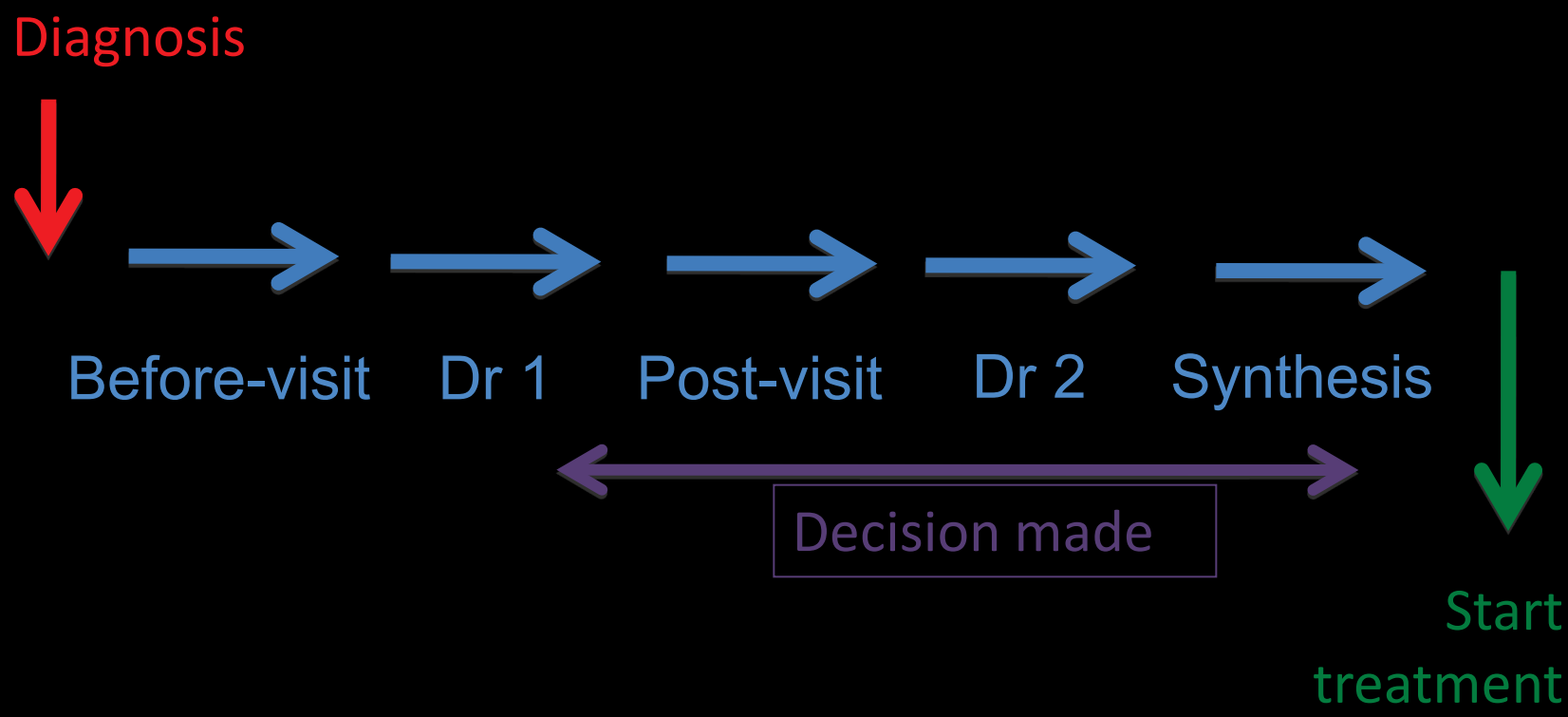
What's the problem?

- 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?



