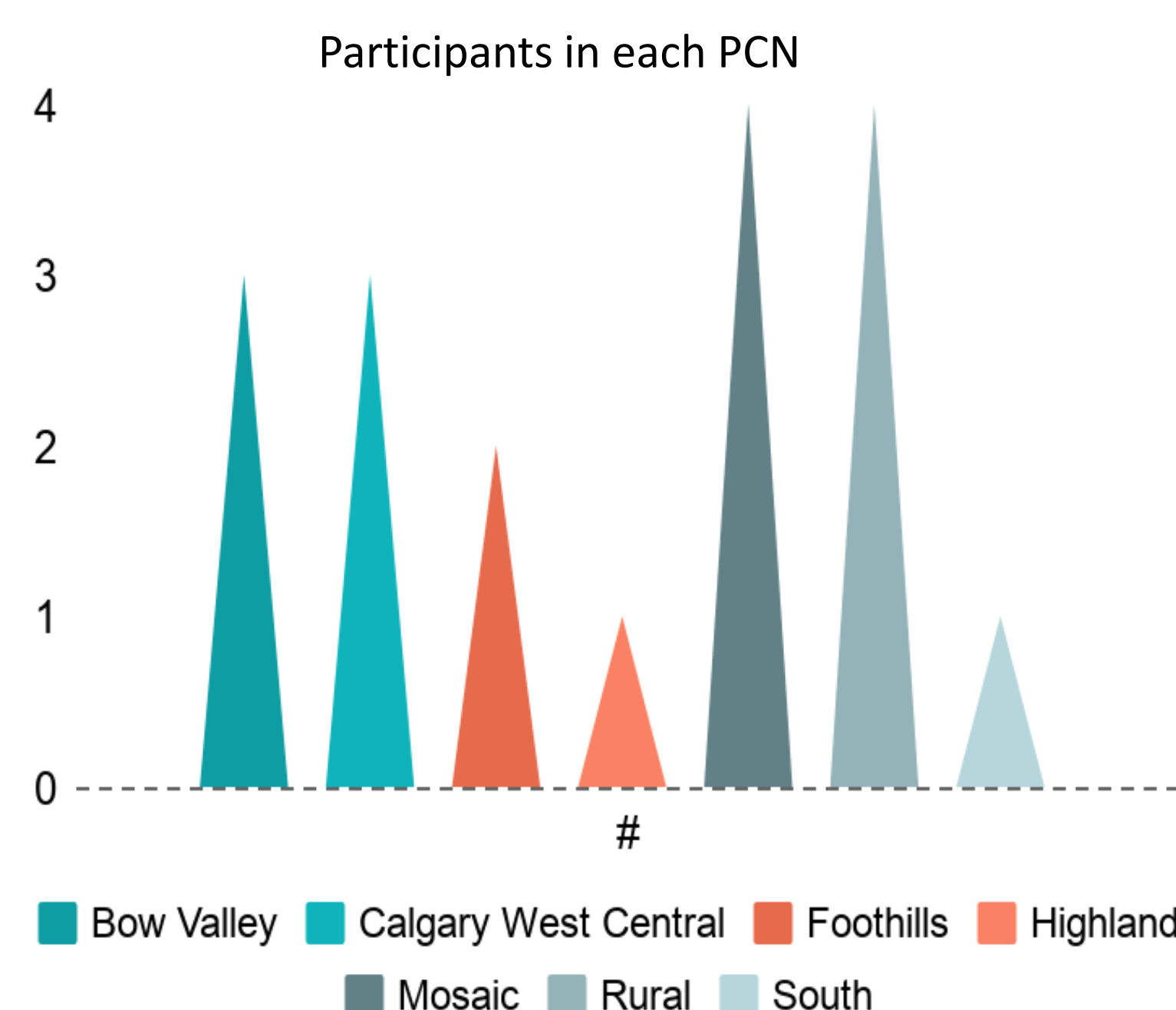
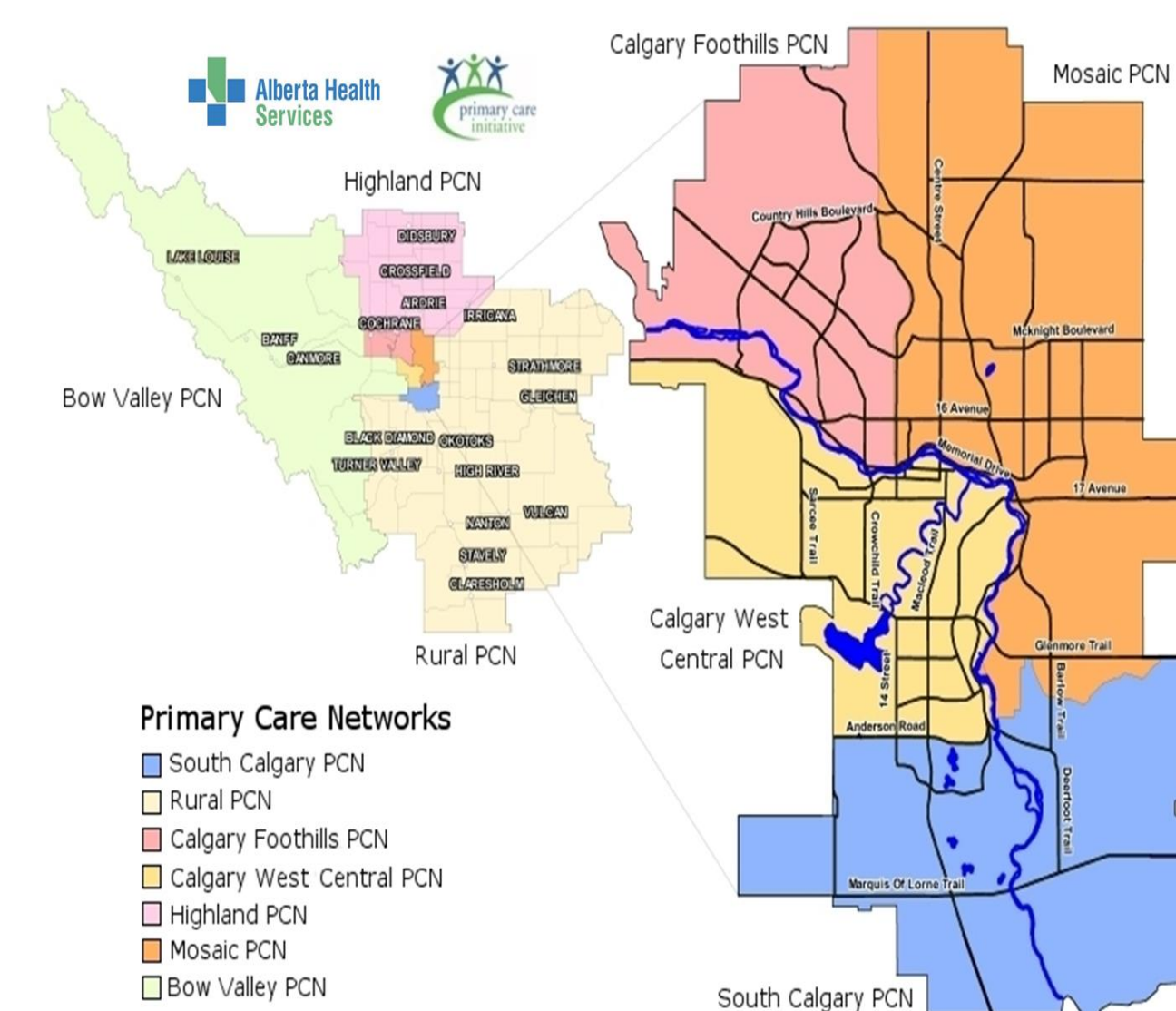
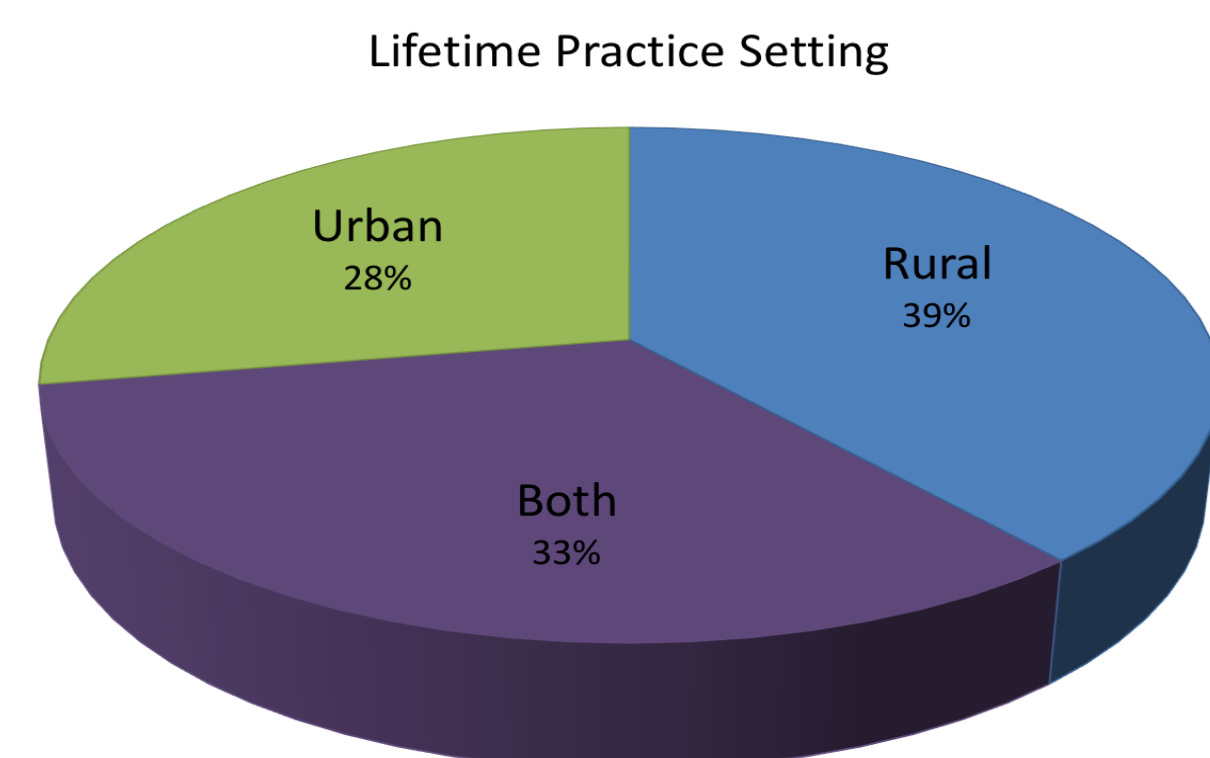
