

Efficient monitoring of data quality

# SCORECARD - JUNE 2020

# A review of success against outcomes and KPIs

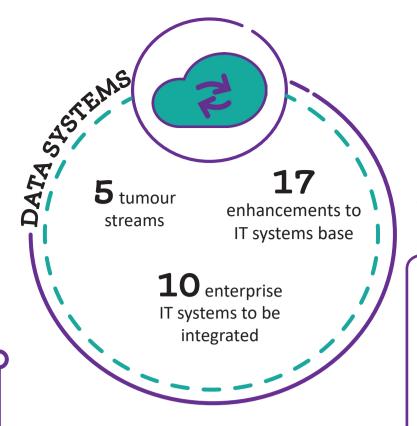
#### What we're doing

The Continuous Improvement in Care – Cancer (CIC Cancer) Project is a multi-institutional program of research that seeks to bring value-based healthcare (VBHC) to public and private healthcare settings in Western Australia (WA). The project aims to create value through improving outcomes whilst containing costs (<a href="www.ciccancer.com">www.ciccancer.com</a>). This is achieved through measuring and acting on variations in outcomes that are important for people diagnosed with cancer.

The results of combined clinical and patient-reported outcome measures will feed back into clinical management processes to improve care; help determine needs for clinical intervention; and allow units to assess and improve their practices. To the best of our knowledge, this is the first time that VBHC processes have been implemented simultaneously across multiple hospitals in both public and private healthcare sectors within Australia.

This scorecard provides a snapshot of results since project commencement in 2017 against desired short-term and mid-range outcomes and key performance indicators. To date, 3 of the 5 steps in the model have been achieved or are significantly progressing towards achievement.

#### Engagement 1. Engaging hospital-Assemble a VBHC transition project team - clinicians, consumers, and patient-based researchers, project managers, IT stakeholders with experts implementation Pilot trials State/National Benchmarks Incorporate research studies aimed Develop new initiatives to improve outcomes at improving care Data standardisation Adoption of evidence based practice 2. Establishing a Key results to date: 5. Embedding data-capture Patient recruitment and data findings into Data capture model for routine collection underway practice Identify, customise, and and efficient data IT system in place at SJoG and deploy data capture underway for DoH collection tools Health economic analysis Source data from clinicians, patients underway (PROMs), associated Innovative approaches to health care providers, care bundles underway administrative sources Additional funds being sought Collection of data at for advanced analytics and time points coinciding visualisation tools with patient visit Minimise data-entry related errors 4. Determining treatments Feedback and visualisation which promote 3. Measuring Clinicians and patients are better best patient and analyzing informed when selecting treatment outcomes the captured Data analysis Health providers are encouraged to data Efficient and secure data storage provide quality, transparent data Frequent collection of measurements Comparative effectiveness research Real-time analyses of numerical data is promoted Rapid dissemination of results



# SHORT-TERM

Outcomes and KPI's

KPI - A secure and effective informatics infrastructure is in place that meets the needs of clinicians and consumers and links to health services systems, where possible

An informatics system has been designed using an open source platform based on the Rare Disease Registry Framework (RDRF) with enhancements and modules specific to CIC Cancer. This system is in place at St John of God Midland and Subiaco and approval has been granted for incorporation into WA Health. The system will be integrated with other enterprise systems to allow easy access to, and transfer of, data. Further funds are being sought to incorporate an advanced analytics and visualisation tool.

#### KPI - A definition of datasets for each nominated tumour type

International Consortium of Health Outcomes (ICHOM) standard datasets, with customisation for local conditions, are in use for lung, colorectal, and breast cancer and patient-reported outcome measures (PROMs) for ovarian cancer are being developed. Integration with the Prostate Cancer Outcome Registry requirements is underway. Identification and mapping of relevant tumour-specific data registry requirements has been undertaken. Additional PROMs have been included to measure psychosocial and carer stress and the EQ-5D-5L quality of life tool has been included to assist in health economics analysis.

#### 66

The master key has to be winning the hearts and minds of those involved in care - the clinicians, the health service administrators, those who pay for the services, and the patients themselves

#### - Prof Christobel Saunders

# KPI - New monies secured (grants applied for and gained)

Access to additional grant funding has resulted in new work. Further sub-project funds are being sought e.g. Data visualisation for continuous improvement in cancer care in Australia – a 'proof-of-concept'.

# \$392k new funds awarded 6 HREC amendments for new works 15 sub-projects commenced 9 grant applications successfully awarded

### KPI - Human ethics approval is obtained and maintained

**P**roject governance structures and ethics approvals have been extended to allow for additional integration and new work.

# Outcome - Clinician and consumer engagement and input informs data collection and research needs

**S**ites, clinical champions, health services, data custodians, senior health managers, policy makers, and other stakeholders are involved, and regularly consulted, across both public and private sectors. Consumers also play a key role in initiation, planning, and implementation of project activities.

#### **KPI - Students trained**

Medical students, junior doctors, trainees, beginning researchers and volunteers are involved in project activities.

