

# Enhancing and harmonizing psychosocial, supportive and palliative care across the Rossy Cancer Network (The year in review for the Supportive Care Program)

Adrian Langleben, MD; Manuel Borod, MD; Zeev Rosberger, PhD; Gligorka Raskovic, MHA

## BACKGROUND

The Supportive Care Program (SCP) was created in Fall of 2016 to facilitate the **implementation of the Patient Experience Strategic Priority** of the RCN Operational Plan (2016-2021).

The mandate of the RCN SCP is to **enhance and harmonize supportive care services across the network** so that patients can benefit from the highest standard of care and the best possible patient experience.

The program is built on a **collaborative model that promotes stakeholders' engagement** through all phases of quality improvement – from planning to implementation to evaluation.

The program pertains to supportive care service **along the continuum of care** and encompasses the following domains:

- ❖ supportive/palliative care,
- ❖ psychosocial oncology care,
- ❖ survivorship.

## OBJECTIVES

The goal of the SCP is to **embed an evidence-based approach to quality improvement efforts** aimed at enhancing patients' quality of life (QOL) and ensuring that their physical, emotional, spiritual and practical needs are met in a timely and effective manner.

In accordance with this principle, the SCP quality improvement framework is built on the following components: i) review of baseline measures, ii) stakeholders consultations, iii) review of evidence and iv) environmental scan.

## SCP QUALITY IMPROVEMENT FRAMEWORK



## STRATEGIC FOCUS 2017-2018: EARLY INTEGRATION OF SUPPORTIVE/PALLIATIVE CARE FOR SELECTED PATIENT POPULATIONS

### RCN Statistics at a Glance : Metastatic Lung Cancer Patients (stage IV, NSCLC)

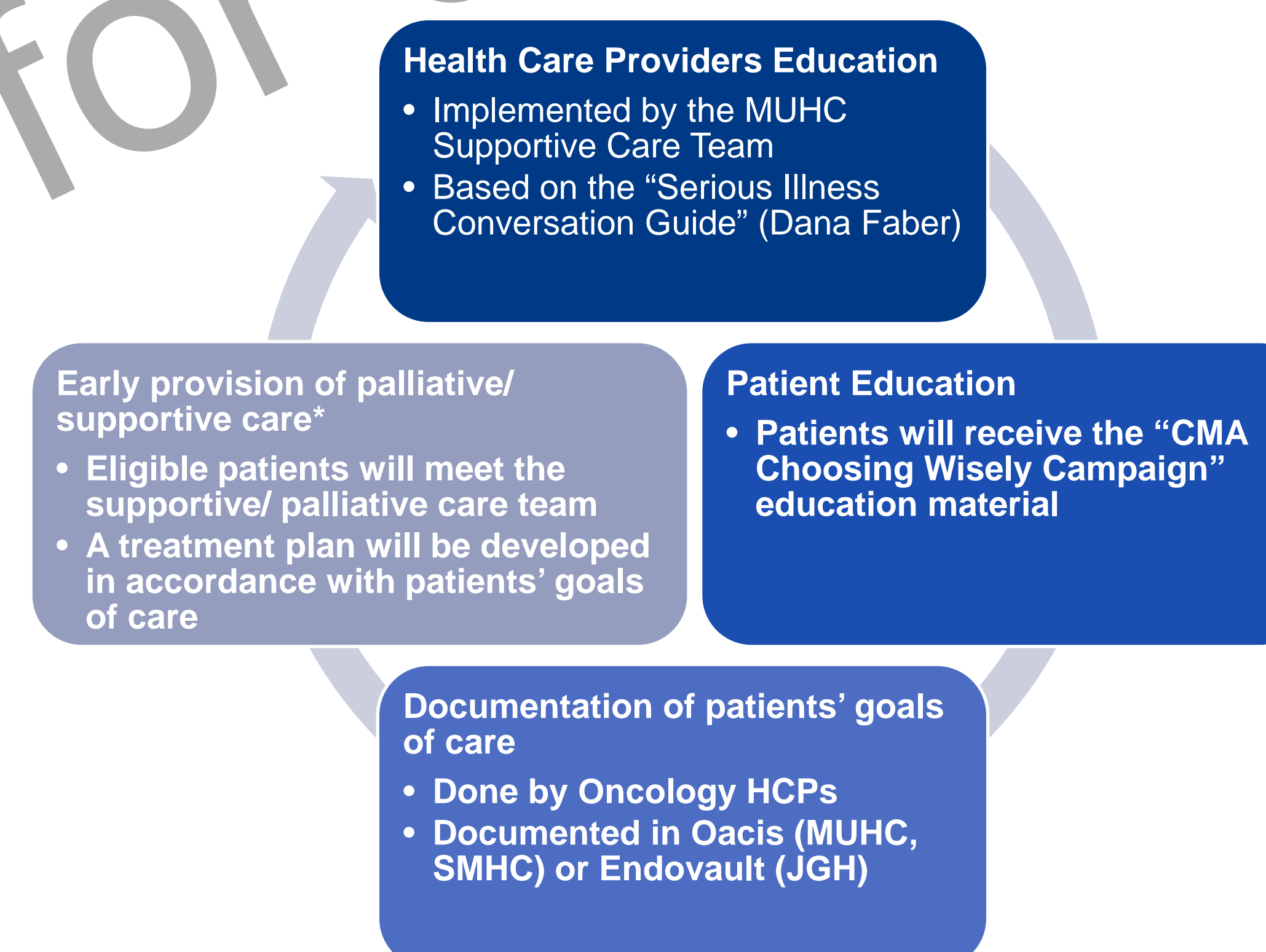
- ❖ 914 cases of lung cancer FY 2014/2015
- ❖ 90% non-small cell lung cancer (NSCLC)
- ❖ 40% (368 cases) stage IV at diagnosis

### Evidence Regarding the Benefits of Early Integration of Palliative Care on Survival and Quality of Life

The randomized controlled trial (RCT) by Tamel et al. demonstrated that early introduction of palliative care for patients with metastatic NSCLC resulted in longer survival and improved quality of life (QOL) (Tamel et al; N Engl J Med 2010; 363: 333-32).

