Use of technology for research aimed at improving patient care

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Use of technology for research aimed at improving patient care Some cancer information

- How we use technology

 touch screens
- Implementation to adoption
- How we use technology
 use of the internet

People living with and beyond cancer



99

CT screening cuts lung cancer death better than X-ray: study *Saturday, 6 November 2010 The Independent*

4% increase in new cancer cases By Neil Lancefield, PA *Thursday, 21 October 2010 The Independent*







Not managing these consequences of treatment can cause real problems to people in terms of disabling their lives at the other end

Professor Jane Maher Macmillan Cancer Support

BBC 6 January 2010

Average change (%) every five years in five-year relative survival, by site and sex, adults diagnosed in England and Wales during 1986-1999



© Cancer Research UK

What does this mean for cancer services?

More people attending cancer clinics



- Side & late effects of treatment may be complex
- 'Chronic cancer' patients
- Many follow up appointments for those treated with curative intent may be 'empty episodes'
- Clinics run late
- Patients have long waits, staff get stressed
- Money may be better spent

Individual assessment

Holistic Common Assessment (2007)

Background information

Physical needs

•Social and Occupational needs

Psychological well-being

•Spiritual well-being



National Cancer Survivorship Initiative Update 2010



Risk Stratified Model of Care

•A personalised assessment and care plan

•Support to self-manage their condition

•Information on the long-term effects of living with and beyond cancer

•Access to specialist medical care for complications that occur after cancer

Cancer Information

About the National Cancer Intelligence Network

The NCIN is a UK-wide initiative, working to drive improvements in standards of cancer care and clinical outcomes by improving and using the information collected about cancer patients for analysis, publication and research.

"Quite simply, we want to have the best cancer information service in the world by 2012"

Professor Sir Mike Richards, National Cancer Director, December 2007







Touch screens

•Easy for patients
•Acceptable
•Scores equivalent
•Reliable & valid

•Print-out with historical





Comparison TS vs paper (Velikova et al, J Clin Oncol 1999)



Touch screens

•Patient compliance good when integrated into everyday practice





(Wright et al, J Clin Oncol 2003)



•Patients had improved well-being in the intervention arm

- •Consultation times not increased
- •No greater referral for specialist help
- •More discussion of non specific symptoms

(Velikova et al, J Clin Oncol 2004)



Rogers EM. Diffusion of Innovations. 4th ed. New York: The Free Press; 1995.

Relevance and patient centred: Questionnaires

• Content

- o Purpose
- Relevance
- Content validity
- o Burden

Psychometrics

- Frequency of endorsement
- Reliability
- o Validity
- Factor structure

• Item Response Theory

- Rasch analysis
- o DIF
- o Scoring
- o Stability

• Clinical Utility

- Cut points
- Changes in scores over time
- Known group differences
- o Normative data

Questionnaires: Social Difficulties Inventory (SDI-21)

Content

Wright EP et al. 2002 British Journal of Cancer







• Psychometrics

	During the past month	dificity	A	Quite a big	Vory		During the past month	No	A	Quite a bit	Ver
	Have you had any difficulty in maintaining your independence?					12	Have you had any difficulty with constrainciating with others? (eg- tionade, neighbourn, colleagues, dates)				C
	Have you had any difficulty in carrying out yout doesester through (e.g. doesing, gunlesing, stocking, shopping)					13.	Have you had any difficulty concerning served matters?				C
	Have you had any difficulty with managing your own percent card (e.g. bailang, decomp, washing)					14.	Have you had any difficulty concerning plans to have a family?				C
	Have you had any difficulty with looking after flow who depend on you? (e.g. rhidden, dependent adds, pen)					18.	Have you had any difficulty concerning your appendice or body image?				C
	Have any of frost dose to you (e.g. partner, children, parente) had any (kffsoilty with the support available to there?					16.	Have you fift indused?				C
	Have you had any difficulture with benefited (e.g. statisticity eich pag, attendance allomator, disability lining allowance)					17.	Have you had any difficulty with getting annual? (e.g. transport, our packing, your mobility)				C
	Have you had any fearment difficulture?					18.	Have you had any difficulty with where you low? (e.g. space, access, damp, hearing, methouse, security)				E
	Have you had any difficulty with featural services? (e.g. laws, incomes, permises).					19.	Have you had any differently in corrying out your reconstional activities? (e.g. boblies, participes, social consult)				E
	Have you had any differsity commissing your weak? (or education if you are a student)					20	Have you had any difficulty with your place to taxed or take a heliday?				C
).	Have you had any difficulty with planning for your own or your family's fature? ing care of dependents, legal sense, branness affairs					21.	Have you had any differently with any other area of your				Ē
۱.	Have you had any difficulty with communicating with these desert to						everyby life?		-		-

Wright EP et al. 2005 Quality of Life Research

Item Response Theory

Smith et al 2007 Quality of Life Research Smith et al Quality of Life Research in press



• Clinical Utility



Wright et al 2007 British Journal of Cancer. Wright et al 2008 European Journal of Cancer. Wright P et al Psycho-oncology. Published online.



Roles and responsibilities: everyday living

Patients: improve information



• Acknowledgement

- Reassurance
- Manage on their own
- Simple advice
- Practical solutions
- Access to services

- Confident in this area
- Within their remit
- Doctors clinical approach
 - i.e. blood transfusion
- Nurses- holistic approach
 - i.e. asking partner to take on new role

Professional: change

professional response

- Item 'Caring for dependents'
 - less confident
 - lacked expertise

Roles and responsibilities: money matters

Patients: improve information



Information early

- Leaflets for basic information
- Help with form filling
- Someone available to speak to for specific advice

Professional: change professional response

- Limited knowledge
- Doctors -marginal activity
- Interventions doctors
 - completion of medical forms
 - writing letters for insurance or employment
- Interventions nurses
 - linking
 - referral

Wright EP et al Managing social difficulties: roles and responsibilities of patients and staff. Psycho-oncology. In press.

Structure: improve access to services

Paper format

On-line







Structure: continuity of care

- •When the assessment took place
- •Who did it
- •What the scores were
- •What was discussed
- •What decisions made
- •What information give
- •What referrals made



Make sure the people who need this information have it







The internet ALLograft Information Exchange (ALLINEX)

WEBSITE

Psychosocial supportive care information In house Local

- •National
- •HSCT information
- •Monitoring
- •Means of contacting HSCT team
- •Other????



<u>electronic Patient Reported Outcomes from Cancer Survivors</u> <u>ePOCS</u>



The internet **Q-Tool**

Developed by X-Lab Systems

IP University of Leeds

Funded by:

Macmillan Cancer Support

+ in the future

Macmillan Cancer Support

Cancer Research UK

NCIN

Other

• Q-Tool is an on-line questionnaire system with capacity for:

o different types of study

o users

o time points

- o questionnaires
- o reporting
- Q-Tool is being further developed for:
 - ★ use in clinical practice
 - studies out with Cancer Services



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The Leeds Teaching Hospitals

