Study Examines How Older Adults and Clinicians View Tradeoffs in Treatment Options

Evolving toward effective and efficient health care decision-making based on health outcomes priorities among adults with multiple health concerns

SUMMARY

Older people who have multiple medical conditions must often make medical choices with competing benefits and risks. From 2007 to 2010, a team of researchers at Yale University School of Medicine conducted a study examining how both elders and clinicians view the tradeoffs faced by patients with multiple medical conditions.

Key Findings

- Maintaining independence was rated as a majority of elders’ most important priority.
- Concerns about side effects had a greater effect on people's willingness to take a drug than concerns about its effectiveness.
- Clinicians recognized the complexity of caring for older persons with multiple conditions and the need to provide more individually tailored therapy, but said they needed more support to make appropriate decisions in such cases.

Funding

The Robert Wood Johnson Foundation (RWJF) supported this project from October 2007 through March 2010 with a grant of $224,986.

CONTEXT

Elders who have multiple medical conditions must often make medical choices with competing benefits and risks (for example, whether to take a medication that lowers the likelihood of a heart attack but causes fatigue and dizziness). The optimal decision for a given individual depends, at least in part, on the outcomes they most value. Yet the health care environment increasingly favors standardized treatment guidelines (for example, automatically prescribing a statin in response to certain cholesterol numbers).
"We know we can cause harm and people have varying attitudes towards harm, so ideally the medical decision that is made ought to be based on what patients tell doctors is most important to them," said Terri R. Fried, M.D., professor of medicine at Yale University School of Medicine and director of the project described here.

**Prior Work**

In earlier studies, Fried and her colleagues conducted 13 focus groups to learn how 66 elders considered potentially competing outcomes ("Views of Older Persons with Multiple Morbidities on Competing Outcomes and Clinical Decision-Making," *Journal of the American Geriatrics Society*, 56(10), 2008).

The choices facing them are illustrated by a scenario in which they were asked whether they would be willing to take blood pressure medication if it made them dizzy. One participant said, "Well, you won't be dizzy if you are dead," suggesting that feeling dizzy was minor compared to the risk of a stroke or a heart attack. But another said, "If you are dizzy, you can't do your daily activities, and to me the most important thing is to keep doing what I'm doing now."

**THE PROJECT**

This project sought to build on this earlier work by:

- Exploring ways to elicit older persons' priorities in weighing the tradeoffs of medical decisions
- Examining how clinicians consider patients' priorities in decision-making

**Eliciting Patient Priorities**

The researchers conducted a survey of elders to gauge their priorities for care and examine how they weighed the risks and benefits of medical treatment. Some 356 participants recruited from three senior centers with demographically diverse populations were asked to:

- Rank four treatment outcomes from most important to least important:
  - Keeping you alive
  - Maintaining your independence
  - Reducing or eliminating pain
  - Reducing other symptoms (e.g., dizziness, fatigue, shortness of breath)
- Indicate the relative importance of maintaining quality of life currently, compared to maintaining it in the future
• Indicate their willingness to take a medication with various benefits and side effects to prevent a heart attack

Examining Clinician Decision-Making

The researchers conducted five focus groups with a total of 40 clinicians (mostly physicians, but also a nurse practitioner, a pharmacist and a physician assistant) to discuss how they approached treatment decisions for older patients with multiple medical conditions.

Other Funding

The Claude D. Pepper Older Americans Independence Center at Yale University School of Medicine, operating under a contract from the National Institute on Aging, provided additional support for this project.

FINDINGS

The researchers have reported findings from the following elements of the project:

Ranking Patient Priorities

The researchers reported the following findings to RWJF:

• A majority of respondents rated maintaining independence as their most important priority. In order of importance, the outcomes were:
  — Maintaining independence (76%)
  — Keeping you alive (11%)
  — Relieving pain (7%)
  — Relieving other symptoms (6%)

The least important outcomes were:
  — Keeping you alive (59%)
  — Relieving other symptoms (23%)
  — Relieving pain (15%)
  — Maintaining independence (3%)
**Are the Side Effects Worth It?**

The researchers reported the following findings in an unpublished article, "Effects of Benefits and Harms on Older Persons' Willingness to Take Medication for Primary Cardiovascular Prevention":

- **Changing the potential benefits of a medication to prevent heart attacks had a smaller influence on responses than did considerations of adverse side effects:**
  
  - Of those who said they would take the medication under a baseline scenario, 82 percent also said they would take the drug if the risk of a heart attack were lower.
  
