Improving Patient Experience and Health Outcomes Collaborative
Project Summary

Introduction
The Canadian Partnership Against Cancer (CPAC) has granted CCO, in partnership with providers from Ontario and Quebec, the funding to carry out a three-year project titled the Improving Patient Experience and Health Outcomes Collaborative (iPEHOC). The goal of this project is to support the development of a common and sustainable patient experience measurement system applicable to all jurisdictions in Canada. Cancer Care Ontario (CCO) is providing administrative leadership, project management support and regional funding to further support this work and leverage the funds received through CPAC. Objectives for the work include implementation of new patient-reported outcomes (PROs) and patient-reported experience measures (PREMs), direct engagement of stakeholders including members of the health care team and patients themselves, ongoing evaluation of outcomes and development of knowledge translation strategies to support uptake across Canada.

Background
In Ontario, there is high symptom burden of fatigue, depression, anxiety, and pain. Further, a large body of research shows that cancer and its treatment can negatively impact physical, psychosocial, and existential-spiritual domains of patients’ health. These effects are under-recognized and under-treated by clinicians and patients report low quality of support for activation in self-management. Unaddressed, these problems lead to significant physical and psychological morbidity, negative consequences on quality of life, and possibly worse survival. Poorly managed, these problems are also costly to the health system due to high rates of emergency use. Costs are expected to escalate with an increasing incidence of cancer and burgeoning survivor population living with cancer as a chronic disease.

Globally, the use of patient-reported data is now a health system imperative to ensure early and efficient detection of these problems, to evaluate the effects of interventions on health outcomes, and to monitor the quality of care from the patients’ perspective. The main tools advocated for capturing the patients’ perspectives about the effects of cancer and its treatment are: (1) patient-reported outcome measures (PROMs), which measure the impact of an illness and effects of interventions (e.g. quality of life, symptom severity, functional status, health status); and (2) patient-reported experience measures (PREMs) that capture patients’ views of what happened during the health encounter (i.e. processes of care), as a metric for quality of care or service performance. The primary reason that the collection of PROMs has not resulted in improved outcomes or better quality of care is the flawed assumption that simply reporting this data back to clinicians will lead to an automatic change in clinician or patient behavior.

If improvements in health outcomes through clinical utilization of PROMs data are to be achieved, attention must be paid to altering care processes to

- Improve patient-provider communication,
- Ensure strategic application of a knowledge translation (KT) approach
- Integration of PROMs data into clinical work flow processes and embedding its meaningful use into routine care.
Scope
The iPEHOC project will facilitate the uptake and clinical use of a standardized core set of PROMs and PREMs. After initial screening for distress on a series of symptoms, iPEHOC will target and implement specialized assessments of patients’ levels of anxiety, depression, pain and fatigue ensuring that those who need help can be quickly and efficiently referred for appropriate psychosocial care services support. The project will evaluate whether implementation of this new patient-reported outcomes measurement system in routine clinical care will ultimately lead to timely and targeted reduction in symptoms, and whether it will impact the overall patient experience, including patient satisfaction with health care delivery and system utilization.

The implementation of iPEHOC will take place at three cancer centres in Ontario, (Princess Margaret Cancer Centre, Juravinski Cancer Centre, and Northeast Cancer Centre), and three sites within the Rossy Cancer Network in Montreal (McGill University Health Centre, St. Mary’s Hospital Centre, Jewish General Hospital).

Project Team
The iPEHOC team is composed of project leads from cancer centres in Quebec and Ontario and administrative/decision-making leads and support staff at CCO and CPAC. Key members include:

- Doris Howell, Project Co-Lead, RBC Chair, Oncology Nursing Research, Princess Margaret Cancer Centre
- Madeline Li, Project Co-Lead, Psychiatrist, Psychosocial Oncology and Palliative Care, Princess Margaret Cancer Centre
- Zeev Rosberger, Project Co-Lead, Director, Louise Granofsky-Psychosocial Oncology Program, Jewish General Hospital, Montreal
- Anubha Prashad, Specialist, Person-Centred Perspective, Canadian Partnership Against Cancer
- Lisa Barbera, Clinical Lead, Patient-Reported Outcomes, Cancer Care Ontario
- Lesley Moody, Director, Person-Centred Care, Cancer Care Ontario (Administrative Lead)
- Usman Aslam, Senior Manager, Aboriginal Cancer Control Unit, Cancer Care Ontario
- Nancy Kraetschmer, Senior Manager, Patient Reported Outcomes and Symptom Management, Cancer Care Ontario
- Sarah Stevens, Project Manager, Patient Reported Outcomes, Cancer Care Ontario
- Nicole Montgomery, Coordinator, Patient Reported Outcomes, Cancer Care Ontario

Objectives:
1. Implement routine clinical utilization of patient-reported measurement indicators, including:
   a. Symptom screening using ESAS-r and core PROMs for fatigue, pain, anxiety, depression and a quality of life question.
   b. PREMs that assess dimensions of physical comfort, emotional support, access, information and communication, coordination and continuity.
2. Engagement of health care providers in the integration of PROs to support communication with patients, treatment decision-making and the activation of patients for self-management.
3. To evaluate the impact of the iPEHOC measurement system on patient satisfaction and health outcomes, health care provider satisfaction and health care utilization as quality performance indicators.
4. To use active knowledge exchange methods to facilitate pan-Canadian uptake of the iPEHOC measurement system.
References


