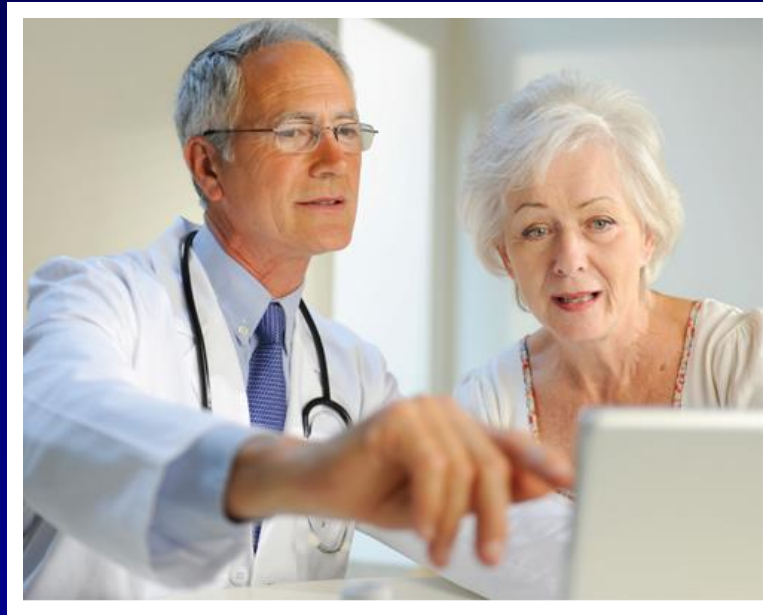


# Shared Decision Making In Cancer Care



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# INTRODUCTION

- Shared decision making (SDM) facilitates treatment decisions
  - Clinical evidence
  - Patient's personal preferences
- Included as a provision in the Affordable Care Act
- Previous studies have evaluated the SDM model and developed a framework to use in practice

# SHARED DECISION MAKING

- Communication of Information
  - Nature of the disease or condition
  - Treatment risks, benefits, alternatives, and uncertainties
- Values clarification / Preference Elicitation
  - Informed attitudes about treatment option characteristics
  - Preferences for treatment options and understanding tradeoffs

# SHARED DECISION MAKING

- Benefits of SDM
  - Enhance patient knowledge
  - Define treatment expectations
  - Increase likelihood of adherence to treatment
  - Reduce health care costs

# Shared Decisions and Cancer

- Ideal when multiple treatment options exist
- Patients have a range of options
- Options vary in their impact on long-term survival and quality of life
- Patients must evaluate these options in the context of their cancer characteristics and treatment goals

# SHARED DECISION MAKING

- Not achieving SDM in clinical practice
  - Misunderstanding of prognosis among cancer patients
  - End of life care not consistent with personal preferences
  - Physicians misunderstand patients' desired role in decision making

ORIGINAL ARTICLE

## Patients' Expectations about Effects of Chemotherapy for Advanced Cancer

- National, prospective, observational cohort study
- 1193 patients with stage IV lung or colorectal CA
- Patients responded to surveys with items adapted from Los Angeles Women's Health Study
- 69% of patients with advanced lung cancer and 81% with advanced colorectal cancer had inaccurate expectations regarding curative benefit of chemotherapy

# OBJECTIVES

- To explore patient perceptions and physician perceptions of SDM in cancer care
- To compare patient and physician perspectives



# METHODS

- Individual, semi-structured interviews
  - 20 patients with a recent cancer diagnosis
  - Purposive sampling of 8 physicians
- Separate and standard interview guides
  - Open ended questions
  - Patient knowledge survey questions

# Methods-Interview

- Open Ended questions
  - “Tell me what symptoms led you to see a physician.”
  - “What were your main concerns when you were told you had cancer?”
  
- Assess treatment expectations
  - Questions adapted from the Los Angeles Women’s Health
  - “After talking with your doctors about chemotherapy, how likely do you think it is that chemotherapy would...help you live longer, cure your cancer, or help with problems you are having because of your cancer?”

