

# Sharing the love, Sharing the load

Working collaboratively across  
primary and secondary care

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Sharing the love,  
Sharing the load:

working  
collaboratively  
across primary  
and secondary  
care

- Context & overwhelm
- Bonding over Triage – our initial experience of working together
- Previous Breast Cancer project
- Questions and discussion





# More... in General Practice

- Clinical Complexity
- Investigations
- Medicines
- Documentation – Notes
- Guidance
- Referrals
- Treatments
- Community management
- Preventative care
- Patient engagement
- Expectations
- Cultural awareness
- Certification
- Business complexity

# More Clinical Complexity

People live

- through more serious illnesses
- Longer with chronic diseases
- With multiple chronic diseases





# More medicines

- **1980s Etidronate (Bisphosphonate)**
- **1981 ACEIs first used for hypertension**
- **1981 Beta blockers used post AMI**
- **1987 the first statin**
- **1988 Aspirin used in suspected heart attack**
- **1990 Omeprazole**
- **1997 Clopidogrel**
- **Since 2000 Dabigatran, Rivaroxaban, Vildagliptan, empagliflozin, dulaglutide, Rivastigmine, varenicline, gabapentin**

# More Guidance



Previously:

- Local referral knowledge was held by the experienced GP
- Learning came from
  - outcomes of previous patient referrals
  - drug company presentations,
  - specialist talks
  - peer groups
- Guidelines came in hard copy books e.g.,
  - Rheumatic Fever (Heart foundation )
  - Down Syndrome (MoH)



# More Guidance

## Now many sources of general practice guidance

- Read to use later / research an answer:

- BPAC
- PHOs and other local organisations
- MoH/ Te Whatu Ora and national organisations
- UpToDate
- Single concerns:
  - Immunisation Advisory Centre IMAC
  - National Eczema Association
  - Sepsis Trust NZ
  - Breast cancer Foundation



- Point-of-care use:

- HealthPathways
- DermNet





# More treatments, Procedures & Monitoring

- **1980 Cochlear Implants**
- **1998 Mirena**
- **Implantable cardioverter-defibrillator, angioplasty, cardiac stents, heart valves**
- **Oncology – targeted therapy, stem cell therapy, radiotherapy, chemotherapy, gene therapy, biologics, hormone therapy**
- **Transplants**
- **Laparoscopies**
- **Joint replacements**





# More Community Management



- **POAC/ acute demand**
- **MGUS – monitor for Multiple Myeloma**– exam + blood tests 6-12 months
- **MALFD – monitor for liver cirrhosis** - ultrasound to diagnose, blood test every 6-12 months to calculate FIB-4
- **CVDR – primary prevention heart disease** - blood tests, calculate risk, discuss options with patient
- **Osteoporosis – prevent fractures** - DEXA scan, scripts +/- infusions
- **PrEP to prevent HIV** – Scripts + blood tests
- **Hep C to prevent cirrhosis and liver cancer** - identify, assess and treat
- **DMARDS and DMDs**
- **CKD**

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- Patient engagement
- Expectations
- Cultural awareness
- Certificates

