

# Distress screening and symptom assessment via Patient Reported Outcomes (PROs) are effective tools: Improving Patient Experience and Health Outcomes Collaborative (iPEHOC)

Zeev Rosberger, PhD; Marc Hamel, PhD; Rosana Faria, M.Sc; Adriana Krasteva, MHA; Ashely Kushneryk; Angela Tatar MD; Rebecca Fox; Myriam Fernandez, Gligorka Raskovic, MHA

## INTRODUCTION

- Cancer and its treatments can impact physical, psychosocial, and existential-spiritual domains of patients' health. In many clinical settings, these symptoms are under-recognized and under-treated by health care providers (HCPs).
- If unaddressed, these problems may contribute to i) significant physical and psychological morbidity, poor quality of life, and possibly diminished survival, and ii) significant cost to the health care system (e.g. increased rates of clinical visits, emergency department use and repeated hospitalisations).
- RCN hospitals (McGill University Health Centre-MUHC, Jewish General Hospital- JGH and St. Mary's Hospital Centre- SMHC) in partnership with the Cancer Care Ontario (and selected cancer centers in Ontario) took part in the *Improving Patient Experience and Health Outcomes Collaborative* (IPEHOC) project aimed at developing a standardized set of patient-reported outcomes (PROs) and encouraging the actionable use of these measures in clinical practice. This three-year pilot project (2014-2017) was funded through a grant awarded by the Canadian Partnership Against Cancer (CPAC) and RCN support.

## OBJECTIVES

The key objectives of the IPEHOC project were to:

- facilitate uptake of a standardized core set of patient-reported outcome measures for actionable use by clinicians and patients
- evaluate impact on patient experience and health outcomes.

## METHODS/INTERVENTIONS

### PROMs INFORMED CARE PATH



- 1) Patients complete the Edmonton Symptom Assessment Scale ESAS-r (and if prompted, one or more PROMs) using the Distress Assessment and Response Tool electronic platform (DART)



- 4) The Symptom Report is scanned and made available in patients' electronic charts



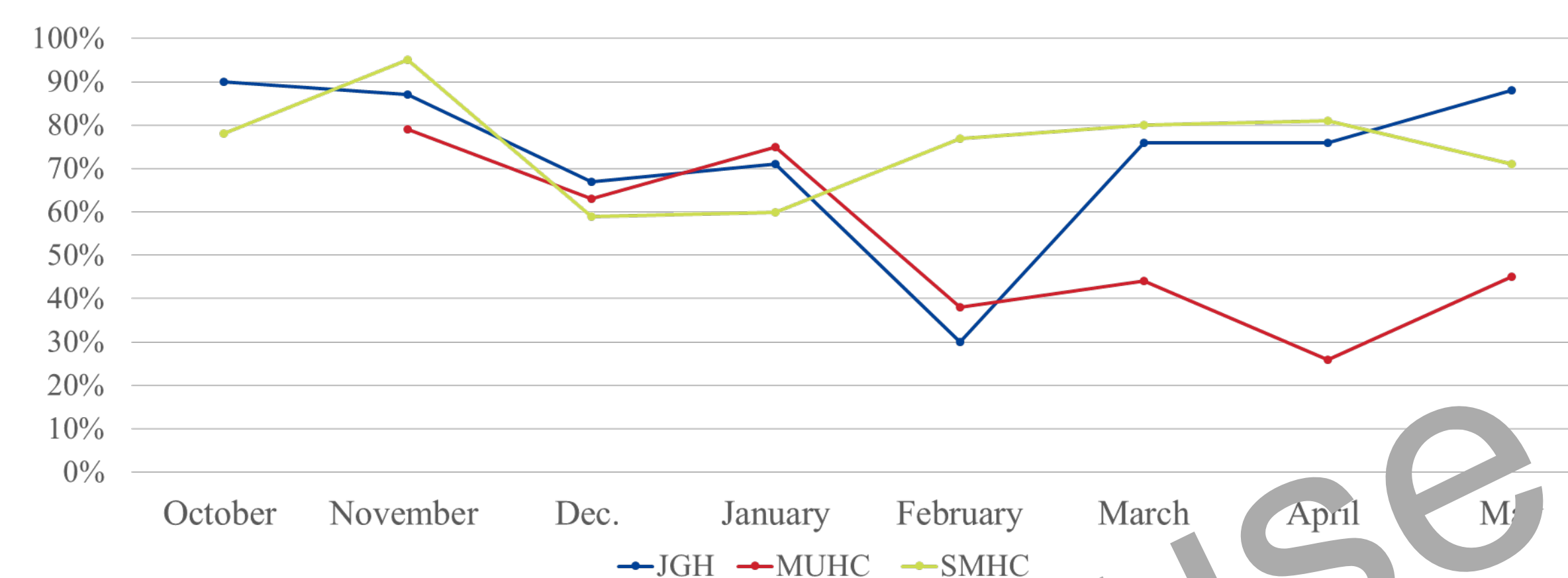
- 2) A graphic output detailing patients' scores is printed (i.e. Symptom Report)



