

Cancer Treatment Planning: A Means to Deliver Quality, Patient-Centered Care

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Overview of Presentation

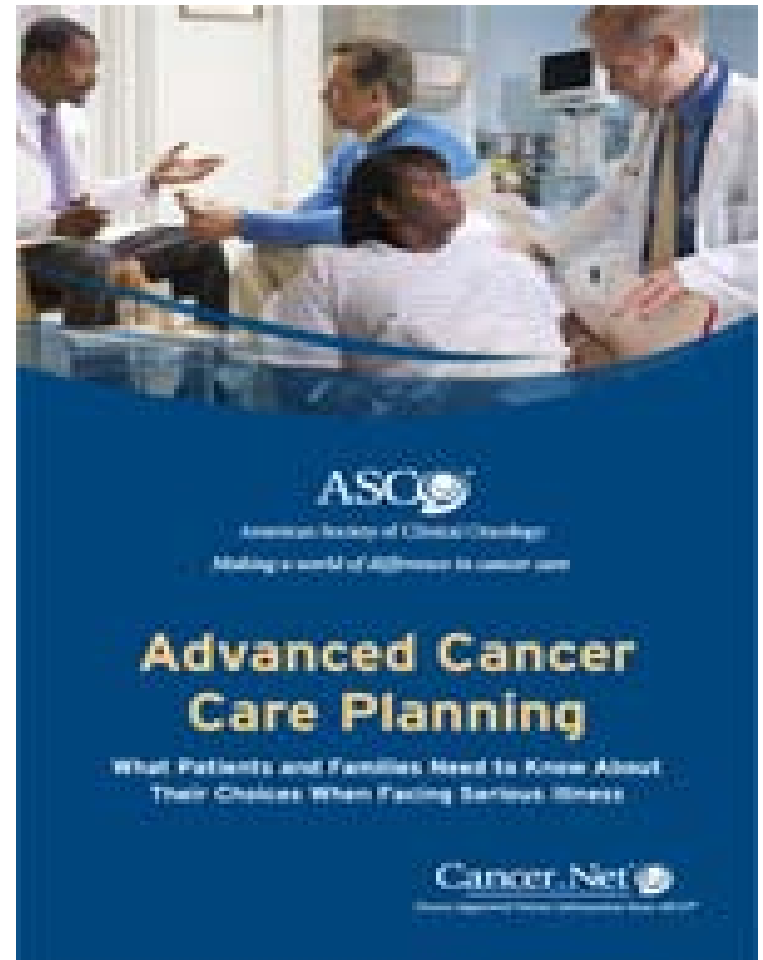
- Why is patient centered care important?
- Ideal: multi-disciplinary team care
- Role of evidence-based treatments & patient preferences
- Challenges in contemporary oncology care
- Potential solutions

Magnitude of the Problem

- 1.5 million new cancer diagnoses each year
- 12 million cancer survivors
- For each person diagnosed with cancer there is a family that is also impacted
- Tremendous medical, human, social, financial, and personal costs
- Highly effective and extremely expensive therapies

NY Times 2/16/11 on ASCO's Advance Care Planning

“In fact, it’s because patients will most likely face a number of choices — how and whether to treat, whether to enter clinical trials, whether and when to opt for palliative care or hospice — that a conversation-starter like this makes sense. The [free, downloadable booklet](#) includes sections on costs, advance directives, emotional and spiritual needs.”



Why focus on patient-centered care in oncology?

- A devastating diagnosis
- Treatment complexity and toxicity
- Intense initial therapy followed by ongoing surveillance
- Impact on the patient, family, & co-workers
- Often competing effective therapies/treatment choices based on solid medical evidence
- When there is minimal benefit from therapy, patient-preferences are central
- Serious long-term and late effects of treatment in survivors

Burden of Illness in Cancer Survivors: Findings From a Population-Based National Sample