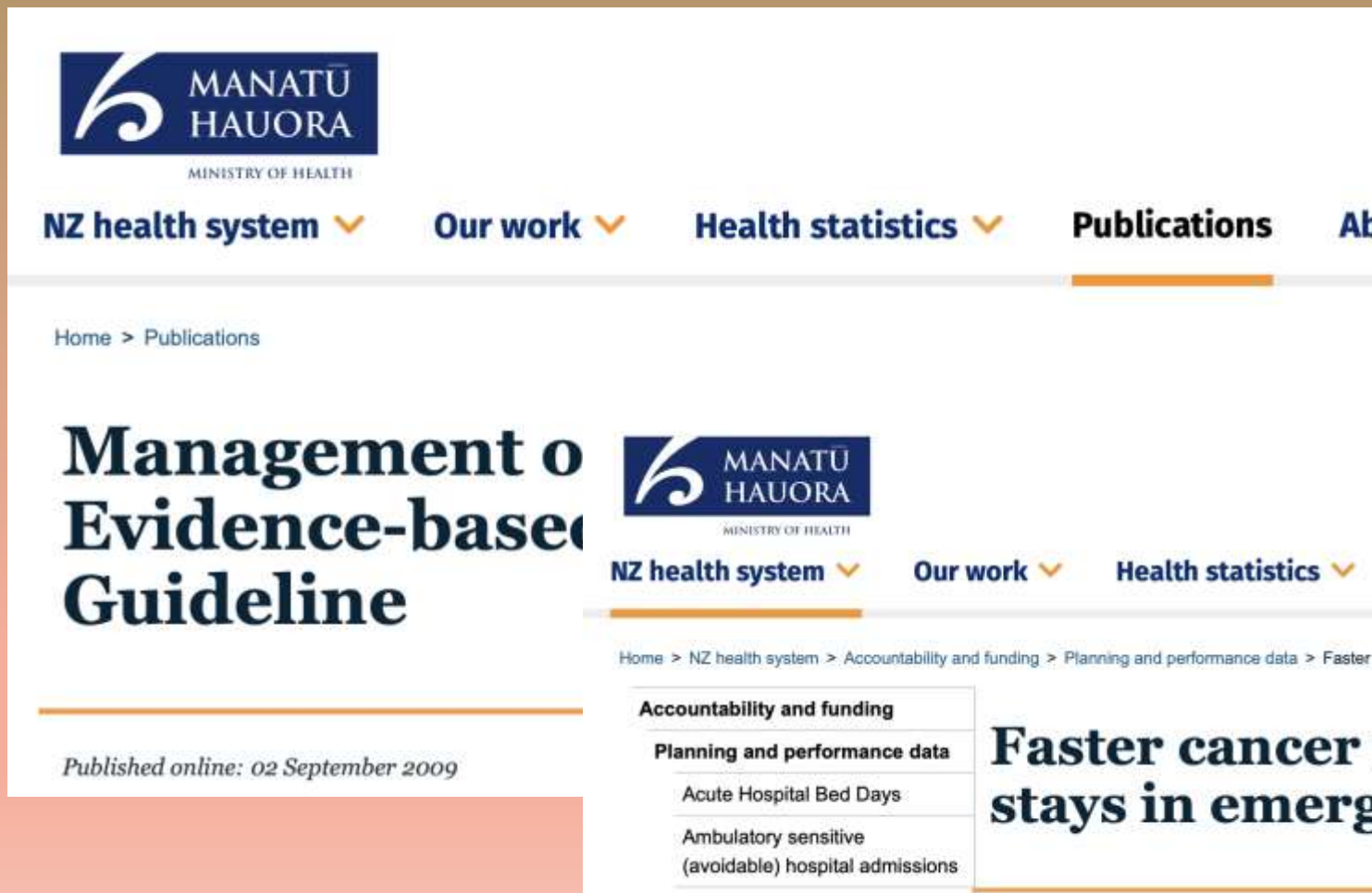


# More complex working practice in Hospitals

- Increased volume of acute patients
- Increasing complexity
- Increased ageing population
- Increased patient expectation
- Increased complaints



# Guidelines – and you think you had it bad?



The screenshot shows the Manatū Hauora website. At the top left is the logo: a stylized 'h' in a blue square followed by the text 'MANATŪ HAUORA' and 'MINISTRY OF HEALTH' below it. A navigation bar contains links: 'NZ health system' (with a dropdown arrow), 'Our work' (with a dropdown arrow), 'Health statistics' (with a dropdown arrow), 'Publications', and 'About'. Below the navigation bar is a breadcrumb trail: 'Home > Publications'. The main heading is 'Management of Evidence-based Guideline'. Below this is the date 'Published online: 02 September 2009'. To the right, there is a smaller version of the Manatū Hauora logo and navigation bar. Below that is another breadcrumb trail: 'Home > NZ health system > Accountability and funding > Planning and performance data > Faster cancer treatment stays in emergency departments'. A table of contents is visible, with 'Accountability and funding' expanded to show 'Planning and performance data', which includes 'Acute Hospital Bed Days', 'Ambulatory sensitive (avoidable) hospital admissions', and 'Faster cancer treatment stays in emergency departments'.

