Kræftens Bekæmpelse

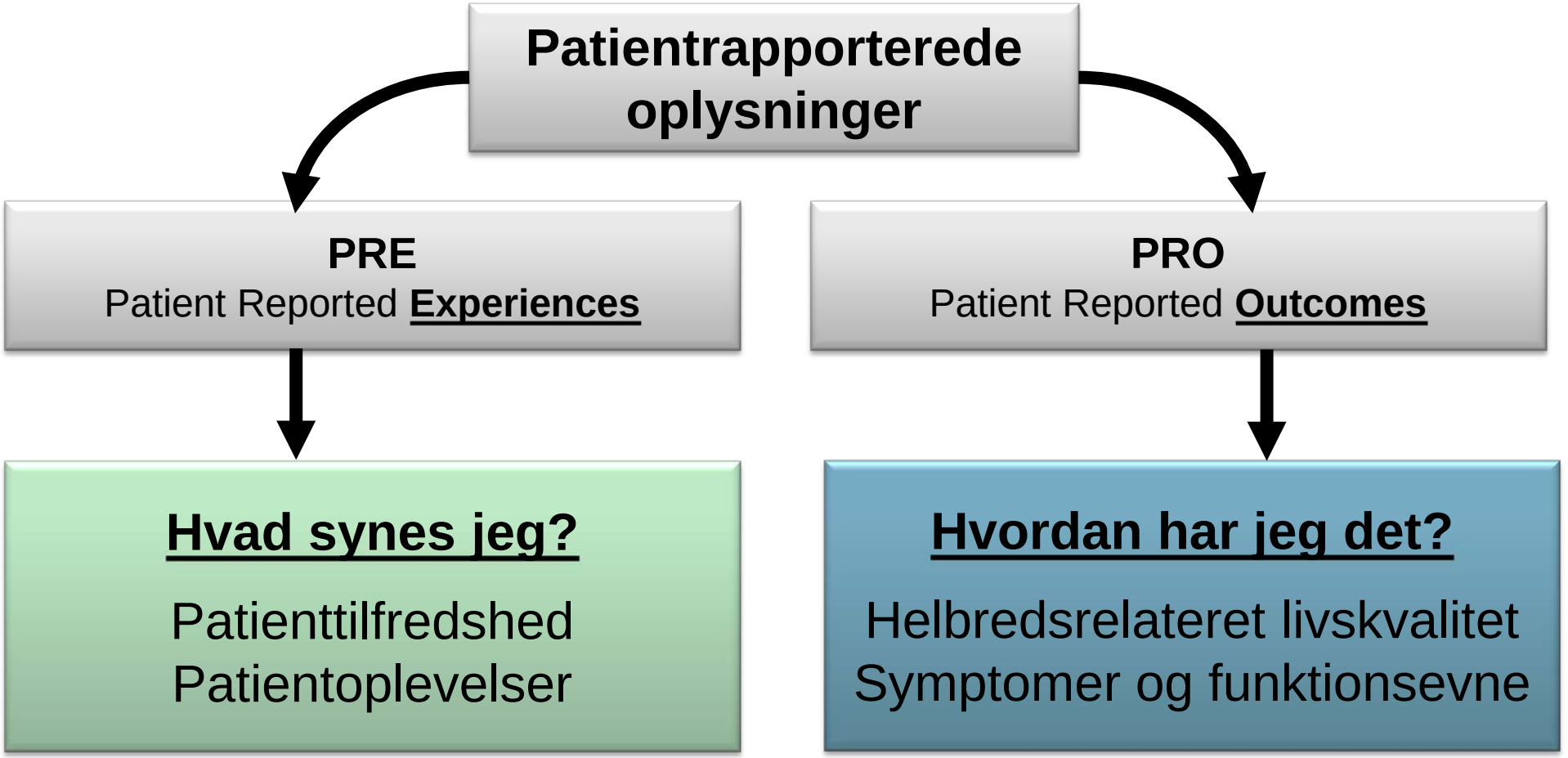
Potentialet i anvendelse af Patient Reported Outcomes (PRO)

12. oktober 2016 kl. 13.00-14.30
E-sundhedsobservatoriet, parallelsession C1: Patientrapporterede oplysninger

Liv Dørflinger, programleder
cand.scient.san.publ
Kræftens Bekæmpelse, Dokumentation & Kvalitet

