

SCORECARD - JUNE 2019

A review of success against outcomes and KPI's

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. 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.

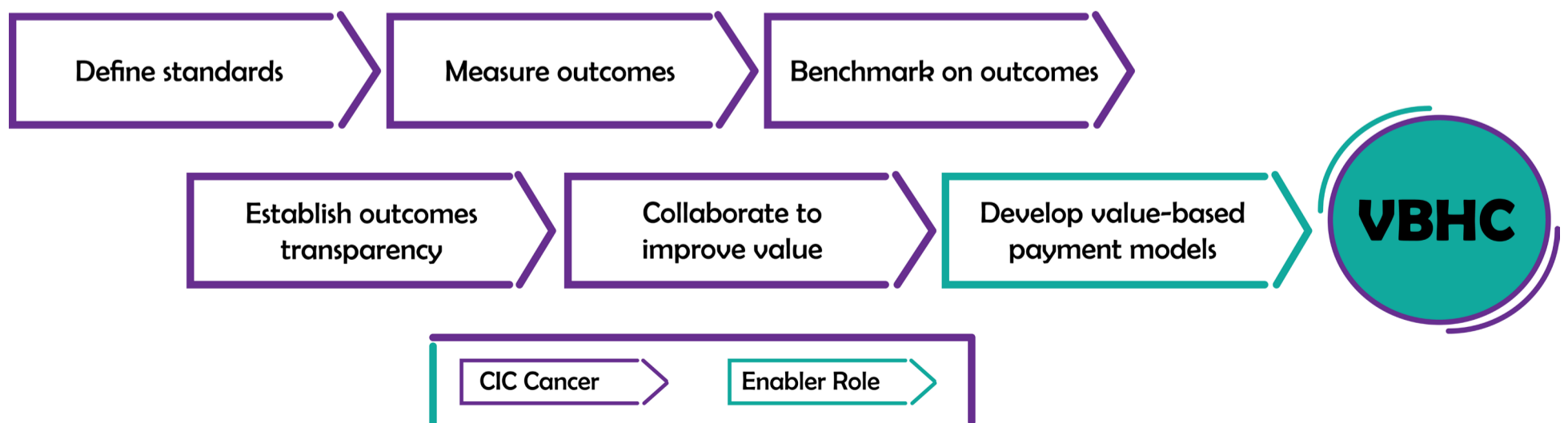
To the best of our knowledge, this is the first time that VBHC processes have been implemented simultaneously across multiple hospitals in both public and private healthcare sectors within Australia.

The project has been underway for 18 months. In that time, many of the desired short-term outcomes and Phase 1 and 2 key performance indicators have been successfully achieved and work is underway towards achievement of desired mid-range outcomes.

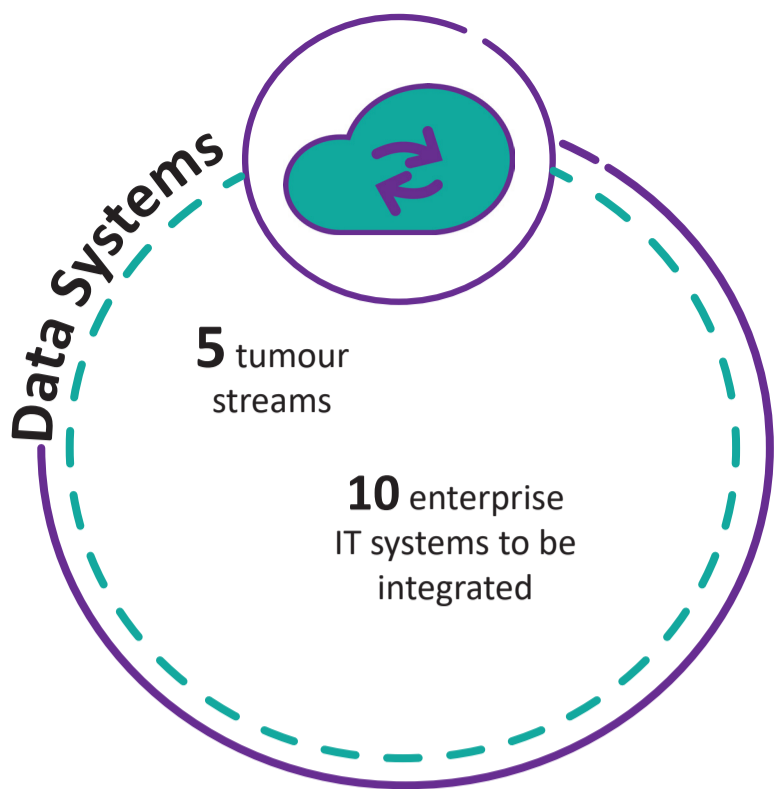
What we've learnt

The implementation of the CIC Cancer Project is multi-faceted and multi-dimensional. Integral to successful measurement of outcomes for cancer patients is effective engagement and development of an informatics system. Several lessons have been identified from the initial 'bedding down' of the program.

- A complex and innovative project requires significantly more lead time than anticipated and delays have a 'snowball' effect. Ensuring adequate time and resources are available for project management and good governance is essential, particularly as meeting the differing requirements of two 'health care systems can result in a duplication of effort.
- Realistic expectations about the potential for delays and implementation of effective communication streams are vital to maintain engagement.
- Implementation of a new and customised informatics system within health systems is complex. Flexibility and adaptability are necessary to meet differing information management and interoperability requirements of sites, information flows, and clinicians.
- A level of adaptation of standardised datasets is required to meet local conditions and enable practical implementation.



“ Improving care through evaluating and effecting outcomes that matter most to patients ”



KPI - Definition of datasets for each nominated tumour type

International Consortium of Health Outcomes (ICHOM) standard datasets are in use for lung, colorectal, and breast cancer and patient-reported outcome measures (PROMs) for ovarian cancer are being developed. 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.

