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Translating evidence into practice through the PROMPT-care project: utilising patient reported outcome measures for personalised cancer treatment and care

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Translating Evidence into Practice through the PROMPT-Care Project: Utilising Patient Reported Outcome Measures for Personalised Cancer Treatment and Care

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BACKGROUND: Patient reported outcomes (PROs) are increasingly important in informing patient-centred care, with evidence of impact on patient care and outcomes for sub-groups of patients. Yet widespread collection still does not occur. We aim to develop and implement a pilot integrated eHealth platform to support and enable cancer survivors to achieve and maintain improved health and wellbeing and better cancer outcomes.

METHOD: We are developing an eHealth decision-support platform containing a suite of tools and resources to facilitate collection and analysis of PROs (physical, psychosocial) from cancer survivors over time. The PROs will inform patient self-management, with online evidence-based information and resources enabling patients to take an active role in decision making and in managing ongoing care and recovery. The clinical team will also receive PRO results, with evidence-based recommendations for addressing issues of concern, thereby promoting timely and PRO-tailored cancer care. The system will be fully integrated into the existing hospital oncology information systems (OIS) to permit clinicians real-time data access.

RESULTS: The project is guided by a Steering Group, Technical Advisory Group and Clinical Advisory Group, with consumer consultation. The PROs deemed most important to inform care are symptoms (Edmonton Symptom Assessment Scale), distress (Distress Thermometer), quality of life (FACT-G) and unmet needs (SCNS-ST9). We developed algorithms to inform PRO intervention thresholds for self- and clinical-management; and clinician PRO feedback reports for clinicians including assessment summaries and longitudinal data to inform changes over time. Collation of patient self-management resources and IT pro-gramming to transfer PRO data in real-time to the OIS to support clinical decision making are under-way.

CONCLUSIONS: To date, while PROs have been shown to be useful, their collection in the clinic does not occur routinely. This research investigates implementation of evidence into “real world” clinical practice, through development of an efficient and user-friendly eHealth system to facilitate (1) PRO data capture, requiring high acceptability to patients; (2) data linkage and retrieval to support clinical decisions, requiring high acceptability to health professionals; and (3) data retrieval to support ongoing evaluation and innovative research.

RESEARCH IMPLICATIONS: The pilot study will provide data on the feasibility and acceptability of this system-level strategy and barriers which should be addressed to facilitate wider implementation of this system in clinical practice. Furthermore, the accumulated data will inform population level needs of cancer survivors to identify potential gaps in care. The systematic approach to data collection over time will also allow the assessment of the impact of changes in service delivery over time. CLINICAL IMPLICATIONS: The PROMPT-Care Pilot
Project commenced in July 2013 as a collaborative project across two NSW local health districts (LHDs) which service 20% of the NSW cancer population. A high level of engagement of LHD Directors and champions as well as the Cancer Institute NSW has been achieved through membership of the project’s Clinical and Technical Advisory Groups. These stakeholders are critical to the generalisability of eHealth system to other LHDs and its eventual state-wide roll-out.

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