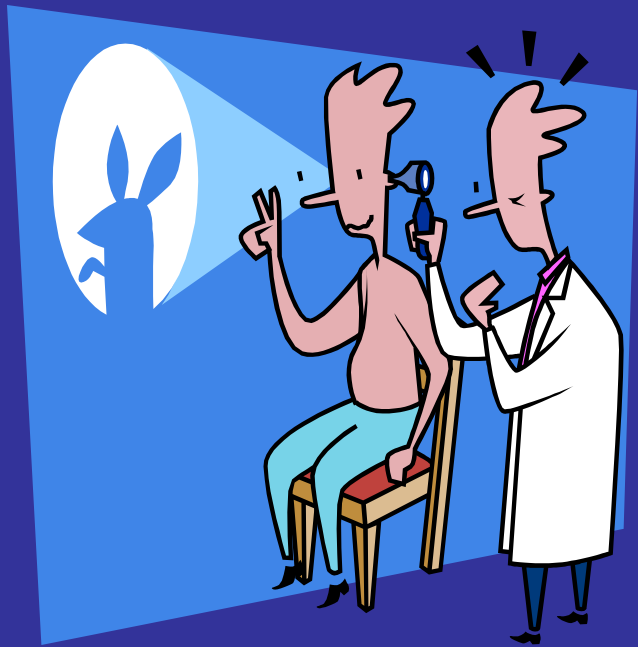


A conceptual framework for patient-provider communication: a tool in the PRO research tool box



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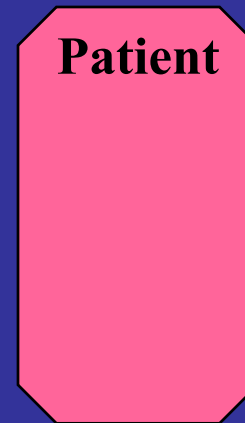
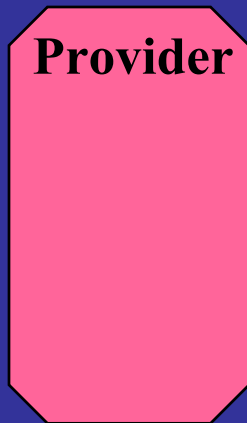
Michael Brundage, Queen's University, Canada
Carol Tishelman, Karolinska Institute, Sweden

Objectives

- provide a description of elements important in the communication of PROs and how they might interact
- generate hypotheses about the impact of:
 - Providing group PROs to individual patients
 - Collecting PROs from individual patients
 - Providing individual's PROs to physician

