Delivering on the Promise of Patient-Centered Care

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Despite our success in improving survival outcomes in patients with cancer, the words “you have cancer” are still terrifying. These 3 words immediately conjure up the threat of death and the physical and emotional suffering associated with cancer treatments. How well we communicate a cancer diagnosis to patients is at the heart of patient-centered care, but this is only the first of many elements in this process. Patient-centered care is a central tenet of a high-quality cancer care delivery system. To the extent that this is highly valued, we must carefully examine how well we are doing in providing this aspect of quality care.

“Patient-centered care” has become a popular phrase, along with “personalized treatment” and “precision medicine.” Although most of us think we know what these phrases mean, perhaps taking a minute to examine the intent of each in the context of cancer care is worthwhile. Cancer is a complex and heterogeneous disease that may manifest itself in diverse ways in individual patients. A better understanding of the genetic signature of individual tumors and the characteristics of the host in which the disease resides are nearing possibility, and this highly specific information will (we hope!) allow refinements in the recommended treatments that patients will receive in the future. This may eliminate a one-size-fits-all approach to cancer treatment, and allow for therapeutic modifications that enhance efficacy and potentially reduce toxicity. This is very much the concept behind “personalized” and “precision” approaches to cancer therapeutics.

In contrast, the concept of “patient-centered care” encompasses a broader swath of the cancer care delivery process in that before patients sign-on to a therapeutic approach for disease management, they must be well-informed about the diagnosis, prognosis, and potential treatment options, having received that information from clinicians with good communication skills that match the unique needs of the patient. In addition, the health care system must be well organized and be able to deliver the chosen care in a timely and compassionate manner, helping the patient avoid unnecessary emergency department visits and hospitalizations. And they must do all of this in a standard manner that ensures it is affordable and part of routine care. No matter how effective precision medicine is in identifying the best treatment for a patient, delivery of this treatment will still require the cooperation of the patient (and family). This requires a patient who is well-informed, can manage treatment side effects, and can follow through on whatever else is prescribed. That is what “patient-centered care” will make possible.

Figure 1, taken from the recent Institute of Medicine (IOM) report, Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis, shows the close relationship between the components of patient-centered care and improved communication and, ultimately, improved health outcomes. However, delivering this kind of care in our current health care system presents many challenges, largely because of the fragmentation of care (ie, members of the cancer care team not practicing in the same setting). This fragmentation often leads to barriers to effective communication between physicians and resultant gaps in what is communicated to the patient. Patients and their families are often held responsible for communicating recommendations from one physician to another, and this adds a great burden to their experience when they are trying to complete diagnostic tests and make decisions about a treatment plan. The IOM report details many of the challenges inherent in effective patient-centered communication and shared decision-making, focusing...
on the patient, clinicians, and the health system—all of which must work together to facilitate the best health outcomes. The report also identifies many effective strategies to overcome these challenges and makes specific recommendations that can be implemented immediately in a variety of health care settings to improve on the current situation.

Why is patient-centered care even more important now than a few years ago? With the application of genomics to cancer diagnostics and the expanding use of increasingly more costly targeted treatments, the challenges that oncology clinicians face in terms of delivering evidence-based care have grown substantially. Communicating complex information about the genomics and genetics of a tumor, and helping patients decide whether they want to undergo treatment and determine whether it is affordable, have increased the stakes for all concerned. Complex cancer care delivery requires a high level of cognitive skill on the part of the oncologist. It also requires practice support systems that will allow patients to be managed well throughout their treatments, whether curative or palliative. However, our current reimbursement system does not appropriately value the human and clinical resources that are necessary to ensure delivery of high-quality patient-centered care, and a transformation is necessary.

To this end, the Centers for Medicare & Medicaid Services (CMS) recently released a Request for Applications related to a new oncology care model (OCM) aimed at “testing the effects of better care coordination, improved access to practitioners, and appropriate clinical care on improving health outcomes at a lower cost.” The proposed payment scheme will provide supplementary monthly payments
per beneficiary to the practice, based on a 6-month episode of care that is begun at the start of a new chemotherapy regimen. These new funds are focused on increasing the meaningful use of electronic health records as part of communication enhancement, along with patient navigation, and provision of the elements of the care management plan for patients with cancer enumerated in the IOM report.\(^1,3\) Process and care improvements and clinical outcome measures will serve as metrics of success as the OCM is implemented, and performance-based payments will accrue as a result of improved outcomes. Other private payers are being encouraged to participate in this demonstration OCM so as to truly facilitate implementation of care delivery processes that benefit all patients with cancer in a practice. What is not clear, however, is how patient’s voice and how patient-centered the care is will be evaluated. This will be critical to monitor as this experiment unfolds.

Although we may be critical of the specific model that CMS has chosen to implement,\(^4\) it is an important first step in beginning to address the deficiencies of the current cancer care system in which patients and their families largely fend for themselves. Taking steps to truly create a system of care where none currently exists, and ensuring that patients have a care plan that documents their disease, its prognosis, the planned treatment, and who is responsible for helping to manage each of the aspects of care is an important first step in improving the patient-centeredness of cancer care. When the IOM consensus committee recommended that “CMS and other payers should design, implement, and evaluate innovative payment models that incentivize the cancer care team to discuss this information [ie, provide understandable information about diagnosis, prognosis, and treatment] with their patients and document their discussions in each patient’s care plan,”\(^1\) we imagined that it might take many years for such a recommendation to be adopted. The translation of an IOM policy recommendation so promptly into an implementation plan gives hope that we can expect improvements in the delivery of patient-centered care to emerge in parallel with the ongoing advances in the tumor-directed precision medicine.

References