

2021 DC Health Communication Conference

Katherine Treiman, RTI International
Richard Street, Texas A&M University
Elissa Kranzler, Fors Marsh Group (formerly the Cancer Support Community)
Reese Garcia, Fight for Colorectal Cancer
Laura Arena, RTI International
Taya McMilan, RTI International
Rebecca Moultrie, RTI International

Title:

Cancer patients' experiences with patient-centered communication and telehealth during COVID-19: Findings from a mixed methods study

Introduction. The impact of the COVID-19 pandemic on cancer patients is enormous. Patients are vulnerable to severe illness due to their immunocompromised status, and often have concerns about whether and how to continue care^{1,2}. As health care systems are overwhelmed, patients' relationships and communication with providers can be disrupted. An April 2020 survey found that 44% of patients in active treatment experienced delays in cancer care and 24% said it was more difficult to contact providers³. Appointments are less frequent or switched to telehealth, and in-person visits have changed because of safety precautions (e.g., loved ones unable to accompany patient)⁴. Prior the pandemic, many patients had not used telehealth, potentially making the sudden shift challenging for some⁵.

Patient-centered communication (PCC) can help patients manage the uncertainties, fear, and stress associated with COVID-19. Our study explores the following topics as they pertain to patient-provider communication during the pandemic: the extent to which communication is patient-centered; patient experiences related to communication via telehealth; and the extent to which providers communicate with patients about COVID-related topics.

Methods: We are conducting an online survey and virtual focus groups with individuals diagnosed with cancer who received treatment during the pandemic (expected completed sample sizes are 300+ for the survey and 20+ for the focus groups). To measure PCC, we are using the PCC-Ca, a validated survey measure developed by the study team⁶. The PCC-Ca is based on the National Cancer Institute PCC conceptual model which defines six functions of PCC: information exchange, responding to emotions, making decisions, managing uncertainty, enabling patient self-management, and fostering healing relationships⁷. Other domains include disruptions in cancer care; communication via telehealth and comparisons with in-person communication; and communication about COVID-19.

Findings: Preliminary survey findings (based on 162 completes) indicate that more than half of patients have had appointments switched from in-person to telehealth due to the pandemic. Most patients who have had telehealth visits report positive communication experiences: 74% say providers communicate about as well in virtual visits as in face-to-face visits, 8% say communication is better, and 18% say communication is worse. Qualitative findings highlight reasons for positive (e.g., provider not distracted, loved ones can participate remotely) and negative (e.g., feel less connected) telehealth communication experiences.

Just under half of survey respondents have talked with providers about their risk of contracting COVID-19 (48%) and ways to reduce their risk (46%). Providers less frequently discuss other COVID-related topics of concern to patients, including what would happen if they become infected (14%) and insurance and cost issues (4%). Preliminary focus group findings indicate that in terms of COVID-related discussions, providers focus on safety precautions in the clinical setting and do not address some patient information and support needs. One area of patient concern is not being able to have someone accompany them to appointments.

Discussion:

We will discuss the pros and cons of telehealth communication from the perspective of cancer patients and share recommendations for strengthening PCC in virtual visits and addressing patients' information and support needs related to COVID-19.

References:

¹ Cancer Support Community. (2020, April). *Perspectives of cancer patients, survivors, and caregivers during the COVID-19 pandemic*. Washington, DC: Author.

² Dai M, Liu D, Liu M, Zhou F, et al. (2020). Patients with Cancer Appear More Vulnerable to SARS-COV-2: A Multi-Center Study During the COVID-19 Outbreak. *Cancer Discov*. E-pub ahead of print.

³Cancer Action Network (2020). Covid-19 Pandemic Ongoing Impact on Cancer Survivors: Survey Findings Summary. Available at <https://www.fightcancer.org/sites/default/files/National%20Documents/COVID19-Ongoing-Impact-Polling-Memo.pdf>

⁴Sekeres MA. (2020, April 8). Coronavirus and the Cancer Patient. *New York Times*.

⁵ Wu QL and Street RL (2020). Factors affecting cancer patients' electronic communication with providers: Implications for COVID-19 induced transitions to telehealth.

⁶Reeve BB, Thissen DM, Bann CM, Mack N, Treiman K, Sanoff HK, Roach N, Magnus BE, He J, Wagner LK, Moultrie R, Jackson KD, Mann C, McCormack LA. Psychometric evaluation and design of patient-centered communication measures for cancer care settings. *Patient Educ Couns*. 2017 Jul;100(7):1322-1328.

⁷Epstein RM, Street RL, Jr. (2007). *Patient-Centered Communication in Cancer Care: Promoting Healing and Reducing Suffering*. National Cancer Institute, NIH Publication No. 07-6225. Bethesda, MD.