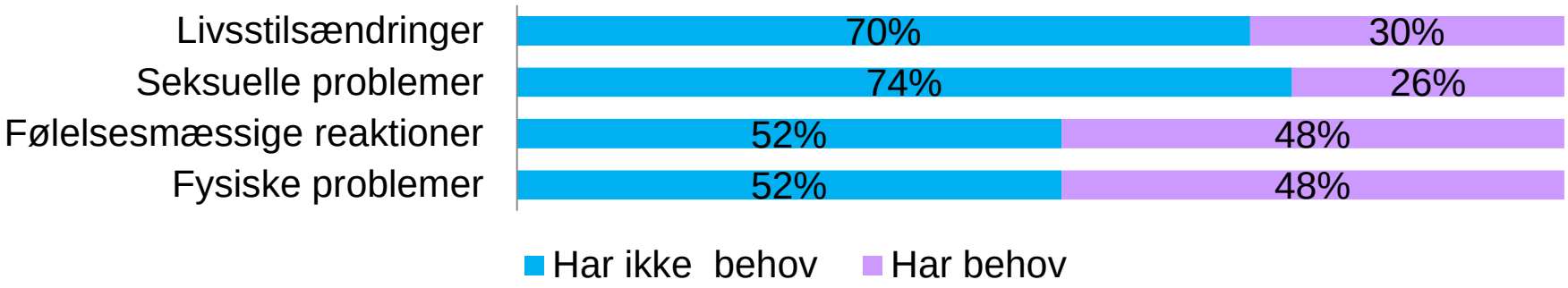

Success
Idea
Implement

Begrebsforvirring

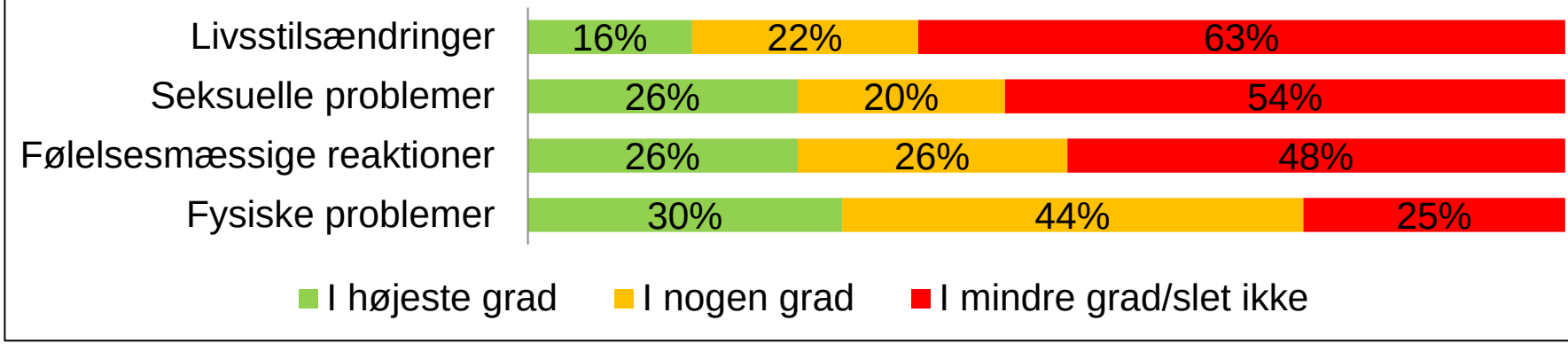


Imødekommes patienternes behov?

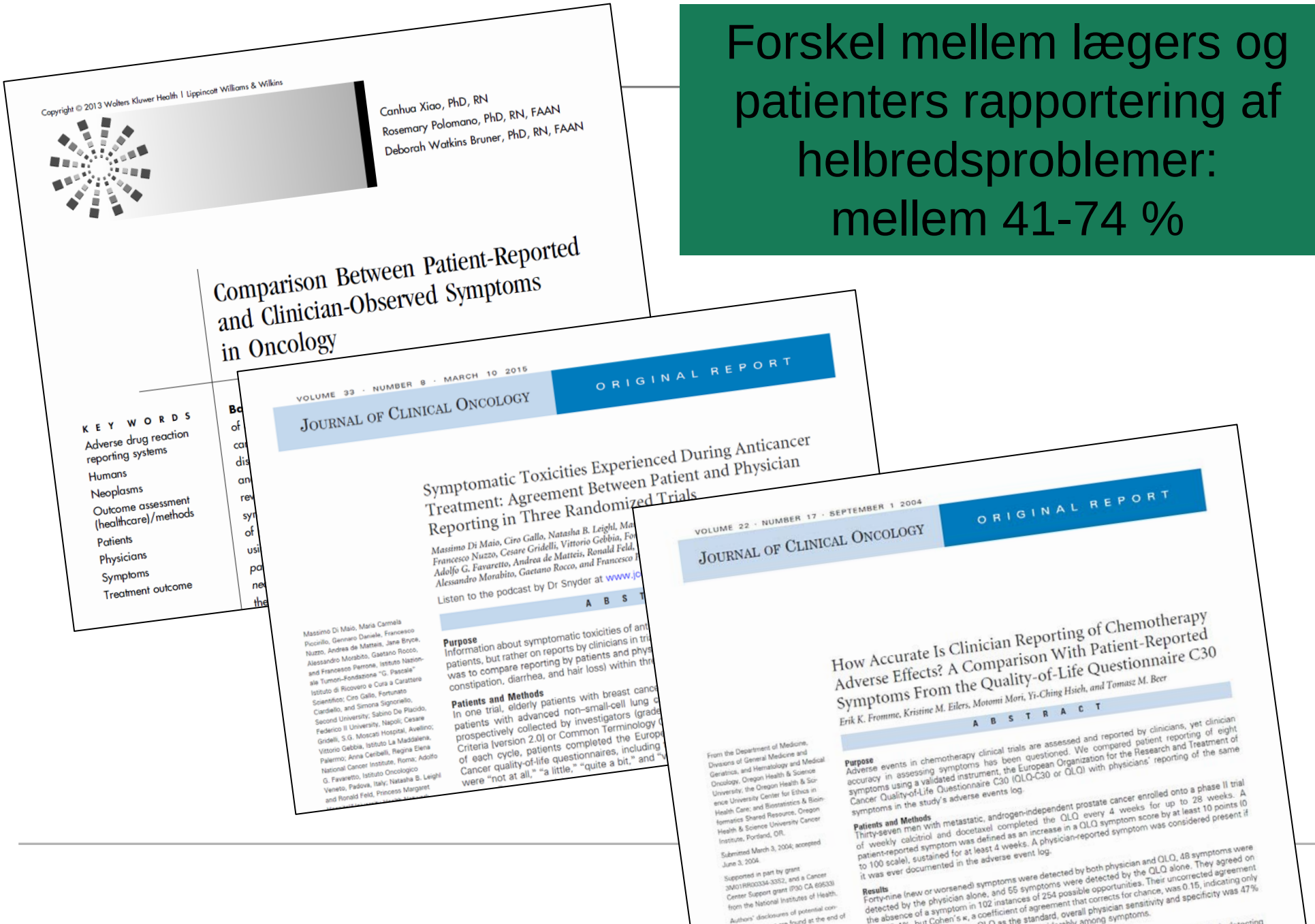
Behov for hjælp i forhold til:



