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Integrating shared care teams into cancer follow-up care

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With increases in cancer survival rates, over 1 million Australians are living with cancer and require ongoing follow-up care after treatment. Shared care follow-up models which incorporate a multi-disciplinary team wrapped around the patient can improve the patient experience and health outcomes.

Despite recognition of the benefits of shared care, these models have not been implemented consistently. Data about where shared care services are being delivered, the roles of the care providers involved, and the subsequent health outcomes is limited.

Recommendations

- Collection of patient outcomes data from shared care follow-up models is required to ensure quality care is being delivered. Linkage of data across primary and acute care settings is required to monitor utilisation of chronic disease management plans, referrals and utilisation of allied health, patient adherence to follow-up appointments, and rapid referral back to specialist care.
- Development of a standard description of roles and tasks to support multidisciplinary team members understand their role within the care team. Improved communication and role clarification can also be achieved through multi-disciplinary team meeting, shared care planning, and recording of information in electronic health records.
- Mapping of the health workforce and understanding the allocation resources dedicated to cancer follow-up care is needed to ensure sustainable shared care models. Developing a cancer workforce registry would provide information to monitor and evaluate the health workforce. Primary care and specialist cancer nurses, GPs, etc. can provide care coordination if resources are provided.
- Clear referral pathways and communication between multidisciplinary team members will enable GPs to refer their patients to appropriate resources. Online directories of local allied health providers specialising in oncology should be developed. To support comprehensive care, increase the current referral limit of five appointments funded by the Medicare Benefits Scheme.
- A national governance framework for follow-up care is required to address fragmentation of care experience, with practical guidance on the delivery of shared care follow-up that can be adapted to suit a local context. Consideration should also be given to block funding based on periods of care.

AHHA acknowledge the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. AHHA also pays our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.