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

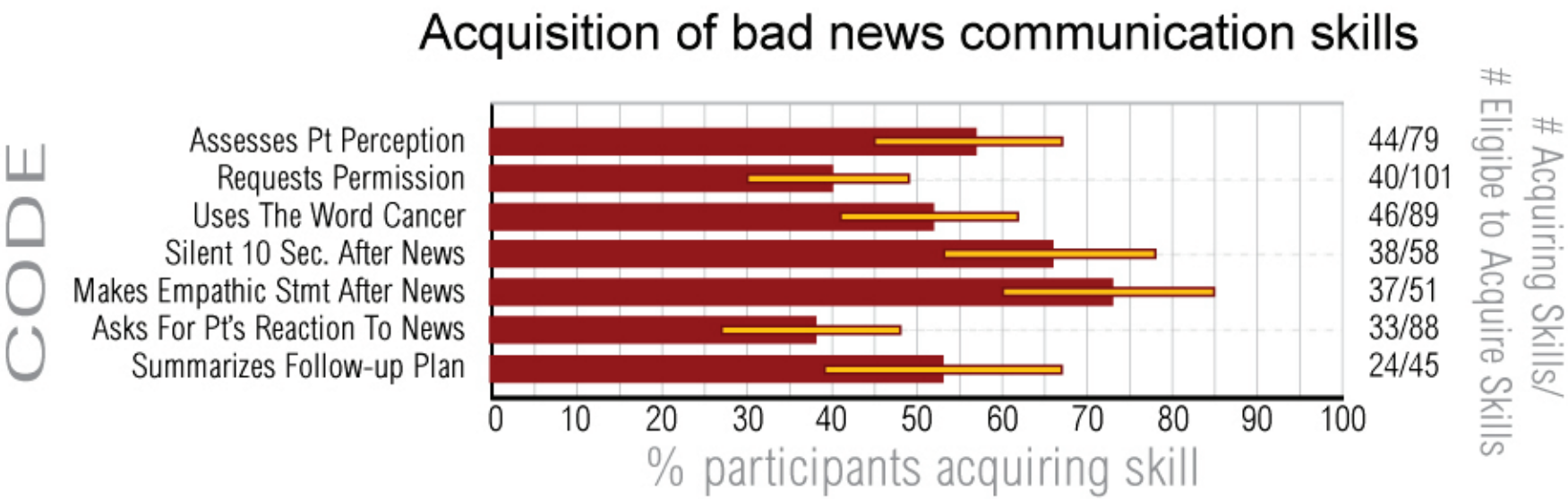
Psycho-oncology 2010 in press

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



Arch Intern Med 167:453 (2007)

ONCOTALK teach

Improving oncologists' communication skills

A FACULTY DEVELOPMENT PROGRAM

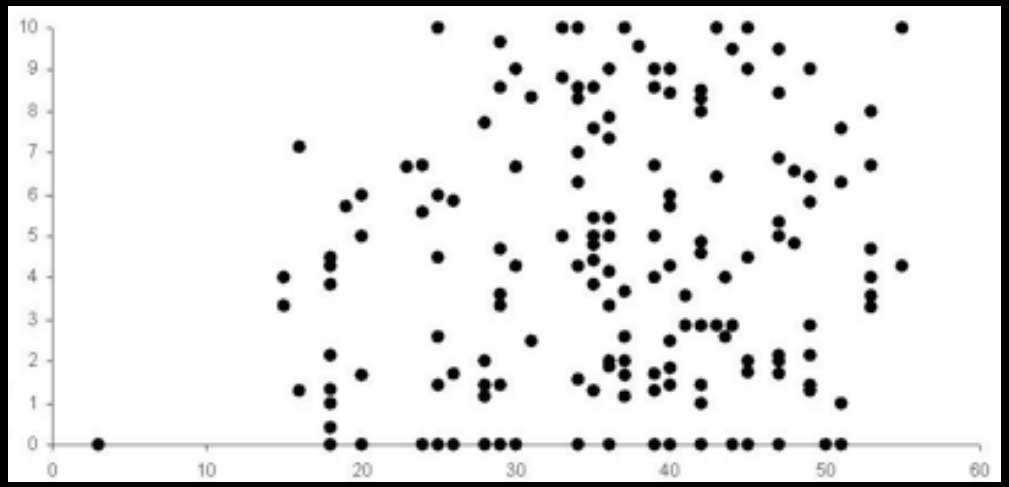
FACULTY

Anthony Back, MD
Robert Arnold, MD
Walter Baile, MD
Kelly Fryer-Edwards, PhD
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

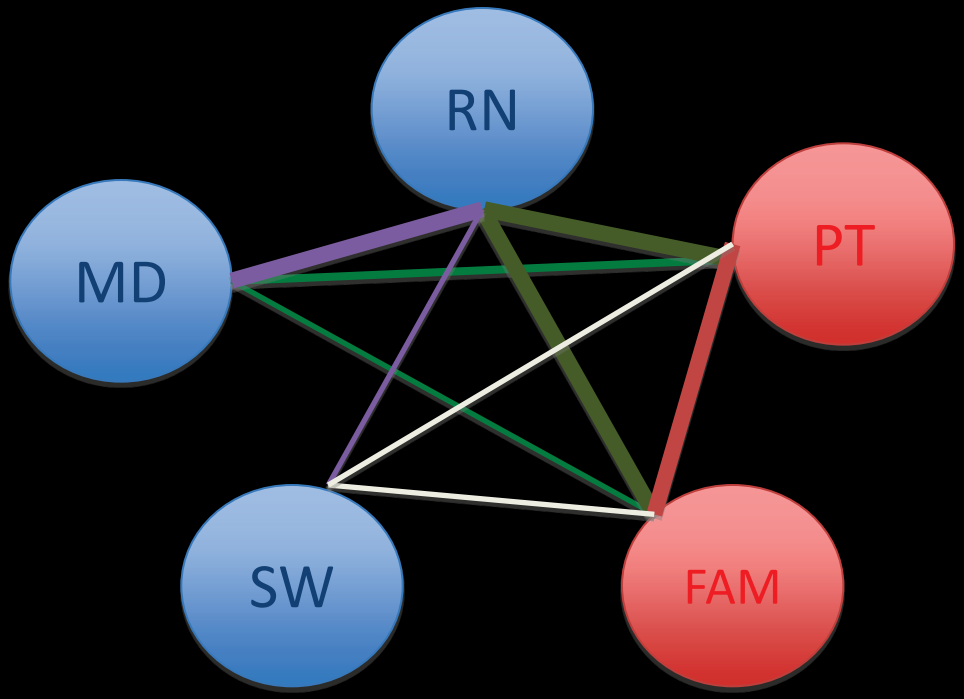
During the visit: companions change the conversation

- 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."