

# Four key lessons for the introduction of PROMs – reflection on the CIC Cancer project in Western Australia

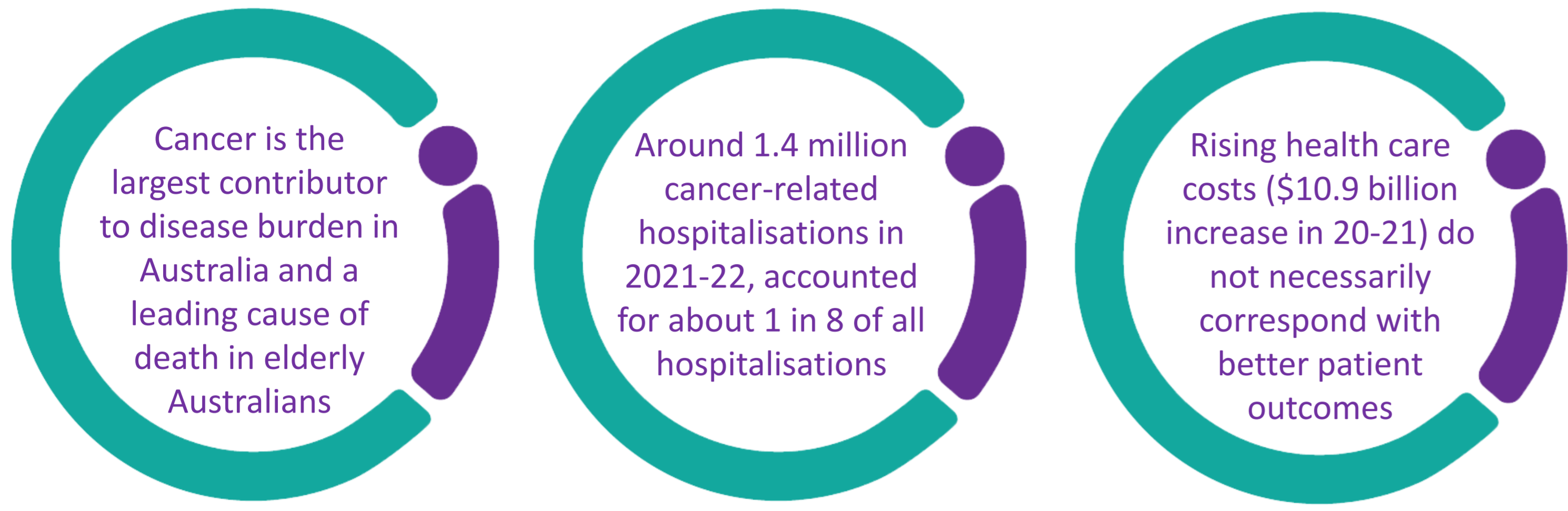


Lesley Millar<sup>1</sup>, Angela Ives<sup>1</sup>, Jim Codde<sup>2</sup>, Christobel Saunders<sup>3</sup>

<sup>1</sup> The University of Western Australia, Perth, Australia, <sup>2</sup> The University of Notre Dame, Fremantle, Australia, <sup>3</sup> Melbourne Medical School, University of Melbourne, Australia

