Clinician and Patient Partnership: Barriers and Enablers

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Disclosures:

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Challenges for Physicians (patient perspective)

• Time

• Physician implicit bias – e.g. smoking, obesity, race/ethnicity, transgender, homosexuality

• Physician “detachment” – person viewed as their illness not as a person who has an illness
  • Lung cancer patient vs a person with lung cancer

• Patient distrust of medical profession
  • Cultural
  • Prior bad experience

• Disparate levels of patient activation

• Disparate levels of health literacy
Enabling the Physician Patient Partnership

• Time
• Transparency
• Trust
• Transitions

Time Leads To Trust, Trust Leads To Transparency, Transparency Leads To Transition to Better Health

The 4T’s Lead To Relationships And Success

What Are These Coins? The My Ideal Patient Experience Project
https://cancergeek.wordpress.com/2015/11/25/what-are-these-coins-the-my-ideal-patient-experience-project/ Andy DeLau @cancergeek
Power Asymmetry Makes Partnership Challenging

• Traditional paternalistic physician/patient relationship prevails especially with older physicians and patients

• Physicians need to “give permission” to patients to be partners in their care
  • Invite patient to be a partner in their health and healthcare
  • Assess desired level of patient activation and health literacy
  • Patient brings values, treatment preferences, symptoms and truth
  • Physicians bring medical expertise, transparency and respect for patient preferences
Strategies for Engaging with Patients

- Meet patient in their street clothes for first visit – spend a few minutes to discuss their work and family situation. Invite the patient into a partnership
- I promise I will listen to you; please listen to me too
- I promise I will always be truthful and transparent and put your interests first; please tell me the truth too
- Ask patients to vet information from web and family and friends with you
- Ask about their preferences for communication – e.g. face-to-face, phone, e-mail, text, other
- Ask about preferences for information on conditions and treatment – printed, web interactive, video, audio
- Include the caregiver as part of the team
A Third Opinion

• Second opinions are often recommended for significant health issues

• Often the most important opinion, that of the patient, is not considered.

• Shared decision making brings in the third opinion
Shared decision making needs to be the norm not the outlier

• Physician and patient discuss patient goals and values and treatment preference given the available options and patient social and economic environment
  • Need to consider patient environment – if patient lives in a food desert, may have difficulty cooking healthy meals at home

• Physician and patient both commit to a shared treatment plan
  • It’s not about patient compliance with “Doctor’s didactic instructions”
Transitions in Care

Communication Silos
- Allergies
- Medication
- Prior conditions
- Co-morbid conditions

EHR Silos
- Outside lab & imaging test results
- Outside procedures
- Outside diagnoses

Teaming, EHR Interoperability, & Transparency

https://www.stepsforward.org/modules/team-based-care
A #pfcc playbook from @DukeRadiology Dr Soo #SBIACR18

What patients want from their provider:
“Talk with me, not at me”
“Establish a relationship with me”
“Acknowledge my feelings”
“Reassure me”
“Be easy to talk to”
“Encourage my questions”
“Explain my results”

Sanne Henninger, MSW, LCSW, Ed D, Duke Medicine PDC
Resources for Physicians
Resources for Physician SDM Training

AHRQ – The Share Approach

AHRQ’s SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.

Resources for Physician SDM Training

Ottawa Hospital Research Institute

On-line tutorial, shared decision making skills building workshop, inventory of SDM training programs and links to additional resources

https://decisionaid.ohri.ca/training.html
Take an Implicit Bias Test

*Native American* ("Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.

*Religion* ("Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.

*Presidents* ("Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Donald Trump and one or more previous presidents.

*Race* ("Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.

*Sexuality* ("Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.

*Arab-Muslim* ("Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

*Disability* ("Disabled - Able' IAT). This IAT requires the ability to recognize symbols representing abled and disabled individuals.

*Gender - Science*. This IAT often reveals a relative link between liberal arts and females and between science and males.

*Asian IAT.*

*Weight IAT.* This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.

*Gender - Career*. This IAT often reveals a relative link between family and females and between career and males.

*Weapons* ("Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

*Skin-tone* ("Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

*Age* ("Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

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[https://implicit.harvard.edu/implicit/](https://implicit.harvard.edu/implicit/)
Barriers Shared Decision Making –
Physician Perspective

AHRQ identified common themes on barriers to shared decision making for providers

• Time
• Already do it
• Not applicable – patients don’t want it
• Lack of organizational support
• Lack of decision aids
Barriers Shared Decision Making – Patient Perspective

Patients need knowledge AND power

- **Knowledge:**
  - Disease conditions and outcomes
  - Options
  - Personal values and preferences

- **Power:**
  - Perceived influence on decision making encounter, e.g. be invited to participate
  - Confidence in own knowledge
  - Self-efficacy in using shared decision-making skills

Shared decision making and decision aids – definition

• Shared decision making is a shared process of communication and decision making between physician and patient – balances information asymmetry – physician knows medical aspects, patient knows values, lifestyle and treatment preferences
  • Available options
  • Potential outcomes
  • Risks and benefits
  • Patient values and preferences
  • Reasonable patient standard for information should be shared

• Decision aid is a tool providing balanced and detailed information about each option giving structure to, and guiding the shared decision making discussion

Decision Aid Benefits

- A recent Cochrane update of decision aids concluded that compared to standard care decision aids (DA) resulted in:
  - 13.3% increased knowledge
  - 82% increase in accurate risk perception when DA included probabilities
  - 51% increase in patients choosing an option congruent with values when the DA included an explicit values clarification exercise
  - 7% lower decisional conflict
  - 33% reduction in patients who were passive in decision making
  - 41% reduction in patients who remained undecided after the intervention
  - Positive effect on patient-physician communication
  - 21% reduction in choice major elective surgery
  - 13% reduction PSA testing

- No differences anxiety, general health outcomes, or condition-specific health outcomes

Values Clarification

Values clarification exercises are to “help patients clarify and communicate the personal value of options, in order to improve the match between what is most desirable and which option is actually selected.”

A systematic review found value clarification exercises may improve the decision making process.

Additional Burdens for African Americans

• Health care provider implicit bias (Penner et al., 2016)
  • Double stigma – smoking and race
• Racial differences trust and perceptions physician communication (Gordon et al., 2006)
• Lack of consideration of racial differences in design and validation of decision aids
• Higher lung cancer mortality African American males (1.2X White males)
• Higher risk lung cancer despite not meeting lung cancer screening criteria (Finshella et al., 2015)
  • Lower risk for Latinos
• Lower health literacy
Barriers & Strategies Underserved Populations

• Relationship with Healthcare Professional
  • Recruit minority physicians, nurses and medical assistants
  • Address overall patient’s health
  • Openly discuss mistrust of medical profession, and fear and fatalism around cancer
  • Personal testimonials from minority patients

• Community Engagement
  • Recruit lay health educators from the community (community health workers)
  • Develop relationships with national and local minority organizations
  • Hold community education events, attend and exhibit at local health fairs and community events
  • Build relationships with community healthcare providers