- 3) The Symptom Report is reviewed by a health care professional

## RESULTS

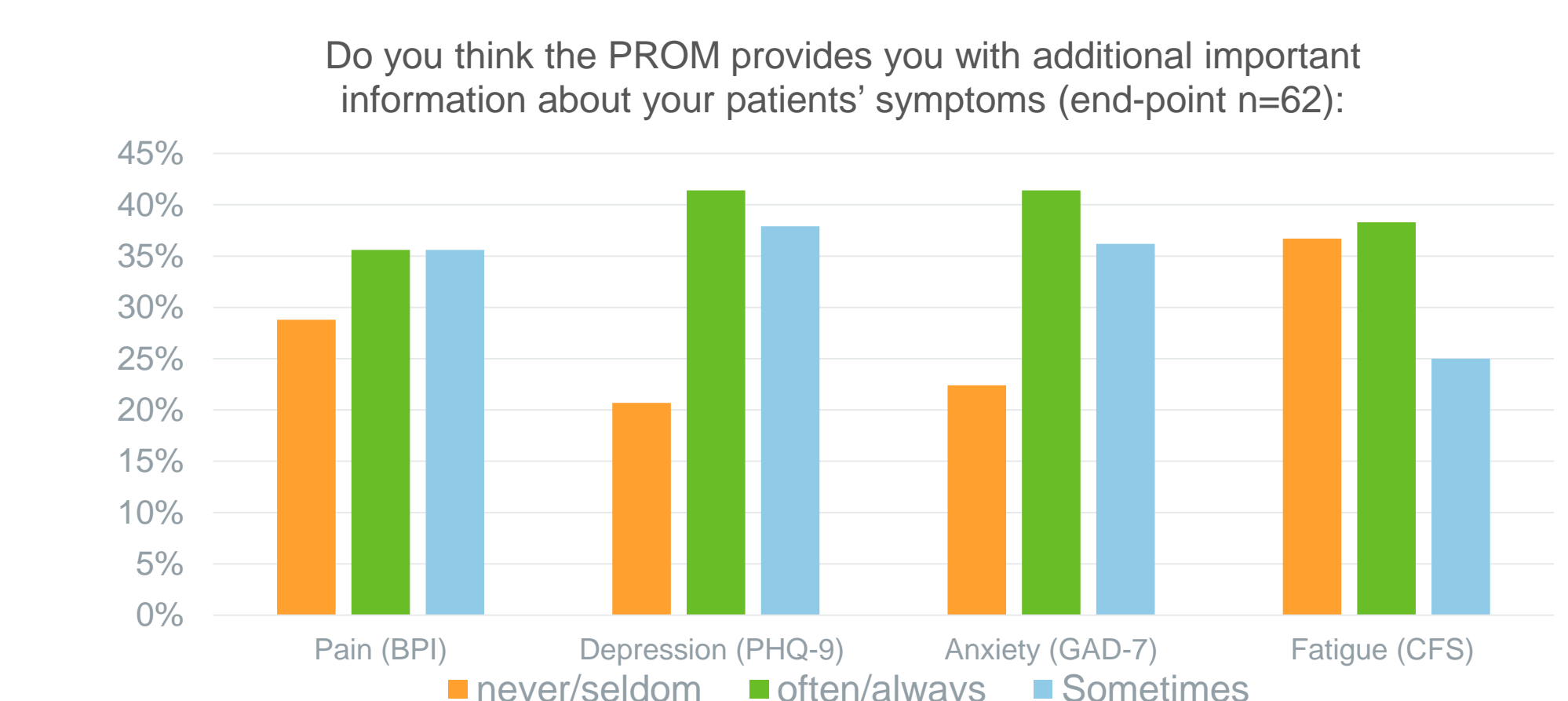