# STATISTICAL ANALYSIS

- Interviews transcribed verbatim
- Grounded theory approach
  - Inductively assign codes to define emerging themes
  - Codes compared across transcripts
  - Intercoder reliability with 80% agreement
- The code structure finalized at the point of saturation

# IDENTIFICATION OF THEMES

- “They hand you the whole thing that has every single slide and I think I’m going to go back and read this and go over it but I never do.” -79 y/o  
*Female Lymphoma*

Information too detailed



- “We have stuff from the American Cancer Society that we give them with all the information they need about chemotherapy and radiation.”  
*-Surgeon*

Information easy to understand



# RESULTS: THEMES

- Communication of Information
  - Information Provided
- Values Clarification/Preference Elicitation
  - Patient Autonomy
  - Communication of Patient and Physician Priorities
  - Physician Recommendation

# RESULTS

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## Shared Decision Making Component: Information

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### Patients (N=20)

Information provided is too detailed

50.0%

Amount of information provided is inadequate

20.0%

### Physicians (N=8)

Information is complete and easy to understand

62.5%

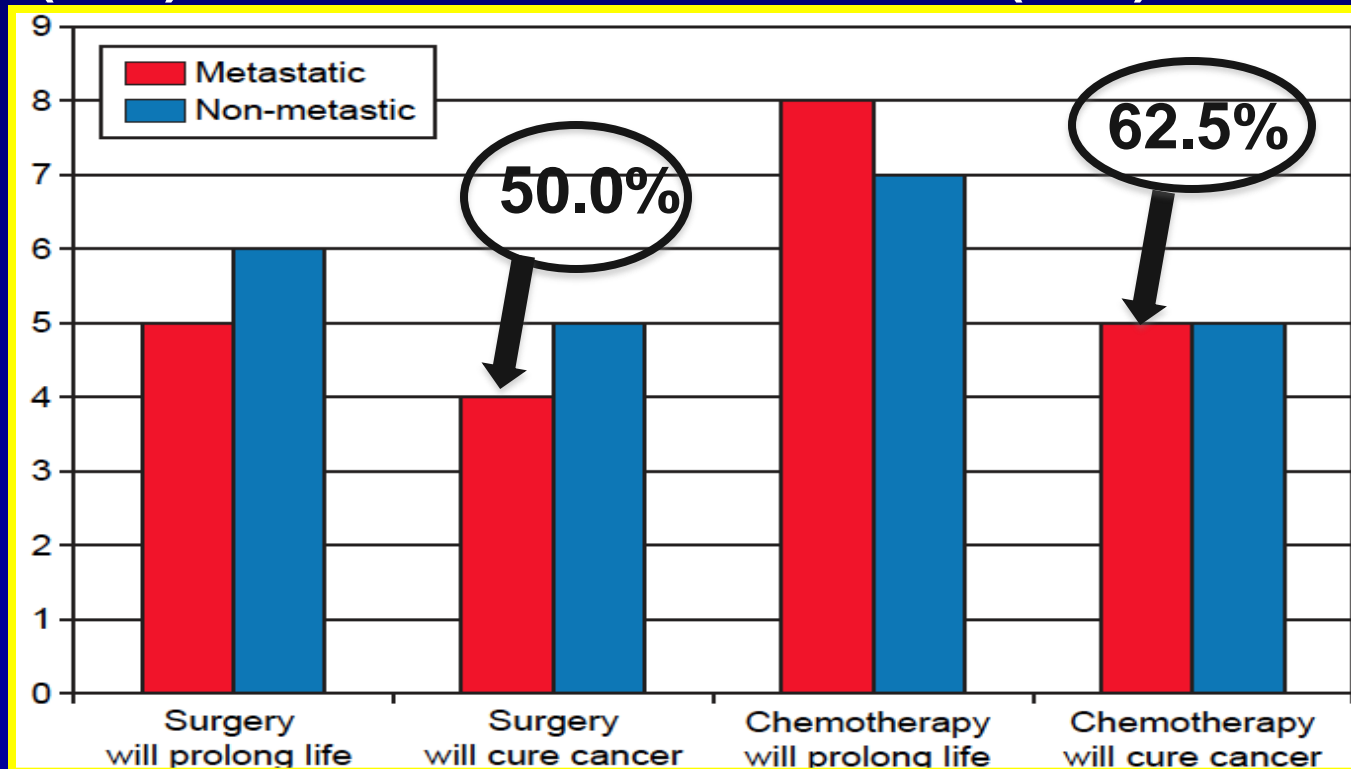
Information overwhelms the patient

37.5%

# PATIENT KNOWLEDGE

What is the likelihood that surgery/chemotherapy will cure your cancer?