Fået den hjælp, der har været behov for i relation til:



Forskel mellem lægers og patienters rapportering af helbredsproblemer: mellem 41-74 %



Canhua Xiao, PhD, RN
Rosemary Polomano, PhD, RN, FAAN
Deborah Watkins Bruner, PhD, RN, FAAN

Comparison Between Patient-Reported and Clinician-Observed Symptoms in Oncology

KEY WORDS
Adverse drug reaction reporting systems
Humans
Neoplasms
Outcome assessment (healthcare)/methods
Patients
Physicians
Symptoms
Treatment outcome

VOLUME 33 · NUMBER 8 · MARCH 10 2015
JOURNAL OF CLINICAL ONCOLOGY
ORIGINAL REPORT

Symptomatic Toxicities Experienced During Anticancer Treatment: Agreement Between Patient and Physician Reporting in Three Randomized Trials

Massimo Di Maio, Ciro Gallo, Natasha B. Leighl, Ma
Francesco Nuzzo, Cesare Gridelli, Vittorio Gebbia, Fo
Adolfo G. Favaretto, Andrea de Matteis, Ronald Feld,
Alessandro Morabito, Gaetano Rocco, and Francesco

Listen to the podcast by Dr Snyder at www.jc

A B S T

Purpose
Information about symptomatic toxicities of ant
patients, but rather on reports by clinicians in tri
was to compare reporting by patients and phys
constipation, diarrhea, and hair loss) within thr

Patients and Methods
In one trial, elderly patients with breast canc
patients with advanced non–small-cell lung c
prospectively collected by investigators (grade
Criteria [version 2.0] or Common Terminology
of each cycle, patients completed the Europ
Cancer quality-of-life questionnaires, including
were "not at all," "a little," "quite a bit," and "

Massimo Di Maio, Maria Carmela Piccirillo, Gennaro Daniele, Francesco Nuzzo, Andrea de Matteis, Jana Bryce, Alessandro Morabito, Gaetano Rocco, and Francesco Perrone, Istituto Nazionale Tumori–Fondazione "G. Pascale" Istituto di Ricovero e Cura a Carattere Scientifico; Ciro Gallo, Fortunato Ciardiello, and Simona Signoriello, Second University; Sabino De Placido, Federico II University, Napoli; Cesare Gridelli, S.G. Moscati Hospital, Avellino; Vittorio Gebbia, Istituto La Maddalena, Palermo; Anna Ceribelli, Regina Elena National Cancer Institute, Roma; Adolfo G. Favaretto, Istituto Oncologico Veneto, Padova, Italy; Natasha B. Leighl and Ronald Feld, Princess Margaret

VOLUME 22 · NUMBER 17 · SEPTEMBER 1 2004
JOURNAL OF CLINICAL ONCOLOGY
ORIGINAL REPORT

How Accurate Is Clinician Reporting of Chemotherapy Adverse Effects? A Comparison With Patient-Reported Symptoms From the Quality-of-Life Questionnaire C30

Erik K. Fromme, Kristine M. Eilers, Motomi Mori, Yi-Ching Hsieh, and Tomasz M. Beer

A B S T R A C T

Purpose
Adverse events in chemotherapy clinical trials are assessed and reported by clinicians, yet clinician accuracy in assessing symptoms has been questioned. We compared patient reporting of eight symptoms using a validated instrument, the European Organization for the Research and Treatment of Cancer Quality-of-Life Questionnaire C30 (QLQ-C30 or QLQ) with physicians' reporting of the same symptoms in the study's adverse events log.

