

Challenges Experienced by Interdisciplinary Teams in the Co-Management of Patients with Hepatocellular Carcinoma (HCC)

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Introduction

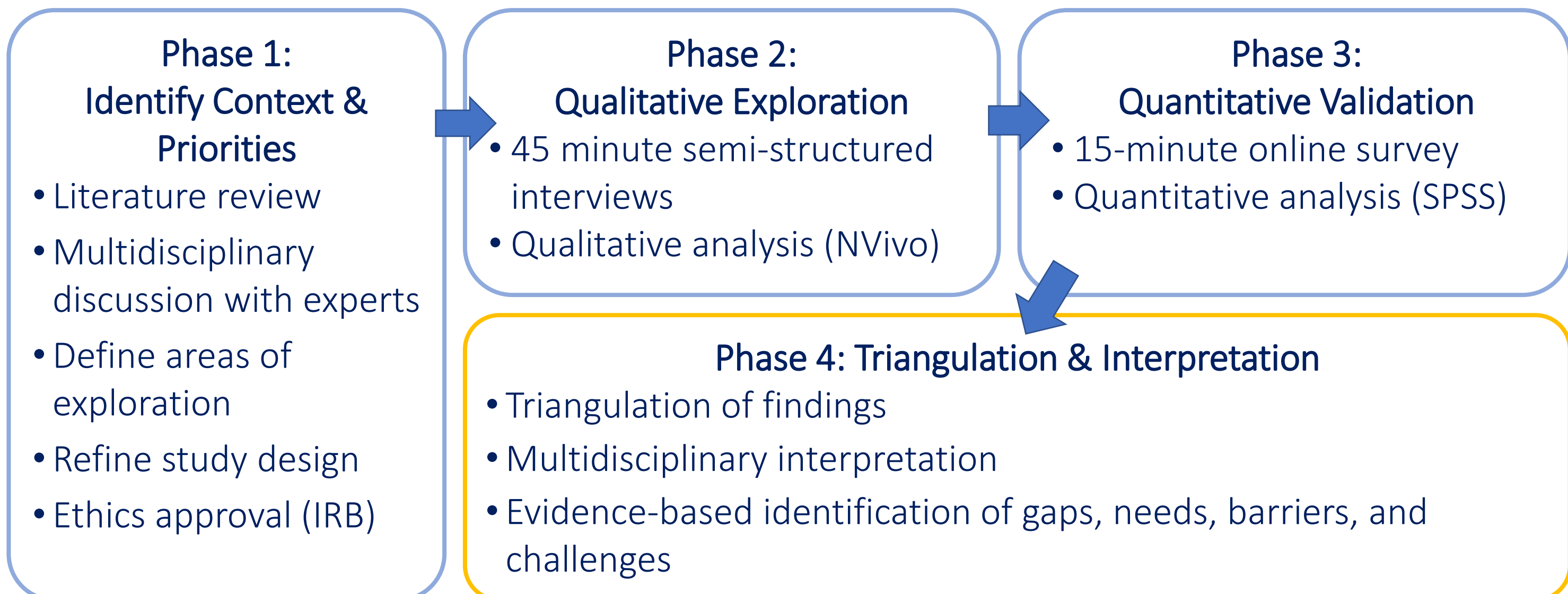
- As a complex disease, management of HCC requires a multidisciplinary approach which may impact patient’s engagement and quality of care
- Consistent and timely information exchanges between providers are needed to optimize decision-making
- Advanced practice providers’ roles vary widely by healthcare setting, which may add further complexity to patient co-management

Objective

- To understand team-related clinical practice gaps and challenges experienced by HCPs involved in HCC care

