

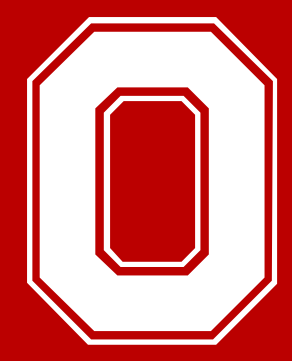
A Qualitative Study Examining the Barriers to Pancreatic Cancer Care Coordination between a High-Volume Center and Rural Physicians

Matthew DePuccio, PhD, MS¹ (Matthew.DePuccio@osumc.edu), Natasha Kurien, MPH¹, Angela Sarna, BS², Ann Scheck McAlearney, ScD, MS^{1,3}, Aslam Ejaz, MD, MPH^{1,2}

¹The Ohio State University, College of Medicine, Center for the Advancement of Team Science, Analytics, and Systems Thinking (CATALYST), Columbus, OH, USA

²The Ohio State University Wexner Medical Center, Division of Surgical Oncology, Department of Surgery, Columbus, OH, USA

³The Ohio State University, College of Medicine, Department of Family and Community Medicine, Columbus, OH, USA



THE OHIO STATE
UNIVERSITY

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Introduction & Objectives

- **Pancreatic cancer (PC)** is the fourth leading cause of cancer deaths in men and women.¹
- **PC** patients treated at **high-volume centers (HVCs)** benefit from specialty services^{2,3} that may not be accessible to rural patients, as there is a shortage of high-volume specialists in rural areas.
 - **HVCs** offer complex treatment planning, advanced surgical and chemo-radiation options, and multidisciplinary team-based care.
- Rural **PC** patients typically have to go to multiple locations to receive care from different disciplines (e.g. chemotherapy, surgery, etc.).
 - This care fragmentation results in less coordination and contributes to poor outcomes.⁴
- Barriers to coordinating care between rural physicians and **HVCs** for rural **PC** patients treated by multiple types of providers are not well-understood.
- The objectives of this exploratory study were to:
 1. Examine the barriers to **PC** care coordination from the perspective of oncologists treating rural **PC** patients.
 2. Identify strategies to facilitate rural **PC** care coordination.

Methods

- Semi-structured interviews with **PC** specialists (medical, surgical, and radiation oncologists, n=9) at a **HVC** (The Ohio State University) actively treating and co-managing rural **PC** patients.
- Interviews were conducted via Zoom™ video conference.
- Interviews were audio-recorded and transcribed verbatim.
- Using rigorous qualitative methods, two co-authors independently coded the interview transcripts to develop a thematic account of **HVC**-rural physician care coordination barriers and facilitators.

Poor communication between **HVCs** and rural physicians can *hinder* the development of a *shared understanding* of rural **PC** patients' treatment plans.

Patient navigators/coordinators and *data systems to support communication* may help address these issues.

"I think most of us don't have a good way of letting the rural providers know what the plan is. That's a complaint that, you know, rural providers always have is, 'Wow, you come into an academic center or tertiary center and then you never hear or see the patient back again.'"

"So if that's something that the navigator is able to do, like two-way communication, establish a link with a rural provider and getting the patient in, getting all the records and getting all the scans in, but also sending back information... If the navigator is able to do that then that would obviously keep that communication open. Make sure that things don't fall through the cracks."

Results

Themes Derived from Interviews:

Coordination Barriers Between Rural and HVC Physicians

- Inadequate transfer of medical record information
- *Inefficient telephone communication* (e.g., having to go through a phone tree)
- Low-quality imaging and scans provided by rural **PC** patients or rural physicians lead to *redundant testing and scans*
- Lack of follow-up conversations between physicians to discuss treatment plans and goals

Coordination Facilitators and Suggestions

- Seminars so **HVC** and rural physicians can share information about clinical trials
- A *virtual, multi-disciplinary tumor board* that enables rural and **HVC** physician communication
- A dedicated care coordinator or *patient navigator* to help patients schedule visits and review medications
- Use a shared data system to electronically send and receive images and patient records

Conclusions & Future Directions

- Inefficient communication can complicate care coordination between **HVCs** and rural physicians.
- Specialists suggested a dual-approach may help improve care coordination in this context:
 - Developing better personal relationships with rural physicians to facilitate information-sharing and "closing-the-loop" on patients' treatment plans.
 - Implementing data systems that permit **HVC** and rural physicians to share patients' records across organizations.
- Further studies are needed to understand the role of care coordinators on improving rural **PC** patient outcomes.

References

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