Patients and Methods
Thirty-seven men with metastatic, androgen-independent prostate cancer enrolled onto a phase II trial of weekly calcitriol and docetaxel completed the QLQ every 4 weeks for up to 28 weeks. A patient-reported symptom was defined as an increase in a QLQ symptom score by at least 10 points (0 to 100 scale), sustained for at least 4 weeks. A physician-reported symptom was considered present if it was ever documented in the adverse event log.

Results
Forty-nine (new or worsened) symptoms were detected by both physician and QLQ, 48 symptoms were detected by the physician alone, and 55 symptoms were detected by the QLQ alone. They agreed on the absence of a symptom in 102 instances of 254 possible opportunities. Their uncorrected agreement

From the Department of Medicine, Divisions of General Medicine and Geriatrics, and Hematology and Medical Oncology, Oregon Health & Science University; the Oregon Health & Science University Center for Ethics in Health Care; and Biostatistics & Bioinformatics Shared Resource, Oregon Health & Science University Cancer Institute, Portland, OR.

Submitted March 3, 2004; accepted June 3, 2004.

Supported in part by grant 2M01RR00334-3352, and a Cancer Center Support grant (P30 CA 69533) from the National Institutes of Health.


Success
Idea
Implement

Case: Jens Andersen

Diagnosticeret med prostatakræft

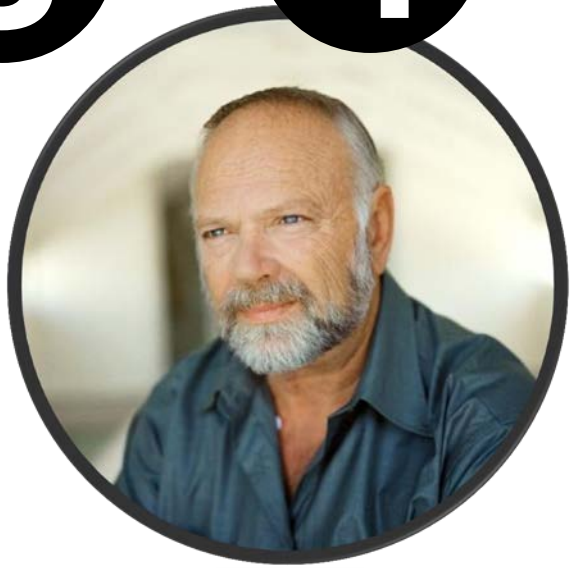
Diagnose 1

Operation

Opfølgning *3 måneder* 2

Opfølgning *6 måneder* 3

Opfølgning *12 måneder* 4



HISTORIK VISITATION STAMDATA VIS BESVARELSE

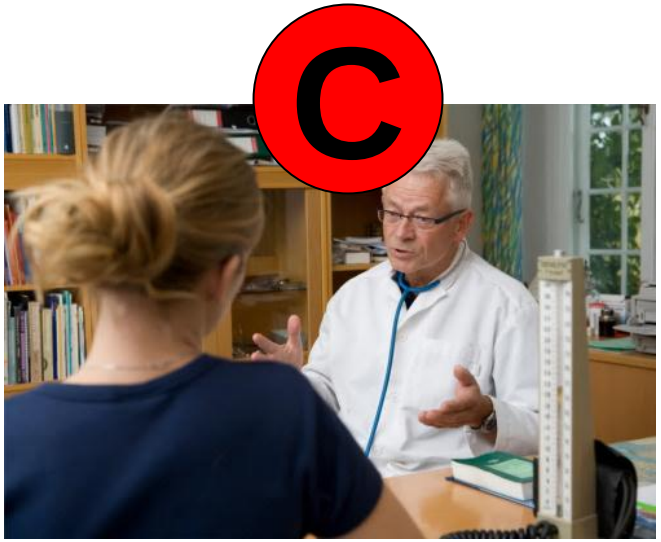
		Sø 23 nov 14	Ma 19 jan 15	Sø 12 apr 15
Generelt	Vægt (kg)	Antal kg: 88	Antal kg: 89	
	Højde (cm)	Antal cm: 173	Antal cm: 174	
	Arvelighed	3	3	
	Livskvalitet	5	4	
	Helbred	3	4	
	Påvirkning helbred	3	3	
	Anden sygdom	1	1	
Vandladning	Kateter	1	1	
	DANPSS score	4	13	
	Tømningsscore	1	1	
	Fyldningsscore	0	2	
	Blandet score	3	10	
Rejsning	Seksualliv	2	1	
	Tilfredshed	1	4	
	Hjælpemidler	2	Ikke besvaret..	
	IIEF 5	22	0	
	Selvtillid	3	Ikke besvaret..	
	Hårdhed	4	Ikke besvaret..	
	Fastholde (hyppighed)	5	Ikke besvaret..	
	Fastholde (vanskelighed)	5	Ikke besvaret..	
	Tilfredsstillende samleje	5	Ikke besvaret..	
Trivsel	Trivselsindex	68	56	
	Humør	2	3	
	Energi	2	4	
	Interesse	4	4	
	Udhvilet	3	3	
	Afslappet	2	2	
	Søvnbesvær	3	3	
	Deprimeret	3	2	
	Tilstand forværres	4	4	

