University of Otago
Cancer Control and Screening Research Group
Wellington

C3: Cancer care journeys & clinical decision-making

Up-date on progress

C3 Symposium

April 2014

hrc Health Research Council of New Zealand

Research Aim

- To further understanding of the independent and interacting influences of Māori ethnicity and comorbidity on cancer survival and to identify and pilot interventions that will enable changes to health delivery to reduce disparities in cancer survival between Māori and non-Māori.

Phase 1

The role of comorbidity in cancer care decision-making in multidisciplinary teams

Status: Completed

Background

- Cancer patients with comorbidity are considerably less likely to be offered active therapy despite growing evidence that such treatments are both tolerated & effective.[1,2]
- Multidisciplinary team meetings (MDMs) are increasingly the context within which cancer treatment decisions are made internationally.
- Little is known about how comorbidity is considered, or impacts decisions, in MDMs.

Aim

To assess the role of ethnicity & comorbidity in cancer care decision-making in MDMs.

Identify interventions specific to MDMs that would reduce disparities in cancer survival due to ethnicity and/or comorbidity.

Methods

- A systematic literature review
- Observation of 10 MDMs (breast, colorectal, upper GI & lung)
  - 106 patient cases audio-recorded in two regional cancer treatment centres in New Zealand
  - Analysed using conversation analysis.

Results – literature

- Limited evidence on which to draw conclusions
- Comorbidity not well considered[3,4]
- When comorbidity is considered it can result in treatment outside of recommended guidelines[7]
- MDM members are likely to be unaware of the extent to which issues such as comorbidity are ignored.[4]

Results - observation

- Comorbidity was often discussed in MDMs, but not systematically
- Less so in breast MDM, likely because patients were younger than in other MDMs & thus had less comorbidity
- Sometimes subjective knowledge provided e.g. fit, frail, independent.

Where is the authority re comorbidity?

- The person who has met patient tends to be treated as if they have 'undisputable knowledge' to describe the patient, including their comorbidities
- 'Encountered' authority – the authority given to someone who has met the patient
- Particularly relevant when treatment options discussed
- If no one has met the patient discussions can be difficult as 'all' information may not be at hand
- This may disadvantage some patients e.g. from provincial hospitals.

Other sources of authority include

- Technological – authority from diagnostic evidence presented
- Research evidence – authority from previous research findings – rarely explicitly mentioned
- Lived experience – authority that comes from undertaking the surgery on this particular patient (tissue feel etc.)
- Clinical experience – authority from clinical experience with this condition
- Authority of referral – where there is no encountered authority referral letter & patient notes are central.

Conclusions

- Comorbidity not systematically discussed in MDM decision-making
- Comorbidity can result in under treatment
- MDM members likely to be unaware how much comorbidity not attended to
- There are a number of forms of authority in MDM decision-making
- Person who has met patient has most authority to comment on comorbidity - 'encountered authority'

Implications

- There is work underway to improve MDM decision-making e.g. evaluation tool-kit[4]
- There is less work on how clinicians should manage the complexity involved in treating patients with comorbidity
- Further research to assist MDM members to make decisions that address comorbidity consistently & appropriately
- So patients with comorbidity achieve optimal outcomes.

References

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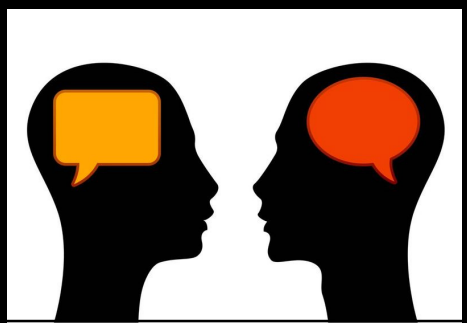
Phase 2

Consultations

Status: On-going



Research aims

1. Assess the impact of ethnicity and/or comorbidity in specialist cancer treatment consultations
2. Understand the perceptions of clinicians
3. Understand the perceptions of patients/whānau
4. Identify interventions specific to cancer treatment consultations that would reduce disparities in cancer survival due to ethnicity and/or comorbidity.

Methods

- Audio-record consultations where treatment decision are being discussed.
- Clinician debrief on tape post the consultation (5 mins)
- Semi-structured interview post-consultation with patient and whānau to record their responses to the consultation.