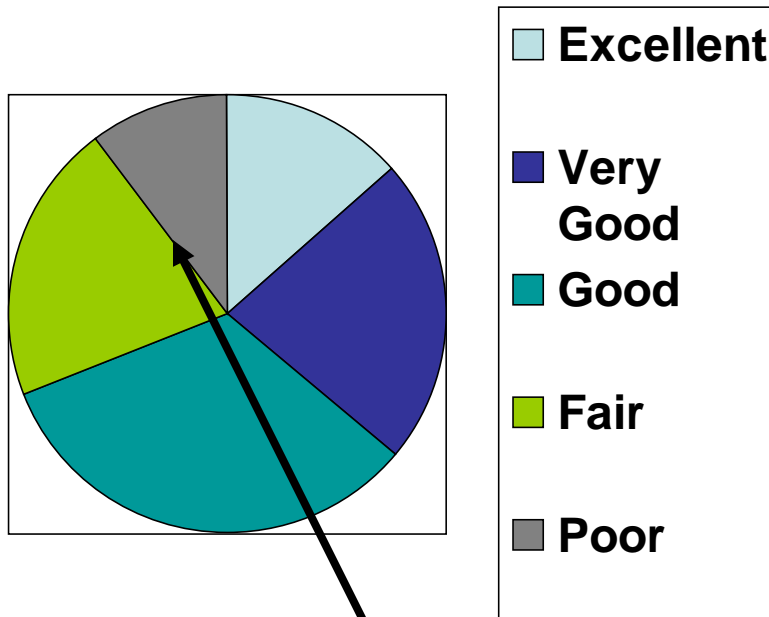
K. Robin Yabroff, William F. Lawrence, Steven Clauser, William W. Davis, Martin L. Brown

- Comparison of cancer survivors and age-matched individuals from the National Health Interview Survey (NHIS) in 2000
- Multiple measures of burden embedded within the survey

JNCI 96:1322, 2004

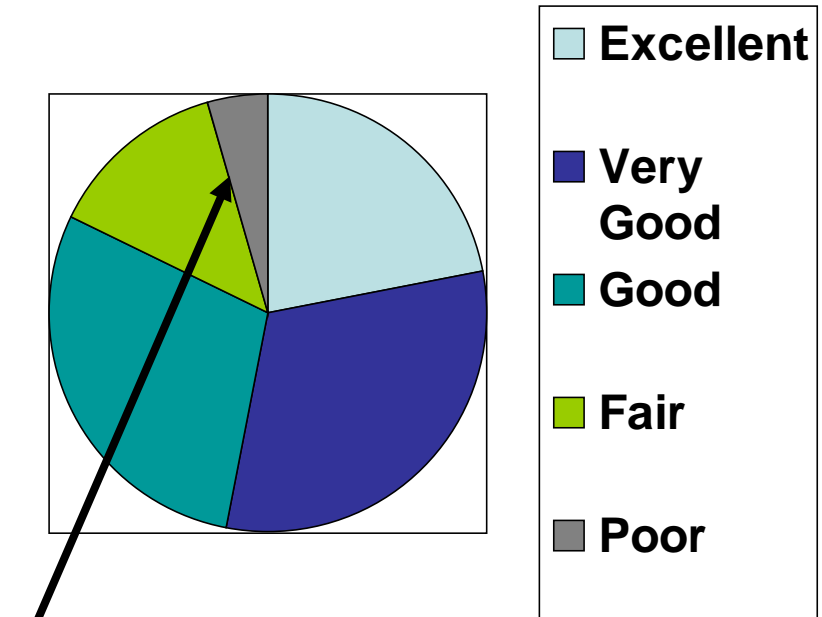
Health Status is Significantly Poorer in Cancer Survivors

Cancer Survivors (N=1817)