## **KPI - Collaborations locally, nationally and internationally**

Collaboration activities have been undertaken with many different national and international groups through informal discussions about opportunities, formal membership of working groups and Steering Committees, and collaboration on sub-projects. Local interest has also been shown with several requests received for opportunities to work with interested units or clinicians within other diseases/specialties.

Consumer engagement needs to be more than lip-service as VBHC has patients at its core Prof Christobel Saunders



100+

consumers

involved in

activities

**61** activities fostering national/international collaboration

83 stakeholder engagement activities

**39** presentations media releases &

**6** publications

5 hospital sites

**9** clinical champions

# KPI - Communication through publications and presentations including scientific, policy, and consumer

**C**o-ordinated communications activities have resulted in a dedicated project website (<a href="www.ciccancer.com">www.ciccancer.com</a>); twitter account (<a href="https://twitter.com/CIC\_Cancer">https://twitter.com/CIC\_Cancer</a>); marketing collateral; publications\*; local/national/international seminars, media releases, presentations and posters; and numerous stakeholder engagement activities.

- Saunders C, Millar L, Ives A, Slavova-Azmanova N, Bellgard M, Codde J. Towards value based healthcare: Lessons learnt from implementing outcomes measures. Deeble Institute for Health Policy Research Perspectives Brief No: 5. Oct 2019.
- Saunders C. Towards value-based healthcare modelling an answer for cancer care delivery. Australian Health Review, 2019, 43, 121–122.
- \*In addition to 3 reported in June 2019

# >\$120k sponsorship 5 keynote speakers 45 EOI via website

20 pre purchased workshop rego



#### **KPI** – International conference hosted

**S**ignificant early interest from across Australia for the inaugural VBHC conference to be held in Perth with sponsorship, speakers, and partnerships secured (<u>www.ciccancer.com/vbhcconf</u>).

# MID-TERM Outcomes and KPI's

# Outcome – Understanding of value-based health care (VBHC) is increased

Presentations and publications have promoted value based healthcare locally, nationally and internationally with collaborations in place with groups supporting VBHC, such as the Australian Centre for Value-Based Health Care.

Advocacy resulted in creation of a unit about VBHC in UWA's new MBA Health Specialisation, commencing 2020. Advocacy activities were also made to WA Future Health Research and Innovation Fund, WA Cancer Plan 2020-2025, CCWA Cancer Research Submission, and the Australian Government Medical Research Futures Fund. A two-day intensive workshop will be part of the VBHC conference.

Outcome – Outcomes important to patients are measured and the information is used to benchmark and inform care provision across sites and the disease trajectory

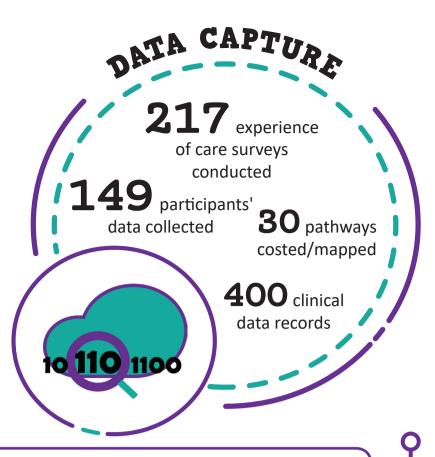
**D**ata collection is underway at 4 sites across 4 cancers and work is underway to complete patient-reported outcome measures for ovarian cancer. Early analysis has been undertaken for breast cancer and lung cancer.

# **KPI – The ICHOM standard datasets are enhanced** and improved through the results of WA trials

reedback to ICHOM has resulted in update to, and harmonisation of, the breast cancer standard dataset, drawing on the learnings from the CIC Cancer breast cancer pilot and issues experienced with fully and correctly interpreting the data fields and ensuring consistent data capture across all users.

# **KPI – Evidence of treatment based on relevant optimal care pathway**

dentification of clinical care interventions and mapping against optimal care pathways has commenced for colorectal, lung, and breast cancer.



#### **KPI – Patient assessment of service in place**

Data has been collected and analysed for WA pilot of All.Can International Patient Experience of Care survey. Plans are in place to capture patient-reported experience measures as part of a bundles of care sub-project. Questionnaire has commenced to measure impact of COVID-19 on cancer patient experiences for both CIC Cancer participants and general community through the WA Health Consultation Hub.

#### **KPI – Cost effectiveness measured**

Inclusion of quality-adjusted life years measurement in PROMs (EQ-5D-5L) so that a change in value can be measured. Health economics 'proof of concept' work underway in partnership with Royal Perth Hospital and the Health Systems & Health Economics Unit, Curtin University.

Implementing VBHC is a long-term commitment that has major change management implications. It takes engagement, planning, succession planning over a long-time course and resources. It is important to be flexible to the needs of the users. Perhaps the most challenging part of implementation is developing and adapting IT systems to allow the collection, storage, analysis and dissemination of data, to ensure this model of care becomes part of our normal clinical pathways.

- Prof Christobel Saunders

An understanding that it is impossible for tech-based projects to be concurrently fast, good, and cheap assists in managing the inevitable delays associated with informatics system development

- Prof Christobel Saunders















