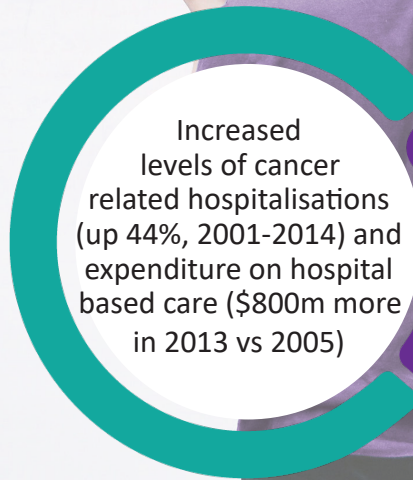




# Continuous Improvement in Care *cancer*



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



Increased levels of cancer related hospitalisations (up 44%, 2001-2014) and expenditure on hospital based care (\$800m more in 2013 vs 2005)



Rising health care costs do not necessarily correspond with better patient outcomes

The Continuous Improvement in Care - Cancer (CIC Cancer) Project is an innovative program of research that seeks to explain variations in health outcomes that cannot be interpreted just with the clinical measures currently collected.

This project will implement a strategy involving consumers, clinicians, health services, and researchers to measure outcomes important to patients. Using the International Consortium for Health Outcome Measures (ICHOM) standard datasets, information will be collected that reflects both the disease process and patient reported outcomes. We believe this is the first time that this strategy has been implemented simultaneously across multiple hospitals in both the public and private healthcare sectors.

Additional information from across the cancer care pathway (e.g. diagnosis, treatment, survivorship, and end of life) will also be accessed. This will include results of procedures, processes, structures and systems. Evaluation of this information will identify key deficits in care pathways, generate and trial new interventions, and inform health service providers – directly improving the lives of people diagnosed with cancer.

## We are...

- Providing information to support Value-Based Healthcare (VBHC) in cancer care across five different hospital settings within Western Australia to help drive improvements in care and patient outcomes
- Using internationally recognised ICHOM datasets to capture clinical and patient-reported outcome measures (PROMs) after diagnosis with breast, prostate, colorectal, and lung cancer
- Developing and testing a similar dataset for patients diagnosed with the less common and poorer outcome ovarian cancer
- Implementing a five stage data capture and analyse model (overleaf) to identify variations in patient outcomes and areas where improvements can be made
- Engaging with consumers through community conversations, consumer reference group, and research 'buddies'
- Providing postgraduate research training activities and opportunities
- Closely collaborating with ICHOM, All.Can and the Organisation for Economic Co-operation and Development (OECD)

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



# CIC CANCER PROJECT MODEL

## Engagement

- Assemble a VBHC transition project team – clinicians, consumers, researchers, project managers, IT experts
- Pilot trials
- Incorporate research studies aimed at improving care

## 1. Engaging hospital- and patient-based stakeholders with implementation

## Data capture

- Identify, customise, and deploy data capture tools
- Source data from clinicians, patients (PROMs), associated health care providers, administrative sources
- Collection of data at time points coinciding with patient visit
- Minimise data-entry related errors

## 2. Establishing a data-capture model for routine and efficient data collection

## Data analysis

- Efficient and secure data storage
- Frequent collection of measurements
- Real-time analyses of numerical data
- Rapid dissemination of results
- Efficient monitoring of data quality

## 3. Measuring and analyzing the captured data

## 4. Determining treatments which promote best patient outcomes

## Feedback provided

- Clinicians and patients are better informed when selecting treatment options
- Health providers are encouraged to provide quality, transparent data
- Comparative effectiveness research is promoted

## 5. Embedding findings into practice

## State/National Benchmarks

- Develop new initiatives to improve outcomes
- Data standardisation
- Adoption of evidence based practice

### The 5 stages of the CIC Cancer project...

1. Engage key stakeholders to participate, and establish champions in cancer types across multiple sites
2. Identify and develop a web-based platform to collect clinical information from various health service providers and integrate with patient reported outcome measures
3. Pilot test the platform developed in Stage 2 to analyse relevant information
4. Feedback, evaluate, and review the information captured in Stage 3
5. Develop a state/national initiative for benchmarking cancer outcomes and inform protocols for the collection of both clinical and patient outcomes. This will enable adoption of evidence-based treatments that promote improved patient outcomes

### We hope to...

- Implement a system that will enable routine capture and integration of clinical and patient reported outcome information across all health settings to drive improvements in care
- Demonstrate a proof-of-principle in which comprehensive cancer care is affordable, accessible, evidence-based, and able to continually improve patient outcomes
- Provide a benchmark for patient outcomes to which cancer treatments are compared against for effectiveness, cost-benefit, and value
- Provide a template for improving the long-term monitoring and treatment of other medical conditions such as orthopaedics, cardiovascular disease, asthma, and diabetes
- Build new knowledge to help patients make better decisions about their care and improving their health outcomes

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