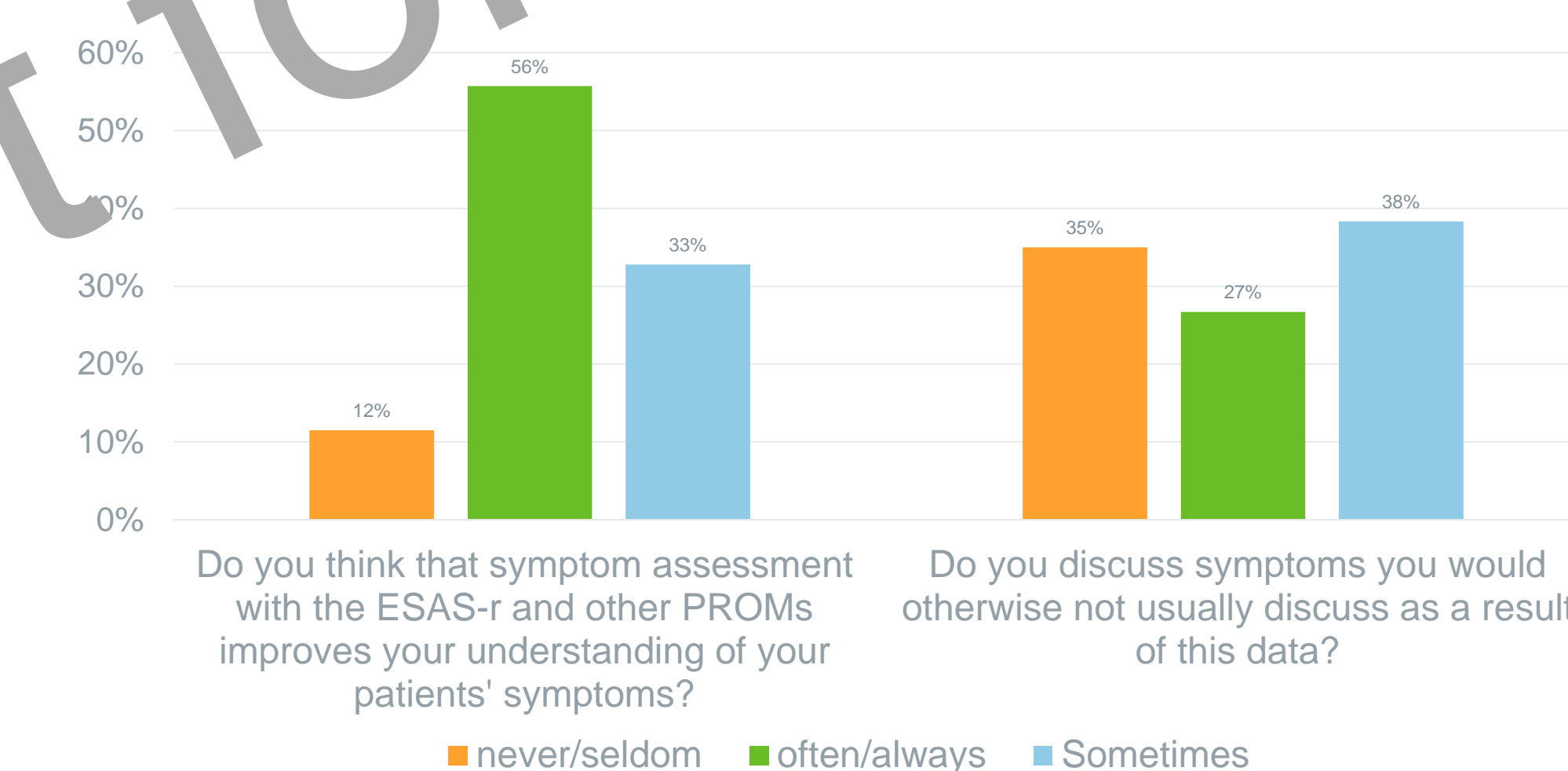
ESAS Screening Rates  
(October 2015 - May 2016)