“Very Likely” Responses Across Metastatic (N=8) and Non-Metastatic Patients (N=8)



# PREFERENCE ELICITATION

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## Patient Autonomy

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### Patients

N=20

Patients desire autonomy

80.0%

“I would prefer to know that I am making the decision. I mean after all it is your body right?”  
-65 y/o Female Breast Cancer

### Physicians

N=8

Physicians incorporate patient autonomy

62.5%

“I think it’s their decision. You give them the data but in most cases, it’s their decision.”  
-Oncologist



# VALUES CLARIFICATION

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## Communication of Priorities

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### Patients

N=20

Patient priorities and concerns

55.5%

“You ought to be talked to about your self-image, cancer changes your whole self image.” -64 y/o  
*Female Breast CA*

### Physicians

N=8

Physician priorities and concerns

37.5%

“If the choice is, you are going to have to wear a wig for a while but you are going to be around, I am much more into doing that” –*Oncologist*

# VALUES CLARIFICATION

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## Physician Recommendation

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### Patients (N=20)

Patients want physician recommendation

75.0%

“Many people get frustrated when a doctor won’t tell them what they recommend, and that is very hard for patients.” -69 y/o Female Breast CA

“My doctor told me I won’t come out unscathed, but he convinced me I needed this by saying if this was my mom or sister I would tell them to get it done.” -59 y/o Female Breast CA

# VALUES CLARIFICATION

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## Physician Recommendation

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### Physicians (N=8)

Physicians provide an evidence-based recommendation without incorporating patient values

75.0%

“I always try to stay really objective, it’s hard to take your opinion completely out of the decision making, but I do it by following the data.”

*-Oncologist*

# SUMMARY

- Physicians report that information provided is adequate
- Majority of patients disagree and report that physicians did not adequately assess or meet their informational needs
- Patients are not receiving appropriate knowledge regarding treatment expectations

# CONCLUSIONS

- Better physician assessment of patients' informational needs is key to ensuring patient understanding of the disease process
- Improving communication of information and providing patients with the knowledge necessary to make informed decisions is the first critical step to SDM in the clinical encounter

# AIM 2: Audio Recording

Perform a randomized control trial test to evaluate the effect of audio recording clinical encounters on shared decision making in cancer care treatment decisions

# BACKGROUND

Providing recording of clinical consultation to patients – A highly valued but underutilized intervention: A scoping review

Maka Tsulukidze<sup>a</sup>, Marie-Anne Durand<sup>b</sup>, Paul J. Barr<sup>a</sup>, Thomas Mead<sup>c</sup>, Glyn Elwyn<sup>a,d,\*</sup>

- Literature review of 33 studies
- 53.6% - 100% (72% weighted average) of patients listened to recorded consultations
- Demonstrated enhanced information recall and understanding by patients, and positive reactions to receiving recorded consultations

# **Effect of Providing Cancer Patients With the Audiotaped Initial Consultation on Satisfaction, Recall, and Quality of Life: A Randomized, Double-Blind Study**

