

Researching Patient & Clinician Relevant Outcomes

Laura Sheard, PhD

Doctors Decide Project Aims

- What influences doctors decision making around diagnosis, management and treatment of patients with VTE and advanced cancer?
- To explore doctors use of low molecular weight heparin versus warfarin
- To identify the barriers for clinicians in diagnosing, managing and treating this patient group

Methods

- Qualitative methodology
- 10 oncologists, 10 palliative medicine doctors, 10 GPs in each stage
- Part 1 = 'think aloud' interviews, protocol analysis
- Part 2 = in depth interviews, thematic analysis

Part 1

68 year old single lady with endometrial carcinoma, lives in a religious community in local town. Mild but continuous bleeding PV, coping but feels she wouldn't be able to cope if the bleeding became any worse. She presents with a 3 month history of progressive breathlessness such that she now cannot walk across her small lounge to the bathroom without severe breathlessness. She has been brought to the clinic in a wheel chair taxi with great difficulty. A ventilation-perfusion scan shows multiple pulmonary emboli.

- *Read the case out loud and talk through your thoughts as you do so*
- *Describe out loud how you would deal with this situation including the factors that help you decide*

Part 1 continued

- Developed 'operators' to analyse doctors' responses:

collect
interpret
clinical evaluation
social evaluation
diagnose
opinion
personal knowledge
predict
plan
goal
reason

Part 2

- Exploring the barriers to clinicians practice with this patient group
- Issues so distinct for each clinical group that a separate analysis will be performed
- Emergent themes so far.....

Part 2 themes for all clinicians

- balancing of risks
 - bleeding risk
- differential diagnosis
- subtle symptoms
- liver / brain metastasis
- co-morbidities
- warfarin contraindications

Part 2 themes for GPs

- proximity to hospital
- access to diagnostic tools
- anticoagulation clinics
- effective communication

Part 2 themes for palliative medicine doctors – logistical

- transport to hospital issues related to mobility of patients (related to ambulance timing issues)
 - rurality / isolated hospice location
- access to out-of-hours tests e.g. CTPA → empirical treatment(?)
 - admin of LMWH injections in community
 - specialist DVT service

Part 2 themes for palliative medicine doctors – attitudinal

- appropriateness of investigation for very ill patients
 - thromboprophylaxis in hospices
 - nihilism / paternal views
 - doctor / nurse attitudes
 - overmedicalisation (?)
 - ‘opinion leaders’
- LMWH acceptability (Noble & Finlay, 2005)

Part 2 themes for oncologists

- VTE risk assessment charts
 - protocols vs guidelines
- increasing awareness of VTE issue & prevalence →
heightened profile
 - thromboprophylaxis
 - Incidental PEs
- problems with GPs continuation of LMWH in community
 - emerging policies on VTE
 - rapid access
 - Trust targets

Outcome measures

- Incongruence between those outcomes important to patients and those used by clinicians
- Why?
- Established measures not useful in palliative care setting
- Clinical trials tend to exclude patients with advanced cancer

Our future research plan

Literature search to find out :

- what outcome measures have been used in intervention studies with VTE and cancer patients
- how these outcomes have been generated
- what the patient and carer experience of VTE symptoms, treatment impact on quality of life is
- what factors influence patients decisions to be treated or not for VTE and their involvement in this

Our future research plan

Interview patients and carers to explore their views on:

- symptoms and impact on quality of life from VTE
- factors that influence their decision to be treated or not for VTE, and their involvement in decisions
- benefits or burdens resulting from treatment of VTE

Identify patient and carer concerns to inform relevant outcome measures for future trial use.

Acknowledgements

- All the Doctors Decide project team
 - Miriam Johnson
 - Dawn Dowding
 - Simon Noble
 - Ian Watt
 - Hayley Prout
 - Anthony Maraveyas
 - Project Management Group members
- Funders: Research for Patient Benefit Programme, National Institute for Health Research
- This presentation presents independent research commissioned by NIHR. The views expressed in this publication are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health