

Briefing Note: Supporting Electronic Capture of Patient Reported Outcomes

Back Ground

The Provincial Cancer Care Program (PCCP) of Newfoundland and Labrador, is committed to a person-centered perspective when providing care to patients and their families. Screening for Distress, which embodies both the Edmonton Symptom Assessment Score and the Canadian Problem Checklist is accepted as standard of care for our Cancer Care Program. The PCCP was previously engaged with the Canadian Partnership Against Cancer (CPAC) to establish a screening for distress pathway for all patients at the Dr. H. Bliss Murphy Center, and over the years, this work has expanded to include our three regional sites as well as our eleven peripheral sites. This work has been immeasurable in providing quality care to our patients, as it highlights the areas that health care professionals should focus on during appointments and allows the opportunity for appropriate referrals. Various initiatives within the PCCP have utilized patient reported outcomes to shape the pathways and care for clients. The Palliative Radiation Oncology Clinic (PRO) and the Thoracic Triage Panel (TTP) were pioneers in using the screening for distress tool to form standardized quality care for their clients. In 2018, the PCCP collaborated with CPAC on an early and supportive integration of palliative care (ESPC) project. This work recognized the value of early connection and relies heavily on the data collected from screening for distress to adequately identify those patients that need linkages with the palliative care team. The Smoking Cessation Program within the PCCP, also relies on patient reported outcomes to identify clients that would benefit from smoking cessation. Our program is also heavily involved in First Nations and Metis (FNIM) project and are striving to identify patient reported outcomes in this population to develop a health care scorecard and identify gaps in care. This work is instrumental in creating a culturally safe environment for our Indigenous population.

Current State

In March 2020, the global pandemic of Covid-19 altered our methods of collecting patient reported outcomes and the delivery and collection of our screening for distress data. Following infection prevention and control guidelines, the cancer centers were no longer to use paper methods of collecting data. As a result, the data collection was interrupted. This interruption has highlighted that it would be beneficial to have an electronic application to capture this data. An electronic patient portal would be instrumental for patients to be able to complete these valuable questionnaires and prompting questions to ensure that we are providing the best possible care.

Proposal

Commitment	Funds
Cost to Implement	\$210,000
Underspend "EPIC"	\$60,000
CPAC "Support Cancer Patients during Covid"	\$30,000
Request for funding from DHBMCC Foundation	\$120,000

Benefits

This portal will be used to allow patients to remote check in, which will assist with adhering to provincial social distancing guidelines during the COVID-19 pandemic, and it will allow us to resume our screening for distress pathway for all patients. Long term, our intent would be to use this electronic app, to allow patients to complete questionnaires and prompt questions from their own smart device, for quicker interventions in care.

Risks

If not approved, ability to collect this valuable information from our patients may be jeopardized.

Respectfully Submitted:

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