**4X**  
**higher odds of unmet  
healthcare needs**





# Increased patient awareness

- Some good
- Some not so good
- Preconceived ideas
- Inaccurate information
- Online patient forums
- Unrealistic expectations





Triage -  
Diagnostic  
Breast  
Imaging (DBI)

Directly helps patients

Kaitiakitanga - stewardship

Provide education

Improve HealthPathways guidance

Better referrals

Fair, reasonable, collegial





# DHB – ERMS story

- Work first started in 2013
- General surgery
- General surgery – breast
- Working with IT, admin, Clinicians
- Tool to help GP manage non-urgent or “below threshold” patients



The screenshot displays the ERMS web interface. The top navigation bar includes the ERMS logo and user profile icons. A sidebar on the left lists various menu items. The main content area is titled 'Referral Information' and shows details for a 'Continece Service Referral for Testing a (pri) TEST PATIENTS (MHC 222016) to Lake Brunner Clinic'. It includes a table with columns for 'Date', 'Status', and 'Notes', showing two entries: one 'Delivered' on 11-Apr-2022 and one 'Submitted' on 11-Apr-2022. Below the table is a preview of a printed referral form, which includes fields for 'To' (Lake Brunner Clinic), 'From' (Red RED DOCTOR), 'Patient' (TEST PATIENTS, Testing A (pri)), and 'Referral Date' (11-Apr-2022).

# Previous Breast Cancer Project

## **The idea –**

- Complete primary course of treatment
- discharge to patient-led follow-up

## **The steps –**

- Previous Breast Cancer pathway
- Breast Cancer Care Summary document
- Patient Information
- Education Session
- Screening

## **Themes**

- Better together
- Not - for us, without us



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- Reproductive Health
- Specific Populations
- Surgical
  - Breast Surgery
    - Breast Pain (Mastalgia)
    - Breast Symptoms
    - Mastitis and Breast Abscess
    - Previous Breast Cancer**
  - Cardiothoracic Surgery
  - Colorectal Surgery
  - Dentistry
  - General Surgery
  - Neurosurgery
  - Ophthalmology
  - Oral and Maxillofacial Surgery

# Previous Breast Cancer

This pathway is for patients who have had curative-intent therapy for breast cancer (surgery, radiotherapy, chemotherapy) and are discharged to general practice for patient-led ongoing care.

Red flags

- ▶ **Vaginal bleeding in early menopause**

## Background

About previous breast cancer

## Assessment

1. Assess new symptoms in the context of possible:
  - side effects of medication
  - local recurrence.
  - metastatic disease
  - new breast cancer – see Breast Symptoms.

# Breast Cancer Care Summary

Last updated by Daisy MAK on 09-Sep-2020 13:42 (v. 4)

Date: 09-Sep-2020

## Breast Cancer Care Summary

This is a short summary of your cancer treatment for you to keep and share at any health consultation. It is also part of your health record on HealthOne/Health Connect South, a South Island wide shared health record that can be accessed by your healthcare providers.