31% Fair & Poor

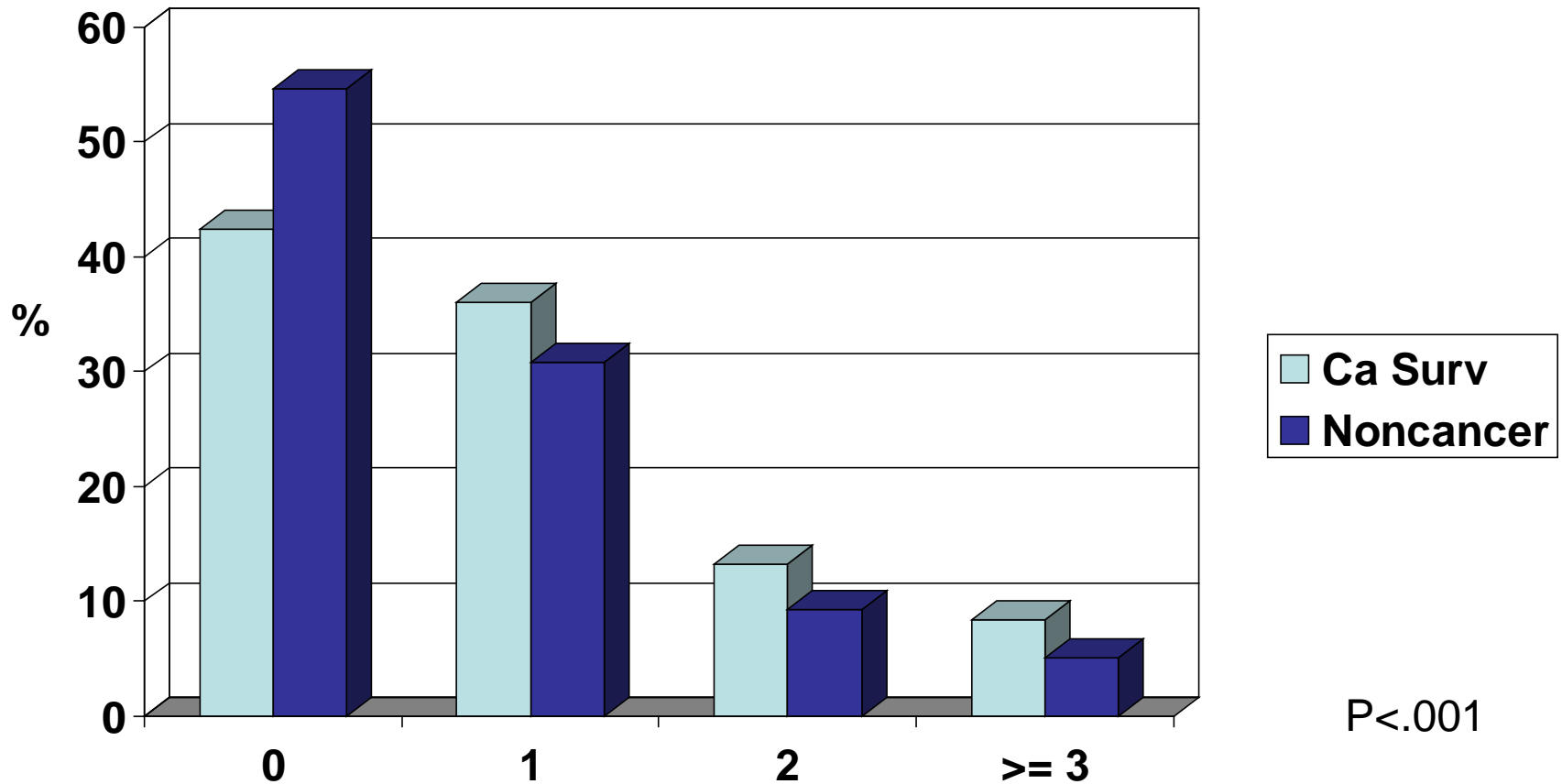
Noncancer Controls (N=5465)



