

Breast cancer patients more satisfied when specialists share care management

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Patients with breast cancer report greater satisfaction with care when their cancer doctor co-manages their care with other specialists. However, some specialists are more likely than others to share decision-making with other physicians, finds a new study in Health Services Research.

“Breast cancer is typically a condition that is managed by multiple specialists. Often a surgeon is involved as well as a medical oncologist,

radiologist and primary care physician,” said Katherine Kahn, M.D., of the David Geffen School of Medicine at UCLA and senior author of the study.

For certain tasks associated with breast cancer diagnosis and treatment, co-management—where two or more [physicians](#) actively consult with one another—might be the best approach. However, the extent to which specialists use co-management in breast [cancer care](#) is unknown.

Researchers surveyed 347 breast cancer specialists, including medical oncologists, radiation oncologists and surgeons, about their usual practice style for 10 clinical tasks associated with breast cancer care. The specialists answered questions about whether they manage common [breast cancer](#) treatment tasks independently, co-manage tasks with other physicians or refer patients to other providers. Radiation oncologists reported co-managing more tasks, followed by surgeons and medical oncologists.

To examine patient outcomes, the researchers identified [satisfaction](#) ratings from 411 patients matched to a surveyed medical oncologist. Patients gave higher ratings to medical oncologists who actively co-managed decision making—rather than simply referring patients to another specialist—in four different areas: choosing type of breast surgery, decisions about radiation, treatment of lymphedema (limb swelling after breast surgery) and treatment of depression.

“Patients wanted to have one physician that they identified as coordinating their care—as co-managing, not just referring them out—and connected to all of the information that was relevant to the decision making for the patient,” Kahn said.

Certain factors were associated with the co-management of patients. Physicians in HMOs who have greater access to other clinicians than

physicians in solo practice were more likely to co-manage patients. Physicians who received financial incentives to expand their own services or who encountered barriers to referral because of provider network restrictions were less likely to collaborate with other doctors about patient care.

“Perhaps one way of going forward is to look at this from the patient’s perspective,” said Richard Wender, M.D., chairman of the department of family medicine at Jefferson Medical College and past president of the American Cancer Society.

“What [patients](#) want is the sense that they are being cared for in a continuous way,” Wender added. “We in the cancer care community increasingly recognize that we have a fundamental professional and ethical responsibility to take a patient-centered approach to cancer care. That means that the same kinds of interdisciplinary team thinking that has been applied to some other chronic illnesses must consistently be applied to cancer care.”

More information: Rose, D. E., D. M. Tisnado, M. L. Tao, J. L. Malin, J. L. Adams, P. A. Ganz, and K. L. Kahn. (2011). Prevalence, Predictors, and Patient Outcomes Associated with Physician Co-management: Findings from the Los Angeles Women’s Health Study. *Health Services Research*, [doi: 10.1111/j.1475-6773.2011.01359.x](https://doi.org/10.1111/j.1475-6773.2011.01359.x)

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