AmbuFlex

Vurdering: Blodprøve og PROM

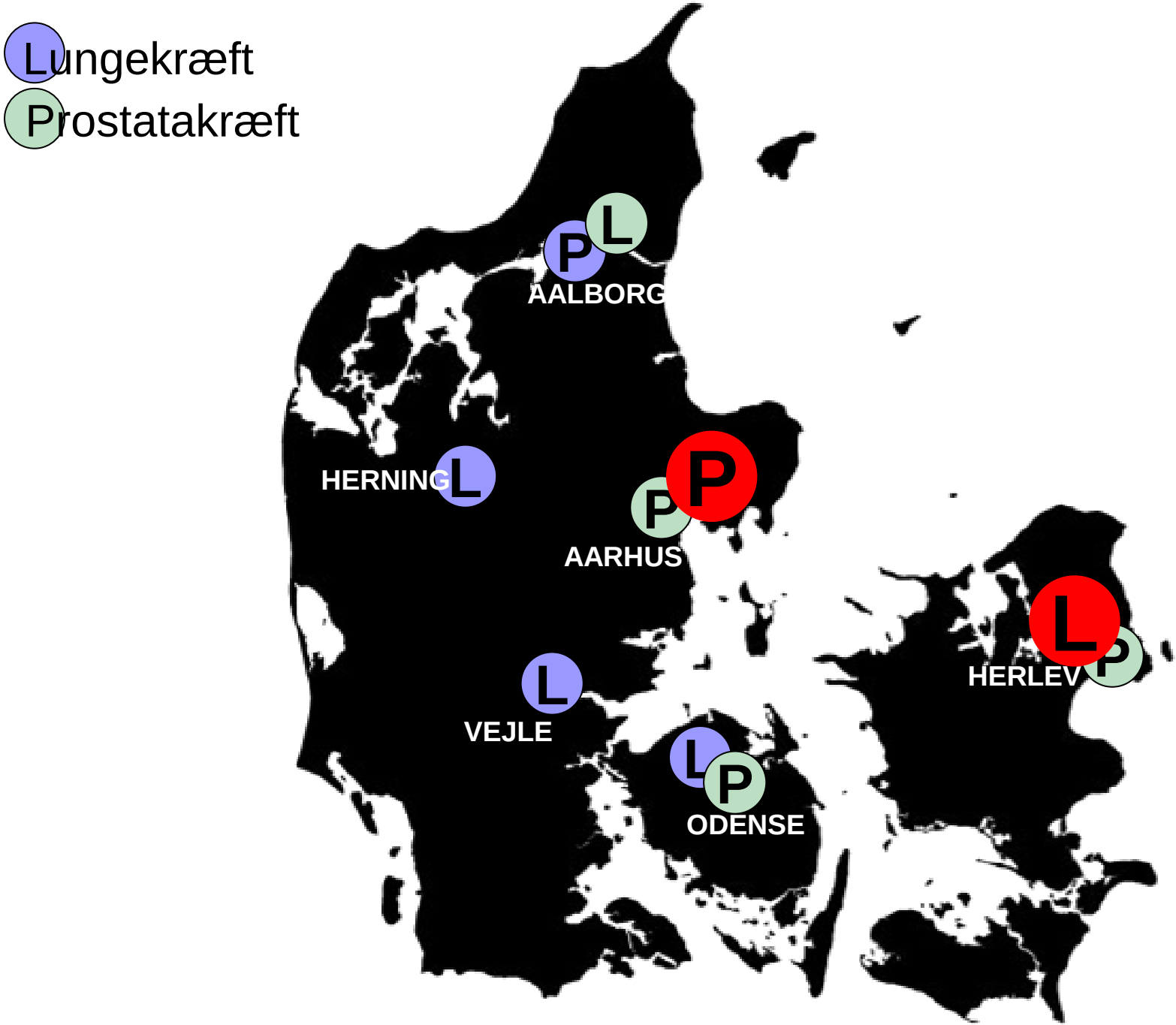
Brevsvar

Telefonkonsultation



Ambulant konsultation


Success
Idea
+
Implement


Lungekræft
Prostatakræft
AALBORG
HERNING
AARHUS
HERLEV
VEJLE
ODENSE

DESIGN- OG UDVIKLINGSPROCESSEN

NOV 13

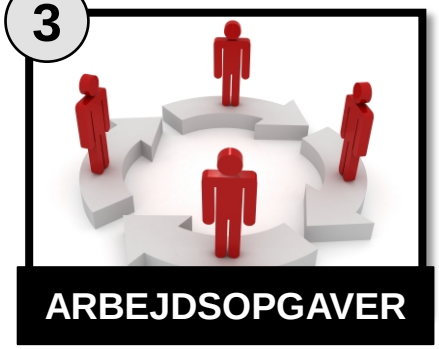
1

KICK-OFF

2

SPØRGESKEMA

3



ARBEJDSOPGAVER

4

TEKNIK

5

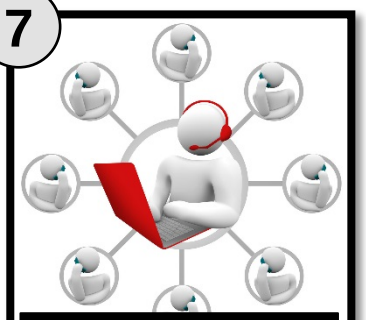
UNDERVISNING

6

PILOTTEST

AUG 14

7



SUPPORT

8

UDRULNING

JAN 15


Success
Idea
+
Implement

EVALUERINGSRAPPORT

10 afdelinger i fire regioner

Mellem 10 og 19 måneders intervention

1.317 lungekræftpatienter (alder 67 år)

