

Coordinating cancer care remains a challenge

July 13 2012, By Glenda Fauntleroy



People with cancer often receive fragmented and uncoordinated care, as their treatments frequently require help from multiple clinicians. However, a new review by *The Cochrane Library* finds no evidence that three main strategies designed to improve coordination of cancer care are effective.

Having multiple health care [clinicians](#) such as a surgeon, an [oncologist](#), a primary care physician, and assorted therapists is the rule rather than the exception for most [cancer patients](#). Providing care that is “coherent and linked, and is the result of good information flow, good interpersonal skills, and good coordination of care” is a challenge.

The team of Canadian reviewers evaluated the three main models of care designed to improve care continuity: case management, shared care and

interdisciplinary teams. Case management designates a health-care professional, such as a nurse specialist, or a team to serve as manager of a patient's care. In shared care, a patient's [primary care](#) physician works jointly with specialists to coordinate the care plan. Interdisciplinary teams consist of healthcare professionals from different disciplines working together, usually for the same organization and in the same setting.

While the review included 51 studies, the reviewers found that the studies failed to provide clear evidence that the interventions used either improved or worsened the patients' care coordination when compared to standard care.

Kate Lathrop, M.D., a medical oncology and hematology fellow at the Cancer Therapy & Research Center (CTRC) of the University of Texas Health Science Center at San Antonio, said as a large cancer center, CTRC faces most of the challenges in coordination of care outlined in the review and works to find solutions.

“Keeping our cancer patients within our healthcare system is likely our most effective tool for increasing efficiency,” said Lathrop. “We attempt to admit patients to either the county hospital or a particular private hospital, both of which are staffed by a CTRC oncology fellow and a faculty member.”

“Many cancer centers have developed different organizational strategies borrowed from different models of care, including use of interdisciplinary teams and communication tools to transfer patients from hospital to community services,” said lead review author Michele Aubin from the Department of Family Medicine and Emergency Medicine at the Université Laval in Quebec City, Canada. Aubin acknowledges that it is difficult to identify which of the three main models of care coordination is best to improve continuity of [cancer care](#)

and said the best model probably includes components of all three.

More information: Aubin M, Giguere A, et al. Interventions to improve continuity of care in the follow-up of patients with cancer. *Cochrane Database of Systematic Reviews* 2012, Issue 7.

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