# Putting value-based cancer care into practice

# - transition from research to standard care

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Cancer is the largest contributor to disease burden in Australia and a leading cause of death in elderly Australians

Around 1.3 million cancer-related hospitalisations in 2019-20, accounted for about 1 in 9 of all hospitalisations

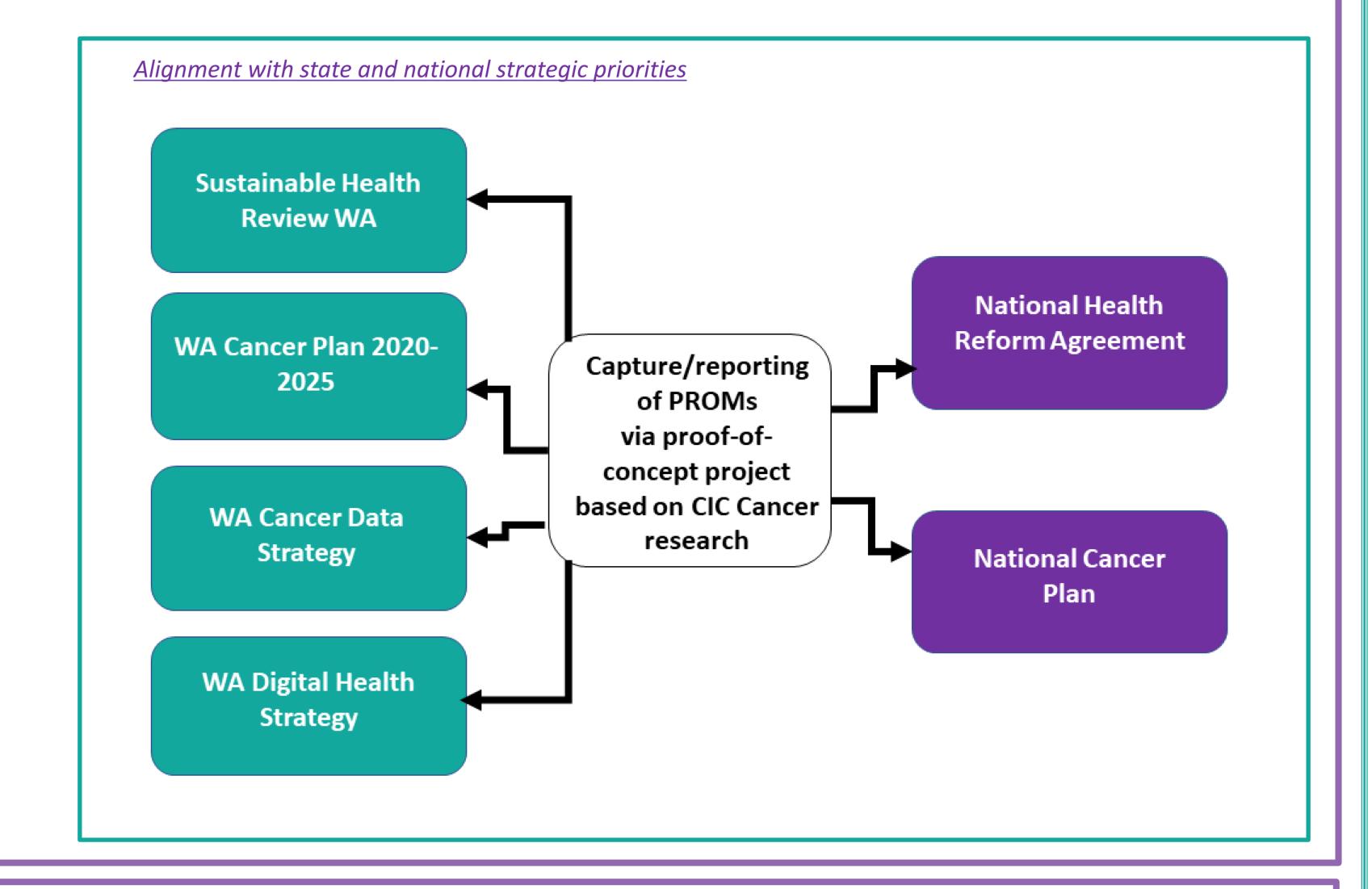
Rising health care costs (\$11.7 billion in 2018-19) do not necessarily correspond with better patient outcomes

#### Background...

- © To date, WA has primarily focused on variation in cancer care in terms of access and safety including indicators such as unplanned readmissions, surgical wait times, and clinical outcomes.
- © A review of patient reported measures (PROMs) in WA in 2022 identified a few initiatives but these are focused on research or clinical quality improvement. PROMs are not integrated into standard care and there is no overall coordination in the health system. In addition, data outcomes from PROMs captured at a local level are not being used to inform and effect change across the system.
- © We have been undertaking a 5-year research program looking at how to embed value based healthcare into cancer care for lung, breast, colorectal, and ovarian cancer.
- © The study is now in transition from research to routine care, initially, as a proof-of-concept trial.

#### Aim...

© The aim of this transition from research to 'business as usual' is to implement a phased approach over 2 years. Phase 1 will focus on preparation and setting up necessary IT and personnel infrastructure whilst still a research project (2023/24 FY). In the second year (2024/25 FY), the Department of Health WA will implement and evaluate a proof-of-concept project and consider expansion and applicability to other non-cancer conditions.



