

Utilizing Patient Reported Outcomes to Drive Person-Centred Care Across CancerControl Alberta

Initiative Team

Person Centred-Care Integration Provincial Practices

Linda Watson, Initiative Lead Shannon Groff, PRO Coordinator Andrea Williams, Program Assistant

Data Integrity and Integration C-MORE

Joy Fu, Data/Outcome Lead Louise Smith, Business Analyst



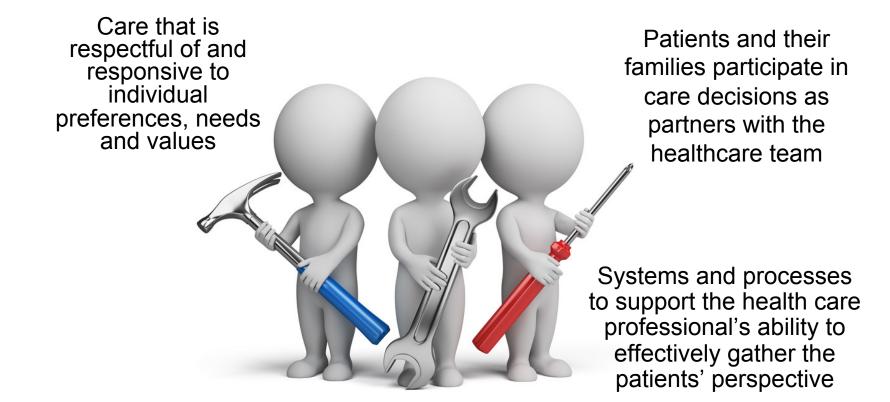
Outline

- Person-Centred Care and Patient Reported Outcomes
- Tri-Provincial Initiative
 - Objectives
 - Model
 - Timelines
- Long Term Vision
- Next Steps





How do we build a person-centred system?



CPAC, 2009





- Direct, regular feedback from patients is a key method • for ensuring we are meeting the needs of patients
- In order to do this we need to have a system that • regularly collects feedback from patients and has the mechanisms in place to utilize this feedback to drive care at multiple levels
- Goal: Harness Patient Reported Outcomes to improve • person-centred care



What are Patient Reported Outcomes (PROs)

- PROs are outcomes that meet the following criteria:
 - 1) Are reported by the patient
 - 2) Matter to the patient
 - 3) Are distinct from disease-focused outcomes
- Examples:
 - Pain, fatigue, anxiety, depression
 - Patient experience/satisfaction
 - Quality of care, quality of life





Tri-Provincial Partnership

- Call from CPAC looking for multi-jurisdictional proposals focused on capturing PROs and utilizing them to drive QI
 - Sustainable
 - Resources from CPAC and cancer agency
- Tri-Provincial Partnership with Manitoba and Saskatchewan
 - "Prairie Provinces PRO Initiative"
 - All use ARIA; all use national minimum data set and AOPSS





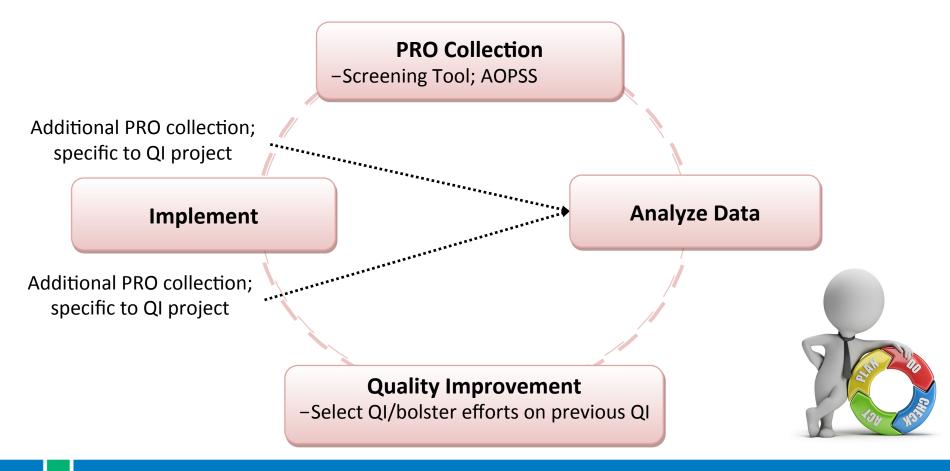


Initiative Objectives

- 1) Create a comprehensive and integrated tri-provincial approach to the collection, analysis, and reporting of PROs
- Utilize and leverage existing information technology infrastructure and electronic medical records to facilitate PRO collection
- 3) Facilitate a systematic process for reporting, sharing and utilizing PRO data at the various levels
- 4) Facilitate inter and intra-provincial collaboration around quality improvement (QI) initiatives
- 5) Create a culture of continual learning through QI that can be evaluated through subsequent PROs