SITE	Total Visits	Total ESAS screens	ESAS screening rate
JGH	633	473	75%
MUHC	539	262	49%
SMHC	1129	824	73%
RCN	2301	1559	68%

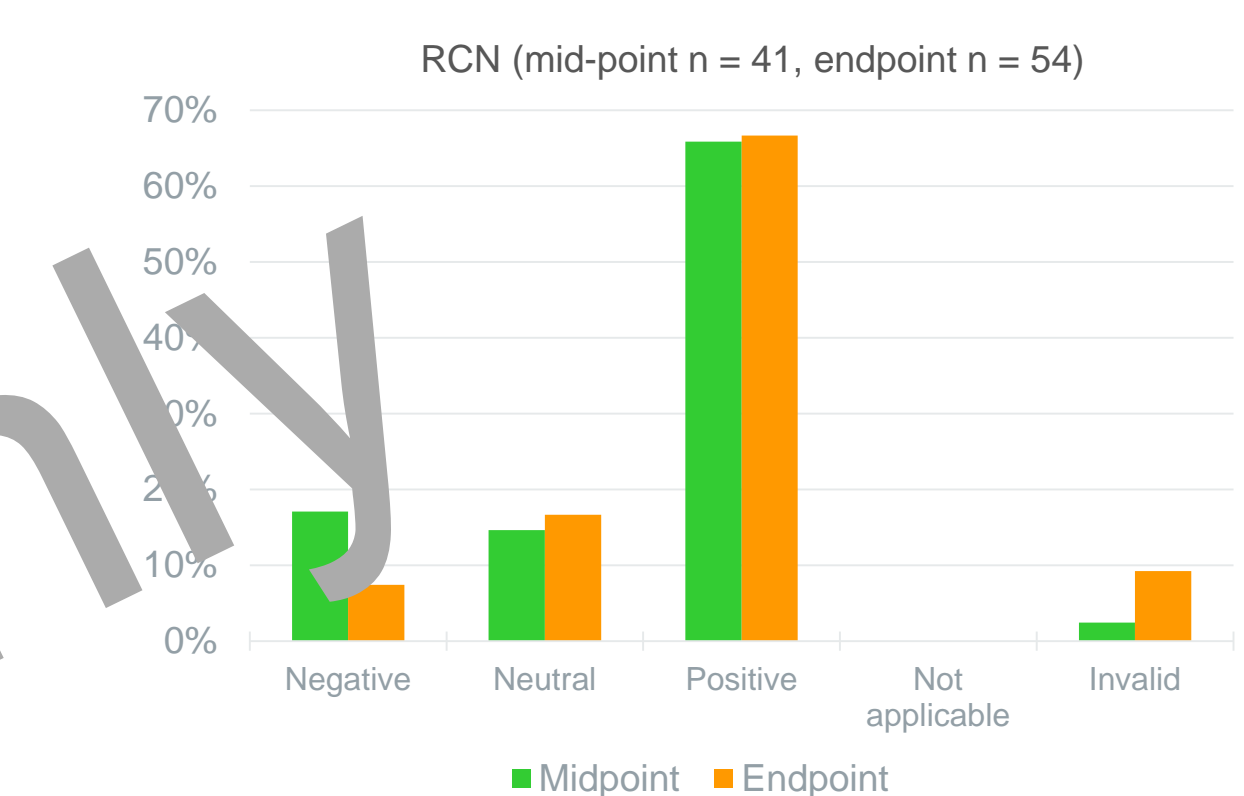
## CLINICIAN ACCEPTABILITY - KEY FINDINGS

Most clinicians reported that ESAS-r and PROMs improve their understanding of patients' symptoms