### **Transition plan...**

#### Phase 1 – 2023/2024 FY Preparatory activities for implementation of PROMs capture as part of standard care in WA

#### Outputs

- Ongoing data collection and recruitment of new patients using CIC informatics system (CICIS).
- © Full automation of PROMs requests.
- Finalisation of IT integration.
- Amendments to ethics approval to simplify long-term capture of consent.
- Testing data capture to additional, related non-cancer conditions.
- Business requirements for phase 2 identified, including understanding of resources needed for continuation of PROMs collection.
- Implementation of Data Steward, Data Custodian and Data Sponsor arrangements.

#### **Desired Outcomes**

**Automated PROMs** collection system and processes implemented and tested in readiness for the proof-of concept project.

## Phase 2 – 2024/2025 FY

Proof-of-concept project to test implementation of PROMs capture as part of standard care in WA

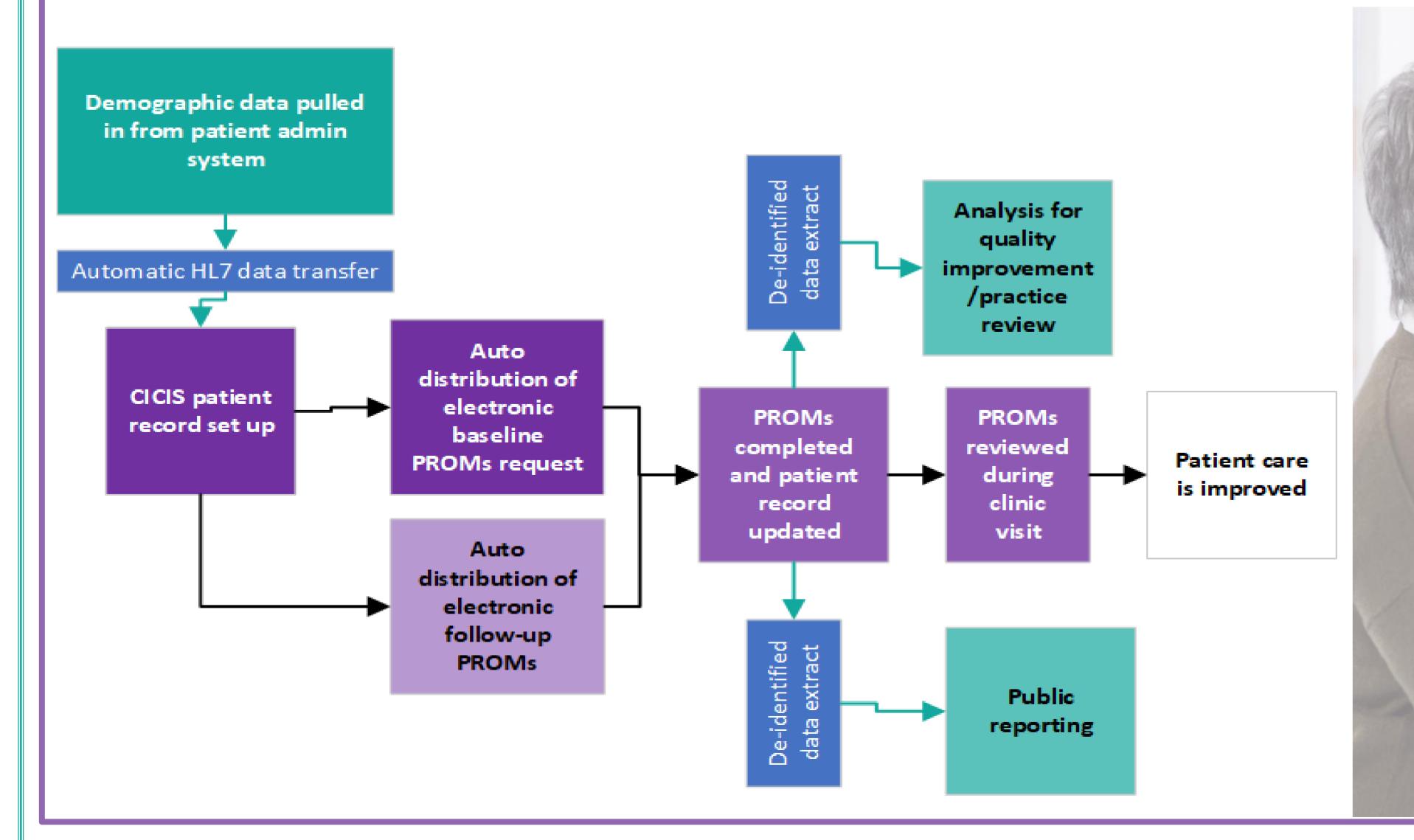
#### **Outputs**

- © Extension of data capture to non-cancer patients.
- © Identification of suitable mechanisms for public reporting of PROMs.
- © Implementation of governance model under the WA Cancer Data Strategy.
- © Ethics and governance approvals for on-going use across WA Health sites.
- © Implementation of information management policies (e.g. Retention and Disposal, Quality, Storage, Classification, Governance).
- © Evaluation of user acceptance, data capture, use of data, and feedback.

#### **Desired Outcomes**

Work towards national and state policy initiatives well underway.

A rich data registry available within 2 years with PROMs over 5 years or more.



### **Beyond 2025...**

- © Capture of PROMs extended to index cancers at all WA public sector sites.
- © Public reporting of cancer outcomes.
- © Linkages with other IT systems to automatically transfer clinical data.
- Implementation of new registries to additional conditions such as other cancers, diabetes or cardiovascular disease.
- Development of policies and agreements to access de-identified PROMs data from private sector.
- © Use of data to assist in determining policy.
- Access to data by external researchers.