### What you can do

- Take your medication
- See 'Self-care after breast cancer' on: [www.healthinfo.org.nz](http://www.healthinfo.org.nz)
- For new symptoms seek assessment with your general practice team

### Recommendations to General Practice team

|                                     |  |
|-------------------------------------|--|
| Hormone treatment                   | End date   |
| End Date                            | 25-Mar-2025  |
| Details                             | Please continue with adjuvant anastrozole for a total of 5 years. Encourage compliance and treat AI-associated musculoskeletal pain and stiffness accordingly. |
| Zoledronate Breast Cancer Treatment | No   |
| Screening mammogram                 | Not applicable   |
| Details                             | Bilateral mastectomy done  |

### Bone Density Scan

|                |   |
|----------------|---|
| Scan           | Next scan due   |
| Last scan date | 11-Sep-2020   |
|                | Please request bone density scan when due.  |
|                | Date Due Sep 2021   |
|                | This recommendation relates to breast cancer care and does not address other indications for a bone density scan. |

- Annual funded flu immunisation
- Please check usual screening is up to date, as this may have been delayed while having breast cancer treatment.
- See HealthPathways:  
'Previous breast cancer' for assessment, management, immunisation and referral advice.  
'Bone Density Scan (DXA)'

### Health Care Providers

|                       |  |
|-----------------------|--|
| Primary Care Provider | —                                      |
| Surgeon               | Josie Todd<br>Medical Specialist       |
| Radiation Oncologist  | Gillian Campbell<br>Medical Specialist |
| Medical Oncologist    | Matthew Strother<br>Medical Specialist |
| Breast Cancer Nurse   | —                                      |

### Diagnosis

|                         |             |
|-------------------------|-------------|
| Diagnosis Date          | 01-Aug-2018 |
| Cancer type / histology | Invasive    |
| Location                | Left        |
| Lymph nodes             | Involved    |
| Other                   | No          |

### Receptors

|              |          |
|--------------|----------|
| Oestrogen    | Positive |
| Progesterone | Positive |
| HER2         | Positive |

## Treatment Summary

Surgery Yes

Date 26-Feb-2019

Procedure  
1. Left, WLE, SLNB +/- ALND - Positive Frozen section - proceed to level 2 Axillary node clearance  
2. Left, Hookwire WLE, no axillary surgery - MRI guided hook-wire loc  
3. Left, WLE, no axillary surgery

Date 09-Apr-2020

Procedure  
Bilateral mastectomies with immediate TE reconstruction.

Radiation Yes

Date completed 13-Dec-2019

Radiation  
Adjuvant radiotherapy to the left breast and nodes, 50Gy in 25 fractions

Chemotherapy Yes

Date completed 20-Jul-2020

Chemotherapy  
AC followed by paclitaxel/trastuzumab. Early termination of weekly paclitaxel secondary to peripheral neuropathy. Trastuzumab initiated 13/8/2019 and on 20 Jul 2020 completed trastuzumab adjuvant therapy.

## Assessments

Fertility —

Provider —

## Familial Cancer Risk Generic Assessment

Not indicated

Comments

—

Written material provided at discharge





- ▶ Home
- ▶ A-Z health topics
- ▶ Emergencies & first aid
- ▼ Health conditions
  - ▶ Allergies
  - ▶ Assault & abuse
  - ▶ Bladder, kidney & urinary system
  - ▶ Blood
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      - ▶ Breast screening (mammograms)
      - ▶ **Self-care after breast cancer**
      - ▶ Treating breast cancer
      - ▶ Breast cancer surgery

[Home](#) > [Health conditions](#) > [Cancer](#) > [Types of cancer](#) > [Breast cancer](#) >

## Self-care after breast cancer



### *Tāu ake whakaora i muri i te mate ūtaetae*

Survival rates at five years after a breast cancer diagnosis are high. This means that there are many people living life after breast cancer.

Feelings after breast cancer treatment are often mixed. You may feel relief at having come through treatment and being alive, but you may also feel that your mana (spirit) has been damaged or taken. You're the most important person in your recovery and taking back control.

After having breast cancer, your risk of having another breast cancer is slightly greater than that of a person who has not had breast cancer. This shouldn't



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# Collaborative partnership

- Working together since 2014
- Health Pathways – Breast section
- Triaging advice for Community Radiology referrals
- Breast Physician – planting the seed