770 prostatakræftpatienter (alder 66 år)

4.460 lungekræftspecifikke spørgeskemaer

1.159 prostatakræftspecifikke spørgeskemaer

www.cancer.dk/prom

DIALOGSTØTTE – GEVINSTER

Fokuseret samtale

”Vi kan koncentrere os om de problemområder, der er, og så kan vi undgå at tale om det, der er uændret, hvor vi ikke rigtig kan stille noget op. Så man kan faktisk bruge mere tid på det, der er vigtigt”. (læge)

Klinisk beslutningsstøtte

”Så det [PRO] hjælper mig at vurdere, om behandlingen har hjulpet eller ej. Så laver jeg om på behandlingen, enten kemoterapimæssigt eller også med symptomlindrende behandling”. (læge)

Medicinspild

”Hvis man har en patient, som pludselig ændrer sig så markant, så vil det i hvert fald gøre, at jeg tænker, at måske skulle vi lige se patienten, inden vi bestiller behandlingen, så vi ikke smider en dyr behandling i skraldespanden”. (sygeplejerske)

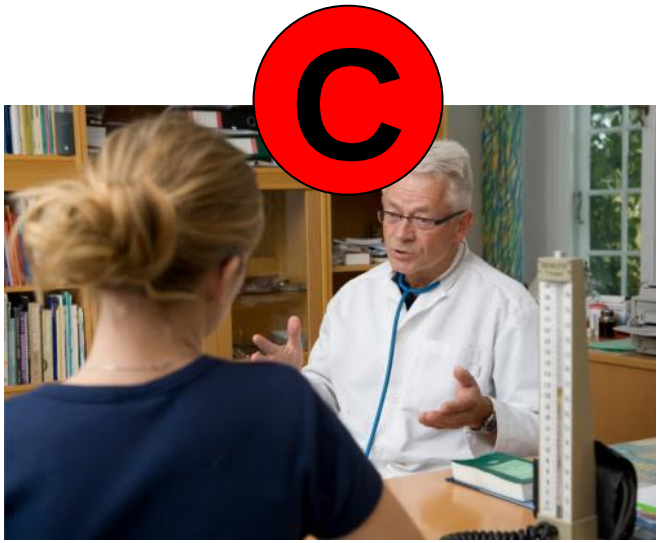
STRATIFICERING – GEVINSTER (N=248)

