

Conversation 4: Strategies for Improving Doctor-Patient Communication about Cancer Screening and Prevention

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What practical actions can be taken to improve doctor-patient communication about cancer screening and prevention?

- Expand the role of patient navigators.
- Utilize a system to flag charts for patients in need of screening as a reminder system for both physician and patient.
- Establish a flow procedure using patient navigators throughout.
 - awareness → referral → screening → understanding results → understanding insurance and financial pieces
- Use wait time for education.
 - Before a visit, remind the patient what screenings he/she is not up-to-date on.
- Use medical teams to get messages to patients.
 - Feedback reports.
 - Physicians and medical professionals should train all levels of the medical team.
 - Re-tell patient stories.
 - Potentially use informed decision aids.
- Be opportunistic in both well and sick visits.
- Policy change for mandatory discussion/education.
- Improve patient understanding of cancer screening information.
 - In confidence, the physician should ask about what they understood, felt, and their planned actions.
- Address barriers for patients.
 - Financial (missed work, transportation)
 - Support (friends/family involvement, child care, directions to facility)
- Create a centralized cancer-screening registry at either the state or federal level.

How might partnering with survivor advocates help improve doctor-patient communication about cancer screening and prevention?

- Use stories to decrease myths about cancer and increase screening rates.
- Encourage colorectal cancer screenings through survivor stories.
 - Caution: narratives are powerful but can skew data on screening.
- Make sure the survivor story matches with the screening message.
 - Host training and moderate survivor stories.
 - Use with a decision aid.

What have been the challenges in improving doctor-patient communication about cancer screening and prevention?

- Doctors have many things to do during a visit.
 - Why is it that the physician must be the one to communicate on screening? Is there someone better to do this communication?

- Nurses could do more of the communication and spend more time discussing guidelines, values and data.
 - Increase communication before and after screening through a patient portal using nurses to continue the conversation that the physician starts.
- Physicians may think they are giving good recommendations but the numbers show otherwise.
 - Is the physician and office staff on the same page on how screening moves from recommendation to completion?
- Challenge: physicians don't bring up screening during a sick visit.
- Barrier: cost may prohibit return for a well-ness visit.
- Underserved are afraid of saying saying, "no" because they may lose their low-cost benefits so they do whatever the doctor says rather than having a conversation.
- A "check list" may discourage conversation and recommendations.
- Disconnect between recall of patient verses physicians about screening recommendations.
- Moving beyond the clinic setting, how do we bring education to community?
- Can we cover all patients? Do we have enough resources?
 - For example, reminder calls work; however, they require many resources.
- We have a health care system that is complicated and we have various clinics and health care infrastructure.
- Variations on type of testing.

What is working to improve doctor-patient communication about cancer screening in your community or practice? How can challenges be overcome?

- Use patient navigator for education.
- Low-income/uninsured program that functions to educate and set up an appointment for CRC screening. Move from just education to discussing screening.
- Medical team to meet and discuss patient care beforehand.
 - Each office may be different; some office cultures may not want to use the "whole team" approach.
- Physicians use decision aids to save time.
 - Shared decision making/informed decision by patient.
 - Public health implications?
 - Decision aids are good at persuading people to stop screening (e.g. prostate).
- What about a screening registry?
 - Develop a centralized electronic record for clinicians.