Role of PCP During Patient’s Active Treatment for Cancer

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Estimated numbers of new cancer cases for 2013, excluding basal cell and squamous cell skin cancers and in situ carcinomas except urinary bladder.

Note: State estimates are offered as a rough guide and should be interpreted with caution. State estimates may not add to US total due to rounding.
Cancer Facts

- ~1,660,290 new cancer cases expected to be diagnosed in 2013
- ~580,350 Americans will die of cancer in 2013 (1600/day)
- 2 of 3 people diagnosed with cancer today survive at least 5 years
- Cancer is commonly a disease after the age of 60 years

www.cancer.org
Internal Medicine Issues During Patient’s Active Treatment for Cancer

- Pre-existing comorbidities (HTN, DM, CAD, etc.)
- Necessary adjustments of medications for comorbidities (weight loss leading to reduction or elimination of antihypertensives or diabetic medications)
- Diagnosis of new comorbidity
Medical issues related to cancer (pericardial effusion 2° malignancy leading to pericardial tamponade)

Medical issues related to treatment (steroid induced DM)
The Importance of the PCP During Cancer Treatment

- Established relationship with patient (may have diagnosed malignancy)
- Additional patient and family support
- Continued management of existing comorbidities
- Help with medical issues related to cancer or cancer treatment (depends upon level of comfort, location of treatment site, oncology collaboration)
Types of Management of Cancer Patients During Active Treatment

Co-management of Medical Issues

Oncologist Managing all Medical Issues

PCP ↔ Oncologist

PCP → Oncologist

Independent Management

PCP → Oncologist
Care Sites and Referral Practices for Cancer Patients

- Rural
  - PCP’s
  - +/- Oncologist

- Community
  - General Oncologist
  - PCP’s

- Comprehensive Cancer Center
  - Internist with cancer expertise
  - Subspecialty Oncology

Rural Community Comprehensive Cancer Center
Patient Options During Cancer Treatment

- Have all treatments near home
- Have treatments both at home and away from home (shared/collaborative)
- Have all treatments at distant site (comprehensive cancer center)
Case 1

Ms. A is a 55 year old lady diagnosed with Tic N, Mo (L) breast cancer. She self-palpated a breast mass and saw her PCP who arranged for a biopsy and referral to MD Anderson Cancer Center. She lives ~ 150 miles from the center and has DM, HTN, hyperlipidemia. Underwent (L) mastectomy and axillary node dissection
Case 1 (cont’d)

She had adjuvant chemotherapy, followed by radiation and 1 full year of Herceptin.

- Has local PCP managing comorbidities
- During treatment phase, medical issues co-managed with MDACC IM and PCP
- With comorbidities and radiation to (L) chest, at risk for CAD. Needs close f/u for these symptoms and careful management of risk factors
Case 2

65 year old man with castration resistant prostate cancer with bone metastases
Received numerous regimens and palliative radiation. Developed PE while on treatment
Lives close to cancer center
Case 2 (cont’d)

- Managed by IM at MDACC (lives locally)
- Has HTN, hyperlipidemia, obesity
- On LMWH for PE
- Continues on active cancer treatment
Success of Medical Care of Patient During Active Treatment
Challenges During Cancer Treatment

- Distance from PCP
- PCP uncomfortable or unfamiliar with medical issues for independent/co-management during cancer treatment
- Patients want all treatment from cancer center or oncologist (safety net)
- Multiple hand offs between providers as patients move between locations/providers for treatment
How to Overcome Challenges

- Education of healthcare providers unfamiliar with IM issues due to cancer or cancer treatment
- Telemedicine especially for rural areas
- Communication imperative between providers (verbal, written, access to records, formal or informal meetings)
How to Overcome Challenges (cont’d)

- Education of patients and families (signs and symptoms to report, symposiums, webinars, websites, support groups)
Physician Microsite Drives Physician Portal ROI

Welcome Physicians
Welcome to M.D. Anderson Cancer Center's Guide for Referring Physicians. We understand the challenges you, our partners, face in treating your patients and their families - and we've assembled this resource to help meet your needs.

On this site, you can know the physicians who treat your patients, access your patients' medical records, refer patients to M.D. Anderson, discover appropriate clinical trials for your patients and join a growing physician community.

myMDAnderson
Welcome Dr. John Smith

Refer a Patient < Patient Referral < Home
Step 1 of 5

Please answer the following questions to begin the patient referral process. A representative in your office will be contacted by one of our Referral Specialists to collect any additional information if needed. The patient will be contacted and the appointment confirmed.

If you have already referred a patient and wish to review the post-referral information and instructions, please visit our instructions page.

* Required

Diagnosis, Treatment, and Patient Information

* How would you like to refer this patient?
- For a Specific Cancer Diagnosis
- For a Suspected Cancer Diagnosis
- For Stem Cell Transplantation and Cellular Therapy
- For Plastic/Reconstructive Surgery Services
- For Radiation Oncology Services

* Category/Diagnosis:
- Choose Category
- Choose Diagnosis

Specify if Other Diagnosis:

* Diagnosis Method:
(Use CTRL to select multiple)
- Biopsy
- Bone Marrow Aspiration/Biopsy
- CT Scan

Specify if Other:

* Diagnosis Date:
Opportunities for Success → GOAL

- Allow patients to receive “state of art” oncology care wherever located
- Patients may participate in “cutting edge” clinical research
- Better educate our patients, families, healthcare providers, and healthcare trainees on IM issues in active cancer patients
- Support for patients and families so they are comfortable and confident in all healthcare providers