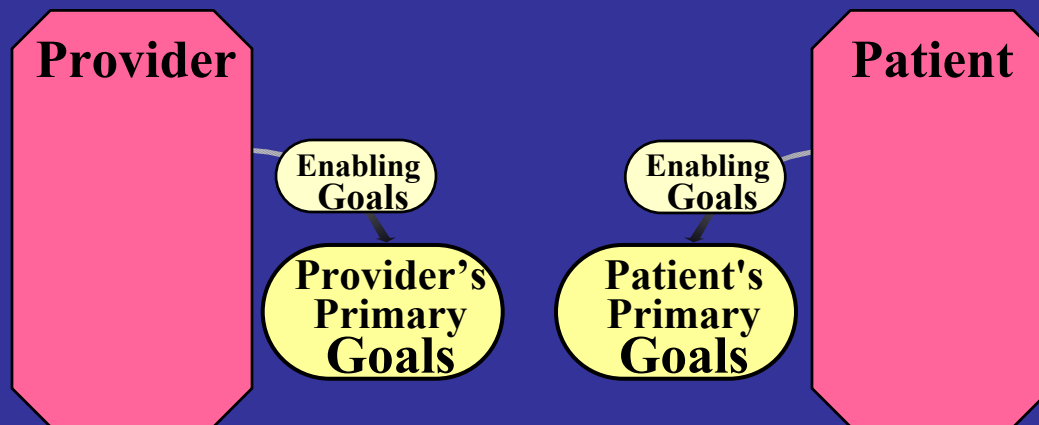
Assumptions

- two people only
- in person
- competent adults



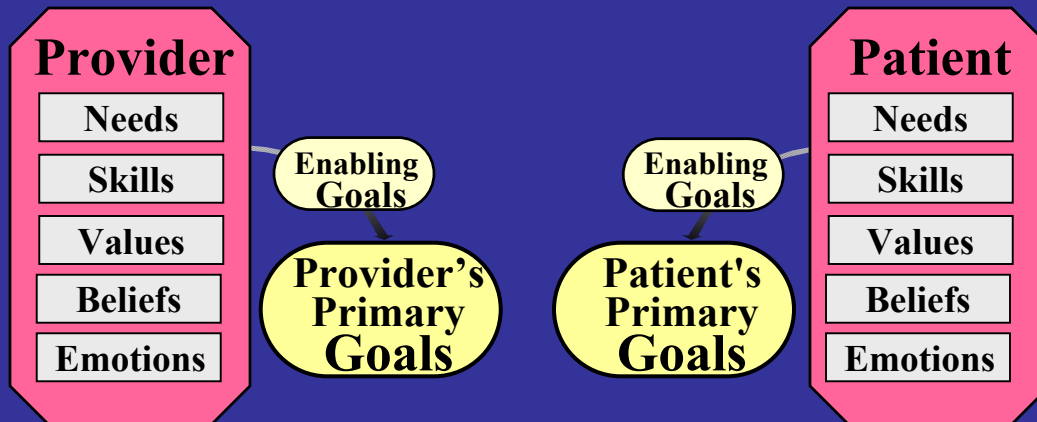
The Framework: Components

1. Goals



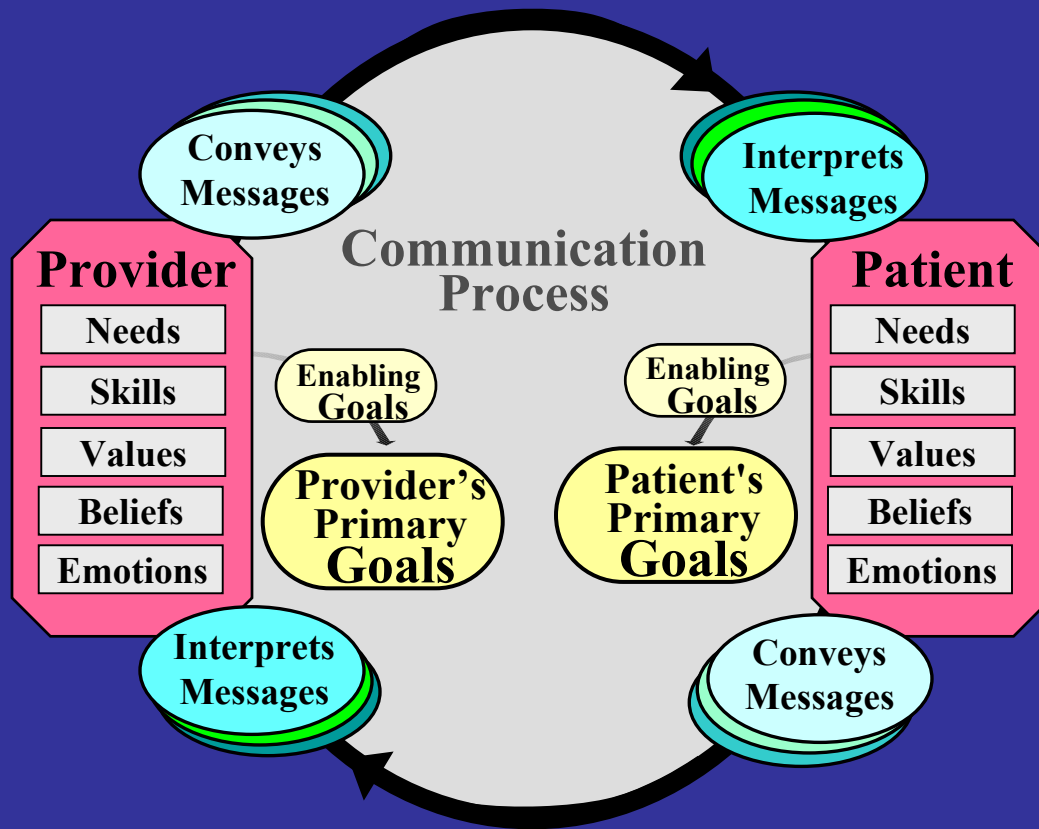
Components

2. Personal attributes



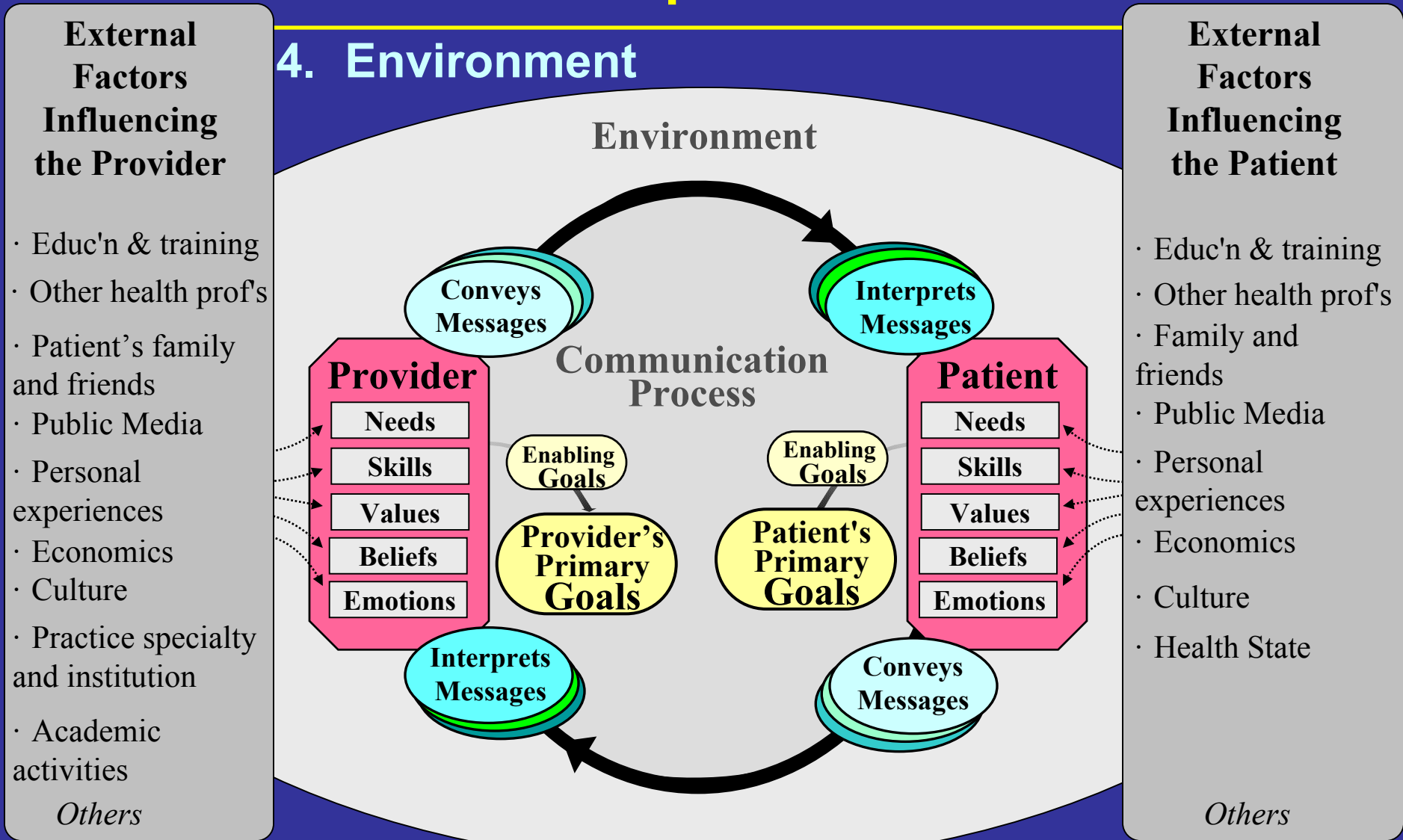
Components

3. Communication Process

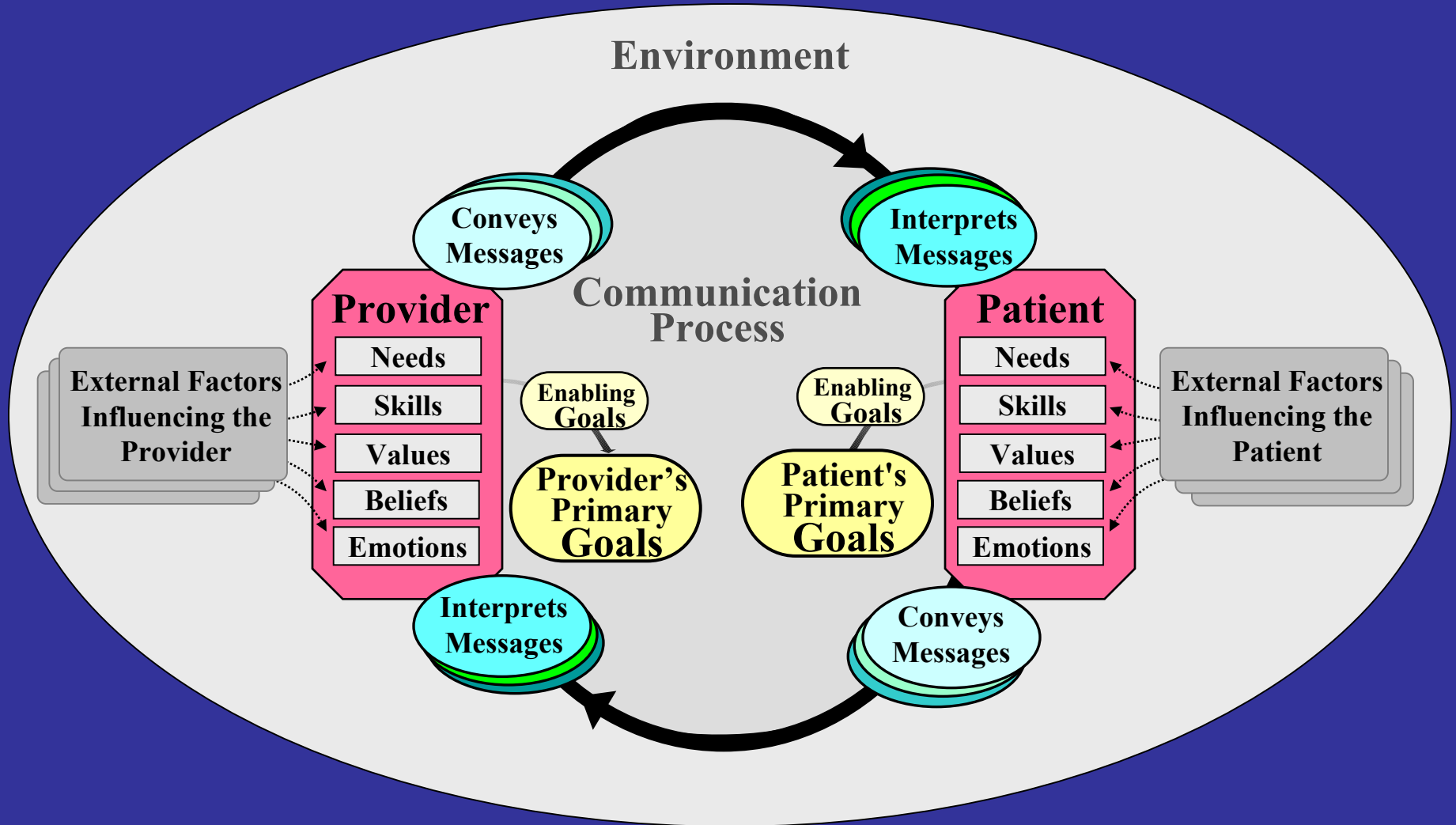


Components

4. Environment



Patient-Provider Communication Framework



Patient Reported Outcomes

Types

- **Other people's experiences** (usually central tendency)