18% Fair & Poor

Number of Comorbid Conditions

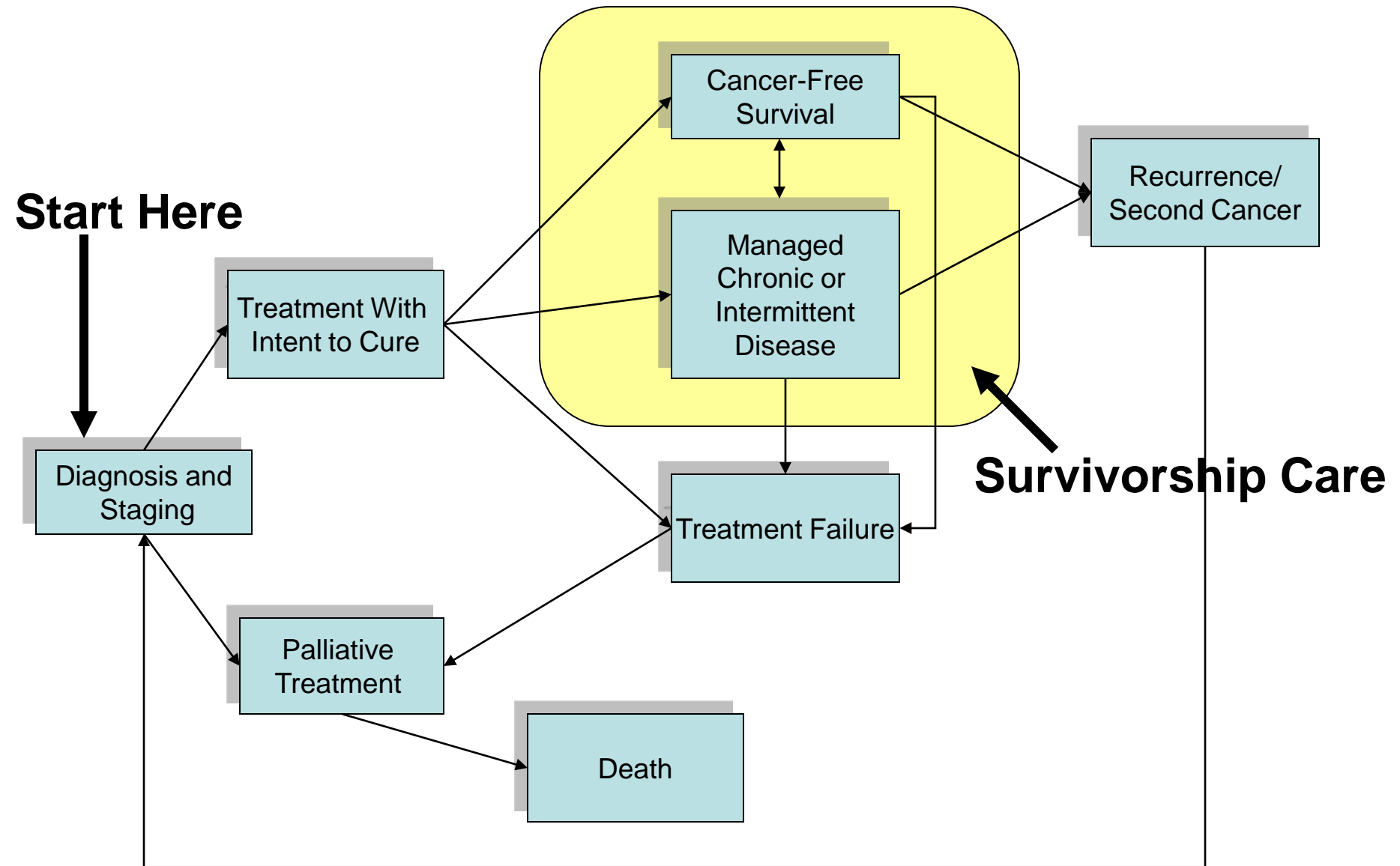
Burden of Illness is Greater



Cancer Survivors Need More Help with Activities of Daily Living (ADLs)

	Cancer survivors N=1817	Noncancer controls N=5465
Needs help with instrumental ADLs	11.4%	6.5% P <.001
Any limitation in any way	36.2%	23.8% P <.001
Needs help with ADLs	4.9%	3.0% P=.003

Cancer Care Trajectory



Entering the Diagnostic/Treatment Trajectory

- Diagnostic work-up & evaluation
 - Primary care, specialists, oncology experts
 - Staging that determines prognosis
- Expert oncology consultations
 - Fragmented
 - Coordinated
 - Multi-disciplinary team care
 - Tumor boards
- Who develops the treatment plan?

Why is cancer different from other chronic diseases?

- Cancer treatment is....
 - Complex
 - Multi-modal
 - Multi-disciplinary
 - Toxic
 - Expensive
 - And often poorly coordinated
- Cancer treatment usually occurs in isolation from primary health care delivery

Process Issues & Ideal Care

- Multi-disciplinary care team that sees patient in close physical proximity
- Review of radiology and pathology with treating clinicians
- Discussion of findings with patient & family
- Discussion of options for care
- Verbal and written treatment plan that is communicated to patient, family and other physicians

Guidance for Treatment Planning

- RCT evidence, meta-analyses, clinical guidelines
- Most strong for early stage disease with adjuvant therapy, when cure is likely
- Critique: Cookbook medicine in which the patient does not fit perfectly
- *Current trends in personalized medicine*: genetic/genomic tests that refine prognosis—how well informed are physicians?

