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Overcoming communication challenges in integrative supportive cancer care: The integrative physician, the psycho-oncologist, and the patient

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ABSTRACT

Background: Complementary/integrative medicine (CIM) services are increasingly being integrated into conventional supportive cancer care, presenting a number of challenges to communication between healthcare professionals (HCPs). The purpose of the present study was to explore the impact of the communication between integrative physicians (IPs) trained in CIM and social workers (SWs) working as psycho-oncologists in the same oncology setting. We examine whether IP-SW communication correlates with the number of patient-SW sessions, as provided within the oncology department.
Methods: SW-IP communication, defined as a summary of the IP consultation sent to the patient's SW, was compared to SW-patient communication, defined as the number of psycho-oncology treatment sessions.
Results: Of 344 patients referred by their oncology HCP for IP consultation, 91 were referred by an SW and 253 by an oncologist or nurse. IP-to-SW summaries were provided for 150 patients referred by a non-SW HCP (43.6%), and for 91 of SW-referred patients (26.5%). In all, 32 patients referred to the IP had no psycho-oncology interaction with an SW; 58 only one meeting; and 254 with ≥2 interactions, with 119 having >6 sessions. SW-patient interactions were greater with higher rates of IP-SW communication, for both patients referred by an SW (79.1%) and those referred by a non-SW HCP (77.3%) when compared to patients for whom no summary was provided (64.1%; p = 0.02).
Conclusion: A greater level of IP-SW communication, measured by the provision of an IP summary to the patient's SW, was found to correlate with a higher rate of SW-patient interactions. The use of a structured two-way referral-summary between IPs and SWs has the potential to advance the SW-patient psycho-oncology interaction, within an integrative supportive cancer care setting.

1. Introduction

Most research being published today on the multifaceted subject of communication in supportive cancer care focuses on the role of patient-provider interactions. These include issues such as the breaking of bad news, the discontinuation of cancer treatment, reaching and informed decision, and addressing patients' concerns and well-being.[1–5] In their systematic review on the subject, Lelorain et al. found that better patient-provider communication and empathy among healthcare providers (HCPs) can lead to a reduction in patients' levels of distress and an increase in satisfaction with their care.[6] As for the treatment of the disease itself, researchers and clinicians are advocating a collaborative inter-disciplinary approach.[7] Nevertheless, research in this field has been limited to the examination of the impact of communi-

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cation between oncology healthcare providers and patients, with respect to patients' concerns, quality of life (QOL) and adherence to the treatment regimen. Oskay-Ozcelik et al. found that cancer care in today's world is characterized by a multi-disciplinary approach, which in itself can become a source of distress for many patients. Indeed, many patients express a lack of confidence in the care they are receiving, citing a lack of cooperation between the various healthcare providers involved.[8]

The presence of complementary/integrative medicine (CIM) services, which are being integrated into standard practice within leading oncology centers. The CIM services are gradually emerging throughout industrialized nations, and provide treatment modalities such as acupuncture, mind-body and manual/touch modalities (e.g. reflexology, shiatsu, tuina) as well as dietary supplement consultation.[9,10] The accepted terms for CIM have recently been discussed by the Society for Integrative Oncology, defining Integrative Medicine as "the use of evidence-based complementary practices in coordination with evidence-based conventional care".[11] The term Integrative Oncology is defined as "the use of complementary and integrative therapies in collaboration with conventional oncology care".

Integrative oncology presents a number of challenges to the multidisciplinary approach needed in treating patients with cancer. This includes addressing the communication between oncology HCPs such as oncologists, nurse oncologists and psycho-oncologists, and CIM practitioners.[12] Many of the core concepts of CIM are based on the principles of evidence-based medicine, as well as a bio-psycho-social −spiritual, patient-centered approach which addresses the patients' affinity to cultural-related traditional medicine. This approach should be conducted within a non-judgmental environment, in order to promote patient-health care provider communication.[13–15] However, in contrast with the current status of psycho-oncology, the integration of CIM practice within mainstream supportive cancer care is still a new concept. Nevertheless, these two approaches share many aspects of patient care and the promotion of wellness. With this in mind, researchers have begun to compare the efficacy of the two approaches for outcomes such as the relief of emotional distress during cancer treatment.[16] Studies are being conducted which are comparing CIM with psychotherapeutic interventions, this by researchers from the field of behavioral and mental health science.[17]