 - PRO information provided by physician
- 2. **Individual's experience**
 - PRO information provided by patient

PRO: Group's experiences

Step 1: conveyed by physician

- Typically driven by an **enabling goal**

- e.g. help pt understand QoL associated with a particular treatment

- to achieve **primary goal** of choosing a treatment

- **need** to be seen as competent, caring doctor

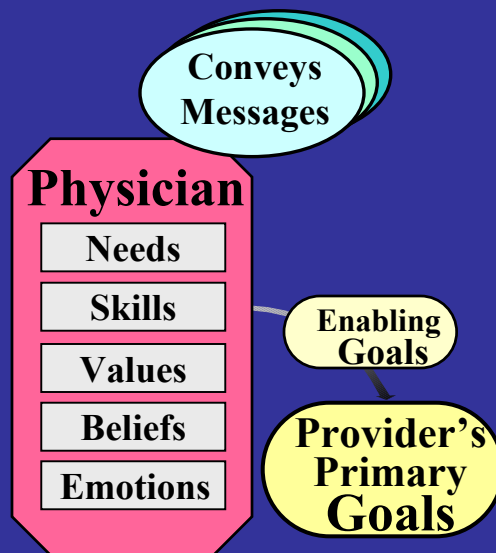
- reflects **values**

- uses **skills**

- to convey **belief**

- affected by