Process Challenges

- Complex information that needs to be communicated
- Limited health literacy
- Patient's psychological distress limits comprehension
- Fear of treatment toxicity may hamper decision-making
- Preference elicitation may be difficult
- Pressure to make a treatment decision

Structural Limitations of Current Oncology Care

- Decentralized
- Largely delivered in the community & not in cancer centers
- Financial challenges associated with small office practices, e.g. lack of EHR
- Surgical care delivered by generalists and not cancer specialists

Specific Structural Challenges

- An average of 3 specialists/patient, with treatments across time and space...outpatient, inpatient, specialized treatment facilities.... limited communication among treating physicians, multiple medical records

Proposed Strategies to Address these Challenges

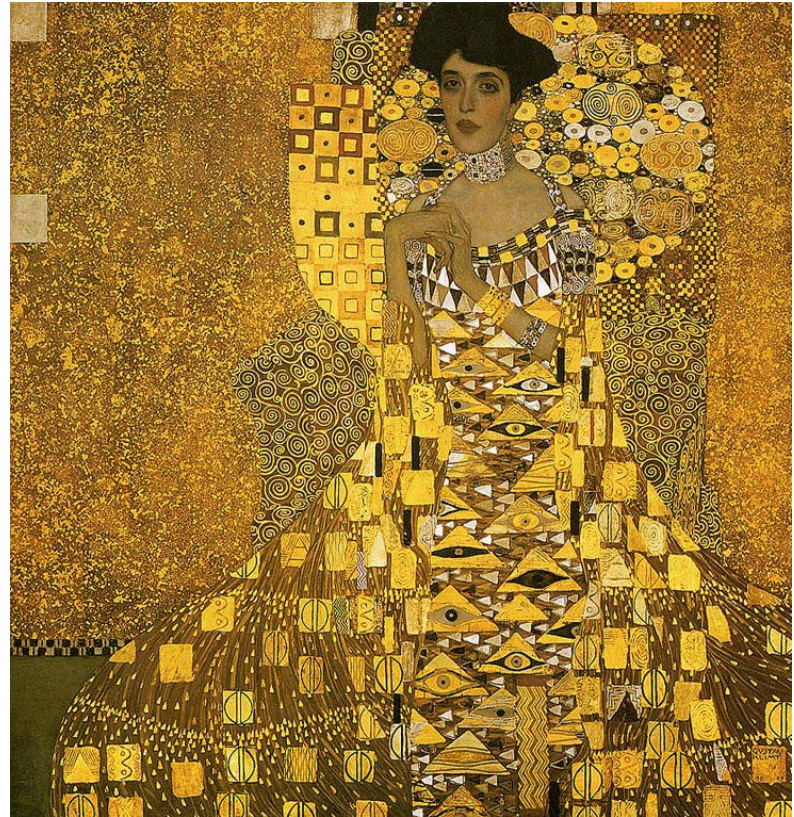
- Integrated, electronic medical records
- Patient navigators
- Consultation planning

None of these strategies are widely available for patients receiving active treatment!

There is no requirement for documenting a written treatment plan.

And there is a cost for the patient...

