

Healthcare to health

Finally, this is obvious that we should not treat the sick too late or when they develop multiple advanced complications. We need to emphasize the importance of health promotion, self-management and staying healthy. This shift of the mindset of the community to be more self-reliant and responsible to maintain their own health rather than merely depending on doctors and nurses to fix their problems. This revamped healthcare with a broad base in the community will then truly be good value for money!

References:

1. First professor in NUS YLL
<http://nusmedicine.nus.edu.sg/newsletter/issue22/in-vivo/the-first-full-professor-of-family-medicine-has-big-plans-for-teaching-and-research-at-nus>
2. Explainer: Paying for GP Services
<http://theconversation.com/new-funding-models-are-a-long-term-alternative-to-medicare-co-payments-35382>

CM

Advocating Community Cancer Survivorship in NCCS

An interview on 26 October 2017 with Professor Soo Khee Chee, Senior Consultant and Director* of National Cancer Centre Singapore
Interviewed by Dr Fok Wai Yee Rose, MCFP(S), Editor (Team A)

DEFINING CANCER SURVIVORSHIP**College Mirror (CM):**

What is Cancer Survivorship?

Prof Soo Khee Chee (PS):

As the cancer survivor transits from active treatment to recovery and wellness, care need changes and the care model should give priority to health promotion, disease prevention and management of chronic diseases.

This new model should be patient-centric and holistic, best sited in the community closer to patient's home, with our preferred partner being the primary care physician (PCP).



Professor Soo Khee Chee

Images courtesy of National Cancer Centre Singapore (NCCS)

NEED FOR COMMUNITY CANCER CARE**CM:**

Why do we need Community Cancer Survivorship?

PS:

Headlines in Straits Times recently announced a sharp rise in breast and prostate cancers as a result of aging population, sedentary lifestyle and obesity. With more cancers, there are now more survivors as a result of better healthcare and improved supportive care.

Survivors are living longer and developing more comorbidities and remaining susceptible to treatment complications.

CANCER AS A CHRONIC DISEASE**CM:**

Being diagnosed with cancer is a life-changing experience and the survivor has to live with the fear of recurrence for the rest of their lives. Do you have advice for cancer survivors?

PS:

Accepting cancer to be a chronic disease is the cornerstone of transition from fear to temperance and they should be encouraged to optimise control of this new chronic disease. We need to reassure survivors of our commitments to train a wider base of PCP to better manage their cancer survivorship issues at the community level and this would increase patients' confidence in community cancer survivorship to take charge of their health.

MODEL of NCCS COMMUNITY CANCER CARE**CM:**

What model of community cancer care will NCCS adopt?

PS:

The American Society of Clinical Oncology recommends a shared care model, where the general practitioner co-manages with the oncologist on cancer survivor's post-treatment issues and this level of follow-up care should be dependent on provider and survivor preferences, and also the resources available in that country.

And why a shared care model is because randomized control trials conducted in the West have found that GP-based survivorship care was not inferior to oncologist-based care.

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LEADING A MULTIDISCIPLINARY TEAM

CM:
Who should lead this Community Cancer Team?

PS:
The primary care physician with the broad-based training and skillsets of comprehensive, preventive and continuing care for individuals and families is well placed to lead the team. Their accessibility and long-term relationships with patients and families give them the advantage to influence health-seeking behaviours. However, they cannot do this alone and need strong support from community nursing, allied health partners and the expertise of tertiary care.

EDUCATION & TRAINING

CM:
How do you think NCCS should prepare for community cancer survivorship?

PS:
NCCS can initiate certified training to develop skill sets as well as partner with community PCP to engage and co-develop cancer survivorship care guidelines, care models, and new services. We need to recognize PCP as a designated care physician for cancer after completing a certificate of "competence" through post-graduate qualifications. Our training should be formalized by an academic centre and should be modular addressing oncologic emergencies, treatment-related toxicities and side effects, tumour specific relapse patterns, surveillance protocols, cancer genetics, preventive care, evidence-based screening and psychosocial needs.

With certified training, we hope to recognize our primary care partners as visiting specialists with privileges, easy access to labs and imaging, fast-track referrals back, and a care coordinator to ensure timely communication and seamless transition of care.

COLLABORATION

CM:
Which community partners does NCCS plan to collaborate with to advance community cancer survivorship?

PS:
We hope to engage with the community PCP themselves (both private and polyclinics) and the education and training arms of both the College of Family Physicians Singapore as well as the Family Medicine Residency Faculty to better understand training needs and see how best to collaborate and support them.

SUSTAINABLE FUNDING

CM:
Cancer survivors need to cope with "out-of-pocket" payment to manage their surveillance and survivorship side effects and long-term toxicities of treatment. Is there a sustainable funding available to assist them?

PS:
We understand this important barrier and will work with stakeholders and initiate discussions to propose the inclusion of "Cancer as a Chronic Disease" in order to attract funding in CHAS portable health benefit card as well as other varieties of funding models.



Figure 1. Proposed survivorship care model and required elements

FUTURE DIRECTIONS

CM:
What is the future for cancer survivorship?

PS:
The increasing burden of cancer will greatly impact the country's resources and healthcare needs thus the urgency to support community engagements, partnerships and collaborations, new models of care and sustainable funding. NCCS will provide the leadership to advance cancer survivorship in the community.

* Professor Soo has relinquished the appointment as Director of NCCS with effect from 26 November 2017, and is currently a Visiting Senior Consultant at NCCS.

References:
Figure 1. Loh, W.J.K., Ng, T., Choo, S.P.,... , Yee, A., Chan, A., Soo, K.C. Cancer Supportive and Survivorship Care in Singapore: Current Challenges and Future Outlook. Journal of Global Oncology, 2018

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