GERI-ONCOLOGY DAY

March 15, 2019

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COI slide - Dr. A Bhullar

- None

COI - Heather Purvis

- Heart & Stroke Foundation of Canada
  - Co-Chair of Mission Critical Council on Stroke

What is case management?

- Collaborative, client-driven process for the provision of quality health and support services through the effective and efficient use of resources
- Supports the clients' achievement of safe, realistic, and reasonable goals within a complex health, social, and fiscal environment

Canadian Standards of Practice for Case Management, National Case Management Network of Canada

What is case management?

* Collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options & services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes

Case Management Society of America (CMSA)

How do older adults process information?

- Mild decline in memory
- Slower recall of new information
- New learning slower

Why is collaboration important?

- Continuity of care to help smooth transitions and ensure that all providers have up-to-date knowledge of a patient's health status & treatment decisions
- Identification and management of preventive care needs and comorbid conditions that may affect cancer treatments
- Provision of appropriate supportive care

Sussman, J & Baldwin, L.M. The Interface of Primary and Oncology Specialty Care: From Diagnosis Through Primary Treatment. J National Cancer Institute Monographs.

Case Management of Older Adults with Cancer: A Manitoba Perspective

Outcomes

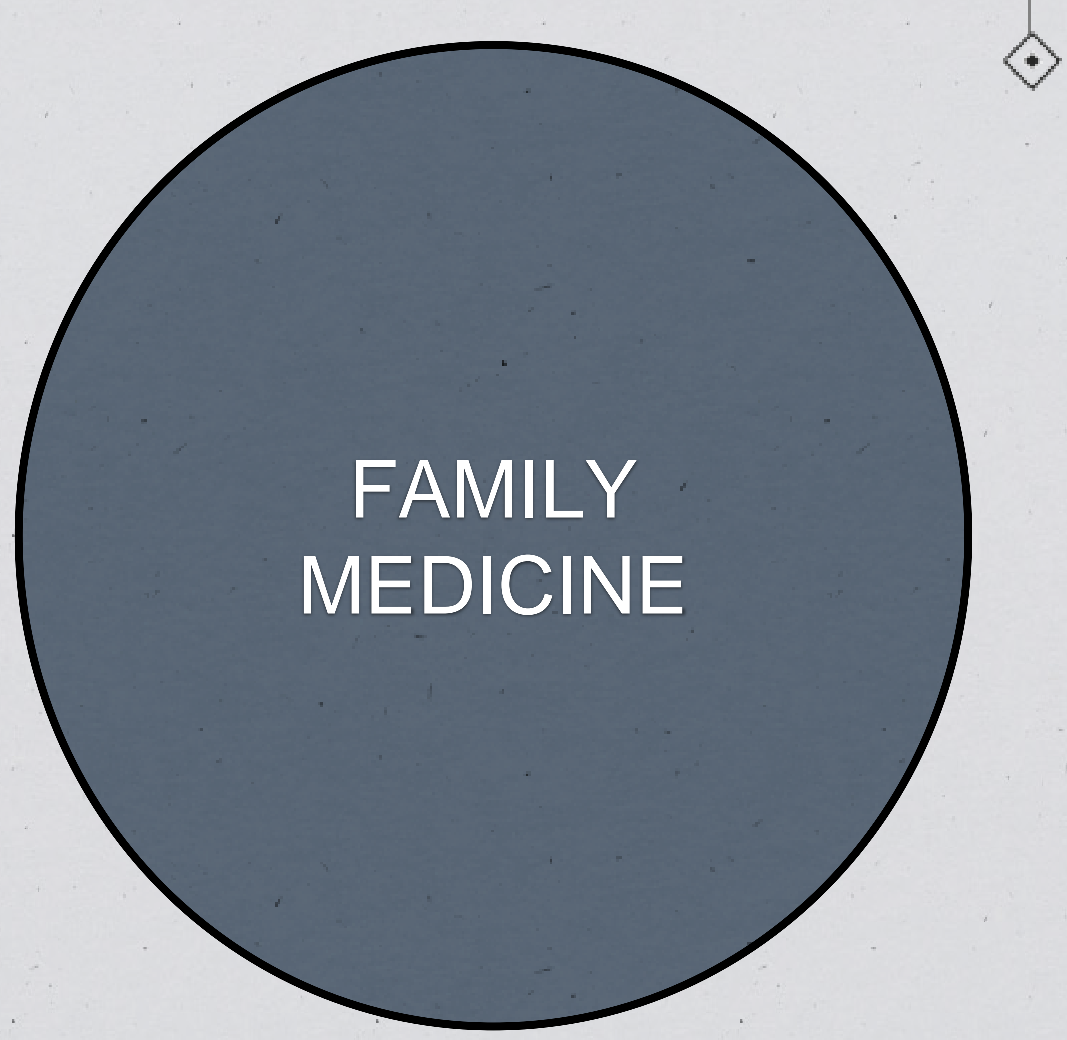
- Case Study
- Challenges with Case Management
- Benefits of Case Management
- Final Thoughts

Case Study

- 75 year old, recently diagnosed with colon cancer
- Comorbidities: Type I DM, CRF
- Lives with husband in own home, patient is his caregiver
- No family nearby, daughter lives in BC and has quarterly visits to Manitoba, few friends
- Asked to attend in the clinic appointment as oncologist has some concern about ability to proceed with any treatment

Case Study (continued)

- Challenges
- Many considerations in the frail geriatric patient
- Physical, social, psychological, spiritual
- Safety in the home
- Finances
- Information received
- No indication from referring provider re significant deficits – how much do we take on as a consultant?
- ULTIMATELY…
- should we offer treatment at all?

ONCOLOGY

FAMILY
MEDICINE

ONCOLOGY

FAMILY MEDICINE

Challenges with Case Management

- Conflict between theory and practice – moral distress
- Cost containment
- Communication between all teams
- Direct autonomy vs delegated autonomy – awareness of persuasion and coercion
- Potential decrease in autonomy in balance with cost/safety

Clemons, E., Wetle, T., Feltes, M., Crabtree, B., & Dubitzky, D. (1994). Contradictions in Case Management: Client-Centered Theory and Directive Practice with Frail Elderly, Journal of Aging and Health, 6 (1), 70-88.

Challenges to Collaboration

- Provider role clarity
- Information exchange between providers
- Provider compensation

Benefits of Case Management

- Why is Case Management important in our frail geriatric cancer population?
- Inherent in definition is “linking clients with needed services”
- serve as links between these participants and community-based resource systems (e.g., Cancer Navigation Program)
- Ensures safe multi-specialty input – cancer likely but one of many co-morbidities
- Comprehensive – ability to address multiple co-morbidities
- Safety is paramount – a vulnerable population

Ford, M.E., Randolph, V., Hopkins-Jonson, L., Eason, S.L., Havstad, S., Jankowski, M., Swanson, G.M., Johnson, C.C., & Vernon, S.W. (2004) Design of a Case Management Approach to Enhance Cancer Screening Trial Retention Among Older African American Men , Journal of Aging and Health, 16 (5): 39S-57S.

Collaborative models

* Shared Care Models
* Information exchange mechanisms
* Multidisciplinary care conferences

Further education?

- CME / workshops
- Better understanding of current resources
- ?Communication sheets

Final Thoughts

- Use your gut instinct – if you feel there is a problem you can't solve in your current clinic, who do you think can?
- Keep the primary provider in the loop – how best do we do this?
- The population we are problem solving for now…is us in the near future!

Goals of Care

- Shared-care decision making (Kehl et al, JAMA Oncol 2015)
- Having difficult conversations