The Patient and Family Meeting Program: a pilot of earlier discussions in a genitourinary oncologic clinic

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Introduction

- Family meetings in the ICU result in less aggressive care and improved medical and psychosocial outcomes for critically ill patients and their families.
- Less evidence exists for the benefit of holding earlier, values-based discussions in the outpatient setting.
- SupportScreen® survey data of patients from one genitourinary oncologic clinic at City of Hope National Medical Center showed:
 - Nearly 40% of patients are worried about the future
 - 17% are unsure about their treatment options
 - 14% are distressed about finding reliable clinical information.

Objectives

We sought to increase the incidence of interdisciplinary family meetings in a genitourinary oncologic clinic at City of Hope. Our objectives include:

- Efficient management of physician time
- Involving supportive/palliative medicine in patients' care
- Improved collaboration with hospice

Methods

At City of Hope National Medical Center, a comprehensive cancer center, we utilize an interdisciplinary approach to conducting family meetings. This involves a social worker-led semi-structured format. In this pilot, the Patient and Family Meeting Program was applied in a genitourinary oncologic clinic to patients with prognosis less than two years, as determined by the oncologist.

Outcomes were tracked, including physician time in meetings, number of hospice and supportive/palliative medicine referrals, as well as recommendations for and admissions to hospice.

Results

Program was implemented October 16, 2017 and is ongoing, with data shown through May 3, 2018.

Of the patients who participated in the program:

- 21 (49%) were diagnosed with metastatic kidney cancer
- 14 (32%) were diagnosed with metastatic prostate cancer
- 8 (19%) were diagnosed with metastatic bladder cancer
- 31 participants were male (72 %), 12 were female (28%)
- Average age of participants was 69.

References

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Examples of patient flyers for introducing the Family Meeting Program and education on hospice care.

Family Meeting Orientations	Family Meetings	Recommend Hospice	Hospice Admission	New Supportive/ Palliative Referrals	Average minutes oncologist in meeting
40	14	12	10	5	20

40 orientations to the family meeting program were conducted and 14 family meetings were held in the ambulatory clinic. For the family meetings where time data was available (n=10), the average time the oncologist spent in the meeting was 20 minutes. Hospice was recommended to 12 patients, and 10 of those patients were admitted to hospice.

Additionally, 3 family meetings were held in the hospital for patients who had been oriented to the Family Meeting Program in the ambulatory clinic. Hospice was recommended to all 3 patients and 2 patients enrolled in hospice.

Conclusions

As an initial pilot, it appears the Patient and Family Meeting Program in the outpatient genitourinary oncologic setting has beneficial outcomes, including efficiency of physician time, involvement of supportive/palliative medicine services, and recommendations and enrollment in hospice.

Additional work is needed:

- To evaluate patient and family satisfaction
- To compare intervention to standard of care
- To expand to other oncology specialties.

For further information: FamilyMeeting@coh.org