Title: Satisfaction with care among lung cancer patients treated in multidisciplinary vs. serial care settings

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**Introduction**

Coordinated multidisciplinary (MD) lung cancer care, in which all key specialists concurrently provide early input and develop and execute a consensus plan of care in collaboration with patients and their home caregivers, is believed to improve satisfaction with care, compared to usual “serial care,” (SC) but has not been rigorously evaluated.

**Methods**

Prospective clinical cohort study comparing newly-diagnosed lung cancer patients receiving MD (n=156) or SC treatment (n=307) within the same healthcare system. Patients were enrolled before onset of treatment. At baseline (study entry) and 3 months after study entry, patients and caregivers completed several treatment-related measures from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Measures included perceptions of quality of care (timeliness of care, barriers to completing treatment), satisfaction with care (including treatment plan as a whole, time to receive diagnosis and begin/complete treatment, quality of communication from physician, nurses, and entire care team), and extent to which the patient was involved in treatment decision making. Satisfaction indices at 3 months will be compared among MD vs. SC patients in multiple linear regression models, adjusting for baseline scores and demographic and treatment-related characteristics. Three month data are currently being analyzed. In the Table, we present baseline demographic characteristics and satisfaction ratings stratified by treatment group (MD or SC).

**Results**

MD and SC patients were similarly in terms of age, gender, ethnicity, and cancer stage. At baseline, after being diagnosed but before treatment commenced, MD patients rated their care more positively than SC patients but no differences were observed in satisfaction with provider communication.

**Conclusions**

MD treatment may provide greater patient satisfaction even early in the early, diagnostic phase of lung cancer care. Further prospective analyses will evaluate the hypothesis that MD patients will experience greater satisfaction with quality of care and provider communication compared to SC treatment.

**Table. Baseline characteristics and satisfaction ratings**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mean (SD) or %** | |  |
|  | **MD (n=156)** | **SC (n=307)** | **p** |
| Age (yrs) | 68.89(11.39) | 65.85(9.69) | 0.0023 |
| % male | 46.05 | 50.19 | 0.4162 |
| % African American | 34.42 | 30.19 | 0.3703 |
| % Cancer stage |  |  |  |
| 1 | 28.39 | 19.55 | 0.0371 |
| 2 | 12.26 | 12.03 | 0.945 |
| 3 | 36.13 | 25.94 | 0.0273 |
| 4 | 23.23 | 42.48 | <.0002 |
| Financial Burden | 5.32(1.07) | 5.23(1.12) | 0.5786 |
| Satisfaction with… |  |  |  |
| How care compares to other lung cancer patients (% “much better”) | 45.1 | 23.8 | .0092 |
| Quality of care from various team members1 | 20.02 (3.69) | 17.25 (3.99) | <.0001 |
| Physician communication2 | 18.42 (2.86) | 18.49 (2.85) | .8784 |
| Nurse communication3 | 16.55 (2.75) | 16.71 (2.81) | .1537 |
| Communication about disease-specific information3 | 9.7 (4.75) | 10.33 (4.51) | .1365 |
| Patient satisfaction with care from the team as a whole | 11.69(3.41) | 12.24(3.39) | 0.0181 |
| Time to begin treatment after receiving diagnosis and complete treatment | 3.95(1.54) | 4.31(1.2) | 0.0587 |
| Physician communication | 25.19(4.4) | 25.51(4.1) | 0.5567 |
| Nurse communication | 16.55(2.75) | 16.71(2.81) | 0.1537 |
| Communication about disease-specific information | 9.7(4.75) | 10.33(4.51) | 0.1365 |

1Sum of 8 ratings; 2Sum of 5 ratings; 3 Sum of 6 ratings