Effective routine electronic symptom screening and use of evidence-informed guides to support symptom management in Ontario, Canada

August 28, 2012

Esther Green, Provincial Head, Nursing & PSO, Cancer Care Ontario

UICC World Cancer Congress
Overview

• What is Cancer Care Ontario?
• Symptom Management in Ontario
• Symptom Burden of Ontario Cancer Patients
• Addressing the problem
  • ISAAC/symptom screening
  • Improving symptom management – symptom management guides
• Results
• Lessons Learned
What is Cancer Care Ontario (CCO)?

• Provincial agency responsible for continually improving cancer services

• CCO works to reduce the number of people diagnosed with cancer, and make sure patients receive better care every step of the way

• Mission - *We will improve the performance of the cancer systems by driving quality, accountability and innovation in all cancer-related services*
# Symptom Management in Ontario

## Rationale
- **Cancer patients** experience many symptoms across the illness trajectory (Chang et al, *Cancer*, 2000)
- **Symptoms are under-reported** unless standardized questionnaire is used (White et al, *J Pall Med*, 2009)
- **Adequate symptom management** is not consistently achieved for cancer patients (Patrick et al, *J Natl Cancer Inst*, 2003)
- **Poor system outcomes**
  - 41% visit ED last 2 weeks; dyspnea/pain among chief complaints (Barbera et al, *J Can Med Assoc*, 2010)

## Purpose
- To improve the quality and consistency of patient’s physical and emotional symptom management across the cancer journey
  - Earlier identification and communication of symptoms
  - Improved symptom management
  - Improved collaborative care planning (Temel et al, *NEJM*, 2010)
Cancer patients experience many symptoms across the illness trajectory

<table>
<thead>
<tr>
<th>Symptom Intensity &amp; Tumor Stage</th>
<th>(Non-hematological cancers)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N= 240</strong></td>
<td></td>
</tr>
<tr>
<td>Median # of symptoms = 8 per patient</td>
<td></td>
</tr>
<tr>
<td><strong>No. of symptoms</strong></td>
<td></td>
</tr>
<tr>
<td>No evidence of disease</td>
<td>9 (0-24)</td>
</tr>
<tr>
<td>Local disease</td>
<td>7 (0-17)</td>
</tr>
<tr>
<td>Regional disease</td>
<td></td>
</tr>
<tr>
<td>Metastatic disease</td>
<td></td>
</tr>
<tr>
<td><strong>Moderate to severe symptoms</strong></td>
<td>4 (0-14)</td>
</tr>
</tbody>
</table>

Chang VT et al. Symptom and Quality of Life Survey of Medical Oncology Patients at a Veterans Affairs medical center: A Role for Symptom Assessment. *Cancer* 2000;88:1175-1183
Provincial Symptom Burden

High prevalence of numerous symptoms in ambulatory cancer population

- Study led by Dr. Lisa Barbera using data from CCO’s Symptom Management Database (*Cancer* 2010)
- 224,606 ESAS records for 45,118 patients (2007-2009)
- Some findings to date:
  - 75% fatigue
  - 57% anxiety
  - 53% pain
  - 49% shortness of breath
  - 44% depression
  - 25% nausea
ISAAC - Standardized tool for symptom screening

Edmonton Symptom Assessment System (ESAS)

Please circle the number that best describes:

- No pain: 0 1 2 3 4 5 6 7 8 9 10 (Worst possible pain)
- Not tired: 0 1 2 3 4 5 6 7 8 9 10 (Worst possible tiredness)
- Not nauseated: 0 1 2 3 4 5 6 7 8 9 10 (Worst possible nausea)
- Not depressed: 0 1 2 3 4 5 6 7 8 9 10 (Worst possible depression)
- Not anxious: 0 1 2 3 4 5 6 7 8 9 10 (Worst possible anxiety)
- Not drowsy: 0 1 2 3 4 5 6 7 8 9 10 (Worst possible drowsiness)
- Best appetite: 0 1 2 3 4 5 6 7 8 9 10 (Worst possible appetite)
- Best feeling of wellbeing: 0 1 2 3 4 5 6 7 8 9 10 (Worst possible feeling of wellbeing)
- No shortness of breath: 0 1 2 3 4 5 6 7 8 9 10 (Worst possible shortness of breath)
- Other problem: 0 1 2 3 4 5 6 7 8 9 10
Regional Cancer Centres
Regional partners with ISAAC Kiosks
Sites identified for expansion
Symptom Management Guides (SMGs) - Evidence based tools to guide care

Cancer Care Ontario’s Symptom Management Guides-to-Practice: Pain

Preamble:
Ontario Cancer Symptom Management Collaborative
An initiative of Cancer Care Ontario, the Ontario Cancer Symptom Management Collaborative (OCSMC) was undertaken as a joint initiative of the Palliative Care, Psychosocial Oncology and Nursing Oncology Programs. The overall goal of the OCSMC is to promote a model of care enabling earlier identification, communication and documentation of symptoms, optimal symptom management and coordinated palliative care.