- Time
- Money
- Human
- Interpersonal
- Existential



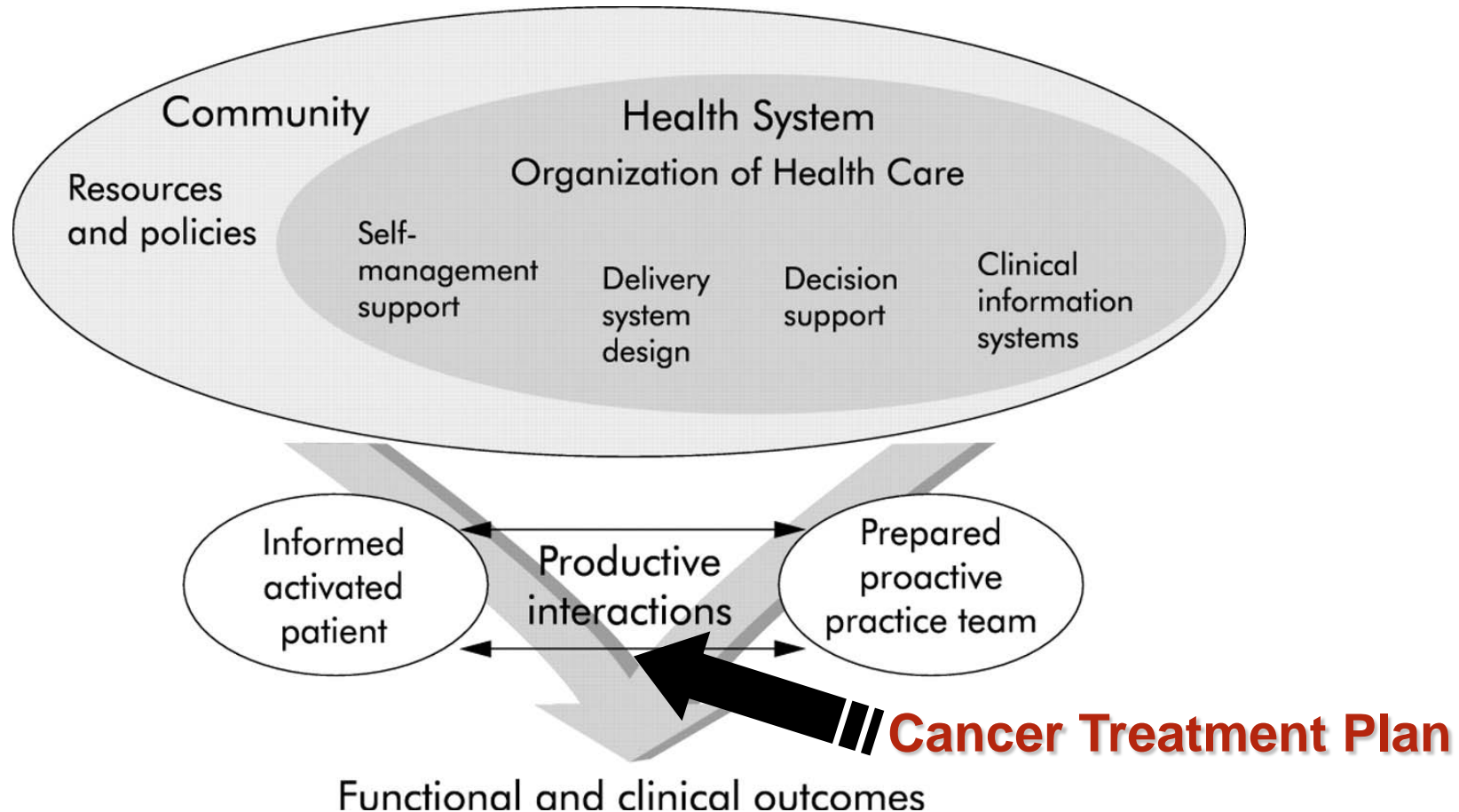
What happens in the real world?

- Patient & family must coordinate care when they are under high stress
- Communication about consultations often transmitted by the patient
- Treatment decision-making is not coordinated
- Limited explicit discussion of treatment goals, toxicities, and likely outcomes

