

# **Adoption of novel tools by cancer care teams in relation to available evidence: a closer look at survivorship care plans and patient decision aids.**

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# Background

## Survivorship Care Plans (SCPs)

Individualized plans for ongoing care that ideally contain a summary of a patient's cancer treatment, a follow up plan & schedule, and resources tailored to the patient. <sup>1</sup>

## Evidence for SCPs

Randomized controlled trials (RCTs) provide limited evidence to support that SCPs improve survivor distress, satisfaction with care, care coordination, or other patient outcomes. <sup>2</sup>

1) Hewitt M, Greenfield S, et al. 2006

2) Brennan ME, Gormally JF, et al.  
2014

# Background

## Patient Decision Aids (PtDAs)

- Tools designed to improve communication between the healthcare provider and patient, and promote active patient participation in decisions around treatment or screening.<sup>3</sup>

## Evidence for PtDAs

- RCTs on PtDAs provide robust evidence that PtDAs improve cancer patient's knowledge and participation in decision making, and the quality of decisions made.<sup>4</sup>

3) Stacey D, Légaré F, et al. 2014

4) Stacey D, Samant R, et al. 2008

# Background

**SCPs are being implemented in many cancer programs across Canada whereas the uptake of PtDAs is limited.**

# OBJECTIVES

**To illuminate the decision making processes involved in the adoption of SCPs and PtDAs by cancer care teams, including:**

- How research evidence is considered
- How additional factors influence these decisions
- How the role of scientific evidence differs across the two tools

# Methods

- **Grounded theory study**
- **Participants: clinicians, managers, and administrators**
- **Thematic analysis approach**
- **Data collection and analysis until theoretical saturation**

# Results

**21 clinicians, managers and administrators from 7 Canadian provinces.**

- **Most participants used or supported SCPs, though most had incomplete knowledge of the evidence base.**
- **Few participants regularly used PtDAs, though most had high awareness of the high quality evidence base.**

# Results

High quality research evidence is usually unnecessary for adoption decisions, with the belief the intervention is an intuitively good idea weighing heavily in decision-making:

- P11: *“I think it is one of those things that intuitively makes sense and I don’t necessarily think we need a ton of evidence to really sway my decision.”*



# Results

- P13: *“I’d say for new technology, most of it is probably just face validity of it. Do I think it’s going to improve the standard of care? Is it actually a clinical need that’s being met? And to me for most of it, I’d say evidence doesn’t really matter so much in terms of using something in my practice. So I guess bottom line is if it seems to make sense...”*

**Six key factors**  
contribute to  
adoption/non  
adoption decisions  
around SCPs and  
PtDAs



# Alignment of Research Evidence with Other Evidence

- **Research evidence for SCPs is not well aligned with clinical experience, patient preferences, and local evaluation data**
- **High face validity meant the high-quality research evidence lost credibility**

# Alignment of Research Evidence with Other Evidence

*P 5 “Now by giving it to the patient you are empowering them to take ownership of their own care and you are giving it to the primary care provider to ensure he or she knows how to move forward and to try to provide education and alleviate any fears on the part of the primary care provider.”*

*P12 “..focus groups and interviews with women and somewhere along that continuum we had to change. Like women were feeling they were in a void.”*

# Perceived Clinician Benefit

**SCPs were seen as addressing an important clinical need whereas PtDAs were not.**

- Participants described SCPs as benefiting both oncologists and primary care providers.

# Perceived Clinician Benefit

- P20 *“If it’s going to the family doctor as well then everyone has all the information. So they’re all on the same page. It’s also nice that everyone then knows what the plan is going forward.”*
- P3 *“a sense that here was a perfect kind of intervention that would both support those patients and you know their close family and also give family docs tools they would appreciate and enable them to do a better job.”*

# Perceived Clinician Benefit

- For PtDAs, participants recognized the benefits for patients but **PtDAs have limited benefit for providers themselves.**
- **P10: “I might choose not to adopt a DA even if there is evidence that it is helpful, if I just felt like that something about the way I was having the discussion with my patients already was serving the purpose equally well if not better than with the DA.”**

# Endorsement by Organizations & Professional Bodies

- **The endorsement of respected organizations was key in SCP adoption**
- Participants were unaware of any professional body endorsing PtDAs
- Felt similar endorsements would increase their use



# Endorsement by Organizations & Professional Bodies

- **P11:** *“if some cancer agency or like CPAC said these are really important you should use them or if they became an accreditation thing for the hospital, suddenly they would be everywhere I am sure. And that would probably help but lacking that as sort of a personal project it seems like a good idea but so do lots of things we don’t do.”*
- **P6:** *“Well, I think it would be easier for the average physician to use decision aids if they were promoted by their respective organizations.”*

# Local Champions

- Local respected colleagues, who were knowledgeable about either SCPs or PtDAs and championed their use, were highly influential in convincing clinicians to use them.
- P14 *“I think you need to have people buy into it and be champions of it or it will not be successful.”*

# Adaptability to Local Contexts

**SCPs may be easier to adapt to local contexts than PtDAs.**

- SCPs are variable in regards to content, format, and mode of delivery and therefore could be adapted to local needs and contexts.
- Such adaptation is limited in PtDAs, which are tools developed for specific decisions.

# Adaptability to Local Contexts

- *P14 “The care plans are fairly labour intensive, human resource intensive to develop very accurate. Where I’ve heard other places, they just have a family physician and a nurse, and discharge the people with just a very basic letter back to their GP.”*

# Ability to Routinize and Reach a Large Patient Population

SCPs may be easier to routinize for a larger population than PtDAs.

*P5 “I think the issue is there are only so many [PtDAs] that exist and there are many many decisions that patients have to make. We cannot provide a DA for every decision that somebody has to make but we can provide the theoretical components.”*

# Conclusions

- **Research evidence is not sufficient for adoption decisions**
- **SCPs serve multiple purposes, including a provider/system purpose.**
- **Importance of respected organization and colleagues**
- **Important to consider how tools might need to be adapted to each setting**

# Acknowledgements

- **All study participants**
- **Supervisor Robin Urquhart**
- **Margaret Jorgensen**
- **DMRF Directors Fund Summer Research Studentship**
- **ARCC Student Travel Bursary**

# References

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