Shared Goal Setting in Team-Based Geriatric Cancer

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Learning Objectives

• Describe shared goal setting and its benefits
• Understand shared goal setting in team-based cancer care delivery through a case study
• Describe the implications of shared goal setting for clinical care
• List the major knowledge gaps of shared goal setting in cancer and future research priorities
Outline

• Background on shared goal setting
  – Guiding theory and paradigm
  – Management literature

• Case study illustrating a lack of shared goal setting

• Shared goal setting in geriatric cancer care
  – Limited investigation and evidence

• The importance of shared goal setting in cancer care

• Research priorities
(Shared) Goal Setting

- The act of determining a conscious goal or set of goals that affect action
- Three mechanisms
  - **directive function**: maintains attention toward goal-relevant activities and away from goal-irrelevant activities
  - **energizing function and persistence**: difficult goals lead to greater effort compared to easy goals
  - **encouraging the development and use of task strategies**: affects action indirectly by leading to the arousal, discovery, and/or use of task-relevant knowledge and strategies

Latham, 2007; Locke 1994; 2002
Shared Goal Setting in Teams

• Shared goals and individual goals

• The importance of setting:
  – Specific goals
  – Difficult goals
  – *Groupcentric goals*

Kleingeld, 2013; Kramer, 2013; Van Mierlo, 2010
Case Study

Day 1: Dr. Haber requested CT for MI.

Day 10: Colonoscopy was performed and revealed a mass.

Day 15: Dr. Haber delivered diagnosis to MI and his daughter.

Day 20: PET scan showed no metastasis, MI is contacted.

Day 24: MI met with the surgeon and stated he "would never do surgery.”

Day 30: MI enrolled into hospice and remained there for 8 weeks.

Day 60: MI, his daughter, and Dr. Haber discussed other treatment options.

Day 62: MI received an evaluation by geriatric oncology, MI, his daughter, and the oncologist decided to undergo chemotherapy and radiation.

Surgeon and MI Present

PCP and MI Present

PCP and MI Present

PCP and MI Present

Team and individual goals aligned

Missed opportunity for shared goal discussion

Missed opportunity for shared goal discussion

Missed opportunity for shared goal discussion

Missed opportunity for shared goal discussion

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Shared Goal Setting in the Case Study

- Individual goals were never explicitly elicited
  - Prevents the establishment of the shared goal
- Potentially due to assumptions:
  - Patient wants to live/alleviate pain
  - Family members want their loved one to be comfortable and safe
  - Providers want a cure
- Eventually the patient’s goals were determined
Reality of Shared Goal Setting in Cancer Care

• Poor concordance of goals among geriatric patients, family members, and providers
  – Patients & family members = 50%
  – Family members have more goals than patients

• Patient goals and goal strategies change throughout cancer treatment and survivorship

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Glazier, 2004; Janse 2015a; 2015b
Shared Goal Setting

• Patient, family members, and all providers should know:
  – The team goal
  – Where their individual goal(s) fit within the team/shared goal

• Increases the likelihood of achieving the team goal
Implications for Team-Based Clinical Care

- Team members and shared/individual goals will vary case-by-case and within each case
  - Influence of individual biases (e.g., ageism)
- Importance of the team *coordinator* and *handoffs*
  - Misunderstandings and role conflicts
- Mechanisms for alignment
  - Tumor board
  - Virtual discussions for geographically distributed teams
Gaps in Knowledge

1. How do oncology providers recognize their inherent biases and how do these biases influence their individual goal setting in clinical situations?

2. How to promote the patient and, if applicable, family members/caregivers, as team members within the shared and individual goal setting process?

3. How to educate oncology professionals about the need to establish role definition and alignment of individual goals within a shared team goal at the outset of each clinical case and throughout the care continuum?
Gaps in Knowledge

4. How are “team coordinators” identified and how does this role shift over the clinical course?

5. How to promote role definition, shared goals, and aligned individual goals in cancer care delivery at the organization and/or system level?

6. How can electronic health medical records be used to facilitate shared goal setting and alignment of individual goals among co-located and distributed team members?

7. How does shared goal setting affect coordination and outcomes of care?

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Summary

- Shared goal setting is a critical component of high quality effective team-based cancer care
- Limited evidence from geriatric oncology shows it is not common
- Evidence from other disciplines shows it could enhance:
  - Efficiency of care
  - Likelihood of optimal health outcomes
Conclusions

• Short term:
  – Shared goal setting should be strived for by all care teams
  – Discussion should be revisited throughout treatment and into survivorship

• Long term:
  – Understanding how shared goal setting currently occurs
  – How shared goal setting can be enhanced