**L.M.L Ong, M.R.M Visser, F.B. Lammes, J. van der Velden, B.C. Kuenen and J.C.J.M. de Haes**

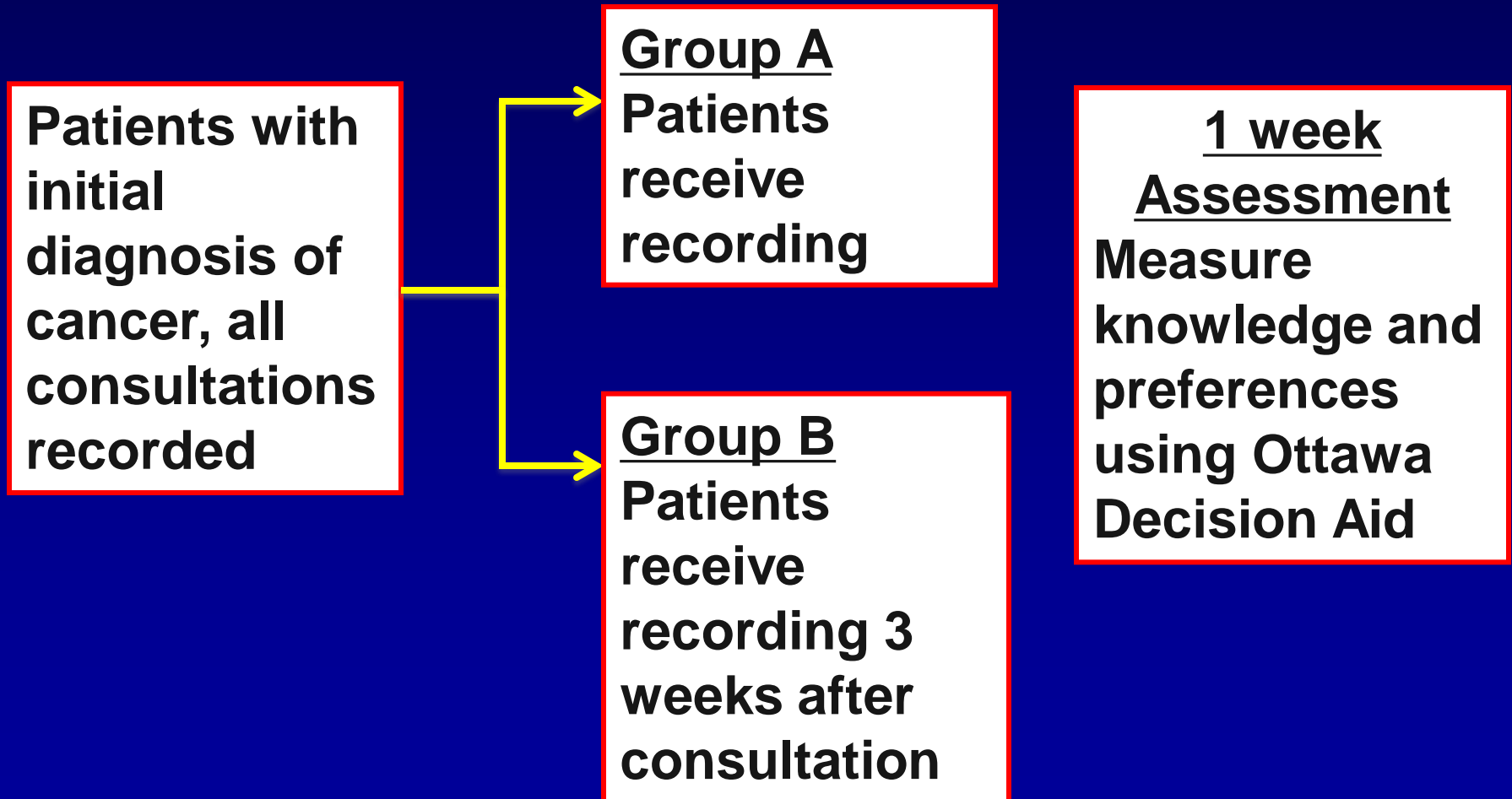
- Randomized double blinded study
- 201 patients were either provided with the tape (experimental group) or not (control group)
- Follow up assessments after 1 week and 3 months
- Enhanced satisfaction in younger patients and recall of diagnostic information in older patients



# HYPOTHESIS

- The first critical component of shared decision making is communication and patient comprehension and core knowledge is necessary to make an informed decision
- Patients who receive audio recordings of their clinical encounters will be more clear about their values related to the tradeoffs between the risks/benefits of different treatment options

# STUDY DESIGN



# STUDY DESIGN

- Patient has consultation with physician
  - Physician is responsible for remembering to record the interview
  - Two recorders present in the room
- 2 week assessment of Consultation
  - All interviews transcribed and coded for patient/physician discussion
  - Compare transcripts from patient/physician encounter to patient interview  
(outcomes: knowledge, information received)

# OBJECTIVES

- Use techniques demonstrated to improve communication of core knowledge to cancer patients
- Compare transcripts between physician consultation and patient interview to evaluate for gaps in communication and the subsequent impact on treatment choice and decisional outcomes