Progress

- 18 completed: 13 NZ European, 5 Māori
- 9 males, 9 females
- From 2 Cancer Centres
- Range of cancers (breast, lung, prostate, skin etc.)
- Consultations: Medical Oncology (7), Radiation Oncology (9), Surgery (2)
- Mix of comorbidities

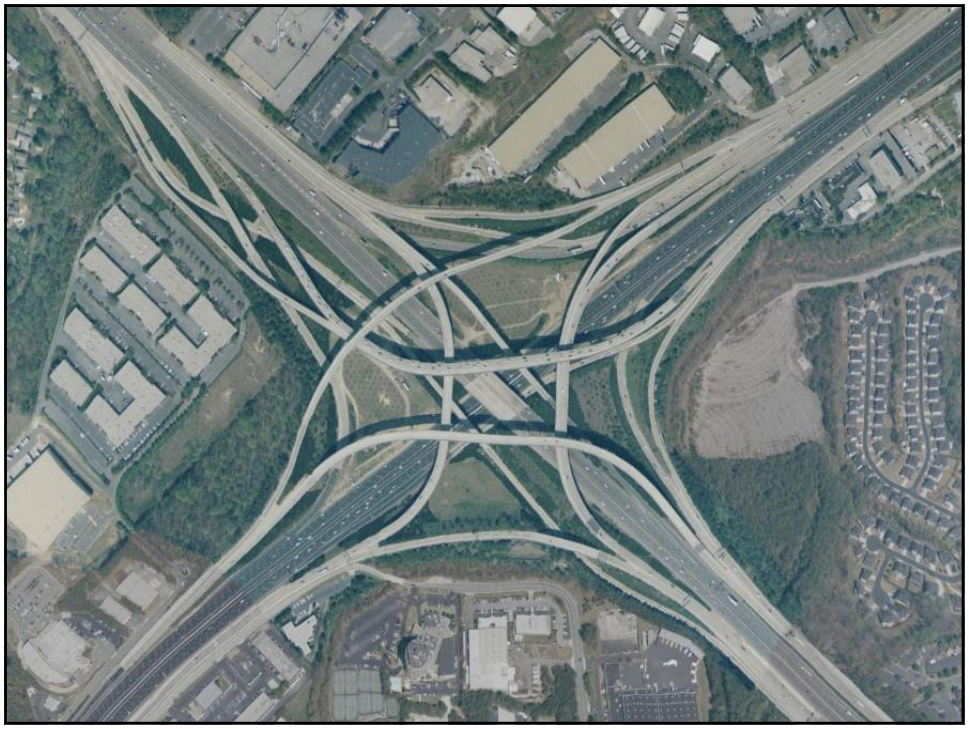
Analysis

- Data transcribed
- Read and re-read by research team members
- Thematic analysis
  - Impact of ethnicity and comorbidity on decision-making in patient consultations
  - Identify interventions specific to cancer treatment consultations that would reduce disparities in cancer survival due to ethnicity and/or comorbidity.

Phase 3

Patient Journeys

Status: On-going



Research questions

1. What is the impact of ethnicity and/or comorbidity on patient cancer journeys?
2. What interventions would reduce disparities in cancer survival due to ethnicity and/or comorbidity?

Methods

Interviews with people from two regional cancer districts:

- adults have completed treatment for cancer in last two years @ identify as Māori or NZ European
- with and without comorbidity.

Identified through community networks & through clinicians participating in this research.

Interviews conducted in a place convenient to person.

Progress

- 23/40 interviews completed: 15 Māori, 8 European
- 13 males, 10 females
- Range of ages
- Range of cancers: leukemia, prostate, breast, pancreatic, bowel.

Analysis

- Interviews transcribed
- Read and re-read by research team members
- Thematic analysis
  - Stage of the journey
  - Impact of ethnicity and comorbidity on patient journey
  - How to improve the journey?

Where to from here ?

- Complete data collection and analysis
- Present findings to key stakeholders in the sector
- Identify potential interventions
- Pilot interventions over next 8 months
- Continue disseminating our findings

Acknowledgements & contacts

- Our thanks to all the participants who gave of their time and knowledge – patients, family members, consultants and MDM members.

- For further information please contact

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