

Cancer Care Coordination Group

Webinar Q&A

Care, Complexity & Clarity



PRESENTATION FEEDBACK FROM PROF MEI KRISHNASAMY AND DR DONNA MILNE

Has there been any considerations for adolescent and young adult patients and their complexity or paediatrics?

No, the study was designed and funded to focus on adults with cancer. We recognise that these are very important populations but developing indices of complexity for these require patients would require specific expertise and leadership.

Is there room to add Psychosocial /Spiritual as part of the assessment? I note social supports are identified. This links to a differentiation of 'good health outcome' vs patient wishes and what they are willing to put up with.

Thank you, this is a helpful question but presents a different issue to complexity. Screening and/or assessment of supportive care needs are recognised (are policy in many states and territories) as an essential components of care for all people diagnosed with cancer rather than focusing on people with complex needs. A high burden of unmet need may not necessarily reflect complexity as evidence suggests that the majority of patients present with issues that are responded to and addressed by nurses as part of routine care.

The issue of differentiation between a perception of good outcome versus what patients want or are prepared to accept/tolerate speaks to issue of communication around treatment and care decision-making and again is an issue that is relevant for all patients rather than being reflective of complexity.

I would like to know if Donna and Mei are planning to perform any economic analysis on the use of nurse care coordinators? This could help when building a business case for the introduction of such roles.

Thank you this is a relevant question that presents a challenging problem. Assessing the economic case for nurse care coordinators is fraught with methodological challenges. Given that we know that patients value and benefit from having their pathway of care streamline and coordinated, randomising patient to a care coordinator/non care coordinator arms would be unethical. We could find an area where there are/are not care coordinators and match a sample of patients for diagnosis, stage, treatments etc but we would also have to be able to account for local differences in services available, other support staff who may provide some aspects of care coordination, GP access and services; social situation health literacy etc – to really be able to offer a definitive cost-benefit analysis. We could look at comparing health service utilisation; unplanned admission; time to presentation, diagnosis; treatment commencement but again, this is fraught with having to control for disease and treatment related factors; local service provision; wait times etc.

Perhaps the most pragmatic way to assess benefit to patients and the health system would be to

carry out a large ethnographic study of a series of cohorts of patients in different geographic locations, develop detailed care pathway maps for each patient within the cohort (as well as a detailed picture of their socio-demographic and disease/treatment characteristic) and then at each touch point where there is contact with a CC and then ask who/where would the patient have gone at this touch point if the CC wasn't there and what happened (i.e. what was the reason for the interaction/consultation) at each touch point? What referrals were made/ what emergent problems/issues were ameliorated/what emergencies were prevented etc. This would be a huge study but a very valuable addition to the literature and to our understanding - Anyone out there up for a PhD or know where we can get a LOT of money?

Would the presenters be happy to circulate the current version of the complexity index?

This research is still in progress. COSA members may access the webinar slides and recording via the [Group page](#) on the COSA website, but should note that the version of the index presented is not the final version. We will provide research updates in The Coordinator as they become available.