Method & Sample

- Mixed-methods study with healthcare providers practicing in the US



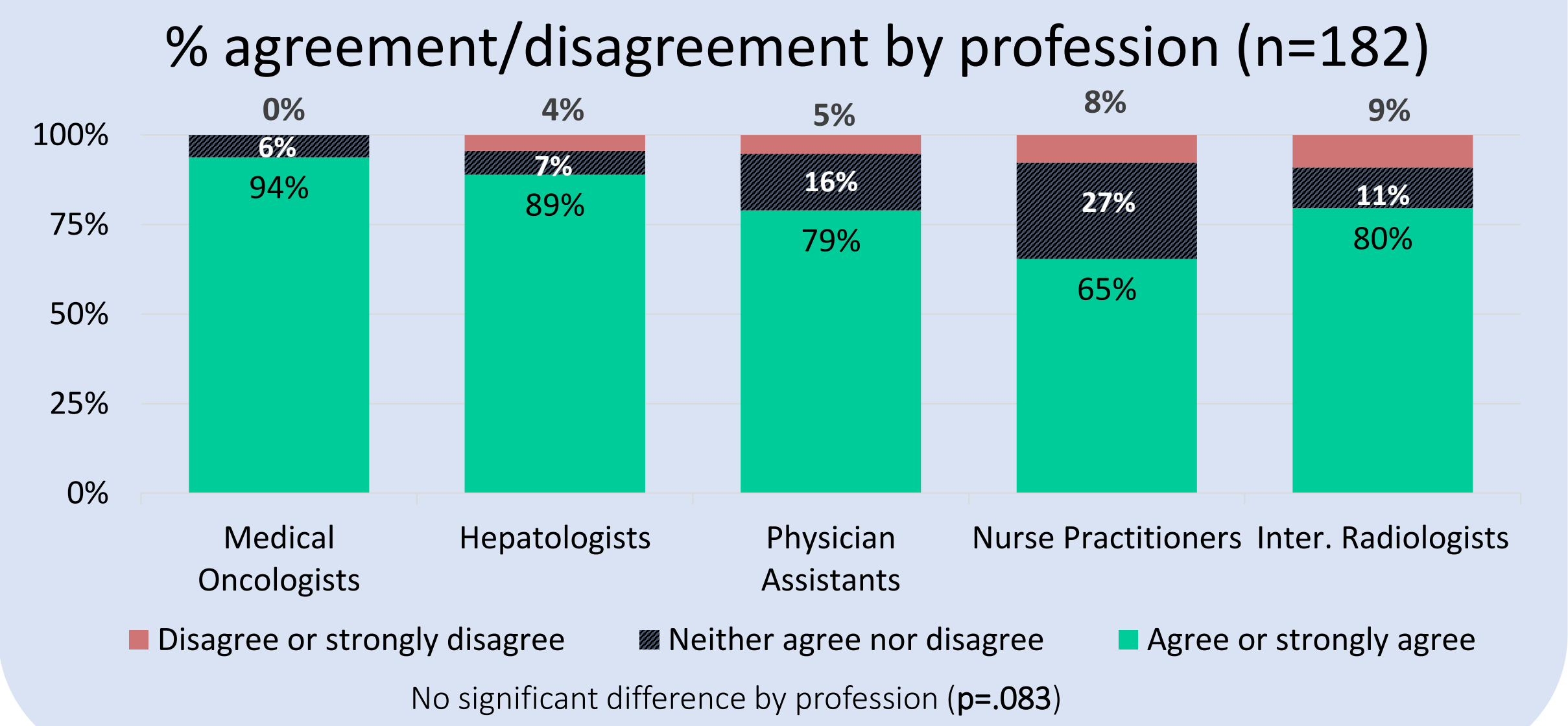
Profession or Role	Interviews	Surveys
Medical Oncologists	8	48
Hepatologists	8	45
PAs/NPs (specialized in oncology)	8	45
Interventional Radiologists	8	44
Total	32	182

Results

- 46% of all HCPs agree or strongly agree that “HCC care is difficult to coordinate across the multiple disciplines involved”
- Perception of **complexity in coordinating care** across multiple disciplines involved:

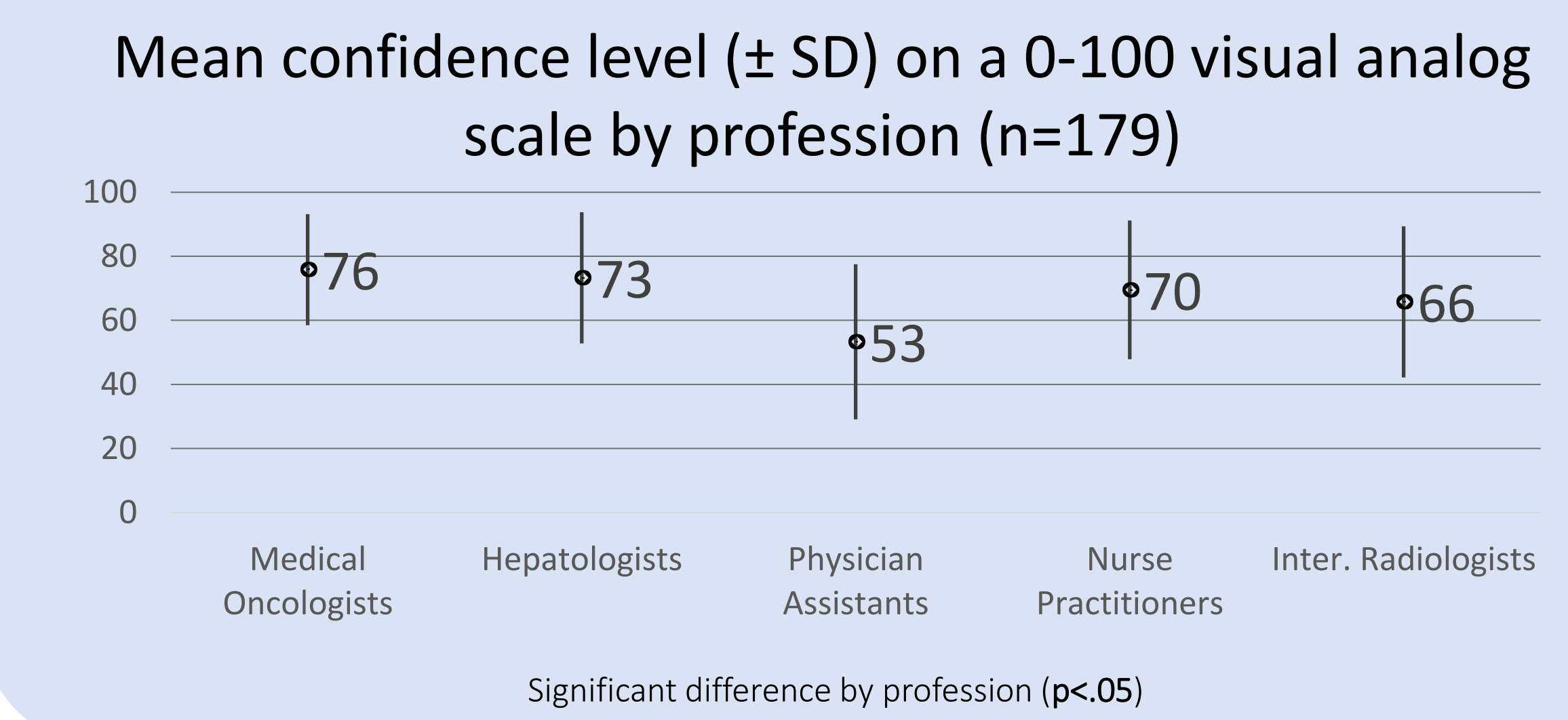
“...the treatment of these patients has become obviously multidisciplinary involving multiple layers of coordination [...] Tumor Board, cancer care coordination, [...] transplant centers, involving surgeons, and eventually radiologist, med onc, as well as ourselves. **It’s a complicated journey for both the patients and the physicians to navigate.**”
 – Hepatologist

- One identified reason is **sub-optimal communication**, as 84% of HCPs agree or strongly agree that “when co-managing HCC patients with other HCPs, communication needs to be improved”.

