Improving communication between clinicians and patients with cancer

Anthony Back MD

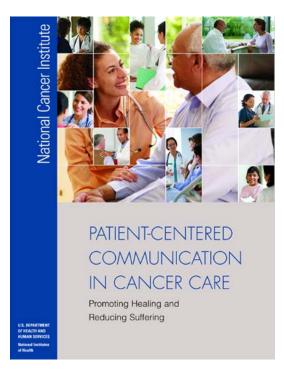
University of Washington
Fred Hutchinson Cancer Research Center
VitalTalk

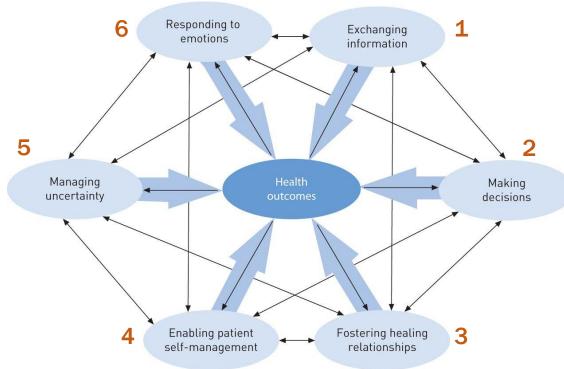
Why focus on communication now?

Competing demands for clinician attention: new drugs, more administrative hassles, higher expectations, internet effects

What does communication

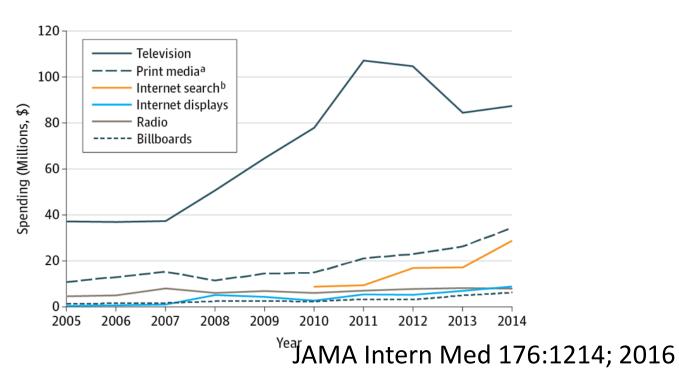
involve?





National Cancer Institute monograph 2015

A gap between the advertising and real conversations.

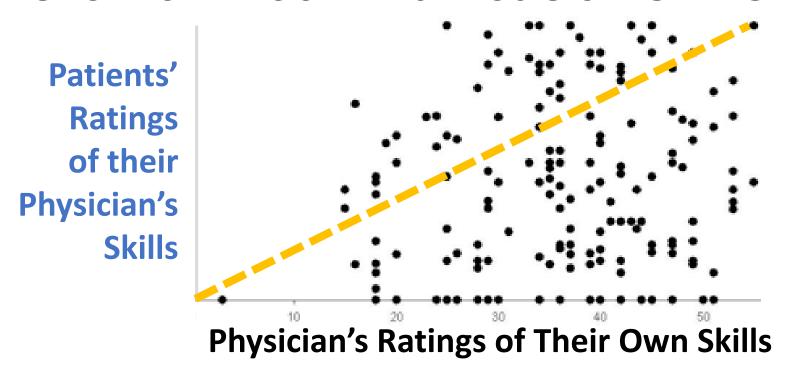


What words do physicians actually use?

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



Physicians are poor judges of their own communication 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:

8%



How often do oncologists use 'best practice' skills?

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

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

higher trust p=.036

Randomized trial of oncologists

Trained oncologists used more
empathy p=.024

Patients of trained oncologists had

Communication is a learned skill.

vitaltalk.org non-profit, >500 faculty, 660 workshops/3 y





Strategy 1: **Better cognitive tools**

Instead of one-way, biomedically driven jargon,

Protocols that invite two-way, person-centered exchange

Back, et al; Mastering Communication, Cambridge University Press 2009

REMAP



For LATE goals of care:

- 1. REFRAME 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

CASE STUDY

Kaiser Permanente Northern California

Overview

VitalTalk worked with key KPNC stakeholders to create an implementation and dissemination plan for an ambitious systemwide 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.





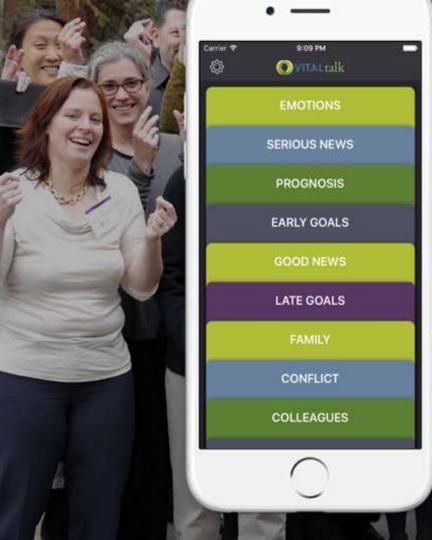




Strategy 4:

Leverage group & peer learning community effects

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





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.



App Store



tips.vitaltalk.org

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

Policy proposal 2: Health systems should embed communication educator-clinicians.

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.