

# Multidisciplinary Team Communication in Metastatic Breast Cancer Survey Highlights

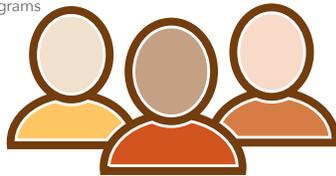
The Association of Community Cancer Centers (ACCC) is committed to continuing the conversation on improving care for patients with metastatic breast cancer (MBC). To measure progress and assess where opportunities for improvement remain, ACCC conducted an online survey from December 2018 to January 2019. *Data on file.*

## Who Took Our Survey?

### Survey Respondents' Professions

N = 107, representing 86 unique cancer programs

- 27%** Nurse
- 26%** Navigator
- 10%** Administrator
- 9%** Social Worker
- 7%** Physician
- 5%** Advanced Practice Provider (NP or PA)
- 1%** Cancer Registrar
- 15%\*** Other



\*Other includes: Patient Advocate, Patient, Financial Advocate, Clinical Research Coordinator, APN, CNS, Psychologist, Sonographer, Dietitian, Genetic Counselor, LCPC.

## Where Survey Respondents Work

N = 107

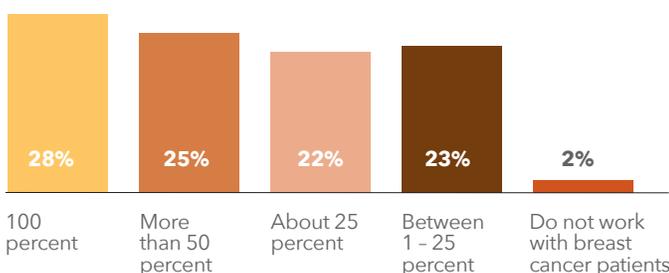


- 30%** Community Cancer Program
- 17%** Hospital Associate Cancer Program
- 15%** Comprehensive Community Cancer Program
- 11%** Outpatient Oncology Practice
- 3%** Integrated Network Cancer Program
- 24%\*** Other

\*Other includes: Academic Comprehensive Cancer Program, NCI-Designated Comprehensive Cancer Center Program, NCI-Designated Network Cancer Program, Academic-Hybrid Health Care Network, Community Health Workers Education Program.

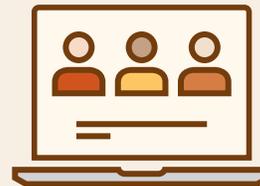
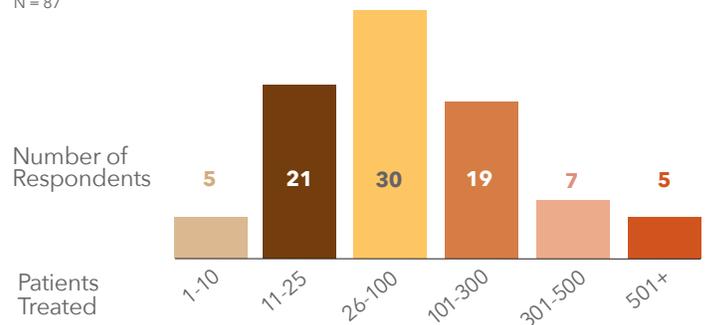
## What percentage of respondent's job is spent working with patients with breast cancer?

N = 106



## Estimated number of metastatic breast cancer patients treated annually by respondents' program:

N = 87



The majority of respondents (**76%**) report tracking the number of metastatic (stage IV) breast cancer patients treated. Nearly one-quarter (**24%**) say they do not.

N = 86

**Food for thought:** most cancer registries cannot capture recurrent metastatic disease (only de novo metastatic patients).

*Does your program monitor the data of your metastatic breast cancer patient population?*



Cancer program engagement with families/caregivers of newly diagnosed MBC patients varies considerably. Some programs do not have a separate meeting with patient and family. Others provide resources but

no meeting with family unless requested. Still others educate the caregiver in the patient's presence allowing for time to answer any questions. Others offer full engagement where the care team and breast navigators meet with the family to assess needs and resources.