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

Following evaluation of commercially available PROMs systems, an informatics system has been designed using an open source platform. Based on the Rare Disease Registry Framework (RDRF), the system has been enhanced with modules specific to CIC Cancer.

Integration, as an enterprise system with access to data in other enterprise systems, is scheduled to be piloted in colorectal cancer at St John of God (SJoG) Midland Hospital in July 2019 with subsequent roll-out to other tumour streams and SJoG Subiaco Hospital. A phased integration into WA Health is planned for late 2019.

“ If we really want to put the patient first should we not be measuring the things that matter most to patients, including the long term outcomes of their disease and treatment, and then improving our services based on this information? ”
 - Prof Christobel Saunders

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

Successful take-up of opportunities to access additional grant funding has resulted in commencement of additional sub-projects such as *Continuous Improvement in Care - Cancer: moving towards the first Western Australian lung cancer Clinical Quality Registry* and *CIC Cancer: Identification of WA specific data variables for Colorectal cancer*.



Governance

\$392k new funds awarded

6 sub-projects commenced

4 7 grant applications successfully awarded

KPI - Human ethics approval is obtained and maintained

Project governance structures and ethics approvals are in place for the overarching CIC Cancer project and associated sub-projects.

Engagement



6 students/junior doctors/volunteers involved

9 clinical champions

18 seminar presentations
4 publications &
6 abstracts/posters

5 hospital sites

100+ consumers involved in activities

32 activities fostering national/international collaboration

52 stakeholder engagement activities

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

Sites, 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, early career researchers and volunteers are involved in CIC Cancer project activities.

KPI - Collaborations locally, nationally and internationally

Collaboration activities have been undertaken with many different national and international groups.

- Informal: NHS Get it Right First Time program, Australian Commission on Safety and Quality in Health Care, BUPA, Aust. Healthcare and Hospitals Association, Bowel Cancer Australia, Clinical Oncology Society of Australia, Ovarian Cancer Australia, and Cancer Council)
- Formal membership of working groups: ICHOM and OECD
- Steering Committees: All.Can International/All.Can Australia and Prostate Cancer Outcomes Registry ANZ.

Local interest has also been shown with several requests received for opportunities to work with interested units or clinicians within other diseases/specialties.

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

Co-ordinated communications activities have resulted in a dedicated project website (www.ciccancer.com); marketing collateral; publications*; local/national/international seminars, presentations and posters; and numerous stakeholder engagement activities.

**Johansen N J, Saunders C M (February 17, 2017) Value-Based Care in the Worldwide Battle Against Cancer. Cureus 9(2): e1039. DOI 10.7759/cureus.1039*

Johansen N J, Ives A, Slavova-Azmanova N, Saunders C M. Patients First: the Continuous Improvement in Care (CIC) – Cancer Project in Western Australia. The Health Advocate, 45:Dec 17

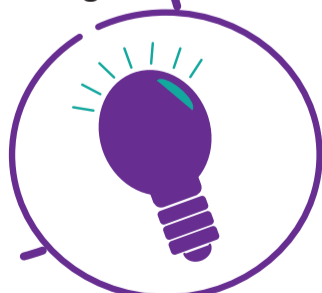
Millar L, Slavova-Azmanova N, Ives A, Saunders C M. CIC Cancer: Evaluating outcomes that matter most to patients and improving care. The Health Advocate, 54:Jun 19

Saunders C M (April 2019) Towards value-based healthcare - modelling an answer for cancer care delivery. Australian Health Review 43(2):121-122

Awareness Raising

Education & training program planning

VBHC conference
March 2021



KPI – International conference hosted

Planning has commenced for CIC Cancer VBHC conference with a date selected, potential collaborations identified, and 'Save the Date' advertising commenced.

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

Presentations and publications have promoted value based healthcare locally, nationally and internationally and collaborations with groups supporting VBHC, such as the Australian Centre for Value-Based Health Care, have commenced. Advocacy activities promoting VBHC and capture of patient-reported outcomes have been made to WA Future Health Research and Innovation Fund, WA Cancer Plan, and the Australian Government Medical Research Futures Fund.

Work to investigate formal VBHC educational opportunities has commenced with discussions with UWA about a Masters program and AHHA about short course/training programs.

Data Capture

51 participants' data collected

217 experience of care surveys conducted

10 110 1100

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

Consumer Reference Group is in place. Consumers are testing data collection modules and contributing to decisions regarding the data collection system.

KPI – Capture of relevant PROMs for each nominated tumour type at each hospital

Pilot projects are underway to study:

1. the uptake of PROMs by women with newly diagnosed breast cancer at Perth Specialist Breast Care clinic at SJoG Subiaco Hospital;
2. lung cancer data collection at Royal Perth Hospital; and
3. colorectal cancer data collection at SJoG Midland Hospital.

KPI – Patient assessment of service in place

Pilot data collected for the All.Can International Patient Experience of Care survey.

KPI – Evidence of treatment based on relevant optimal care pathway

Mapping of current patient pathways, and identification of clinical care interventions along these pathways, is underway for colorectal, lung, breast, and prostate cancer.

KPI – Cost effectiveness measured

Inclusion of quality-adjusted life years measurement (EQ-5D-5L) in PROMs so that a change in value for money resulting from CIC Cancer work can be measured. Planning is underway for a 'Proof of concept' health economics project to be undertaken in partnership with Royal Perth Hospital and the Health Systems & Health Economics Unit, Curtin University.

Value Based Health Care

Save the date

**VBHC
Conference
March 2021**

Perth, WA

www.ciccancer.com/vbhconf



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