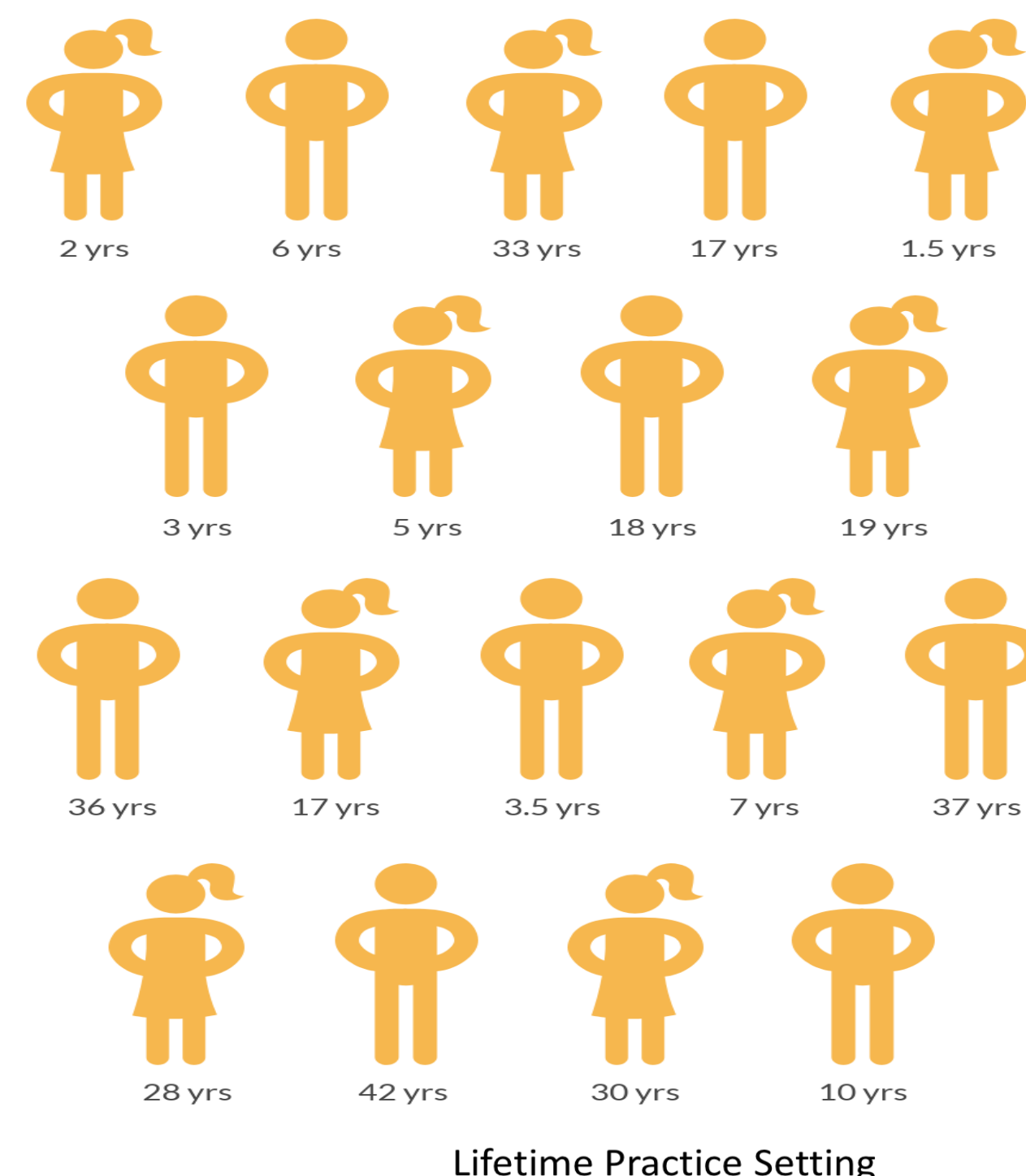
To address the problem of late referrals to PC for advanced cancer patients in Alberta, Canada by ensuring PC provision through the development of an early, systematic pathway²

