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Discharge of breast cancer patients to primary care at the end of hospital follow-up: A cross-sectional survey

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Abstract ***Aim:*** The present study explored (a) the discharge of breast cancer patients to primary care by specialists, at the end of hospital follow-up and (b) the experiences and views of general practitioners (GPs) regarding transfer of follow-up to the primary care setting.

Methods: A cross-sectional survey was performed by sending a self-administered questionnaire to 960 GPs working in the three northern provinces of the Netherlands. Data were analysed using descriptive statistics.

Results: Of 949 eligible questionnaires, 502 were returned, providing an adjusted response rate of 53%. In the year before the survey took place, one or more patients aged >60 years, and 5 years after breast-conserving therapy, were discharged to 22% of GPs ($n = 112$) for follow-up. According to 56% of these GPs, transfer of follow-up was communicated by the hospital. The initiative to arrange follow-up visits and mammography appointments was mainly taken by patients. In this survey, 40% of GPs ($n = 200$) were willing to accept exclusive responsibility for follow-up earlier than 5 years after completion of active treatment. Perceived barriers in current and future primary care-based follow-up included: communication with breast cancer specialists, patients' preference for specialist follow-up, GPs' oncology knowledge and skills and the organisation of follow-up in general practice.

Conclusions: Primary care-based follow-up might be improved if breast cancer specialists discharge patients more actively to their GPs. Survivorship care plans are needed to facilitate communication across the primary/secondary interface and with patients. Training of GPs and developing administrative tools may be helpful in arranging follow-up care and using guidelines in general practice.

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1. Introduction

After primary treatment for breast cancer, follow-up examinations in the hospital are common practice. The aims of follow-up are to detect recurrences at an early stage, to evaluate and monitor side-effects of treatments and to provide physical and psychosocial rehabilitation.[1,2] Several guidelines exist for follow-up.[3–5] In the Netherlands, the current breast cancer guidelines recommend hospital follow-up for 5 years, including yearly mammography. After these 5 years, patients aged >60 years, and treated with breast-conserving therapy, are discharged to their general practitioner (GP) for yearly physical examination and two-yearly mammography. Specialists have to provide clear instructions on follow-up and how to act in case of complications.[6–8]

Previous studies have shown that breast cancer specialists follow patients longer than the guidelines prescribe, due to factors such as younger age, higher breast cancer stage, family history, treatment-related morbidity and on-going hormone therapy,[3,9] indicating that specialists have difficulty discharging patients to primary care.[9] This difficulty may be also explained by patients' preference for hospital follow-up and concerns among patients[10–12] and specialists[3,13,14] about the level of oncology knowledge and skills of primary care physicians. It is unknown if Dutch breast cancer patients aged >60, and treated with breast-conserving therapy, are actually discharged to their GP after 5 years of hospital follow-up. Furthermore, little is known about the implementation of breast cancer follow-up in general practice and whether this is accepted by Dutch GPs. Two studies have shown that 51% and 93% of Canadian primary care physicians were willing to accept exclusive breast cancer follow-up care immediately or 1–2 years after treatment completion.[15,16] No such studies have been performed in countries in Europe. Therefore, the present study explored (a) the discharge of breast cancer patients to primary care by specialists, at the end of hospital follow-up and (b) the experiences and views of GPs regarding transfer of follow-up to the primary care setting.

2. Materials and methods

2.1. Setting

A cross-sectional survey was performed in the context of the Dutch healthcare system, in which primary care has been at the centre for a long time. Almost all citizens are registered with a GP, who deals with 95% of health problems presented by patients.[17] Dutch GPs receive a substantial capitation payment for all registered patients.[17,18]

In the Netherlands, the current breast cancer guidelines recommend hospital follow-up for 5 years, including yearly mammography. After these 5 years, patients aged ⩽60 years have yearly follow-up visits and mammography appointments in the hospital. Patients aged >60 years who have undergone mastectomy are referred to the National Screening Programme for two-yearly mammography. Patients aged >60 years, and treated with breast-conserving therapy, are discharged to their general practitioner (GP) for yearly physical examination and two-yearly mammography.[6–8]

2.2. Questionnaire development

A self-administered questionnaire was sent to GPs working in the three northern provinces of the Netherlands (Drenthe, Friesland and Groningen). To develop the questionnaire, relevant articles concerning primary care physicians' views on their role in cancer follow-up care were reviewed.[13,15,16,19,20] Some questions in these articles were used for the present study and additional questions were developed. To improve face validity and content validity, the questionnaire and the cover letter were discussed with 10 GPs from different practices. The final questionnaire included personal and professional characteristics (Table 1), 10 items about current practice regarding primary care-based follow-up, five items about GPs' willingness to accept exclusive responsibility for follow-up and one item for additional comments and suggestions (Appendix). The final version of the questionnaire took ±10 min to complete.

2.3. Sample size calculation

The outcome used to calculate the sample size for this study was GPs' willingness to accept exclusive responsibility for follow-up earlier than 5 years after completion of active treatment. With a proportion of 0.5 (maximum variance) and a 95% confidence interval (CI), 385 GPs had to respond to the survey. Assuming a response rate of 40–50%, based on a previous study among Dutch GPs,[21] 769–961 questionnaires had to be sent.

2.4. Survey administration

Addresses from 960 GPs in the three northern provinces of the Netherlands were available, and all GPs were sent the questionnaire according to a modified version of the Dillman Total Design Survey Method.[22] Three mailing waves were done. The first mailing in September 2010 included a cover letter, the questionnaire and a post-paid return envelope (initial survey pack). GPs were asked to respond by post or fax. After 1 week, non-respondents were sent a reminder card. The remaining non-respondents received a reminder survey pack 3 weeks after the first mailing. The questionnaires were numbered so that non-respondents could be identified;