
Presented by: Deborah A. Marshall, PhD
Professor, Community Health Sciences
University of Calgary

CAPT Panel Session 6
October 24, 2017
Overview

1. Description and Evolution of PaCER
2. Example of PaCER project
3. Preliminary Assessment of Impact
4. Successes, Challenges and Myths
PaCER:

PATIENT AND COMMUNITY ENGAGEMENT RESEARCH
PACERINNOVATES.CA
Pilot project, 2011 – 2013

Patients Matter: Engaging Patients as Collaborators to Improve Osteoarthritis (OA) Care in Alberta

✓ Funded by the Canadian Foundation for Healthcare Improvement (CFHI) [formerly CHSRF]

✓ Research Team Members: Nancy Marlett, Deborah Marshall, Tracy Wasylak, Tom Noseworthy, Svetlana Shklarov

✓ Partnership with Alberta Health Services Strategic Clinical Networks, Research teams, Health Care Providers, patient and community health organizations and patients.
Facilitating Factors Contributing to PaCER Success

• Alberta Strategic Clinical Networks™, a Health system resource responsible for transformation of healthcare for a single health authority, willing to invest in patients.

• Canadian Strategies for Patient Oriented Research (SPOR) to increase research options and patient engagement

• Three ongoing partners: Health Care; Health Research and Patient Capacity Building

• Research curriculum and inquiry method of engagement that created an engaged team
Patient and Community Engagement Research (PaCER)

**Patient and community engagement researchers** (PaCERs) are people with various health conditions, trained to design and conduct health research, using specific adapted methods of qualitative inquiry.

PaCER graduates work in collaboration with health professionals and researchers to:

- Formulate research agendas
- Include patient perspectives in grants and proposals
- Conduct research with patients
- Share research with patients and communities

PaCER Objectives

• Bring patient perspectives to the search for sustainable and effective health care

• Reframe the role of “patient” as a key stake holder in health care and research colleague

• Promote engagement in personal health and health care

• Improve the interface between patients and the health care system through research

• Patients will see themselves in PER research and literature and envision a new future in Health care.
Who are PaCERs?

• Patients and Family members who:
  – Self identify significant, life impacting experience with their health or health care
  – Are committed to health transformation
  – Are curious and interested in research
  – Can make the commitment to learning advanced research skills

• PaCERs bring diverse perspectives, business, health, academics, cultural expertise. All learn together and from each other.

• People interested in new career directions or volunteer opportunities.
The PACER Research Method
A Collaborative Framework for Engaging Patients in Research

Patients are **fully engaged in:**

- Choosing research questions important to patients and their families and communities.
- Making decisions about how to collect and analyze information.
- Making decisions on how to communicate findings to other patients, professionals and the public.

**Rigorous training** involves mastering specific adapted methods of qualitative research: focus groups, field observation, questionnaires, and narrative interviewing.

A year-long training program = **120 hours in-class** instruction plus an **internship.**
“Part of the Team”: Building New Patient Roles and Relationships in Health Research and Planning

Model: Co-creation of PACER role as a ‘Twin Innovation’

Results: 3 major areas of impact:
1) increased capacity of patients to engage in healthcare research and planning,
2) New roles for patients in health care planning – impacting attitudes and practices
3) New, collaborative roles for patients in research.

Interpretation: Fundamental cultural change, and a way to embed and measure patient value.

- Shklarov S, Marshall DA, Wasylak T, Marlett NJ. “Part of the Team”: Mapping the outcomes of training patients for new roles in health research and planning. Health Expectations, 2017;00:1-9
PaCER Project Example: Arthritis Models of Care

Purpose:

- Gather patients’ perspectives on what quality-of-care means and
- Identify services and supports patients need and find most useful

- Partnership for Research and Innovation in the Health System (PRIHS) grant: Optimizing Centralized Intake to Improve Arthritis Care for Albertans (Funded by: Alberta Innovates Health Solutions and Arthritis Society Models of Care)
Three Components of Quality Care for People with Osteoarthritis

Quality Care for Patients with OA Means...