ciccancer-smed@uwa.edu.au

www.ciccancer.com



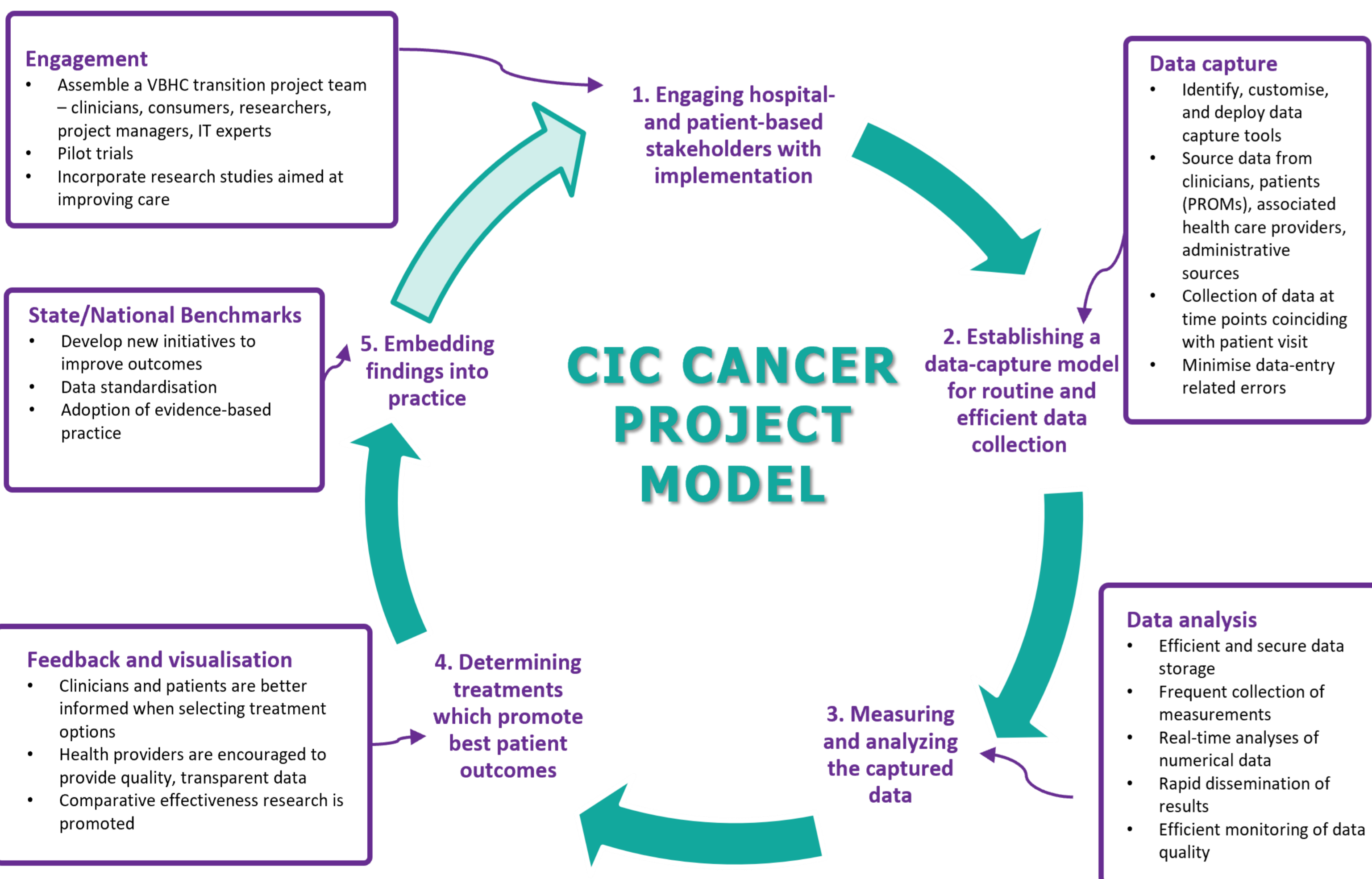
## We are...

The Continuous Improvement in Care – Cancer (CIC Cancer) Project is a multi-institutional program of research that seeks to bring patient centred value-based healthcare (PCVBHC) to public and private healthcare settings in Western Australia (WA). The project aims to establish if PCVBHC can become part of routine cancer care in WA – improving both the experience and outcomes of care for those affected by cancer and providing a rich databank for ongoing research into improving cancer services and outcomes.

## What did we do...

The implementation of the multi-faceted and multi-dimensional CIC Cancer Project is underpinned by a data capture and analysis cycle with five overlapping stages to drive improvements in care and patient outcomes. Integral to the success of this model was effective, wide-ranging engagement and development of a bespoke informatics system utilising the ICHOM standard dataset for lung, colorectal, and breast cancer.

Evaluation of project activities identified important lessons for others seeking to introduce the capture of clinical and patient-reported outcomes into standard care within health settings.



## In conclusion...

The move to a PCVBHC model for the delivery of cancer services across the public and private sector was greatly facilitated by the availability of standardised ICHOM datasets. This 6-year study, however, identified several key lessons that need to be addressed to ensure long term integration of PROMs in standard clinical care.

## What did we learn...

### Engagement

Engagement of clinicians and health services is essential to the success of this work, both for the research project and long-term integration into routine clinical practice.

- It is vital to have policy and operational champions within the governing health authorities. These champions should have sufficient seniority, authority, resources, and influence to drive implementation and facilitate effective co-ordination and collaboration.
- Whilst tailoring to local needs is important for clinical team engagement, this can result in complexity and duplication.

### Data Capture

Standardised datasets are an important resource to initially engage with clinicians, patients, and healthcare services; however, adaption is required to meet local conditions and enable practical implementation.

- Inclusion of customised data variables allows clinicians to take the lead in identifying areas of difference between procedures, processes, and sites. This MAY increase costs and cause delays in implementation.
- Datasets can become cumbersome when attempting to be 'all things to all people'. Establish the minimum number of variables to measure clinical and patient outcomes, keeping the burden low for patient completion of PROMs and clinical team review of responses.

### Data analysis

When introducing and integrating IT systems across health sectors – public hospital, private hospital, and clinician's private rooms – the differing environments and governance requirements can result in significant duplication of effort.

- Substantial resources are required to ensure that IT systems a) meet stringent security requirements, b) provide security of confidential patient information, and c) are compatible with existing systems across multiple IT architecture platforms.
- Whilst expensive, purchase of an off the shelf 'software as a service' (SaaS) – a software licensing and delivery model in which software is licensed on a subscription basis and centrally hosted – minimises risk and removes reliance on any one developer or team. However, these can be hard to customise to local needs.

### Feedback and visualisation

Visualisation is vital for effective use of data in clinical settings, but consideration needs to be given to optimising ease of use versus capability for complex analysis of PROMs against clinical variables.

Full report can be found at [www.ciccancer.com](http://www.ciccancer.com)