The OCSMC employs common assessment and care management tools, including the Edmonson Symptom Assessment System (ESAS), screening tool to allow patients to continuously report on any symptoms they are experiencing. Symptom Management Guides-to-Practice were developed to assist health care professionals in the assessment and appropriate management of a patient’s cancer-related symptoms. In addition to the symptom specific Guides-to-Practice, quick-reference Pocket Guides and Algorithms were created. Additionally, for a comprehensive management plan for patients with advanced disease, please refer to the Palliative Care Collaborative Care Plans.

Objective:
The objective of this initiative was to produce Guides-to-Practice for the management of patients with cancer-related symptoms. These documents are clinical tools designed to assist health care practitioners providing appropriate patient care and are not intended to serve as standards of care.

Target Population:
The target population consists of adult patients who require symptom management related to cancer. It is outside the scope of these Guides-to-Practice to address in detail the management of patients experiencing acute adverse effects secondary to treatment or radiation therapy. Please visit the Program in Evidence-Based Care for guidance related to these topics.

August 2010
Symptom management point of care decision support

The CCO Symptom Management Guides App has been downloaded more than 4000 times since May 2011.

Apps are available for iPhones and Window Phone 7 and can be downloaded at: https://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=58189

Named one of nine ‘Best Medical apps’ by The Medical Post (June 2011)
Patients who complete ESAS value this approach to symptom assessment

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93%</td>
<td>Thought ESAS was important to complete as it helps health care providers know how they are feeling</td>
</tr>
<tr>
<td>92%</td>
<td>Agreed that their health care providers took into consideration ESAS symptom ratings in developing a care plan</td>
</tr>
<tr>
<td>91%</td>
<td>Agreed that their physical symptoms have been controlled to a comfortable level</td>
</tr>
<tr>
<td>87%</td>
<td>Agreed that their care team responded to their feelings of anxiety or depression</td>
</tr>
</tbody>
</table>

Survey of 3,320 patients from 14 Regional Cancer Centres in 2012
Continuing to grow

Over 54% of all Regional Cancer Centre (RCC) patients now being screened monthly (over 27,000 patients and 40,000 ESAS screens per month)

**Over 1.4 million ESAS screens** have been performed since the introduction of ISAAC

- All 14 RCCs offer electronic symptom assessment
- 20 partner hospitals now have ISAAC kiosks
- 10 hospitals have integrated ISAAC with their electronic health record (EHR)

Goal: Every Ontario cancer patient has the ability to electronically assess their symptoms
Lessons Learned

- Physician engagement
  - Oncologist toolkit: symptom screening performance will now be an accountability on each of the regional oncologists’ quality scorecards
  - Regional SMG KTE progress reports: Promoting sharing of educational products/presentations and approaches across the regions
- Team-based approach to symptom management is important
- Decision support tools are available – symptom management guides
- Leadership is critical
- ISAAC Redesign – ISAAC 2.0 (February 2013)
  - Increased usability at the regional level
  - New patient reported outcome screening tools (PROs)
  - Patient self reported functional status (based on ECOG)
Mean ESAS
Symptom Distress Score and PPS Score in last 6 months of life
Cancer patients seen at Cancer outpatient clinics across Ontario

10772 ESAS
7,882 PPS
Mean age: 65 years
Functional decline gradual up to 70%
Rapid decline after 50%

Seow H et al. JCO 2011;29(9):1151-1158
The Call to Action

“The time has come for electronic patient interfaces that allow symptom reporting to become a part of standard clinical cancer care.”

“… we expect that the Ontario vision will transition to being considered “just good care“.”

- Ethan Basch, MD and Amy Abernethy, MD, *J Clinical Oncology*, 2011


Seow, H. et al. (2011) Trajectory of Performance Status and Symptom Scores for Patients With Cancer During the Last Six Months of Life. Journal of Clinical Oncology, 29(9): 1151-1158
Contact: Esther Green
Esther.Green@cancercare.on.ca

www.cancercare.on.ca/ocs/qpi/ocsmc/