- **emotions**



PRO: Group's experiences

Step 2: interpreted by patient

-Typically driven by an **enabling goal**

- e.g. understand QoL associated with a particular treatment

- to achieve **primary goal** of choosing a treatment

- reflecting **need** - limit suffering

- uses **skills**

- affects **beliefs**

- compares to **values**

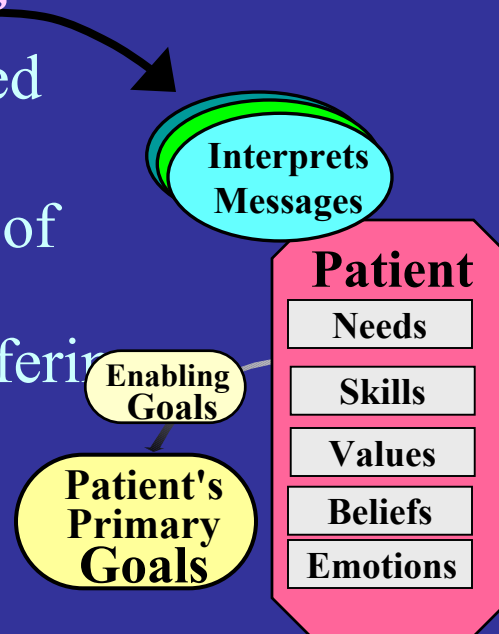
- uses **skills**

- possibly affected by

- other **values**

- other **beliefs**

- **emotions**



PRO: Group's experiences

Brundage et al, (ISOQOL, 2006)

