

RCT of palliative care QPL*

- Fifteen PC physicians from 9 PC services in two Australian States participated.
- Enrolment was within three consultations from initial contact with the PC physician.
- Mainly outpatient clinics

* Clayton et al. JCO 2007

Methods: study design & trial procedure

Written patient consent & baseline data



Patient randomised – stratified by physician



Routine consultation



Patient given QPL
prior to consultation,
with active endorsement by
clinician during
consultation



Consultation audio-taped



Follow up - 24 hours: Patient & Physician
- 3 weeks: Patient

Results

- 174 patients randomised (out of 192 eligible):
 - 92 to QPL
 - 82 to standard consultation
- Baseline characteristics similar in both groups
- All patients had advanced cancer
- ~70% had caregiver present during the consultation

Results: total patient questions (primary outcome measure)

- Patients in QPL group asked 2.31 times more questions during the consultation than controls (95% CI 1.68-3.18, $T_{154}=5.21$)
 - Adjusted mean:
 - QPL group = 5.4
 - Controls = 2.3 $P<0.0001$

Results: patient questions about individual topics

- Patients in QPL asked significantly more questions than controls about:
 - Palliative care, $P < 0.0001$
 - Lifestyle & QOL, $P < 0.0001$
 - Prognosis, $P = 0.0004$
 - Support, $P < 0.0001$

Results: total caregiver questions

- Where present in the consultation, caregivers in the QPL group asked 2.11 times more questions than controls (95% CI 1.40-3.18, $T_{107}=3.62$)

Adjusted mean:

- QPL group = 4.4 versus Controls = 2.1, $P=0.0005$
- Caregiver questions about caregiver issues:
 - QPL group = 24% versus Controls = 0%, $P<0.0001$

Results: total items discussed

- Overall 23% more items covered by the QPL booklet discussed during consultations with QPL patients than controls

– 95% CI 11-37%, $T_{154}=4.05$, $p<0.0001$

Results: Discussion re Individual topics

- There were significantly more items discussed during QPL consultations than controls about:
 - Palliative care, $P < 0.0001$
 - Lifestyle & QOL, $P < 0.0001$
 - Prognosis, $P = 0.0004$
 - Support, $P < 0.0001$
 - Concerns regarding professional care, $P < 0.0001$
 - Caregiver issues, $P = 0.001$
 - End-of-life issues, $P = 0.001$ (10% controls vs 30% QPL)
 - BUT NOT ABOUT physical symptoms OR treatment

Results: consultation length

- Consultation length increased in QPL group by a mean of 7.3 minutes

(24%, 95% CI 9%-41%, $T_{154}=3.23$)

Adjusted mean consultation length:

- Controls = 30.5 minutes
- QPL group = 37.8 minutes $P=0.002$

Results: achievement of patient information need

- No significant differences between groups in overall measures
- QPL group patients had less unmet information need about “what to expect in the future”:
 - 14% QPL group versus 28% controls, $P=0.04$
 - Information item with greatest unmet need overall (21%)

Results: patient anxiety

- Patient anxiety scores almost identical in both groups at follow up:
 - 24-hour F/U (mean score ~40/80 both groups)
 - 3-week F/U (mean score ~38/80 both groups)

NB adjusted for pre-consultation anxiety scores

Results: patient/physician satisfaction

- Patients overall highly satisfied with the consultation in both groups
(mean score 110/125 both groups)
- No significant differences between groups in physicians' satisfaction with the communication during each consultation

Effect of physician endorsement

- Total number of patient questions increased with the degree of physician endorsement of the QPL
 - $\chi^2_2 = 34.36, P < 0.0001$
- Physician Endorsement:
 - Extensive (n=44/90) – 5.8 times more questions than when physician did not endorse QPL at all
 - Basic (n=31/90) – 1.6 times more questions than when physician did not endorse QPL at all
 - Absent (n=15/90) – mean number of questions in QPL group (2.6) similar to controls (2.3)

Results: patients' views on QPL

Patient's views (n=75)	Disagree	Don't know	Agree
Helpful	0%	7%	93%
Made it easier to ask questions	1%	4%	95%
Useful for future	1%	10%	89%
Easy to understand	4%	3%	93%

Results: patient feedback re QPL

- 96% said helpful for caregiver where applicable (n=52)
 - 4% unsure, 0% unhelpful
- 80% patients had read the QPL again at time 3-week F/U
- Qualitative patient feedback
 - Helped to focus thoughts on important issues
 - Made it easier to articulate questions
 - Well set out

Physicians' views on QPL

- In questionnaires after each individual consultation (n=92) physicians indicated that QPL:
 - did not interfere with the flow of consultation in 95% cases
 - made it easier for either patient or themselves to raise certain issues in 46% cases

