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Title

Effect of a Care Coordination Intervention on patient-reported outcomes Among Underserved, Complex Cancer Survivors

Priority 1 (Research Category)

Cancer research (not screening)

Presenters

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Abstract

Context. Over 70% of cancer survivors live with additional comorbidities requiring coordinated care across primary care and oncology. Interventions to improve survivorship care planning have shown mixed results and few studies are focused on improving care coordination, specifically in the context of real-world practice. Objective: To examine effect of a care coordination intervention (Project CONNECT) for underserved breast and colorectal cancer survivors on change in patient-reported outcomes. Study Design and Analysis: Using a pre-post quasi-experimental design, eligible patients were administered a telephone survey pre-intervention and 6- and 12-months post-intervention to measure patient-reported care coordination. Summary statistics described patient characteristics and Generalized Estimating Equation assessed population-average changes in care coordination adjusted for patient characteristics. Setting: An integrated, safety-net health system with community-oriented primary care clinics and specialty tertiary care in Dallas, TX providing care to under- and uninsured patients. Population: 285 patients diagnosed with breast or colorectal cancer (stages I-III) with at least one other chronic condition (diabetes, hypertension, heart disease, chronic kidney disease, or chronic obstructive pulmonary disease). Intervention: Project CONNECT included an EMR-based registry to identify eligible cancer survivors, a nurse coordinator embedded in oncology connecting patients to primary care, and a coach to support nurse coordinator in integrating oncology and primary care. Outcome Measure: Adapted Picker Patient Experience of Care (coordination subscale) measure scores on a 1-3 scale, with a higher score representing worse perceived care coordination. Results: 70% of patients had breast cancer and 30% had colorectal cancer. Average age of eligible patients was 55 years (SD: 15.1). Our sample was predominantly women (79%) and over half were Hispanic ethnicity. After adjusting for patient characteristics, patient-reported care coordination improved significantly after intervention ($\beta = -0.062 [-0.014 - -0.108]$). Conclusions: Project CONNECT improved patient perception of care coordination, suggesting that a registry identifying complex cancer survivors and a dedicated nurse coordinator bridging primary care and oncology is a promising approach to improve care delivery outcomes for cancer survivors with chronic conditions in safety-net health settings.