Brevsvar

33 %

Telefonkonsultation

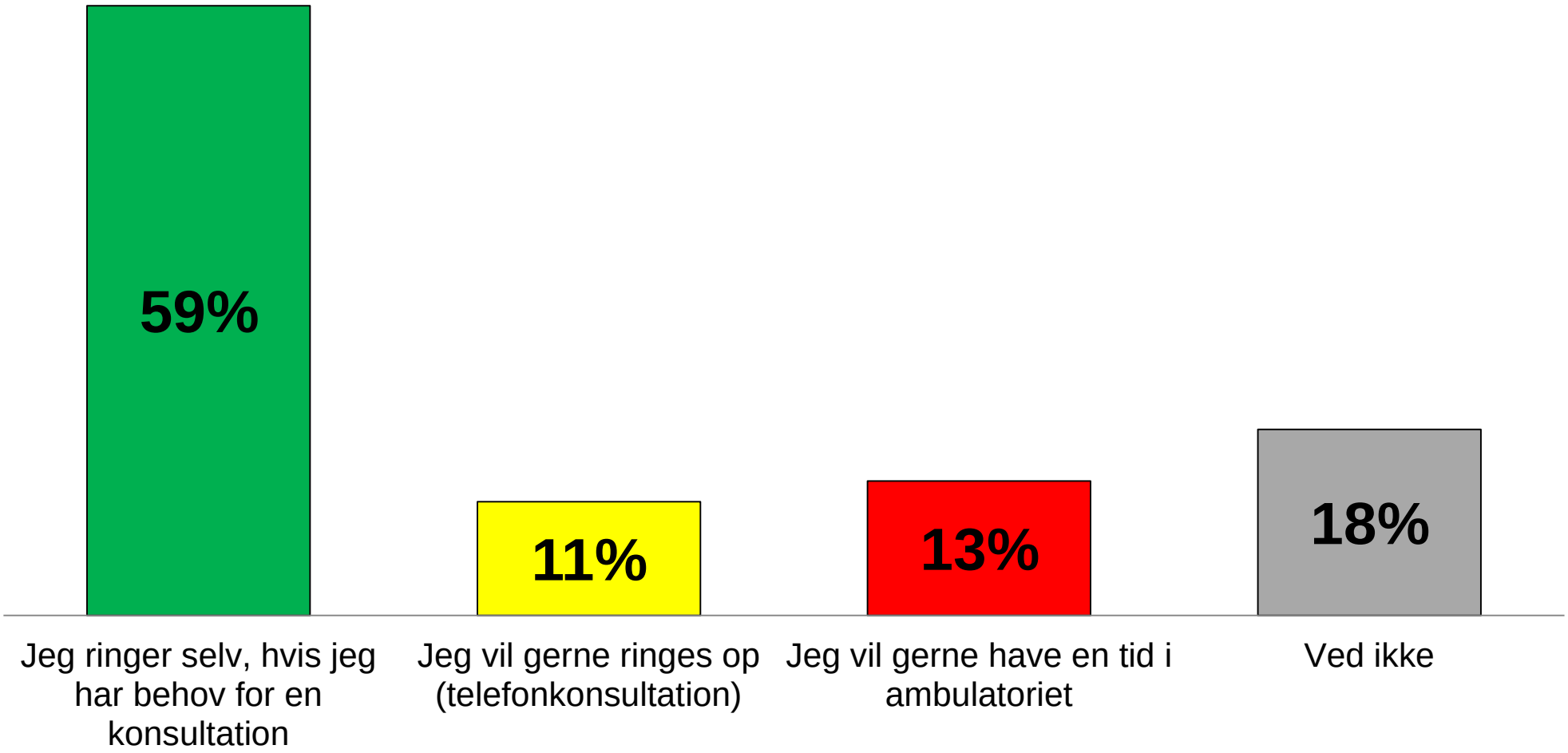
47 %



Ambulant konsultation

20 %

Hvad er dit behov i forhold til en konsultation? (n=248)



Sundhedsøkonomisk analyse

KONTAKFORM

DAGS & LØN

TID (FØR/EFTER)

PROJEKT

248 kontakter

FØR: 220.674 KR
EFTER: 90.030 KR

BESPARELSE:
130.644 KR (59 %)

DANMARK

987 patienter

FØR: 1.720.906 KR
EFTER: 693.088 KR

BESPARELSE:
1.027.818 KR (60 %)