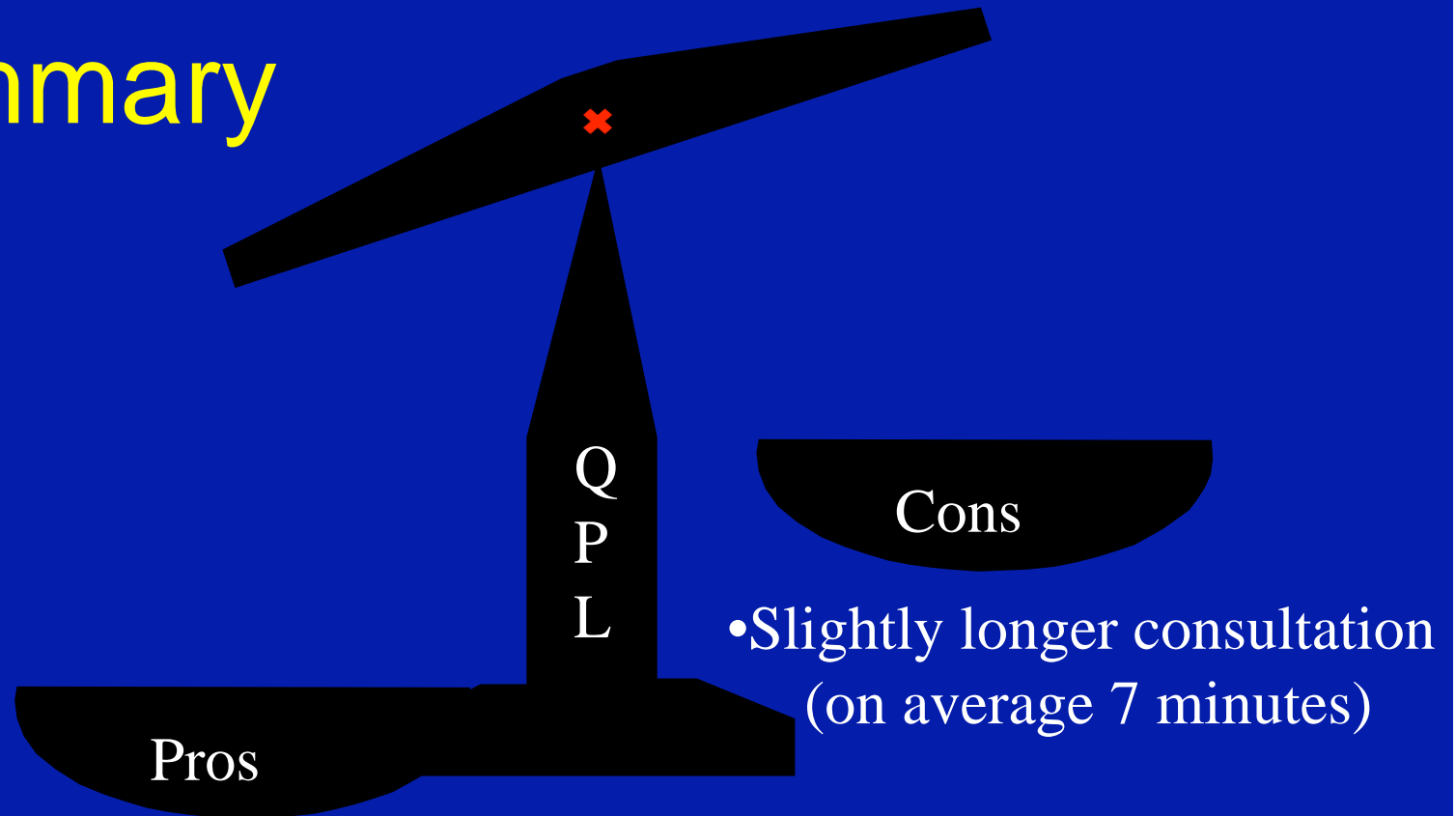
Physicians' views about QPL

- At completion of patient recruitment final questionnaire completed by 13/15 physicians
 - 12/13 felt QPL was useful tool and would use it for future patients (1 did not answer)
 - 5/13 had some reservations namely:
 - Fear that the patient may not be ready to discuss EOL issues
 - Concern that puts onus on patient to ask questions rather than physician response to patients' cues

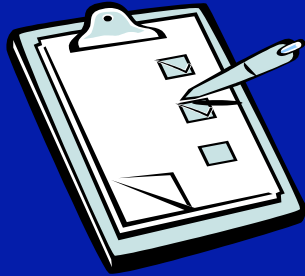
Discussion: Summary of findings

- This simple and inexpensive communication tool assists patients & their caregivers to ask questions during consultations with PC physicians
- It stimulated discussion during the consultation
 - including about prognosis & EOL issues
 - without creating anxiety or impairing satisfaction

Summary



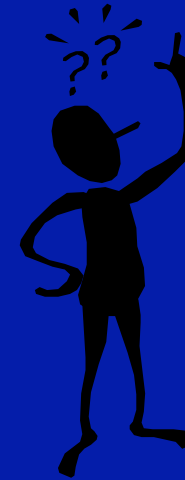
- Increased patient & caregiver questions
- More discussion, including prognosis & EOL issues
- Less unmet patient information need about future



QPL



Physician
endorsement



Helps patients
& caregivers
ask questions
during PC
consultations

QPL available online: <http://pallcare.org.au/portals/46/resources/AskingQuestionsCanHelp.pdf>

Communication skills training

- Although not examined in the current study, HPs' communication skills are essential in addressing any issues raised by QPL
- HP communication skills do not reliably improve with experience alone
- Communication skills training for physicians has been found to improve communication
- Communication skills training needed for HPs to ensure they are equipped to address issues raised by QPL

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