Models of Care

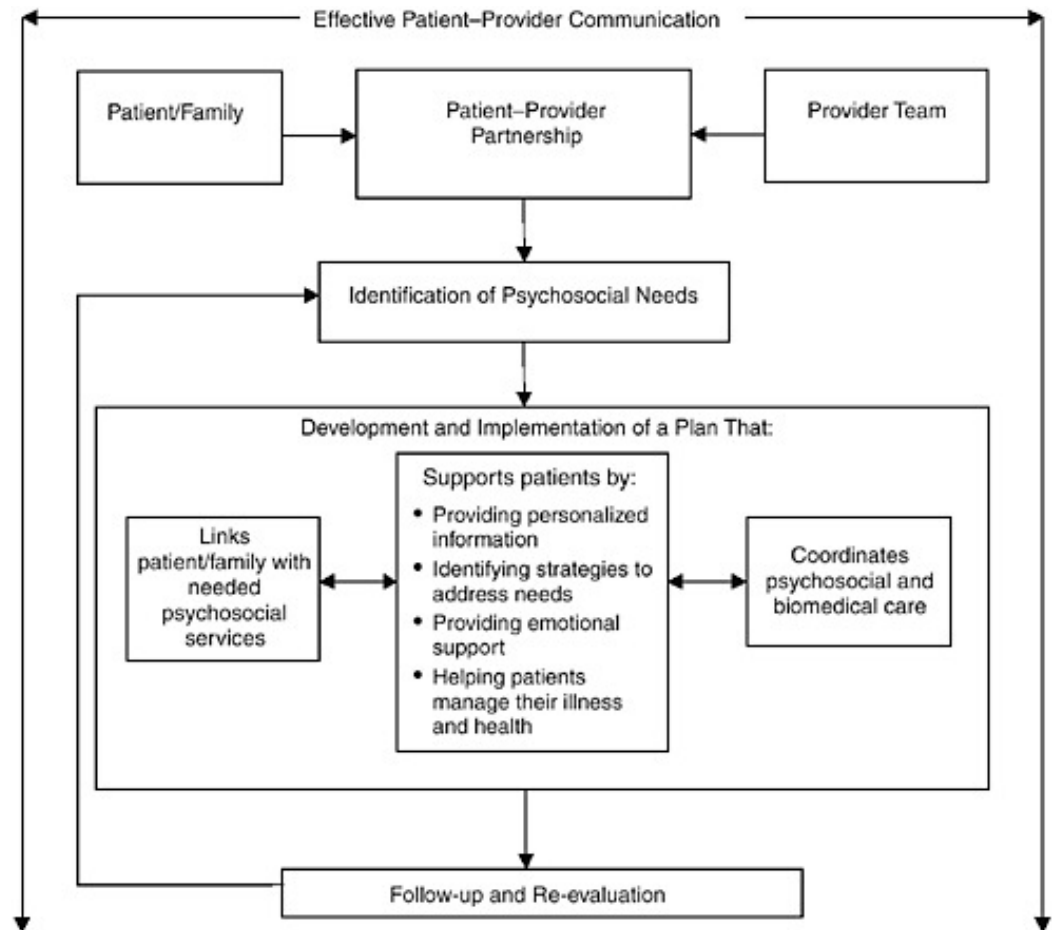
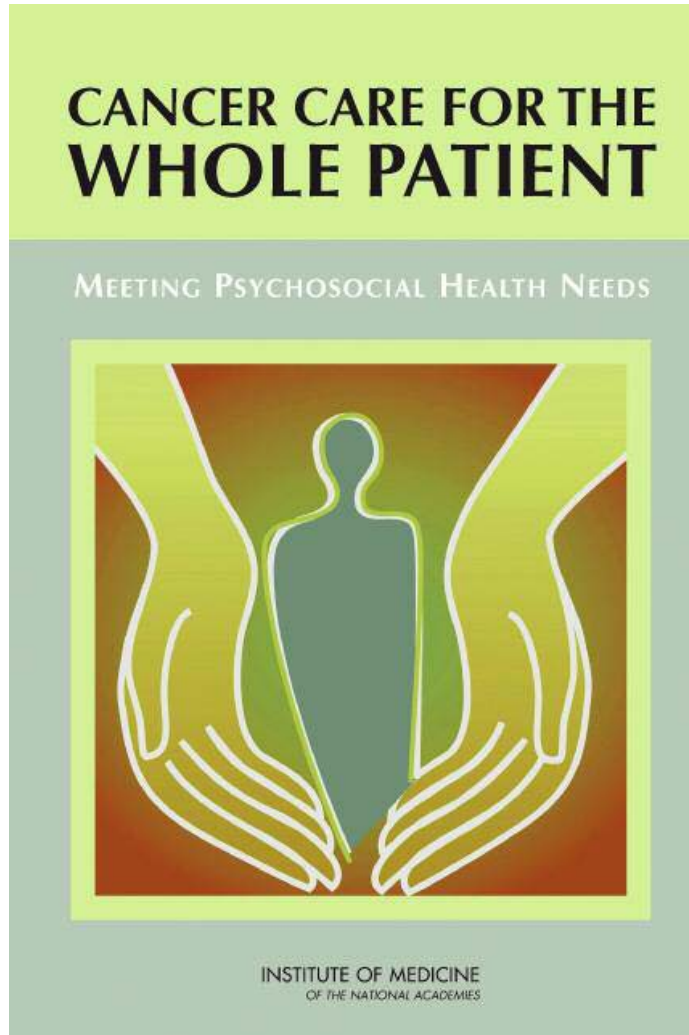
- *Cancer exceptionalism* or just another chronic disease?
- What do we know about how to coordinate complex or chronic conditions?

Where does the Cancer Treatment Plan fit in the Chronic Care Model?



