Utilizing Patient Reported Outcomes to Drive Person-Centred Care Across Cancer Control 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?

Care that is respectful of and responsive to individual preferences, needs and values

Patients and their families participate in care decisions as partners with the healthcare team

Systems and processes to support the health care professional’s ability to effectively gather the patients’ perspective

CPAC, 2009
Importance of Patient Feedback

• 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

2) 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 Collection**
  - Screening Tool; AOPSS

- **Analyze Data**

- **Implement**
  - Additional PRO collection; specific to QI project

- **Quality Improvement**
  - Select QI/bolster efforts on previous QI
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
PRO Measurement in Cancer

• Ambulatory Oncology Patient Satisfaction Survey (AOPSS):

• EQ5D
  – Recent discussions about integrating

• Tumor Group Specific PROs
  – In early discussions with provincial tumor teams
Phase 1: Planning and Initiation
- March 2014 to December 1, 2014
- Tri-provincial initiative plan
- AB charter and implementation plan

Phase 2: PRO Collection and Analysis
- December 2014 to September 30, 2015
- Establishing and implementing IT approach
- Working with early adopters

Phase 3: Knowledge Mobilization
- October 1, 2015 to October 31, 2016
- Develop structures to utilize the data to drive QI
- Implement 2 QI projects

Phase 4: Evaluation and Reporting
- November 1, 2016 to January 31, 2017
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?