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Nutritional Support for Oncology Patients: Role for the PCP

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Family Medicine Rotation
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Problem

• Malnutrition is a universally accepted negative prognostic factor for cancer patients.\(^1\)
• Early assessment of nutritional status with interventions improves treatment efficacy and completion rates and decreases hospital stay frequency and length.\(^2\)
• Nutrition assessment and intervention is underutilized, causing providers to miss patients suffering from or at risk for malnutrition.\(^3\)
• Rurality is associated with higher risk of malnutrition.\(^4\)

• AHEC areas
  • Interprofessional education
  • Social Determinants of Health
  • Medical Practice Transformation
Public Health cost (in the United States)

• Malnutrition is associated with a healthcare cost 1.46x greater than its prevalence ($58 billion annually) and 4.23x greater odds of hospitalization with $21,892 greater hospital bill per hospitalization.\(^5,6\)

• Cancer patients spend, on average, 42% of their annual income on out-of-pocket expenses.\(^7\)

• Malnutrition is associated with more and worse surgical complications, which are in turn associated with 20%–50% increase in hospital costs for surgical cancer patients.\(^8,9\)

• Many Milton Family Practice patients live in rural areas
“Most patients don’t hear anything after the word cancer [and] many of our patients read at a 6th-10th grade level which makes sharing the information effectively a challenge.”
- Primary Care Provider

“We offer accessible options [for appointments], but patients don’t always have the time, internet, or [cell phone] service to connect for follow-up.”
“Having the PCP follow up the nutrition plan without an extra visit would be so helpful.”
- Cancer Center Nutritionists

“We have limited funds [to assist with food], and I know the cancer center has more programs, but I don’t know exactly what they have access to which limits how I can help.”
- PCP Office Care Manager
“I’m not buying the Boost HP anymore [because] I have other bills that took priority [over my nutrition].”
- Anonymous Cancer Patient

“I can buy my Creon [pancreatic replacement medication] or I can buy groceries”
- Anonymous Cancer Patient

“I didn’t think we had any [financial assistance programs] for food.”
- Cancer Center Nutritionist

“Patients will buy the low-calorie supplements then can’t afford the correct ones or can’t afford to buy them at all. Sometimes they won’t buy anything because they can’t find exactly what was recommended then can’t start nutrition until their next grocery trip a week later.”
- Cancer Center Nutritionist

“I’m not buying the Boost HP anymore [because] I have other bills that took priority [over my nutrition].”
- Anonymous Cancer Patient

“I didn’t think we had any [financial assistance programs] for food.”
- Cancer Center Nutritionist
Methodology

- Research nutrition interventions that best benefit patients
- Review existing nutrition resources in EPIC
- Learn from the community where exist gaps in care/information
- Create resources (for providers and patients) to bridge the gaps
Results

• Provide all patients with a new cancer diagnosis with basic nutrition information at a primary care visit to enable self-screening
  • I created a dot-phrase for after visit summaries which allows patient to hear the need then pursue it when they have time (.oncnutrition)
  • Provides options for more information specific to their needs so as not to overwhelm with unneeded information (also created .highcaloriesupplement)
  • Gives resources avoiding the time & cost of a nutrition visit unless needed

• Ensure primary care providers are aware of the importance of nutrition in oncology patients and the resources
  • I created a document listing quick EPIC resources regarding nutrition for oncology patients
  • Patients rarely hear much beyond the cancer information when visiting an oncologist, focusing on general health with the PCP is more likely to feel accessible
Effectiveness & Limitations

• Possible measures for evaluating effectiveness:
  • Measure the use of the dot phrases and pre-existing resources in EPIC
  • Administer mini nutrition assessment to patient with new cancer diagnoses before and after providing resources
  • Conduct a retrospective study around Milton Family Practice cancer patient outcomes if provided with nutritional resources or not
  • Track referrals to nutritionists for clinic cancer patients

• The largest limitations are:
  • Providing more resources to already overwhelmed patients does not guarantee use
  • Getting more information in many cases requires asking the provider for the appropriate resource
  • There is still very limited money available for food and transportation assistance
Future recommendations

• Conduct a study at PCP offices to assess the true prevalence of malnutrition in patients with cancer diagnoses
• Have PCPs conduct mini nutrition assessments in all patients with cancer diagnoses to screen for malnutrition and thus provide targeted therapy
• Improve access to nutrition support through care management and nutritionist visits
• Enable easier coordination between cancer center resources and primary care office care managers
References


