Communication about treatment planning: Physician perspectives

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What’s the problem?

• A substantial evidence base and guidelines for making treatment recommendations
• But treatment planning can be suboptimal because of physician communication issues
  • Anthony Gorry, decision scientist, JAMA 2010
  • Amy Berman RN, The Health Care Blog 2010
• Problem: challenge of drawing on evidence base and translating it for a particular patient [experience, values, assumptions]
What’s involved in treatment planning?

- Diagnosis
- Before-visit
- Dr 1
- Post-visit
- Dr 2
- Synthesis

Decision made
Start treatment
What have we learned that could improve treatment planning?

• My focus: physician level
• Best search terms: “consultation”, “decision-making”, “patient-centered”
• Obvious limitation of existing research: inadequate outcome measures
  – Satisfaction
  – Decisional regret
  – Patient/family understanding
  – Was the process: timely, utilize best evidence, incorporate patient values? Did it inspire hope?
Before the visit: an opportunity to prepare

- Interventions that enable patients
  - Question prompt lists
  - [pre-visit letter inviting list of questions]
  - Consultation planning visits

- Physician endorsement correlates with number of questions asked $p<.0001$

- Could improve:
  - Physician uptake
  - Physician endorsement

J Clin Oncol 2007
During the visit: going beyond bad news

- “Breaking bad news” entrenched in oncology curricula—but stresses disclosure as an end rather than the beginning of a treatment plan
- Recent studies of patient perspectives
  - Large survey stresses value of laying a plan
  - Qualitative study of patients who have been treated for cancer finds that ‘guidance’ is critical
- Could improve: what we teach physicians; the communication task is treatment planning

J Clin Oncol 2010
Oncologist, in press
During the visit: discussion of values, assumptions, QOL

- Patient information seeking creates a new role for oncologists and other clinicians
  - Negotiating different info sources
  - “Experience broker” for the QOL decisions
- Little research on this new role
  - Complementary medicine: MDs ‘don’t know’, indifferent, defensive, dismissive
- Could improve: communication skills about understanding values, inviting participation about information, talking about QOL
During the visit: physicians pack in the information

- Observational study patients with heme malignancies: 40 MDs, 236 pts
  - Audiotaped, coded
  - Average length 80 min
  - Median 9 different treatment recommendations per consultation
    - Re cure 72%, re extending life 22%
    - How the patient could play a role 1%

- Could improve: checking pt understanding

Psycho-oncology 2010 in press
When dr is more pt-centered, patients are more satisfied

• Meta-analysis of 25 studies
• “Patient-centered” defined as:
  – “affective” eg empathy, concern, worry
  – “participatory” eg soliciting questions
• Patient-centered correlated strongly with satisfaction (vs “Instrumental” did not)
• A study of oncologists not included: empathic statements in 11% of visits
• Could improve: md behaviors

Patient Educ Counsel 2009
J Clin Oncol 2009
Communication skills are learned behaviors

Acquisition of bad news communication skills

- Assesses Pt Perception
- Requests Permission
- Uses The Word Cancer
- Silent 10 Sec. After News
- Makes Empathic Stmt After News
- Asks For Pt’s Reaction To News
- Summarizes Follow-up Plan

% participants acquiring skill

- 44/79
- 40/101
- 46/89
- 38/58
- 37/51
- 33/88
- 24/45

ONCOTALK

Teach

Improving oncologists’ communication skills

A FACULTY DEVELOPMENT PROGRAM

FACULTY

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James Tulsky, MD

Funded by the National Cancer Institute
Physicians self-assess their communication skills inaccurately.

Patient-rated competence

Physician-rated competence
Who owns the decision?

• Systematic review of 22 studies examining patient prefs vs actual decision making

  “Across all cancer types, patients wanted more participation than actually occurred”

• Largest study: 1012 patients
  – Wanted active 22%, occurred for 22%
  – Wanted shared 44%, occurred for 18%
  – Wanted passive 34%, occurred for 59%

• Could improve: skills to elicit pt prefs

Annals Oncol 2010
During the visit: companions change the conversation

- 109 patients, 15 oncologists
- Pt + C asked 22 questions average vs Pt only asked 9 questions average
- Black pts asked fewer questions and were less likely to bring companion
- Another study relates caregiver involvement in the visit to satisfaction
- Physicians should endorse a companion

Pt Educ Counsel 2010
Largely unstudied: sequential visits with team members

- How should the physician communicate with other team members to enable them?
Post-visit: how physicians can enhance understanding

• Consultation audiotapes—randomized trials demonstrate improved patient comprehension
• Summary letters—improve satisfaction
• Prepared summaries—improve satisfaction
• On-the-fly worksheet—no outcome data
• Could improve: use of any of these

Lancet Oncol 2003
J Clin Oncol 2002
Potential evidence-based action

• Structure pre-visit preparation
  – Maximize physician endorsement
• Improving physician skills during the visit
  – Dissemination of evidence-based communication skills training
  – Social marketing to physicians
• Rewarding post-visit followup
  – Incentivize physician participation in a record of the visit that points to future action
“In your case, Dave, there’s a choice—elective surgery, outpatient medicinal therapy, or whatever’s in the box that our lovely Carol is holding.”