MOTIVATION

LEDERE

KLINIKERE

PATIENTER

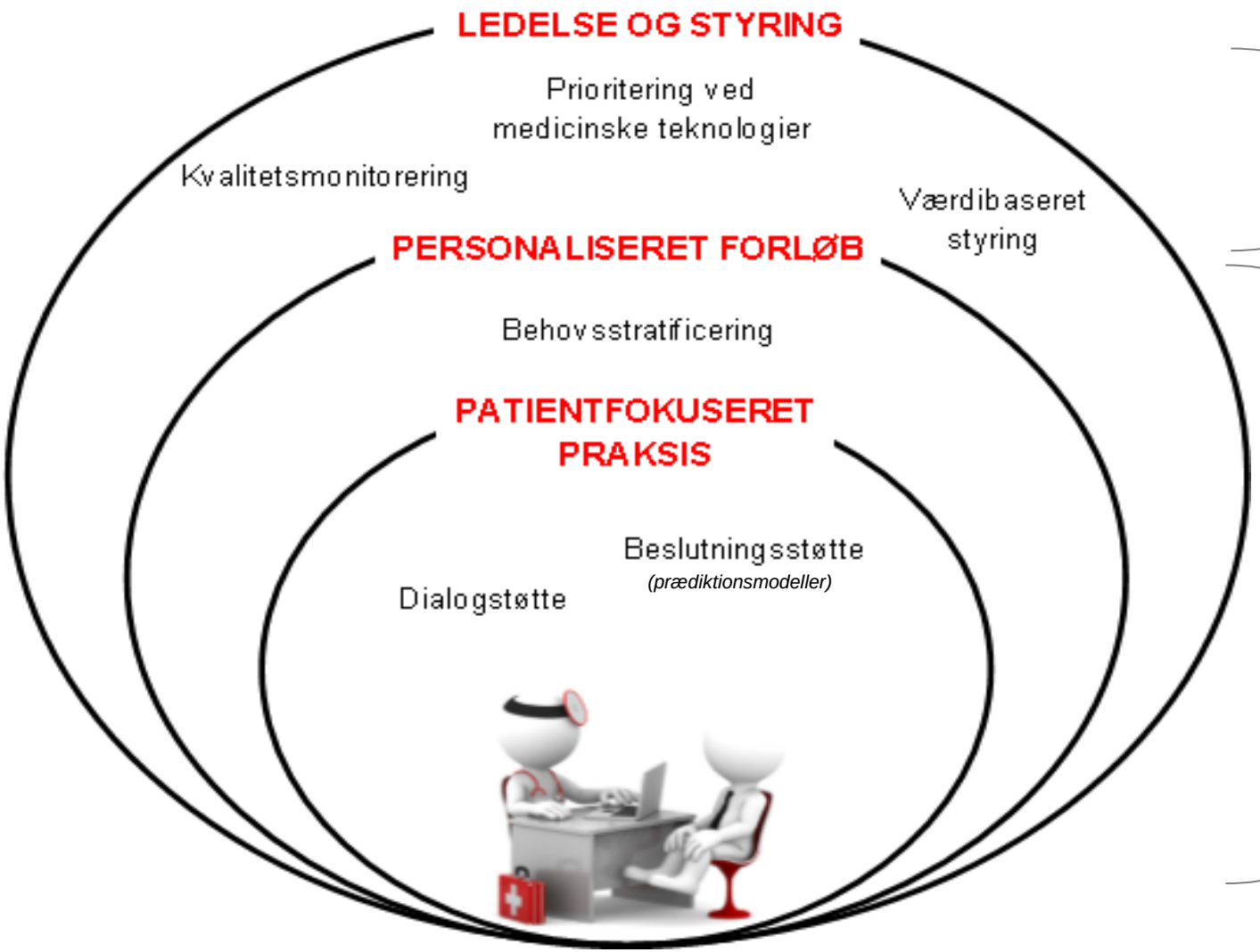
RESSOURCER

KLINISK RELEVANS

TEKNIK

SPØRGESKEMA

Anvendelsespotentialer

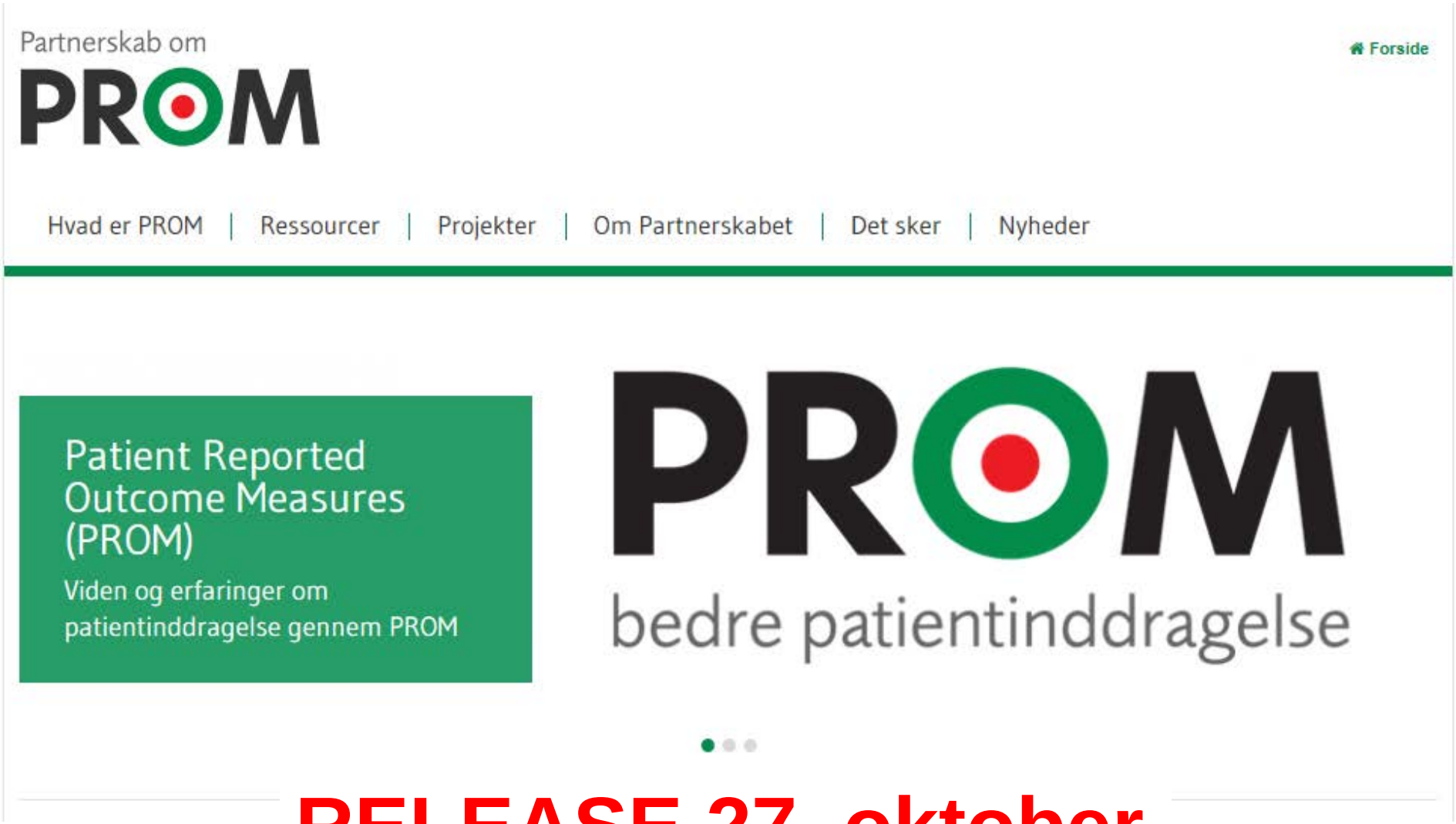


Populationsniveau

Individniveau

Partnerskab om PROM

www.PROMpartner.dk



RELEASE 27. oktober

Kræftens Bekæmpelse

Tak for opmærksomheden

Liv Dørflinger, programleder: livd@cancer.dk

PROMpartner.dk: www.PROMpartner.dk (release 27. oktober)