Improving communication between clinicians and patients with cancer

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VitalTalk
Why focus on communication now?

Competing demands for clinician attention: new drugs, more administrative hassles, higher expectations, internet effects
What does communication involve?

National Cancer Institute monograph 2015
A gap between the advertising and real conversations.

[JAMA Intern Med 176:1214; 2016]
What words do physicians actually use?

“Do you want us to do CPR, I mean pump on your chest like you might have seen on TV, if your heart stops?”

J Palliat Med 13:395; 2010
Physicians are poor judges of their own communication skills

Patients’ Ratings of their Physician’s Skills

Physician’s Ratings of Their Own Skills

J Palliat Med 15;418; 2012
Why don’t physicians try?

Don’t have time: 66%
Not sure time is right: 60%
Unsure what to say: 46%
No formal training: 68%

PerryUndem Communications, 2016
How often do oncologists use ‘best practice’ skills?

In one study, oncologists made empathic statements in 11% of their conversations.

Ann Intern Med 155:593; 2015
Skills training changes behavior

After training, physicians:
• Use more empathy
• Ask more questions to understand
• Explore more values

p<.003

JAMA Internal Medicine 167:453, 2007
Serious illness conversations improve outcomes

Higher likelihood of goal-concordant care
Higher patient-rated care experience
Lower likelihood of aggressive care
Increased length of hospice
Less depression & anxiety in bereavement

Detailed bibliography
Greater physician skills, more patient trust

Randomized trial of oncologists
Trained oncologists used more empathy p=.024
Patients of trained oncologists had higher trust p=.036

Ann Intern Med 155;593, 2011
Communication is a learned skill.
VitalTalk makes communication skills for serious illness learnable.

Our evidence-based trainings empower clinicians and institutions.

Grow as a CLINICIAN
We equip clinicians with expert strategies.

Join our FACULTY
We develop clinicians into advanced educators.

Strengthen your INSTITUTION
We build your capacity to provide patient-centered care.
Strategy 1: Better cognitive tools

Instead of one-way, biomedically driven jargon,
Protocols that invite two-way, person-centered exchange

REMAP

For LATE goals of care:

1. REFRA ME the situation.
2. EXPECT EMOTION NURSE.
3. MAP out important values.
4. ALIGN with the patient & family.
5. PLAN treatments to uphold values.
Strategy 2: Address both clinicians & patients

Enlist clinicians by naming their pain points

Ground protocols in empirical psychological & learning research.

JAMA Internal Medicine 167:453, 2007
Strategy 3: Design learning situations for positive affect
Rather than shame & blame
Use deliberate practice to create experiences of success

JAMA Internal Medicine 167:453, 2007
CASE STUDY
Kaiser Permanente Northern California

Overview
VitalTalk worked with key KPNC stakeholders to create an implementation and dissemination plan for an ambitious system-wide training program.

Implementation
VitalTalk drew on its large faculty cohort to rapidly design and teach several large-scale Mastering Tough Conversation (MTC) courses with target subspecialties. Simultaneously, VitalTalk prepared faculty champions within the system to teach MTC courses.

Operationalizing Learnings
To sustain this work over time, VitalTalk designed two tools:

- **Cognitive talking map** that worked alongside existing communication training efforts
- **Workflow redesign** by integrating tracking efforts in the existing electronic medical record system

Results
Serious illness courses are currently taught across the KPNC health system using VitalTalk curriculum, resources, and tools.
Strategy 4: Leverage group & peer learning community effects

Instead of individual pass/fail
Generate a network of informal mentors & advisors

JAMA Internal Medicine 167:453, 2007
Build your communication superpowers

The VitalTalk Tips app enables physicians, nurses, and other clinicians to improve their communication skills for patients who have a serious illness. For clinicians in hospital medicine, oncology, cardiology, nephrology, hepatology, neurology, trauma, emergency medicine, primary care, pediatrics, and palliative care.

tips.vitaltalk.org
Policy proposal 1: Evidence-based training should be widely disseminated.

J Clin Oncol 35; 3618-3632, 2017
Policy proposal 2:
Health systems should embed communication educator-clinicians.

J Am Geriat Soc 667:s435, 2019
Policy proposal 3: Payers should create incentives that reward clinicians and systems for participating.
Policy proposal 4:
Public reporting of system and clinician measures should drive accountability.