Communication, Shared Decision Making, and Goal Concordant Care: Opportunities to Measure Quality and Improve Patient Safety

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What is goal concordant care?

Patient’s have goals

Care reflects goals
Communication enables goal concordant care

Patient’s have goals

Care reflects goals
Serious Illness Communication is challenging

• Complex decision making

• Heightened anxiety for patients and families

• Treatment decisions involve risk of hastened mortality or prolonged dying
Shared Decision Making: a paradigm
Questions needing answers

• What is high quality communication?
• What impact does it have on seriously ill patients and their families?
• How does communication result in goal-concordant care?
• What discrete measures can be used to capture each of these elements?
Achieving goal-concordant care: a conceptual model

**Communication Quality & Processes**
- Information gathering
- Information sharing
- Responding to emotion
- Fostering relationships
- Timing & setting

**Patient/Surrogate Experience**
- Known as a person
- Informed
- Sense of control
- Satisfaction
- Quality of life
- Trust
- Therapeutic alliance
- Psychological distress

**Patient – Surrogate Communication**

**Advance Directive Completion**

**Goal-concordant Care**

**Bereaved caregiver Experience**
- Anxiety
- Depression
- Trauma
- Regret
- Trust
- Peacefulness
- Satisfaction

*adapted from Street et al, 2009*
Achieving goal-concordant care: a conceptual model

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Shared Decision Making
- Advance Care Planning
- In-the-moment decision making

Patient – Surrogate Communication

Advance Directive Completion

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Potential goal-concordant care measures

Patient/surrogate-reported outcomes
- Report that current care is goal-concordant
- Confidence that future care will reflect goals

Patient specific care indicators
- EOL care reflects expresses preferences

Population specific care indicators
- Utilization
- Hospice Use
- Location of death

Surrogate-reported end-of-life outcomes
- Belief that EOL care reflected patient’s goals
• No communication
• ACP (not shared)
• No shared decision making
• Hospice Care
• Death at home
• Negative bereavement outcomes

• Good communication
• Shared decision making
• ACP/POLST completion
• Late care transition
• Hospital death
• Positive bereavement outcomes
Recommended quality measures

*Implementation-ready measures*

1) Timing and setting of serious illness communication

2) Patient/surrogate experience of communication and care

3) Caregiver bereavement surveys that include assessment of perceived goal-concordance of end-of-life care
Recommended quality measures

*Future measurement candidates*

1) Communication quality

2) Patient/surrogate report of goal-concordant care

3) Bereaved caregiver experiences
Conclusions

• Goal-concordant care is an appropriate target for quality measurement

• Communication is the key mediator of goal-concordant care

• The challenges of measuring goal-concordant care necessitate quality measurement approaches that examine communication and its related outcomes on the pathway to goal-concordant care

• A conceptual model can guide research and improvement efforts to improve the quality of care for all seriously ill patients and their families.