The Collection And Processing Of Patient Of Patient Reported Experience And Outcome Measures To Better Meet Patient Needs In Clinical Encounters And Referrals: A Rossy Cancer Network/Cancercare Ontario Collaboration (iPEHOC)
Improving Patient Experience and Health Outcomes Collaborative (iPEHOC)

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ROSSY CANCER NETWORK

Mission
To improve the quality of cancer care received by the population served by the McGill University Teaching Hospitals.

Vision
Within ten years, establish the Rossy Cancer Network as a world-class comprehensive cancer network with outcomes in cancer survival, mortality, and patient satisfaction as good or better than the best international comprehensive cancer centres.
Distress screening

- The results of the Ambulatory Oncology Patient Satisfaction Survey (AOPSS) indicated that the emotional support dimension received the lowest patient satisfaction score in all RCN sites.

- Psychosocial health needs are under-recognized and under-treated.

- Increasing patient volumes and incidence of cancer but a lack of available resources.

- Distress has been recognized as the Sixth Vital Sign in Cancer Care.
iPEHOC project

- Canadian Partnership Against Cancer funds initiatives in the fight against cancer, that will guide more person-centered approaches

- Grants awarded to 15 projects across Canada

- iPEHOC: Three-year (2014-2017) partnership including cancer care centres in Quebec (RCN) and in Ontario (CCO)

- Objective: To develop a standardized and sustainable patient-centered measurement system to improve patient experience of cancer care applicable to all jurisdictions in Canada.
Methodology

ESAS-R + four patient-reported outcome (PROs) measures integrated into the clinical interaction:

- **Depression** – Personal Health Questionnaire (PHQ-9)
- **Anxiety** – Generalized Anxiety Disorder Scale (GAD-7)
- **Pain** – Brief Pain Inventory (BPI)
- **Fatigue** – Cancer Fatigue Scale (CFS)

« Completing a screening tool is not sufficient to achieve person-centered care. A coordinated, evidence based response to distress needs to be implemented in a planned and systematic way… »
Pilot sites fall 2015

- SMH: all patients with a dedicated Pivot nurse
- MUHC: Lung cancer patients
- JGH: Gynecological oncology patients
Clinic flows

- Patients will check into their clinics and be instructed to complete the PROM tool as part of routine clinical care.

- Project sites will use electronic ESAS-r as an initial distress and symptom-screening tool.

- Pain, fatigue, anxiety and depression PROMs will be administered based on pre-determined programmed ESAS-r score cut-offs and frequency settings.

- The results will be printed and summarized in a report in real time and provided to the clinicians and/or patients for review during the clinic visit.
Patients involvement and education

- **Participatory approach**: 4 patient and family representatives strongly involved and engaged throughout all project phases

- **Patient education working group in place**: pamphlet and video developed for patients education

- **Symptom management coordinator hired**: to help provide teaching to patients and help them with technology

- **Symptom report printed**: for patients to facilitate discussion with health care providers
Real Time PRO Data: Opportunities for Patient Engagement and Activation

✓ Individual tailoring of care can be facilitated through person-centered information PRO data in “REAL TIME” (Howell, 2012)

✓ Role in customizing psychosocial and supportive care and patient activation not yet fully realized (Alemayehu, 2013)
Expected outcomes

Immediate Outcomes
- Reduce Symptom Severity and Distress
- Increase Person-Centered Communication and Collaborative Team Working
- Increase Patient Activation

Intermediate Outcomes

Long-Term Outcomes
- Standardize PROM use in cancer populations/Reduce population rates for urgent care and acute care hospitalizations related to symptoms