- ❖ Median survival was 11.6 months among patients receiving early palliative care compared to 8.9 months for patients receiving standard care (p=0.02, n=151)
- ❖ Mean quality of life (FACT-L) score for patients receiving early palliative care was 98.0 vs. 91.5 for patients receiving standard care (min.0, max. 136, n=151, p=0.03)

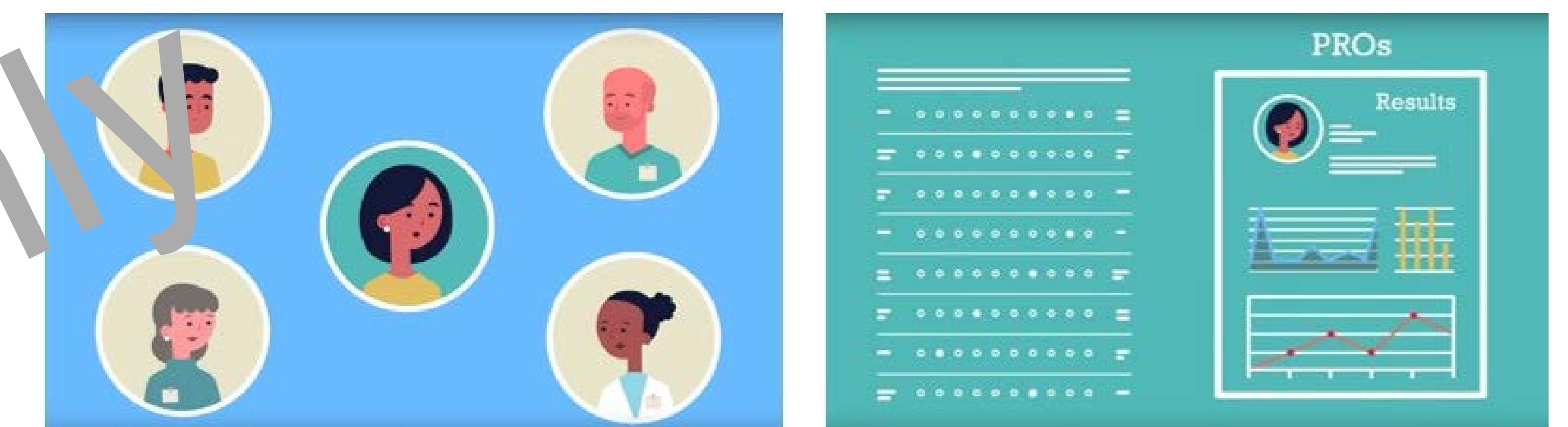
### SCP Approach to Early Integration of Supportive/Palliative Care into Standard Clinical Care



### Quebec's Law 2 (Bill 52, 2014, chapter 2: An Act Respecting End of Life Care)

"When the patient is approaching end of life, the physician needs to clearly and transparently convey this information."

## STRATEGIC FOCUS 2017-2018: INTEGRATION OF PATIENT REPORTED OUTCOMES (PROs) INTO ROUTINE CANCER CARE FOR SELECTED PATIENT POPULATIONS



### Evidence Regarding the Impact of Patient Reported Outcomes on Overall Survival and Quality of Life

The RCT by Basch et al. demonstrated that integration of electronic PROs into routine care of patients with metastatic cancer was associated with increased survival and improved quality of life compared with usual care (Basch et al. doi:10.1001/jama. 2017.7156).

- ❖ Median overall survival was 31.2 months in the PRO group and 26.0 month in the usual care group (n= 766)
- ❖ Mean quality of life (as measured by health-related quality of life- HRQL) declined by less in the PRO group than usual care (1.4- vs. 7.1- point drop p<.001)

### Evidence Regarding the Impact of Patient Reported Outcomes on Health Care Utilization

The RCT by Basch et al. demonstrated that integration of electronic PROs into routine care of patients with metastatic cancer resulted in fewer visits to the ER and fewer hospitalizations (Basch et al.; Clin Oncol. 2016;34(6):557-565.)

- ❖ 34% in PRO group visited ER compared to 41% in the usual care group (p = .02, n=766 )
- ❖ 45% in the PRO group were hospitalized compared to 49% in the usual care group; (p = .08)

### Evidence Regarding the Impact of Patient Reported Outcomes on Patient Experience

Qualitative data from the *Improving Patient Experience and Health Outcomes Collaborative (IPEHOC)* project revealed that :

- ❖ 70-80% patients believe the PROs are helpful in describing their physical and emotional symptoms (n=54)
- ❖ 88% of health care professionals believe PROs often/always/sometimes improve understanding of patient symptoms (n=62)

### Direction générale de cancérologie (DGC) recommendations regarding distress screening in oncology (2017):

- ❖ Put in place a process for systematic detection of distress in oncology patients
- ❖ Deploy *l'outil de détection de la détresse (ODD)* consisting of the following PROs: i) the Edmonton Symptom Assessment scale –revised, ii) the Distress Thermometer, iii) the Canadian Problem Checklist.