eHealth as Dialogue: Communication and Quality Cancer Care

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"Knowing is the process of communicative interaction"
Ralph Stacey

PREMISE

Human interaction holds within it the key dynamics of outcomes research and continuing quality improvement.

Our task as health researchers is to design quality dialogues and allow them to flourish within the health domain.

This is exactly what is happening at the VA.
“When complex, adaptable systems (people) interact, their actions are interconnected such that one system’s (person’s) actions changes the context for the other system (person)...change (either creativity or error) is an emergent product of the interaction of two components (people) of the system and is the essence of what helps the system (people)organize itself and adapt.”

“TALK”

Human Communication

- One person’s feedback is the other’s context for action (or we can NOT not communicate)

- Human dialogue is made up of patterns of coordinated inquiry, feedback and adaptation that occur naturally in the context of relationships
Cancer Care Dialogue

On a daily basis, patients and care coordinators dialogue about:

- Fatigue
- Pain
- Emotional well-being
- Nausea
- Functional activity level

The Cancer Care Dialogue – inquiry, feedback and adaptation

- Patients answer personalized daily questions that monitor their disease symptoms, medication compliance and disease knowledge as well as providing education about their condition(s).
- Daily responses sent by patients are categorized and risk-prioritized to alert case managers to the most serious outcomes (signs and symptoms) first.
- Phone or face to face interactions involve further assessment and adaptations and reporting
An Interpersonal Symptom Management System

A Working Model

- Computerized Patient Record
- Ongoing Monitoring/Reporting Dialogues
- Planning Dialogues
- Assessment and Adjustment Dialogues
- Enterprise-Wide Population Outcomes Knowledge Base

Planning Dialogues

Continue agreed-upon plan of care and daily Monitoring/Reporting Dialogues

Assessment and Adjustment Dialogues

Results of Chronic Care Pilot

- After the first two years of operation:
  - 40% reduction in emergency room visits
  - 64% reduction in VHA nursing home admissions
  - 88% reduction in nursing home bed days of care

- In the comparison group, without care coordination or communication services, nursing home admissions increased by 106%. Patients enrolled in the home telehealth program were 77.7% less likely to be admitted to a nursing home care unit than those not enrolled in the program.
Results of Chronic Care Pilot

- Quality of life and functional ability, as measured by the SF 36V, indicated significant improvements in the physical, pain, social, functional, emotional and mental composite scores. Performance dimensions, such as adherence with medication (93%) and appropriate, timely communication between primary care provider and the care coordinator (85%) are in line with quality goals.

Although humans make sounds with their mouths and occasionally look at each other, there is no solid evidence that they actually communicate among themselves.