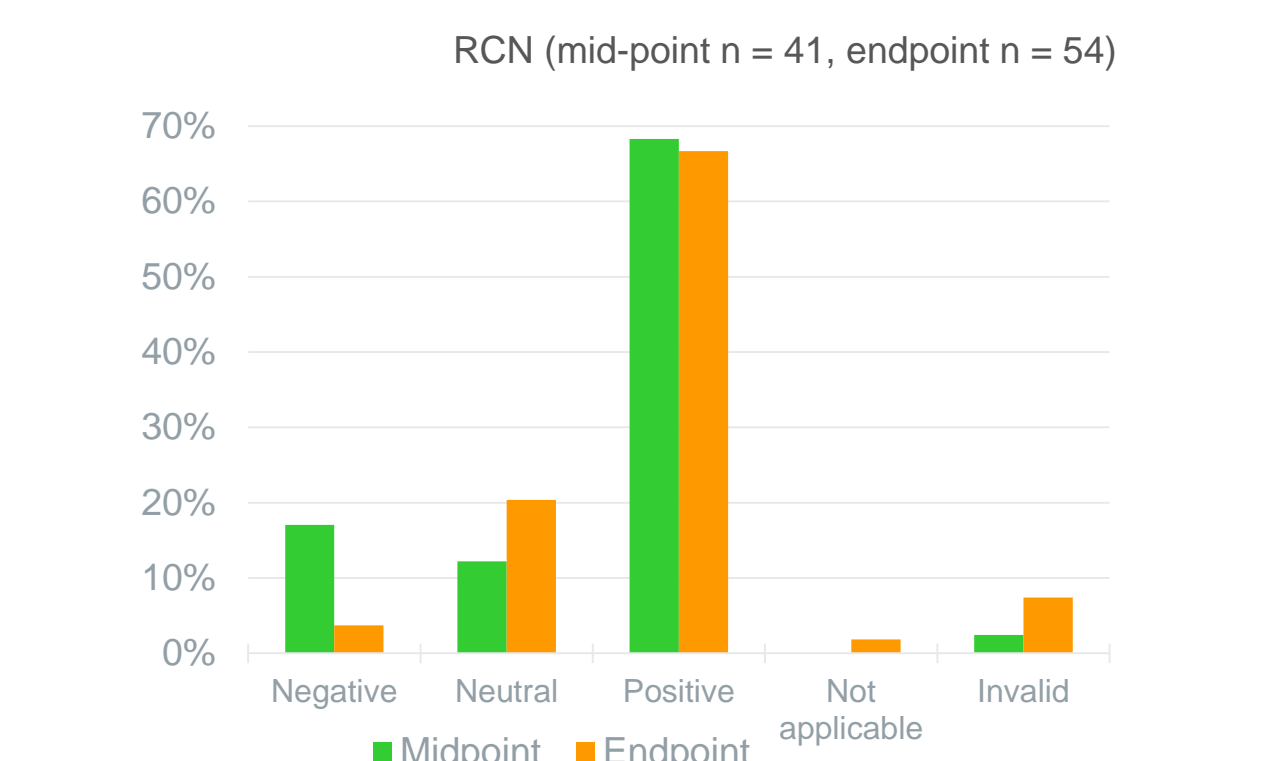


## PATIENT ACCEPTABILITY - KEY FINDINGS

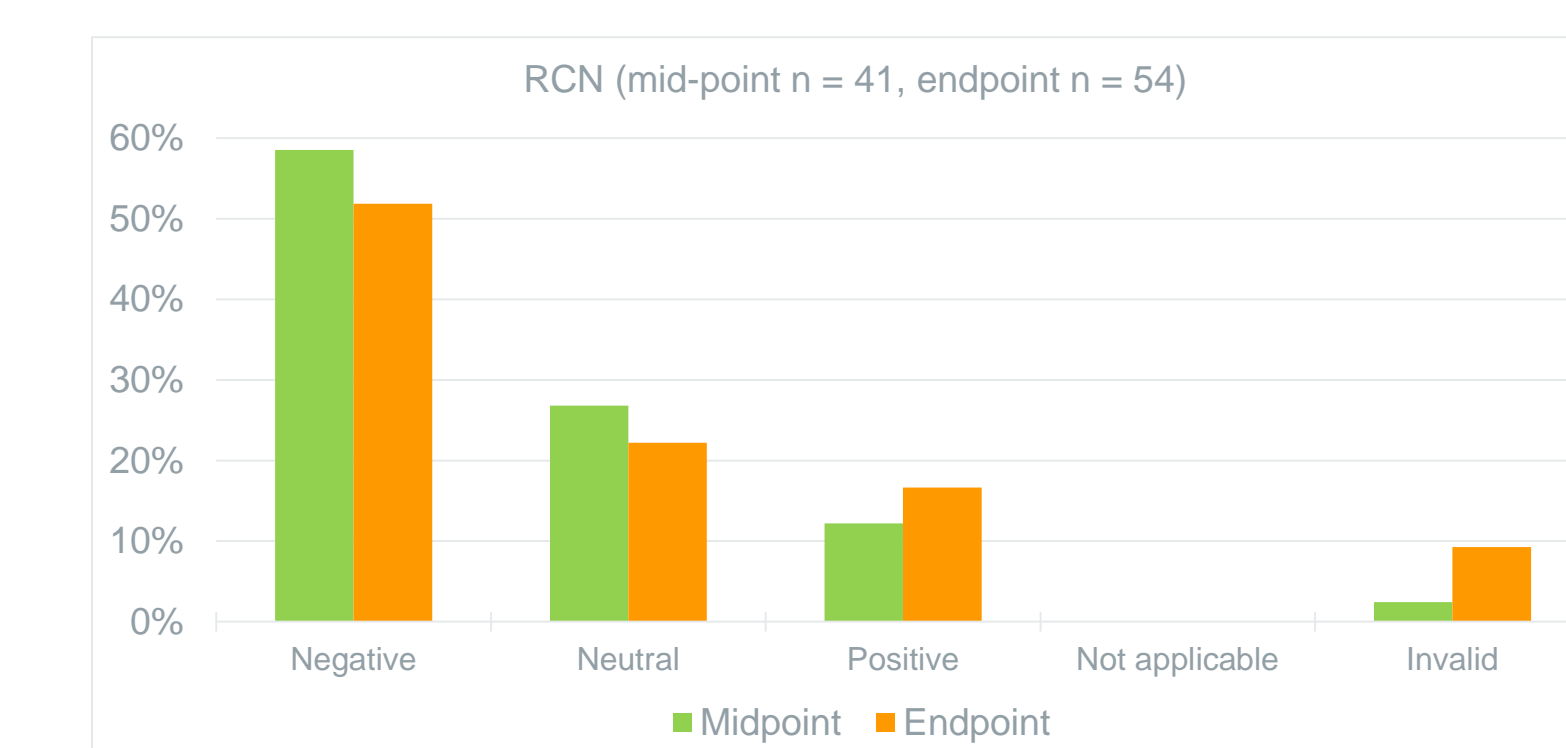
The questionnaires made it easier for me to describe how I am **feeling emotionally**.



The questionnaires made it easier for me to describe how I am **feeling physically**.