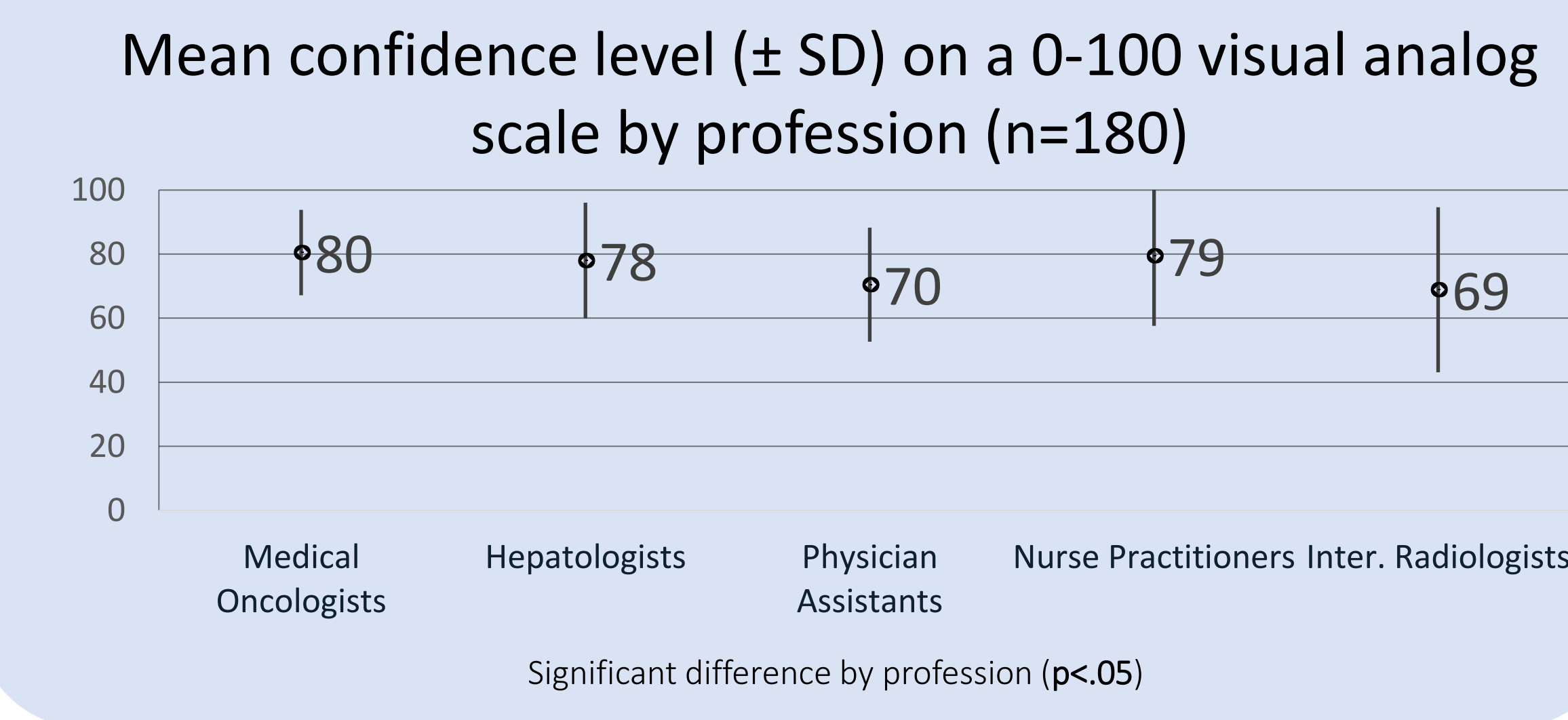


- **Sub-optimal skills collaborating** with other HCPs in HCC care
 - Especially interventional radiologists (34%)

- **Sub-optimal confidence resolving disagreements** with interdisciplinary colleagues



- **Sub-optimal confidence advocating** the best option for patients during interdisciplinary discussion



- **Disagreements between interdisciplinary colleagues** can make treatment decisions difficult
 - Could potentially impact optimal patient care:

“... where we simply can’t tell if the tumor is spreading outside the liver or is it confined to the liver, those types of situations are the ones where we’ll have a difference of opinion. [...] It’s conflicting. The picture is not clear here. **In those types of situations is when it becomes most difficult to determine how to proceed.**”
 - Interventional Radiologist

- **Sub-optimal skills promoting realistic expectations** about chosen treatment option
 - From **23% to 57%** across profession groups

“I think it’s something that I have to work on myself. I think I have to work on sort of negotiating it with the patients and sort of **managing their expectations.**”
 - Medical Oncologist

“...this is a space where the **patients themselves are very aware and well-read** [...] They often come in with these expectations of a miracle that was just never really possible, so a lot of times it’s **tempering expectations** from that standpoint.”
 - Medical Oncologist

“...that’s the only way, communication. [...] **Most of the patients are realistic.** And as I said before, **it’s dependent upon your communication style** and how much time you are spending and how much you are able to take patients into [our] confidence.”
 - Medical Oncologist

Conclusion

- In multidisciplinary HCC care, communication gaps can impact ideal collaboration and patient outcomes.
- Our findings can inform the development of HCC-specific educational initiatives to address the identified challenges
- Improved communications across professions (e.g., use of EMR/EHR to document and send results of tumor board discussions), and with patients would enhance the quality of patient care
- Case-based education and team-based simulations can enhance collaborative decisions (on prognosis and treatment) and co-management of complex patients across disciplines.

Disclosure

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