Study

Participants: Lung cancer patients who had been resected for early-stage cancer

Task: make hypothetical decision to have (or not) adjuvant chemotherapy

Procedure: structured decision-aid that included side effects of treatment

- Participant indicated preference
- Then participant was provided with QOL info
- Re-considered preference

Study design: Low impact Group – low impact on QOL

High impact Group – high impact on QOL

PRO: Group's experiences

Brundage et al, (ISOQOL, 2006)

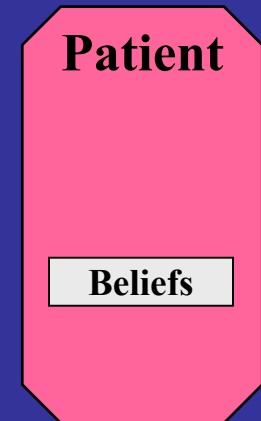
Results

Treatment preference:

- Providing QOL information altered treatment preferences
- Change in treatment preference was sensitive to level of QOL impact

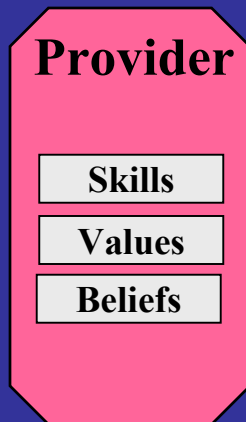
PRO: Individual's experience

Hypothesis: learning about other patients' QOL changes their treatment preference by altering their beliefs about the health states that could result from treatment



PRO: Group's experiences

Further **hypotheses** – to improve physician effectiveness at providing Group PROs:



- increase how they **value** PROs
- improve their **skills**
 - at understanding PROs
 - at providing PROs
- improve their **beliefs** – need adequately described PROs in the literature

PRO: Individual's experience

Velikova et al, 2004

Study Design: 3 groups

- **Intervention Group:** Patients completed touch-screen HRQL questionnaires (EORTC) in waiting room before encounter; their results were provided to physicians
- **Attention-Control Group:** Patients completed touch-screen HRQL (EORTC) questionnaires in waiting room before encounter; no information provided to physicians
- **Control group:** No touch-screen measurement

PRO: Individual's experience

Velikova et al, 2004

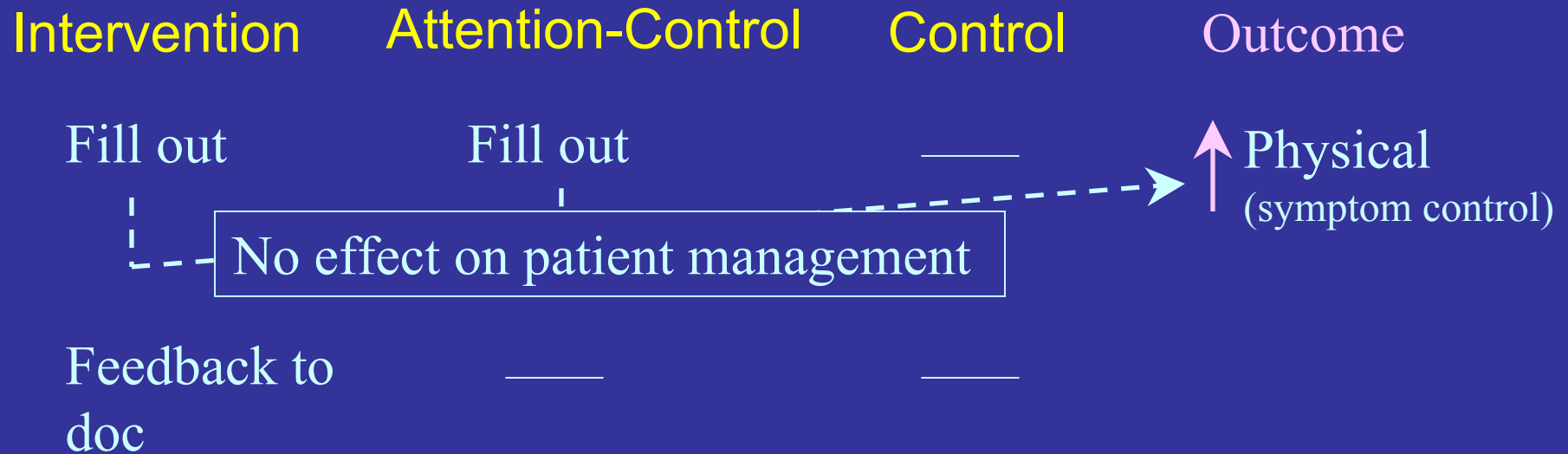
Outcomes Assessed:

