



Perceptions of Quality in Interventional Oncology

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ABSTRACT

Purpose: To inductively characterize perceptions of quality in interventional oncology (IO) based on values and experiences of patients and referring providers.

Materials and Methods: Brief ethnographic interviews were completed with referring providers and patients before and after a variety of liver-directed procedures about their experiences, concerns, and perceptions of IO services at a single institution. Constructivist grounded theory was used to systematically analyze interview transcripts for themes until thematic saturation was achieved. All transcripts were analyzed by a reviewer with 3-years of experience performing such analyses, and 50% were randomly selected to be coded by 2 additional blinded reviewers. Interreviewer agreement was assessed via Cohen κ .

Results: Interviews with 22 patients (mean age, 65 y \pm 13; 9 women) and 12 providers (mean age, 54 y \pm 9; 6 women) were required to reach and confirm thematic saturation. Interreviewer agreement for interview themes was excellent ($\kappa = 0.78$; $P < .001$). Perceptions of high-quality IO care relied on interventional radiologists being responsive, friendly, and open; engaging in multidisciplinary collaboration; having thoughtful, dedicated support staff; and facilitating well-coordinated care after procedures and follow-up more than technical expertise and periprocedural comfort. Patient and provider perceptions of quality differed, but disjointed care after procedures was the most common critique among both groups.

Conclusions: An inductive qualitative approach effectively characterized specific aspects of perceptions of high-quality IO care among patients and referring providers.

ABBREVIATIONS

C-GT = constructivist grounded theory, IO = interventional oncology

Health care quality has been a growing focus of medical communities. For example, the Medicare Access and CHIP Reauthorization Act of 2015 challenged medical societies to

define quality measures to be used to reward quality over quantity of care. However, perceptions of quality in health care can vary widely despite the ubiquitous use of the term “quality” and its assumed understanding (1,2). Health care quality was historically defined deductively by groups of like-minded providers and payers, but such definitions can fail to align with diverse perceptions of patients and referring providers (1,3). Ideally, safe, effective, and efficient health care would correlate with patient satisfaction and likelihood to recommend, but this is not always the case, challenging providers to remedy these discrepancies (4–6). Much of medical ethics and moral philosophy would suggest the central telos of medicine is healing persons, but complexity arises from diverse perceptions of healing and the fact that healing and treating are not always synonymous (7). Owing to the diversity of these perceptions, it is beneficial for service providers to characterize stakeholders’

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Table E1 is available online at www.jvir.org.

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perceptions of quality, identify common interests, and then align their interests with those they serve (8–10). In the present study, the authors piloted the use of constructivist grounded theory (C-GT) to systematically characterize patients' and referring providers' perceptions of quality related to interventional oncology (IO). C-GT is a validated qualitative method from the social sciences that is well equipped to characterize loosely defined social processes but is rarely applied to health care quality improvement (11,12).

MATERIALS AND METHODS

Research Strategy

This investigation was reviewed and approved by the institutional review board. Informed consent was obtained from all participants and documented. IO was selected as a relatively confined but complex area of health care in terms of communication and coordination of care. IO procedures are often performed on medically complex patients with serious illnesses and care providers from many different specialties.

Interventional radiologists who perform IO procedures and their nurses were asked to list their top referring providers, who were then contacted for a 1-time interview. Meanwhile, random patients based on study staff availability were recruited to undergo brief in-person or phone interviews before, within 2 weeks after, and 1–2 months after undergoing liver-directed therapies. If the patient desired, accompanying family members were allowed to join the interview. C-GT, described further later, involves an iterative inductive and deductive process where simultaneous data collection and analysis occur until additional data stop revealing new themes and continue supporting the hypotheses derived from the previous data (“thematic saturation”). Owing to the sensitivity of the method, most important themes (70%–98%) tend to emerge from small sample sizes of 6–12 members of relatively homogeneous groups (13,14). During the 7-month study period, all 22 patients and 12 of 15 (80%) referring providers approached about the study agreed to participate. Recruitment was continued until additional interviews stopped revealing new themes and continued supporting previous results. This occurred with random selection of only approximately 8% of IO patients treated at the medical center during the study period. Demographics are listed in **Table 1**.

Interviews

Patients and referring providers were interviewed about their experiences involving IO according to the interview scripts provided in **Table E1** (available online at www.jvir.org). Follow up questions, such as “why” or “can you give me an example,” were used to gather specific details and a richer understanding of reasoning. All providers were interviewed by an author (E.J.K.) with 3 years of experience conducting research interviews with physicians, and all patients were interviewed by a second author (K.Y.K.) with 5 years of

Table 1. Demographics

Demographics	Value
Patients (n = 22)	
Age, y, mean ± SD	65 ± 13
Sex, M/F	13/9
Race	
Nonwhite	4 (18%)
White	18 (82%)
Referring specialty	
Oncology	14 (64%)
Hepatology	6 (27%)
Transplant surgery	2 (9%)
Preprocedure diagnosis	
Metastatic liver tumor	11 (50%)
Hepatocellular carcinoma	9 (41%)
Cholangiocarcinoma	2 (9%)
IO procedure	
⁹⁰ Y radioembolization	20 (91%)
Percutaneous ablation	2 (9%)
Providers (n = 12)	
Age, y, mean ± SD	54 ± 9
Sex, M/F	6/6
Years in practice, mean ± SD	16 ± 10
Specialty	
Oncology	6
Hepatology	3
Transplant surgery	3

F = female; IO = interventional oncology; M = male; ⁹⁰Y = yttrium-90.

experience conducting research interviews with patients. All interviews were conducted in a conversational (ethnographic) style to reduce filtered answers and allow interviewees to guide discussions, while ensuring all topics of interest were discussed in all interviews (15).

Data Analysis

Interviews were transcribed verbatim and systematically analyzed according to C-GT (12) using NVivo 11 software (QSR International (Americas) Inc, Burlington, Massachusetts). Briefly, key concepts were identified by considering the emphasis, frequency, and context of ideas. Initial concepts and themes among concepts were defined, refined, and compared until new interviews stopped yielding new themes. Themes were then used to make larger comparisons between groups and form working descriptions of patients' and referring providers' perceptions of quality. These descriptions were tested and refined via additional data collection until additional interviews continued validating the central conclusions.

All data were analyzed by a medical student author (E.J.K.) with 3 years of experience using C-GT to explore patient and provider perceptions. Interview themes were also reviewed with senior interventional radiologists, and 50% of interview

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