To the best of our knowledgae, no studies have been published to date which examine the interaction between integrative physicians (IPs) with dual training in CIM and supportive cancer care, and psycho-oncology social workers (SWs) who are working together in the oncology setting. Research into the collaborative and multidisciplinary CIM model of care is needed, since IPs and SWs often see patients with the same indications for referral to their respective services (e.g. emotionl and other bio-psycho-social-spiritual concerns). The present study set out to examine the IP-SW relationship, focusing on the communicative process between them, as reflected in the exchange of summary letters by IPs following their CIM consultation, and SWs co-providing psycho-oncology treatments to the same group of patients. The study also examined the correlation between IP-SW communication and the number of patient-SW sessions, as provided within the oncology setting.

2. Methods

2.1. Study site and participants

The study took place at the Clalit Oncology Service (COS) of the Haifa and Western-Galilee district of the Clalit Healthcare Organization, between July 2009 and December 2012. The COS contains five professional sectors (oncologists, nurse oncologists, SWs, secretaries, and CIM practitioners), all of which collaborate as part of a multi-disciplinary team, fostering continuity of care and promoting case management for patients. In 2008, the Integrative Oncology Program (IOP) was established within the COS with the goal of improving quality-of-life (QOL) outcomes among patients receiving adjuvant and palliative chemotherapy. The IOP team is comprised of integrative physicians (IPs) who are MD physicians with CIM training; oncology nurses with extensive training in the field of CIM; spiritual support therapists; a music therapist; traditional Chinese medicine practitioners; an occupational therapist; a physiotherapist; and a nutritional consultant.

The role of the IPs in the oncology setting is to assess patients' expectations, concerns and well-being. Patients are referred to the consultation by their oncology HCP using a set list of indications, during which a patient-centered CIM treatment plan is designed, with the goal of reducing the side effects of treatment and improving quality of life and function. The COS psycho-oncology team is comprised of nine SWs, all trained in psycho-oncology. One of the COS psycho-oncologists has additional CIM training in mind-body medicine, and works for 4 h each week as part of the IOP team. The role of the SW is to provide patients with guidance regarding social benefits, as well as emotional support through psycho-oncology interventions (e.g. psychotherapy).

The psycho-oncology service at the COS plays an integral role in the multidisciplinary care of patients with cancer. Patient care begins with the initial diagnosis of the disease, and continues throughout treatment regimens and survivorship, or end-of-life care. Patients and their families first meet with a member of the psycho-oncology team, with the goal of reaching an understanding regarding the resources available and expectations from the treatment process. Psycho-oncology interactions are geared at helping patients cope with their disease, as well as with the side effects of the anti-cancer treatment. Family members are frequently included in this process, and many are themselves treated as well, in order to help them cope.

2.2. Study design

The present research was designed as a prospective registry protocol-based study. Patients' QOL-related concerns were assessed at three time intervals: at the initial IP consultation, and at 6- and 12-weeks follow-up visits. Quantitative assessment was conducted using the Measure Yourself Concerns and Wellbeing (MYCAW)[18] and the Edmonton Symptom Assessment Scale (ESAS) questionnaires.[19] The registry protocol documents aspects of IP-HCP communication, which include the referring HCP's occupation; the indications for referral; and the provision of a letter summarizing the treatment plan to the referring HCP and to the patient's family physician.

Referral of patients to the IP consultation requires that the referring oncology HCP provide a structured referral letter specifying at least one clinical indication. HCPs are given a pre-defined list which includes symptoms such as fatigue, gastro-intestinal symptoms, pain and neuropathy, as well as emotional or spiritual concerns, hematological toxicities, dyspnea, gynecology-urinary symptoms, and other QOL-related issues. HCPs who may refer patients to the IP include oncologists, oncology nurses and psycho-oncology SWs working at the COS. During the initial IP assessment, the patient's prior experience and current expectations regarding the outcomes of the CIM therapeutic process are examined. During the consultation, the IP provides patients with an opportunity to present their narratives regarding their illness, as well as express their concerns regarding QOL-related issues. Toward the end of the consultation, treatment goals are outlined and a preliminary treatment plan is tailored to the patient's outlook, as well as to the level of evidence regarding the efficacy and safety (e.g., potential interactions with