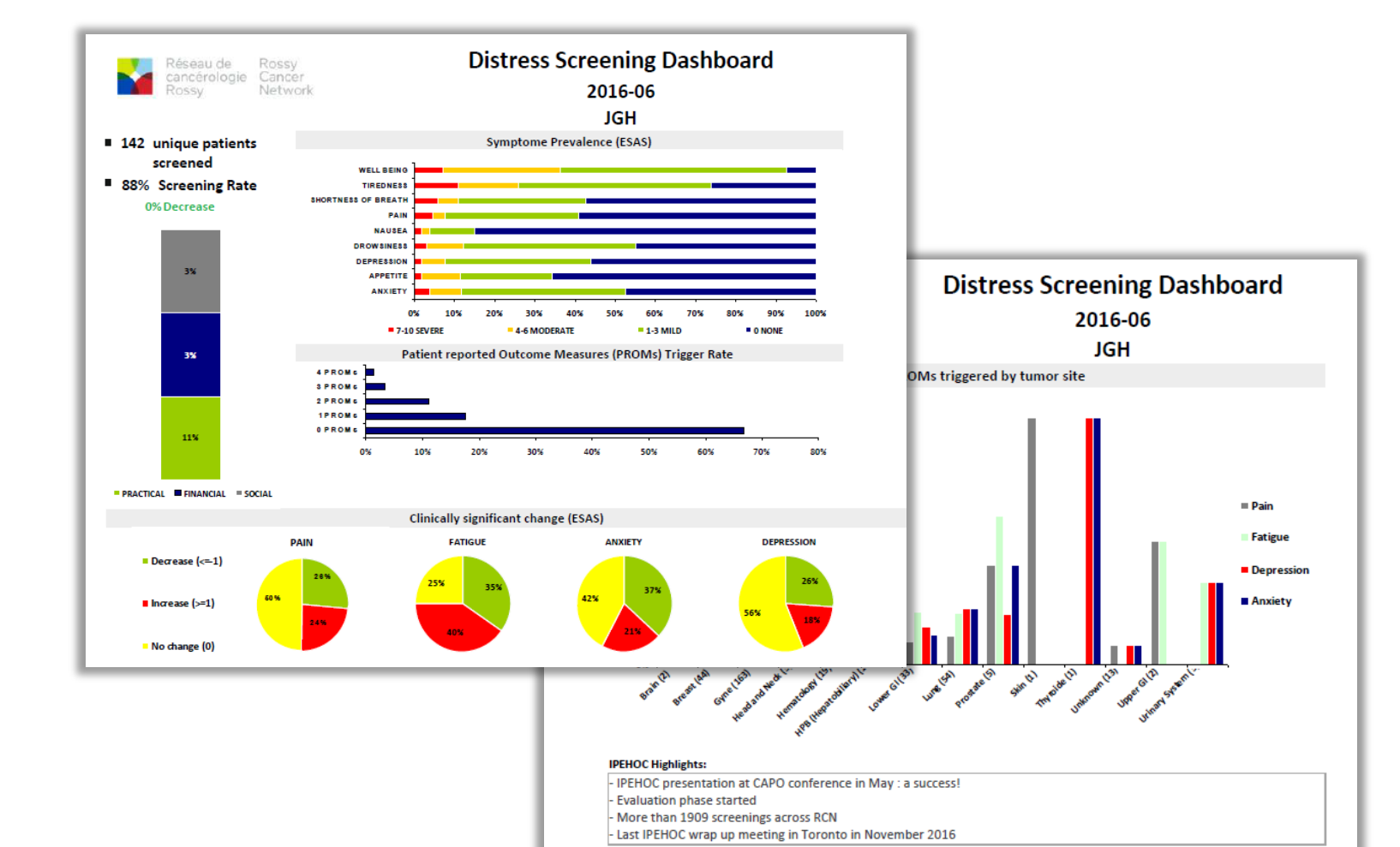


I felt completing these questions was a **burden**



## CONCLUSION

- Distress screening via PROMs on an electronic platform is an efficient way to capture and prioritize patients' health related concerns
- 70-80% patients believe the PROMs are helpful
- The majority of patients did not report burden in completing the electronic platform
- 88% of clinicians believe PROMs often/always/sometimes improve understanding of patient symptoms



## TRANSLATION ACROSS THE RCN

The RCN is currently undertaking stakeholder consultations to evaluate network-wide support for the use of PROMs in routine clinical care.