



USING PATIENT-REPORTED OUTCOMES MEASURES IN ONCOLOGY CLINICAL DECISION SUPPORT

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SUMMARY

The Michigan Oncology Quality Consortium (MOQC) is collaborating with the Pacific Business Group on Health (PBGH) and Blue Cross Blue Shield of Michigan (BCBSM) to develop and test patient-reported outcome measures for oncology (PROMOnc). Patients with breast, colon, or non-small cell lung cancer are surveyed about their health-related quality of life, pain, and fatigue prior to and following chemotherapy treatment. The program's primary goal is to improve the care of patients receiving chemotherapy for curative intent through the use of PROMs data and developing documentation of performance measures for submission to NQF and CMS. The program director is Dr. Jennifer Griggs who works with the program manager, Louise Bedard,

“One of the largest benefits of PROMs is that they provide the practice and physician data to focus on quality improvement and serve as an evidence-based program to improve patient care.”

MSN, MBA. Together they are responsible for overseeing the strategy design, development and implementation of the PROMOnc.



GOVERNANCE

The project is led by MOQC's Coordinating Center, a small group of people funded by BCBSM to engage with all oncology practices across the state of Michigan to improve the quality of care. The size and make-up of the team is dependent on the needs of the practices that it serves. The team is led by Dr. Jennifer J. Griggs, a medical oncologist, and Dr. Shitanshu Uppal, a gynecologic oncologist. MOQC is also supported full-time by a program manager, Louise Bedard, a nurse with over thirty years of healthcare experience. Dr. Griggs and Ms. Bedard manage the day-to-day functions of MOQC. However, strategic and operational decisions that set direction, deploy resources, or require the review of quality data to set the focus of the Coordinating Center are made in conjunction with a Steering Committee. The Steering Committee is an inter-disciplinary group of physicians and other health care professionals, including social workers, pharmacists, administrators, and nursing professionals, as well as patient advocates from across the State of Michigan representing a cross section of oncology practices. They also solicit input and feedback from The Patient and Caregiver Oncology Quality Council (POQC), which is composed of patients and their caregivers representing a variety of cancers across the State of Michigan.



MEASURES USED

MOQC is using the Patient-Reported Outcomes Measurement Information Systems (PROMIS) global assessment tools. The three areas of PROMs being tested and developed are: health-related quality of life (HRQOL), pain, and fatigue. These assessment tools are integrated into one survey, making it seamless for the patient. Surveys are administered three times over the course of the patient's treatment.



CHALLENGES AND BARRIERS

- Identifying the proper collection process and methodology
- Stakeholder buy-in across the organization
- Formatting data so that it is useful for the physician
- Internal personnel and staff training on new collection survey tools.



STRATEGIES FOR SUCCESS

SECURE LARGE PAYER SUPPORT: MOQC worked to secure sponsorship from Blue Cross Blue Shield of Michigan. This support from a large payer provided the financial resources to build the infrastructure, provide modest incentives, and coordinate the program's implementation. According to Dr. Griggs, "While having the support of a large payer does not necessarily guarantee the practice is going to adopt PROMs, we [MOQC] found that having the support of Blue Cross Blue Shield helped validate the case for PROMs internally at the practice and helped incentivize adoption."

"The key to success for implementation is to not be discouraged by naysayers. PROMs help deliver real results – they are worth fighting for."

SECURE STAKEHOLDER BUY IN EARLY: While the Michigan PROMonc program is sponsored by Blue Cross Blue Shield of Michigan, physicians' buy-in is necessary for the long-term success of the program. At the onset of the project, the Coordinating Center held several breakout groups with physicians to gain input into how PROMs could be implemented in their practices. MOQC provided modest incentives to offices, including data, research, and vendor support, which helped obtain buy-in and adoption of the new processes. The incentives and the ongoing engagement and involvement of the practices at all decision points was key to their cooperation.

BUILD ADMINISTRATIVE SUPPORT SYSTEMS: The administrative infrastructure took the most time to resolve and was the largest challenge for implementation. To help with technology adoption, an expert was brought in to design the process specifically for PROMonc. Early breakout groups showed positive reactions to the expert's suggestions. Leaders believe that identifying the proper infrastructure for survey collection, the technology needed for implementation, and the methodology for collection of surveys is key to the program's success and eventual sustainability.

PATIENT ENGAGEMENT: One cultural hurdle that practices needed to overcome was ensuring that patients understand the value the PROMs process is bringing to the care they receive. Prior to adopting PROMs, MOQC worked with a focus group of patients and caregivers to understand and evaluate concerns. During the focus groups, MOQC discovered that patients disliked being asked for information on a regular basis during their visits because they did not see how the information was being used by the practice to determine their treatment plan. MOQC provided tools to emphasize for patients how the information collected during PROMs surveys helps the care team determine the best treatment options. The more patients understood how the

questionnaires were being used, the more engaged they were with the responses and the more they felt there were personally involved in their care decisions.



Using PROMs to measure health outcomes is allowing the Michigan Oncology Quality Consortium to gain a holistic evaluation of patients' health-related quality of life, pain, fatigue, and quality of care prior to and following chemotherapy treatment. The project is both helping practitioners understand how they can improve care for each individual patient while also helping shape redesign of the practice and clinical workflow overall.