- Patient's HRQL (Fact-G) at four time points
 - After baseline encounter; after 3 encounters; after 4 months; at end of study (~6 months)
- Process of care outcomes – from audio-taped encounters

PRO: Individual's experience

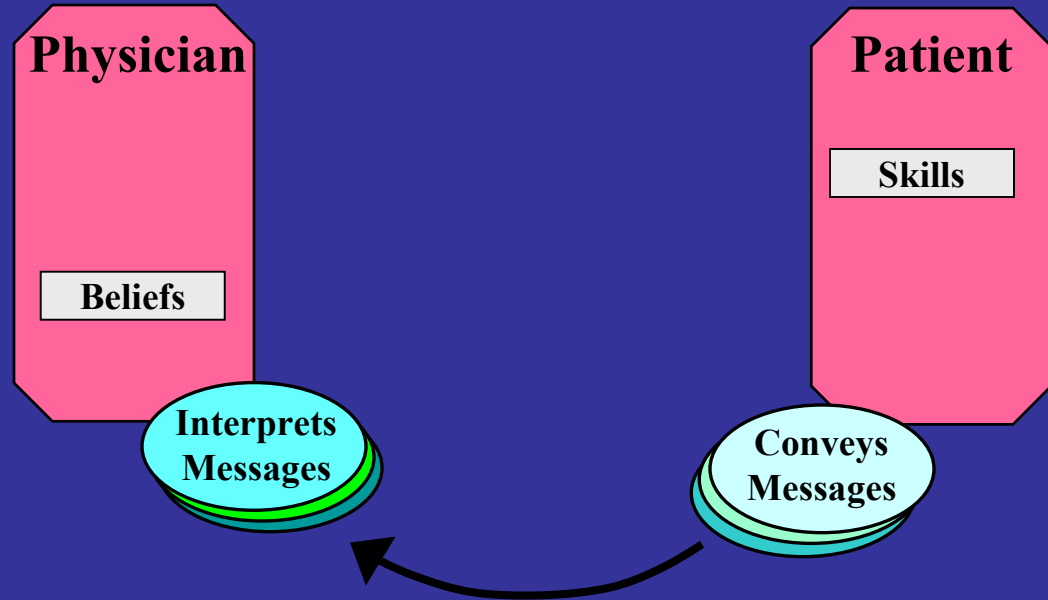
Velikova et al, 2004

Results of Interest:



PRO: Individual's experience

Hypothesis: filling out HRQL forms improves patients' skills at describing their symptoms which leads to better symptom control



- filling out form improves patient **skill** at describing his state
- makes patient more effective at **conveying** message about his state
- doctor **interprets** the message
- which improves her **beliefs** about patient's situation

PRO: Individual's experience

Further **hypotheses**: filling out forms most likely to be helpful when:

- patient's skills at describing his current state are not highly developed
- patient's current state is highly complex