How can PROs be utilized to drive care?





PRO Measurement in Cancer

- Screening for Distress (SFD):
 - Accreditation Standard for Ambulatory Oncology settings in Canada
 - Implemented in the 17 cancer centres across Alberta
 - National implementation
 - ESAS and CPC

Alberta Health Services								Affix patient label within this box.											
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No shortness of breath			1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath						
No depression			1	2	3	4	5	6	7	8	9	10		sible depression					
(Depression = feeling sad)																			
No anxiety (Anxiety = feeling nervous)			1	2	3	4	5	6	7	8	9	10	Worst pos	sible anxiety					
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 Frustration/Anger Changes in appearance 	Weight Fever/Chills									Ser									
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Work/School Finances Getting to & from appointments Home Care	□ Head	Vision or hearing changes							Knowing about available resources										
Work/School Finances Getting to & from appointments Home Care Accommodation	Head Vision		Numbness/Tingling							□ Taking medications as prescribed									
Work/School Getting to & from appointments Home Care Accommodation Outling smoking	Head Vision Num	one			Changes to skin/Nails Lymphedema/Swelling														
Work/School Finances Getting to & from appointments Home Care Accommodation	Head Vision Numl Chan	ges	to	skin															
Work/School Finances Getting to & from appointments Home Care Accommodation Quitting smoking Drug costs	Head Vision Numl Chan	ges	to	skin															



PRO Measurement in Cancer

- Ambulatory Oncology Patient Satisfaction Survey (AOPSS):
 - Utilized in Alberta for over a decade, with provincial surveys being conducted in 2004, 2006, 2008, 2012 and the next to be conducted early 2015.

• EQ5D

- Recent discussions about integrating
- Tumor Group Specific PROs
 - In early discussions with provincial tumor teams





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Phase 3: Knowledge Mobilization

Phase 1: Planning and Initiation October 1, 2015 to October 31, 2016 March 2014 to December 1, 2014 Develop structures to utilize the data to drive QI Tri-provincial initiative plan Implement 2 QI projects AB charter and implementation plan 2016 2015 2014 Phase 4: **Phase 2: PRO Collection and Analysis Evaluation** December 2014 to September 30, 2015 and Reporting Establishing and implementing IT approach November 1, 2016 Working with early adopters to January 31, 2017

Alberta Health



Outcomes

- Electronic capture of SFD and potentially other PROs
- Clear provincial structure for integrating data and using that to drive QI
- Reporting dashboard that can be utilized by professionals across the province
 - E.g. Prevalence of sexuality concerns





Scope

- Patient Reported Outcomes
 - Screening for Distress Tool (ESAS & CPC)
 - AOPSS Satisfaction Survey (next one in 2015)
 - Exploring utilization of the EQ5D
- Focus of utilizing electronic questionnaire
 - Early Adopters
 - 2 groups at each tertiary sites
 - 2 community cancer centres
 - 1 associate cancer centre







Long Term Vision

- Patients can enter their reported outcomes electronically and that data will flow into their EMR
- The electronic PRO data will be utilized to:
 - Guide individualized clinical care (micro),
 - To understand particular population specific issues (meso),
 - To analyze provincial trends (macro) to guide and evaluate quality improvement efforts
- PRO data will include both standardized, generic and disease specific indicators
- PRO collection, analysis and reporting is sustainable and integrated into standard processes and IT infrastructure



Next Steps

- Developing AB Charter and Implementation Plan
- Beginning to develop and engage with groups about the electronic tool, PROs, and charting component
- Select early adopters
- Building the technical components
- Learning from and engaging with partners





Questions?

