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## Health professionals involved in cancer care coordination: Nature of the role and scope of practice

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### ABSTRACT

**Background:** Cancer treatment can be complex; and coordination of cancer care across different treatments and health settings is essential to high quality health care.

**Objective:** The aim of this study was to determine the location and scope of practice of health professionals involved in cancer care coordination in Victoria, Australia.

**Methods:** The study design was cross-sectional. An online survey was disseminated through 14 peak organisations for oncology health professionals to individuals whose work involved coordinating the care of cancer patients.

**Findings:** Analysis was conducted on a sample of 91 survey respondents. Only 26.4% (n = 24) reported a job title of Cancer Care Coordinator. Overall, 67.0% (n = 61) reported they were specifically funded to coordinate the care of cancer patients and 30.8% (n = 28) devoted all their time to this role.

The majority worked in public health services (n = 73, 80.2%) and 37.4% (n = 34) were located in rural areas. Compared with their metropolitan counterparts, rural coordinators were more likely to be funded by philanthropy (p = 0.002); work part-time (p = 0.017); and work with patients in the community (p < 0.001).

In 37.4% (n = 34) of cases patients were required to have a particular type of cancer to receive care coordination. Positions funded by philanthropy were more likely to have this requirement (p = 0.002).

**Conclusion:** Health professionals undertaking cancer care coordination are diverse and the service offered differs according to location and funding source. There may be inequities in care, with people living in particular areas, attending particular health services or with certain tumour types more likely to receive cancer care coordination.

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### 1. Introduction

Cancer treatment can be complex as it involves multiple disciplines and may occur over an extended period. Effective coordination of cancer care across different treatments and health services is essential to high quality health care (Aiello Bowles et al., 2008), and is valued by consumers (Wagner et al., 2010).

One response to improving cancer care integration and coordination is the employment of health professionals to assist patients to navigate the health system. Research has shown that improved coordination of care can improve cancer screening rates, adherence to follow-up care after detection of an abnormality and timeliness of diagnostic resolution, however evidence to support its effectiveness in improving cancer treatment outcomes is inconclusive (Wells et al., 2008; Paskett, Harrop, & Wells, 2011).

A randomised controlled trial of nurses employed to coordinate the care of patients with breast or lung cancer failed to find any impact on symptom distress, fatigue, quality of life or health care usage (Skrutkowski et al., 2008). Another randomised con-

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### Summary of relevance

#### Problem

- Health professionals are employed by health services to assist patients navigate the health system, yet there is limited understanding of the role.

#### What is already known

- Evidence for the effectiveness of cancer care coordination provided by health professionals is mixed and made more complex by the heterogeneity of models studied.

#### What this paper adds

- This paper provides details of the role undertaken by health professionals involved in cancer care coordination in Victoria, including the nature and location of positions, capacity of the services, patient eligibility and barriers experienced in the role. The results point to gaps in care coordination for some cancer patients.

trolled trial with breast, colorectal or lung cancer patients found that care coordination by nurses improved the patient experience and reduced problems in care but had no significant impact on quality of life or delays in receiving care (Wagner et al., 2014). A recent systematic review of care coordination for breast cancer patients, that included studies of both professional and lay cancer care coordinators, found that care coordination increased surveillance mammography rates but there was only minimal evidence for its effectiveness in increasing treatment outcomes (Baik, Gallo, & Wells, 2016).

The evidence for the effectiveness of the cancer care coordination role is complex due to the heterogeneity of coordinator models studied. Care coordinators vary in professional background, with the majority either nurses or lay health workers, and the patient populations served also vary, with some services targeted specifically to patients at higher risk or to those with particular tumour types (Paskett et al., 2011). The scope of cancer care coordinator roles can also vary with funding and setting. Understanding the various roles and tasks taken on by those who coordinate cancer care is likely to be central to understanding the benefits of this role on patient outcomes.

The objective of this research was to determine the location and scope of practice of health professionals involved in cancer care coordination in Victoria, Australia, with the aim of describing the nature of the role, the tasks that are performed, patient access to the service, including facilitators and barriers to access, and the views of those undertaking the role.

## 2. Methods

### 2.1. Design

The study design was a cross-sectional, self-report questionnaire, designed specifically to understand the role, functions and models of cancer care coordination. The project was approved by the local Human Research Ethics Committee and all research participants provided informed consent to participate. The survey results were anonymous.

### 2.2. Participants

Study participants were required to be Victorian health professionals who undertook direct patient care, and had a role that

included some aspect of cancer care coordination (it did not have to be the focus of the role). The following information was sent to all potential participants in the email that accompanied the link to the survey:

“If you work in Victoria and your role involves coordinating the care of cancer patients I encourage you to click on the following link to find out more about this project. Your job title does not have to be ‘Cancer Care Coordinator’. We are interested in hearing from people who spend some of their time coordinating the care of cancer patients. For example, this could be part of a nursing or clinical research role.”

### 2.3. Procedure

An online survey was developed in consultation with a project steering committee comprising two oncologists, two cancer care coordinators, and a representative from each of the following organisations: Cancer Council Victoria, Breast Cancer Network Australia and a regional Integrated Cancer Service. A draft survey was reviewed by the members of the project steering committee and two nurses with cancer care coordination experience were asked to pilot it. Feedback obtained during the pilot was used to revise the survey.

The survey included multiple choice questions about the participant’s job title, professional background, employment conditions (whether employed full time or part, type of contract, funding source), location of position (organisation type and geographic area), tasks undertaken, multidisciplinary team participation, demand for the cancer care coordination service, and patient eligibility and access. Questions about the barriers and facilitators, the most rewarding and challenging aspects of the role and proportion of time devoted to coordinating the care of cancer patients were open-ended. The survey took approximately 15 minutes to complete.

A link to the survey was disseminated through 14 peak organisations for health professionals who worked with cancer patients in Victoria in July 2016. In total, more than 1500 emails with the link were sent. Participants were advised that they may receive the email from multiple sources and that they should only complete the survey once. Organisations were asked to disseminate the survey four weeks prior to the closing date for responses. A reminder was sent a week prior to the closing date.

### 2.4. Analysis

Quantitative data were analysed using SPSS Statistics V23©. Comparison between proportions was undertaken by chi square tests. P-values less than 0.05 were considered to be statistically significant. Free text from open-ended survey questions was coded and quantified.

## 3. Results

A total of 135 responses were received, of which 91 were considered valid. Cases were excluded if less than half the survey was complete ( $n=41$ ), they worked outside Victoria ( $n=1$ ) or did not undertake direct patient care ( $n=2$ ).

### 3.1. Nature of the role

Only 26.4% of respondents ( $n=24$ ) had the title of ‘Cancer Care Coordinator’. Common position titles were Nurse Consultant ( $n=19$ , 20.9%) or Nurse Specialist ( $n=10$ , 10.1%). Ten per cent had research titles ( $n=9$ ). Most had nursing backgrounds ( $n=83$ , 91.2%) and more than half worked part-time ( $n=49$ , 53.8%) (see Table 1).

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