## How are patients usually informed of a metastatic breast cancer diagnosis?

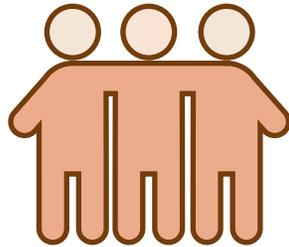


The vast majority (**88%**) of respondents say patients learn of their diagnosis during a clinic visit with a physician.

Others report that sometimes the patient is informed by phone “usually with doctor” or that it depends on the patient.

N = 89

“It is done in collaboration with patient preference and timing of results. [We] try to make sure the family is included or support person when giving results and assisting with next steps.”



## Upon diagnosis of metastatic breast cancer, more than **60%** of respondents report offering patients the following:

N = 89

- 81%** Nurse navigator
- 74%** Written information about diagnosis
- 67%** Financial counselor/navigator
- 65%** Patient education/resource binder
- 64%** Written information about treatment options
- 61%** Social work
- 61%** Nutrition consultation



Between **50-60%** of respondents report offering patients the following:

- 59%** Genetic counseling
- 57%** Treatment-related brochures
- 56%** Written information for family/caregivers
- 56%** Recommendations for external resources (websites, blogs, kits)
- 55%** Information on how MBC treatment differs from treatment for stages I-III
- 55%** List of patient’s care team

Between **30-50%** of respondents report offering patients the following:

- 47%** Visual information (pictures, diagrams) on diagnosis
- 45%** Palliative care education
- 45%** Holistic care (integrative therapies, e.g., yoga, massage, Reiki, acupuncture, etc.)
- 43%** Information on how decisions are made when therapy needs to change
- 43%** Additional molecular/genetic testing
- 36%** Chaplain/spiritual care
- 35%** Cancer prehab/rehabilitation services
- 34%** Information on sexual health

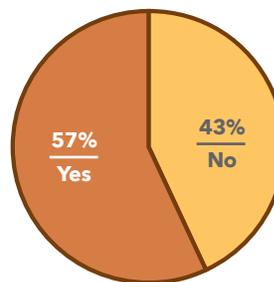


## Q&A

What questions do you ask newly diagnosed metastatic breast cancer patients at the time of their first consultation?

- What have you understood from your conversations with your doctor about your cancer? Tell me your understanding of your diagnosis.
- What have you been told about your treatment options?
- How do you feel about your cancer treatment plan? Are there any barriers to your treatment goals?
- What are your short- and long-term goals?
- What is most important to you? What worries or concerns you the most, and are there any upcoming events that you don’t want to miss?
- Do you have a dependable support system (friends/family)? Who lives with you?
- How can I help you today?

## Are MBC patients being offered targeted information or support?



More than half of respondents (**57%**) report having a different approach or resources for metastatic breast cancer patients, while **43%** say they follow the same communication/resource approach for all breast cancer patients.

“We try to have a consistent process for each patient no matter the diagnosis.”

“Education material is selected based on patient’s cancer stage.”

“We do not provide the survivorship information on care plans...it becomes more psychosocial from the get-go.”

N = 86

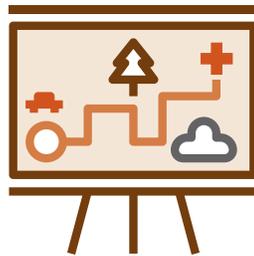
Only **27%** offer dedicated support groups for stage IV/metastatic breast cancer patients; **37%** provide caregiver/family support groups. Most respondents (**66%**) offer breast cancer support groups that include all stages or mixed support groups (**49%**) that combine all cancer types and disease stages. Other support is provided by national or regional advocacy organizations (**24%**), peer-to-peer conferences (**19%**), social media groups (**19%**), and patient and family retreats (**17%**).

N = 83

Logistical support is offered at respondents' cancer programs for:

- Finances (**78** respondents)
- Transportation (**69** respondents)
- Clinical Trials (**67** respondents)
- Food insecurity (**52** respondents)
- Children/family (**44** respondents)

N = 83



### Challenges in treating patients with metastatic breast cancer

More than half of respondents cite the following as their greatest challenges in treating patients with stage IV breast cancer:

1. Balancing hope and realism (**72%**)
2. Patient fear and uncertainty (**68%**)
3. Patient psychosocial needs (**64%**)
4. Managing patient expectations (**57%**)
5. Patient financial concerns (**55%**)

Other common challenges include patient knowledge/understanding of their diagnosis or treatment options (**43%**), pain management/side effects/symptom management (**32%**), community/outside influence regarding treatment or care (**29%**), patient use of alternative medicine without communicating it to care team (**28%**), educating patients about miracle cures (**27%**), and family wanting to drive treatment decisions (**25%**).

