

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Prioritizing Actionable Implementation Strategies to Support Breast Cancer Follow-up in Primary Care

Priority 1 (Research Category)

Cancer research (not screening)

Presenters

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Abstract

BACKGROUND: Despite the emphasis of primary care's (PC) role in breast cancer follow-up improvements have had limited clinical impact.

OBJECTIVE: To prioritize implementation strategies to support PC adoption of evidence to guide breast cancer follow-up care.

STUDY DESIGN AND ANALYSIS: We used an iterative, mixed method approach engaging national and local PC stakeholders in depth interviews and two (separate) Delphi panels, including expert panelists (4 rounds) and local PC health system stakeholders (2 rounds). We identified strategies during qualitative interview data analysis, and strategies were consolidated with Round 0 expert Delphi panel responses. Remaining strategies listed were evaluated by each Delphi panel on importance and feasibility.

SETTING: A purposive sample of national stakeholders participated in the expert panel and interviews. Local PC stakeholders participated in the second panel.

POPULATION STUDIED: Diverse stakeholders (PC clinicians, survivorship experts, policy leaders, oncologists, and patient advocates) were interviewed (n=45). PC survivorship experts (n=23) and local PC stakeholders (n=48) participated in separate Delphi panels.

INSTRUMENT: RAND/UCLA Appropriateness Method (RAM) was applied to Delphi panels.

OUTCOME MEASURE: Actionable strategies to be tested in a health system intervention.

RESULTS: Identified actionable strategies (n=29) were assessed by both Delphi panels. Local PC stakeholders were more optimistic than experts about feasibility but rated many strategies as uncertain. Cross panel strategies where consensus was reached included: (1) educating PC providers on survivorship guidelines, (2) enabling screening reminders, templates, and monitoring alerts in the electronic medical record, (3) educating patients on survivorship and communicating needs with PC, and (4) increasing oncology-PC communications.

CONCLUSIONS: Stakeholder developed strategies were prioritized to inform the development of a multi-component intervention to improve follow-up care in PC. Future work will test and evaluate the implementation and effectiveness of these strategies to improve follow up care for breast cancer survivors in PC.

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