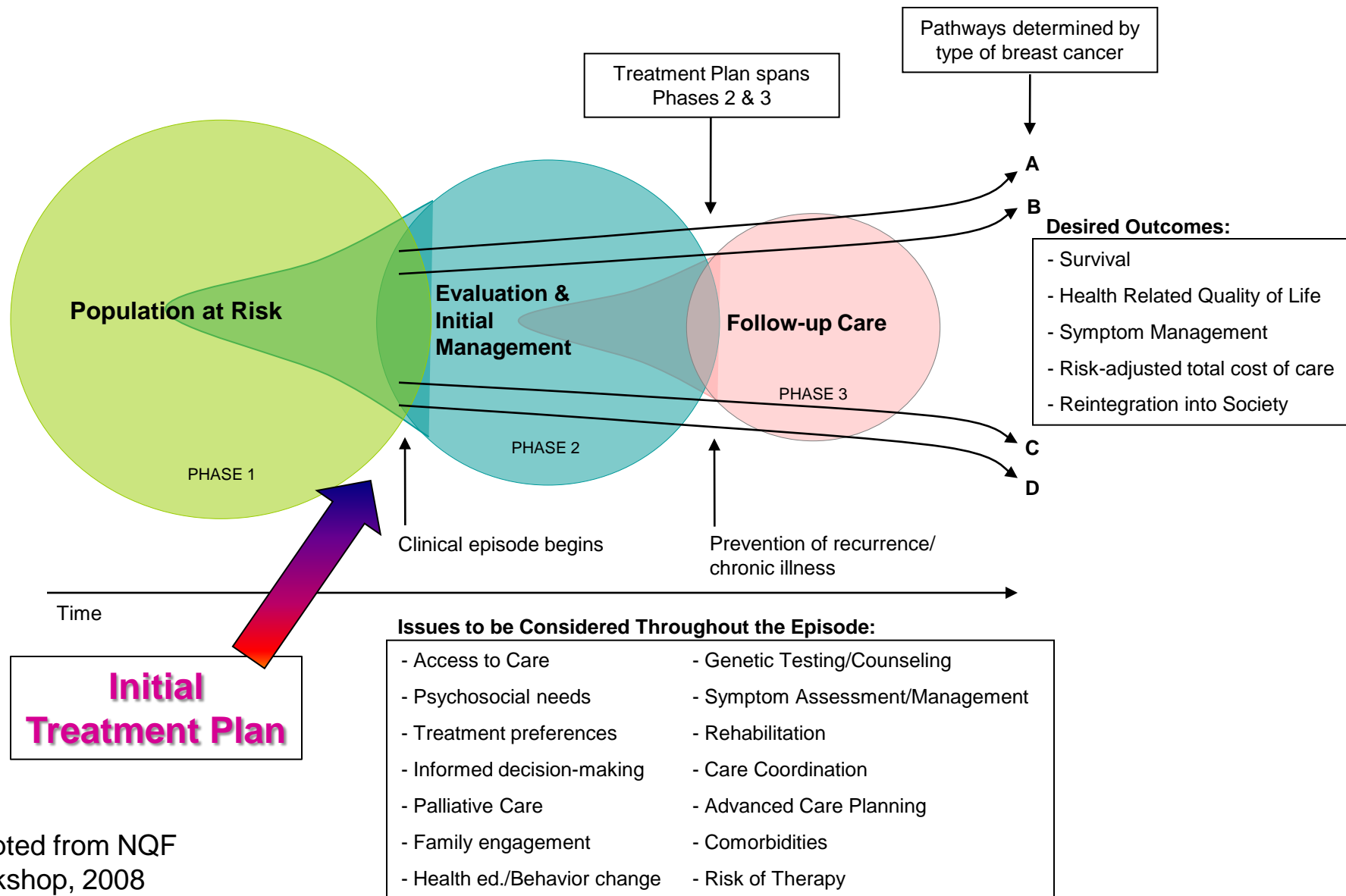
Epping-Jordan, J E et al. Qual Saf Health Care 2004;13:299-305

Treatment plans can facilitate better communication!



IOM, 2007

Context for Breast Cancer Episode of Care



Treatment Plan Flows from other IOM Quality Recommendations

- Continuous healing relationships
- Customization based on needs and values
- Patient as the source of control
- Shared knowledge and free flow of information
- Evidence-based decision making
- Safety as a system property
- Need for transparency
- Anticipation of needs
- Decrease in waste
- Cooperation among physicians

Key Elements to be Included in Treatment Care Plan

- Specific tissue diagnosis and stage
- Initial treatment plan and proposed duration
- Expected toxicities during treatment and their management
- Expected long-term effects of treatment
- Who will take responsibility for specific aspects of treatment
- Psychosocial and supportive care plans
- Vocational/disability/financial concerns and their management
- Advanced directives/preferences, if available

Current Barriers

- Fragmentation of the care system
- Lack of an accountable care entity
- Financial incentives are not aligned
- Patient is vulnerable and may be unable to effectively advocate for needs

Possible Solutions

- Set standard of care for initial cancer treatment planning process
 - Multidisciplinary team care
 - Use best available evidence
 - Include the patient and family in decision-making
 - Encourage second opinions
 - Organize treatment decisions with a written treatment plan that is communicated to all parties



Arigato

Gracias

Thank
You

Merci

T.U.

Danke

T.U.

Grazie