Evaluating Preliminary Outcomes Among Primary Care and Oncology Providers Who Participated in the Cancer Survivorship E-Learning Series for Primary Care Providers

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BACKGROUND

The American Cancer Society estimates there are currently 15.5 million cancer survivors living in the U.S., and the number of survivors continues to increase. Post-treatment cancer survivors are at increased risk for a variety of issues due to cancer and its treatment, including long-term and late effects.1, 2, 3, 4, 5 In recent years, there has been an increased focus on ensuring coordinated care for survivors to address these and other issues.6, 7 Continuing education for health care providers is a key strategy to bridge the gap in appropriate care and support for this growing population.8 The Cancer Survivorship E-Learning Series for Primary Care Providers is a series of ten, CME/CNE-accredited, self-paced, asynchronous online modules. The training covers survivorship issues relevant to all cancer types (Modules 1-6) and evidence-based follow-up care guidelines for prostate, colorectal, breast and head and neck cancers (Modules 7-10). Each module aims to improve provider knowledge, skills and intention to change practice.

METHODS

Modules are evaluated using pre/post assessments. Quantitative analysis was conducted with data collected from launch of the first three modules (4/15/13) through 10/31/16. For this time period, the total health care provider sample size was 730. The majority of the sample consisted of oncology providers (n=593), with primary care providers comprising the remainder. Statistical analysis was conducted with STATA®/IC 14.2. Frequencies and descriptive statistics were run on demographics. Tests of significance for comparisons between primary care providers and oncology providers were conducted with paired samples t-tests and Wilcoxon Signed Rank tests. Due to low sample sizes, non-parametric tests were conducted. A two-tailed p<0.05 was considered statistically significant. Data also indicate there is opportunity for improved promotion and uptake of the E-Learning Series among primary care providers.

RESULTS

Both primary care and oncology providers reported gains across modules from pre to post (Mean pre-range for primary care=2.97-3.93, SD=0.516-1.08, Mean pre-range for oncology=3.23-3.76, SD=0.682-0.955) to post (Mean post-range for primary care=4.0-4.33, SD=0.0-0.727, Mean post-range for oncology=4.05-4.34, SD=0.430-0.725). Primary care providers had statistically significant improvements in learning across modules 1-7 (p<0.001) and oncology care providers had statistically significant improvements across the entire series (p<0.001).

CONCLUSION/IMPLICATIONS

There are some limitations with the sample size and composition, which makes it difficult to generalize to both oncology and primary care providers. However, initial results indicate the E-Learning Series is effective in improving knowledge about the needs of cancer survivors and recommended care practices among both primary care and oncology providers. Data also indicate there is opportunity for improved promotion and uptake of the E-Learning Series among primary care providers.

REFERENCES

8. Bit.ly/PCPE-Learning

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