Corollary also true

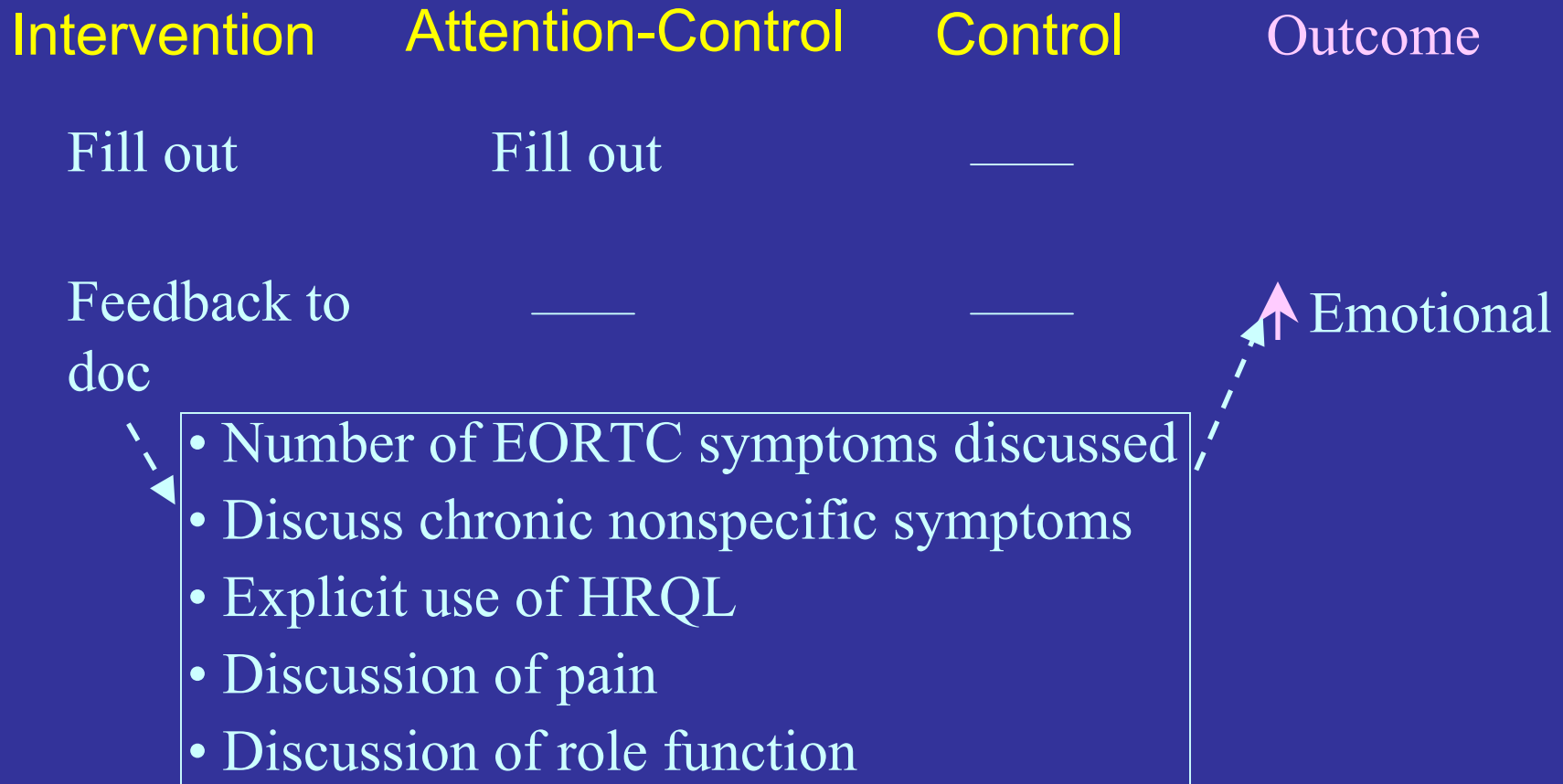
PRO: Group's experiences

Hypothesis: filling out HRQL forms improves patient's skill at understanding the HRQL data describing group's experiences