N = 75

### Room for improvement in shared decision-making?

N = 82



Only **26%** of respondents indicate using a Shared Decision-Making Model (SDM) with metastatic breast cancer patients. The majority (**59%**) report talking to patients "casually to assess what they want." Half (**50%**) ask patients to what degree (if any) they want other key family members involved in decision-making with them.

Other approaches to shared decision-making include:

- 49%** Patients complete an advance directive
- 34%** Patients are asked to define what "quality of life" means for them
- 33%** Conversations with patient on treatment/life goals are entered in EMR
- 10%** Patients complete a worksheet with treatment and their life goals

### Difficult conversations: end-of-life discussions and planning

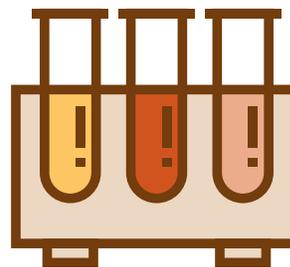
N = 82

Multiple approaches are used for end-of-life conversations, decision-making, and planning. Respondents selected all that applied to their program.



- 62%** Discussion with palliative care specialist
- 58%** Assistance with transition to hospice
- 56%** Multidisciplinary team members will routinely discuss end-of-life planning
- 50%** Discussion with social worker
- 44%** Staff discusses and records life-sustaining treatment preferences
- 39%** All patients complete advance directives

Others report referring patients to external resources if they want to have those conversations, or having a lack of formal process/procedure to have end-of-life discussions.



### Majority of programs offer access to clinical trials

N = 84

More than three-quarters (**86%**) of respondents offer access to clinical trials. Of those, **57%** offer trials for metastatic breast cancer patients and **29%** refer patients to a partner or network program.

Visit [acc-cancer.org/metastaticbreastcancer](http://acc-cancer.org/metastaticbreastcancer) for resources for improving care for patients with metastatic breast cancer, including principles for effective practices in patient support, case studies, and an interactive library of curated resources for the care team, patients, and caregivers.

If your cancer program or practice has a quality or process initiative focused on metastatic breast cancer patients, let us hear from you. Share your story at [resources@acc-cancer.org](mailto:resources@acc-cancer.org).

# Tools to Help Your Team Support Metastatic Breast Cancer Patients

Recognizing the unique needs of patients with metastatic breast cancer (MBC), the ACCC Metastatic Breast Cancer Project—in collaboration with partner organizations—develops and curates resources that address gaps in knowledge, improve patient-provider communication, and support holistic, patient-centered care for patients living with MBC.



- Building upon the patient support workbook, the **Effective Principles in Action** publication explores how three cancer programs are implementing the six key principles and taking action to empower patients.
- The **Metastatic Breast Cancer: Effective Principles & Practices in Patient Support** workbook features a communication process map with six key principles to consider in a multidisciplinary workflow, helping to reframe and improve the conversation between providers and patients.
- Search the **MBC Resource Library** for over 150 nationally available materials for patients at every stage of the Metastatic Breast Cancer journey.
  - Searchable by keywords
  - Filter by point of care, resource type, organization, or hot topics
  - Forward resource links directly to patients and colleagues

Find the resources your patients need today at [acc-cancer.org/MBCresources](http://acc-cancer.org/MBCresources)

A publication from the Association of Community Cancer Centers. Learn more at [acc-cancer.org/MetastaticBreastCancer](http://acc-cancer.org/MetastaticBreastCancer).



The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is a powerful network of 25,000 multidisciplinary practitioners from 2,100 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve—so has ACCC—adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit [acc-cancer.org](http://acc-cancer.org) or call 301.984.9496. Follow us on Facebook, Twitter, and LinkedIn; read our blog, ACCCBuzz; and tune in to our podcast, CANCER BUZZ.

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