PURPOSE

- Assess barriers and facilitators to FPs working effectively with oncologists in ongoing care of patients with advanced cancer concurrent with cancer-modifying treatments
- Inform FP perspective in PaCES pathway development

METHODS

- Individual interviews with FPs guided by Appreciative Inquiry (AI) methodology
- FPs recruited from 7 Primary Care Networks (PCN) in the AHS Calgary zone (urban & rural)
- Interviews audiotaped and transcribed
- Line-by-line analysis; iterative, constant-comparison for emerging themes



RESULTS

OVERARCHING THEMES FROM INTERVIEWS WITH FAMILY PHYSICIANS

- Flexibility**
 - CPPC needs to be structured to adapt to changing needs and requirements of both patients and health care professionals
- Nimbleness**
 - CPPC needs to be structured to embrace all types of practice and involvement in providing palliative care
- Team-Based Care**
 - Dedicated and integrated teams are vital
- Relationships**
 - Relationships with patients and colleagues are essential to providing quality CPPC
 - Importance of ongoing FP involvement with patients even when receiving specialized care
 - FPs will advocate for their patients and help them navigate system
- Enhanced Communication**
 - Ongoing, timely, and informative communication between care providers necessary for quality CPPC provision
- Ongoing Educational Opportunities**
 - Need access to ongoing education opportunities to ensure FPs can maintain the knowledge, skills, and confidence to effectively deliver CPPC

"Teams work because they've worked together"

"Advocacy is really important as a family doc. You're working with your patient to help them navigate unknown waters with the expertise you may have. My job is to try to help them choose the best possible treatment for them with what we know. I'm a partner with the patient. And an advisor. I think what I can do is focus more on the individual. I can say let's talk about what might happen if this happened to you and your family; which path do you want to take."

"We will walk with you through all of it"

BARRIERS

BARRIERS TO EFFECTIVE FAMILY PHYSICIAN AND ONCOLOGY RELATIONSHIPS

ABSENT RELATIONSHIPS WITH ONCOLOGY COLLEAGUES

- Lack of integration
- "System is not set up to integrate all professionals to work together"*
- Role confusion
- Desire for more involvement with care teams

COMMUNICATION CHALLENGES

- Difficulties receiving timely and thorough information
- Lack of a common record
- "Chart doesn't have enough information and is fragmented"*
- Difficulty contacting oncology colleagues for consultation
- Transfer of information lands on the patient

"DO NO HARM" VS. FEAR OF FAILURE

- Discomfort with death
- Death perceived as failure
- "We are completely taught that it is a failure if the patient dies"*
- Consideration of quality of life as opposed to quantity of life

FACILITATORS

FACILITATORS FOR EFFECTIVE FAMILY PHYSICIAN AND ONCOLOGY RELATIONSHIPS

PATIENT RELATIONSHIPS

- Family physician-patient relationships are the backbone of family medicine
- Value in the longitudinal nature of these relationships
- "Really supporting patients by spending time with them"*
- Unique position of the family physician on the care team

SCOPE OF PRACTICE

- Wide scope of practice provides holistic care
- "Large scope of practice that helps with diversity of care"*
- Provide care from birth to death
- Help patients receive appropriate care

CONTINUITY OF CARE

- Unique position as first point of contact
- FPs the "quarterback" and "mediator"
- "Organize and ensure consistent patient care"*
- Continuity for both patients and colleagues

IMPLICATIONS & FUTURE DIRECTIONS

- Findings are being used to design and implement the PC pathway, which will increase opportunities for early PC approaches in clinics and earlier access to secondary services (www.pacesproject.ca)
- AI Interview themes will guide the development of a thematic framework used to create "possibility statements"
- These statements are the starting point for stakeholder discussions and consensus building to help guide healthcare reform to better support FPs in providing CPPC to their patients
- May inform work with Primary Care Networks (PCNs) to support early and ongoing CPPC as part of Patient Medical Home.