PRO: Individual's experience

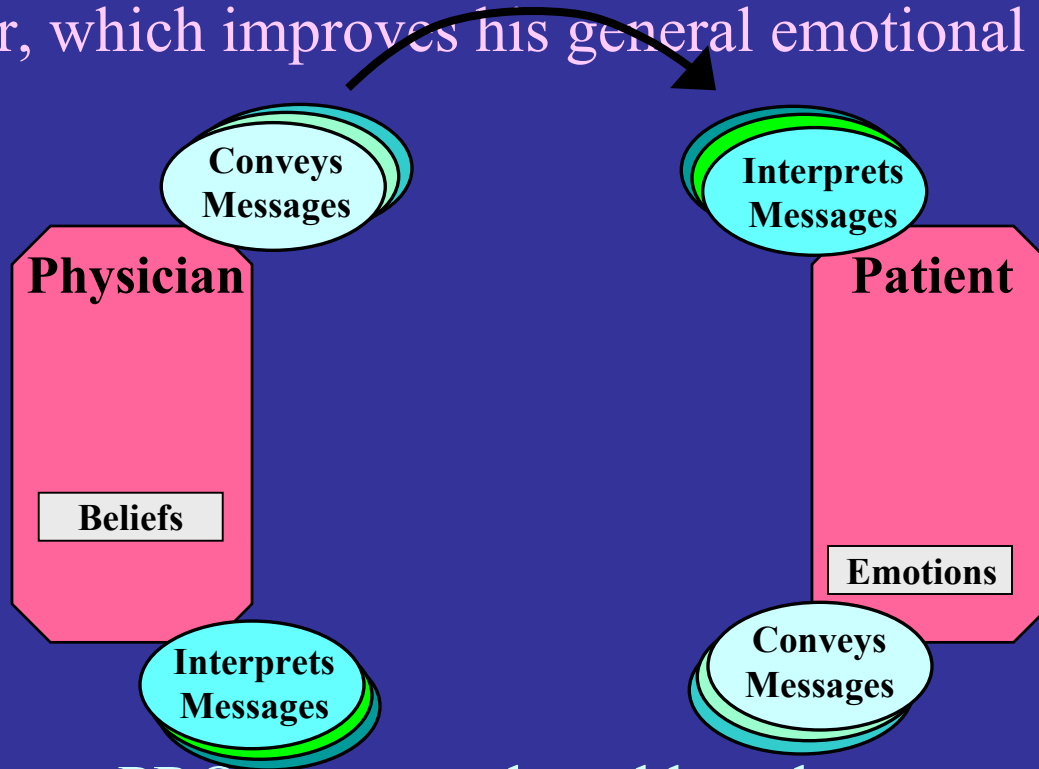
Velikova et al, 2004

Results of Interest:



PRO: Individual's experience

Hypothesis: providing patient's PRO improves patient's feeling of being cared for, which improves his general emotional state



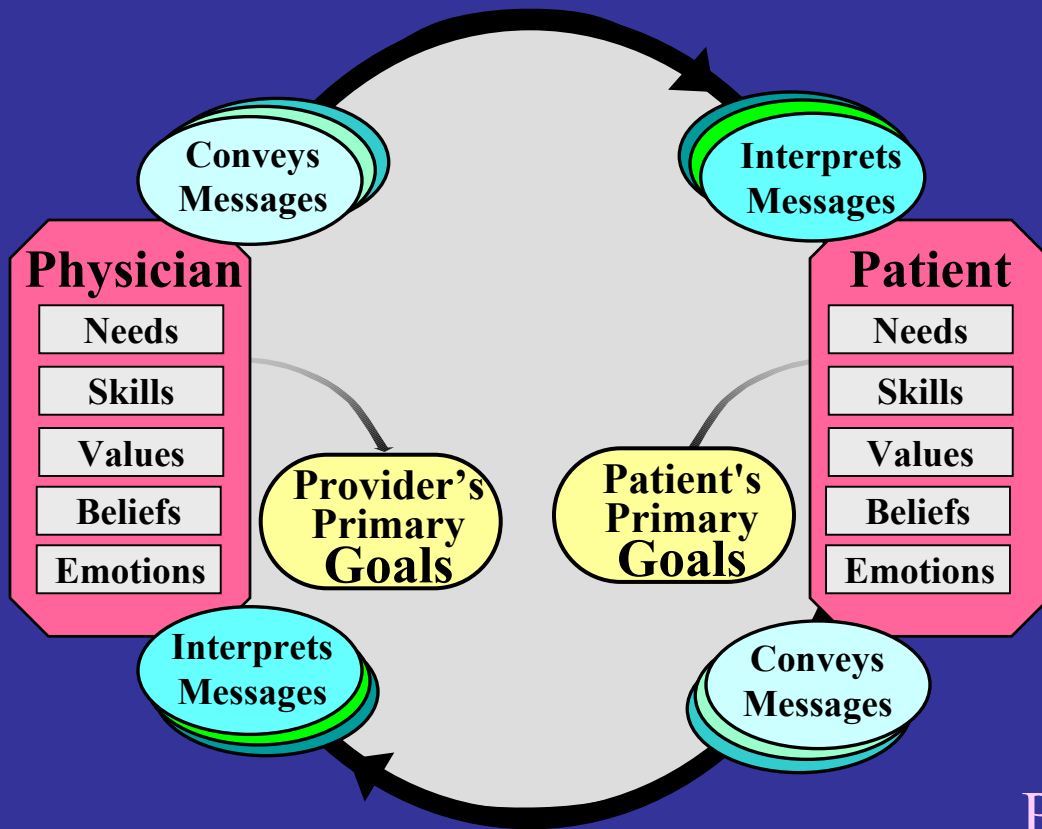
- providing patients PRO increases breadth and accuracy of physician's **beliefs** about patient's health state
- increases **discussion** focussed on specifics of patient health state
- increases patient's **feeling** of being cared for

PRO: Individual's experience

Further **hypotheses**: providing patient's PROs to physician is most likely to be helpful when:

- physician's skills at hearing/interpreting patient messages are poor
- physician's skills at eliciting information from patient are poor
- physician doesn't have other well developed skills that make the patient feel cared for

Summary



To improve use of Group PROs:

- alter physicians' values
- improve physicians' skills
- improve physicians' beliefs

Collecting patient's individual PROs:

- improve patients' skills understanding Group PROs
- improve patients' skill at conveying PROs

Providing Individual's PROs:

- improves physicians skills at conveying care