  - Of those who said they would not take the medication under the baseline scenario, 83 percent said they still would not take it even if the benefit of taking it (i.e., a greater reduction in heart attacks) increased.
  
  - Large proportions of respondents (48% to 70%, depending on the symptom) were unwilling to take the medication if it caused mild side effects, and only 3 percent would take it if its side effects were severe enough to interfere with their ability to function independently.

  "When you change the benefits, you don't change a lot of people's minds about taking the medication," said project director Fried. "But when you specify the harms, a large proportion of these older people were no longer willing to take medication."

**How Clinicians Approach Treatment Complexities**

The researchers reported the following findings in an article in *Archives of Internal Medicine* ("Primary Care Clinicians' Experiences With Treatment Decision Making for Older Persons With Multiple Conditions" (September 13, 2010, Epub, abstract available online):

- **Clinicians recognized the complexity of caring for older persons with multiple conditions and the need to provide more individually tailored therapy.** Among the themes to emerge from focus group discussions:
  
  - Clinicians were concerned about their patients' ability to adhere to complex, guideline-directed treatment regimens.
  
  - Some clinicians felt that the harms of guideline-directed care might outweigh the benefits, while others believed guideline-directed care provided the best outcomes.
  
  - While clinicians took different approaches to involving their patients in decision-making, they sometimes experienced conflicts between what they wanted to do for the patient and what the patient wanted.
To improve their decision-making when treating patients with multiple chronic conditions, clinicians said they needed:

- More and better outcomes data
- Alternative treatment guidelines
- More effective approaches to reconciling their own and patients' priorities
- The support of their subspecialist colleagues
- An altered reimbursement system

**Limitations**

The research used relatively small sample sizes in a limited geographic region. "That allows us to go into great depth in terms of what we ask people, but what we sacrifice is the generalizability," said Fried.

**RECOMMENDATIONS**

Fried offered the following recommendations based on the team's research:

- **Incorporate broader patient priorities, such as maintaining function and avoiding adverse effects, into treatment guidelines.** Current guidelines are generally based on data that demonstrates reduced risk of a specific disease or mortality. However, where a patient has multiple medical conditions and must make multiple treatment decisions, other outcomes may be more important.

  "What is critical is that all guidelines should promote care that incorporates the patient's views on balancing the benefits and the harms," said Fried. "That's not so important when the harms are trivial, but for this group of patients, harms might not be trivial."

- **Develop tools to help clinicians make medical decisions for elders with multiple health issues.** Based on the focus group discussions, researchers identified a need for strategies to:

  - Explicitly assess the complexity of a medical intervention so that patients and their families have a treatment plan they can follow.
  
  - Assess the harms and benefits of various treatment strategies on an individualized basis, considering a patient's various medical challenges.
  
  - Create and disseminate clinical tools to elicit priorities and goals to ensure that clinicians as well as patients and their families feel they have been understood.
Fried said the focus groups made it apparent that primary care doctors are struggling with these issues and would value practical support. "It was clear they would benefit from tools to help them approach these difficult kinds of decisions."

**AFTERWARD**

The researchers are uncertain about their next research steps. One option is to test a pilot intervention in which patients rank the four priority areas and bring these rankings into the doctor's office so that their preferences can be considered as part of a medical decision. However, physicians may not have the data necessary to use these rankings to guide treatment.

"It seems premature to give doctors more information about patient preferences when they don't have the information to act on it," said Fried. "The biggest challenge from all of these data is figuring out where to go next. What is the best step for achieving the ultimate goal of getting patients and doctors to talk about these issues in their daily clinic visits?"

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(Current as of the date of this report; information provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

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