- access to comprehensive, detailed and ‘no-nonsense’ information
- a personalized and evolving self-management plan
- access to evidence based information and OA expertise
- a collaborative ongoing relationship with health professionals
- greater access to system funded supports
- a system that recognizes the contributions of non-traditional supports

Are you interested in health research?

Are you a patient, caregiver or family?
Do you want physicians to understand the experiences and expectations of patients and families?

Become a Patient Engagement Researcher.
Join the Patient and Community Engagement Research (PaCER) Program, a free training program for patients who want to be engaged in health research.

- Learn the methods of peer-to-peer research to bring forward patient experiences
- Acquire skills to design and conduct research about patient experience
- Gain career-based opportunities in health research
- Share the knowledge gained from research with patients and researchers
PaCER: PRELIMINARY ASSESSMENT OF IMPACT

Early Impact of PaCER: Canadian Academy of Health Sciences Assessment Framework (1)

- Advancing Knowledge

• Credit options for graduate and undergraduate students who meet the requirements: 2 faculties have used internship for credit.
• Over 150 presentations locally, provincially, nationally & internationally
• 12 peer-reviewed scientific publications, and 6 in preparation for submission
• 150 curriculum units in 17 topics of instruction related to patient engagement and engagement research
• Theoretical advancement of Patient Oriented Research Methods, Quality of Life, Salutogenesis, Grounded theory, Qualitative Health research, Engagement theory

### Early Impact of PaCER (2)

#### Building Capacity
- 42 Patients trained to work in research, advising, new patient leadership roles
- Internship base of sponsored teams, distance education pilot complete.
- Growing in number of PaCER research contracts, e.g. 18 research contracts
- Individual short term contracts are leading to ongoing research partnerships with research and quality improvement.
- New patient roles in health care based on engagement and research expertise, e.g. patient navigators and coordinators
- Active social media
- Developing Patient Engagement Training programs with CIHR SPOR

#### Informing Decision Making
- 19 PaCERs embedded across 13 SCNs
- 15 employed by PaCER as research leads or assistants
- PaCERs on provincial and national committees e.g. CIHR SPOR

#### Health Impacts
- Implementation plans with 4 major health initiatives.

#### Socioeconomic Impacts
- Anticipated, but too early to assess these impacts.
Sample of Patient Experience Research Projects

- Bone and Joint research (6 research studies)
- Surgery (ERAS, Safe surgery checklist, wait times)
- Intensive care: family and patient priorities (3)
- Intensive care: Cardiovascular (3)
- Advanced care planning South Asian communities
- Hidden pathways of Chronic Illness
- What works and how in community wellness centers
- Palliative and end of life care policy
- Aboriginal Rheumatoid arthritis care
Selected PaCER Publications

- Stelfox H, Gill M, McKenzie E, Oxland P, Boulton D, Oswell D, Shklarov S, Bagshaw S. Patient and family member researchers in the ICU. Critical Care Medicine 2015 December. 43(12):141
# Successes, Challenges and Myths

## Successes

1. It is possible to engage patients as true part of the team
2. Preliminary indications that we can transform the health system so it is more patient centered

## Challenges

1. Overcoming traditional perspectives
2. Doing things differently
3. Payment for patients
4. Capacity and Skills to Train
5. Funding and Sustainability

## Myths

1. Engaging patients is easy
2. All patients want to be engaged
3. Everyone else on your team will support this idea
Acknowledgements
Thank You!

PACERs and the PACER Program Team
AHS Strategic Clinical Networks
SPOR IMAGINE Team

Questions?
Unique Features of PaCER

- Patients become competent researchers, consultants and colleagues
- Strategic Clinical Networks™ are twin innovations for social change
- Engagement strategies increase data and analysis quality
- Based in Participatory Grounded theory
- Salutogenic theory informs patient experience

- Shklarov S, Marshall DA, Wasylak T, Marlett NJ. “Part of the Team”: Mapping the outcomes of training patients for new roles in health research and planning. Health Expectations, 2017;00:1-9
PaCER Research Internship

- 1-year long internship for non-credit or credit at undergraduate or graduate level
- Design conducting and share group research
- Theory and practice course work (three courses, credit option)
- Sponsorships (field mentors) to build capacity in specific fields (e.g., Osteoarthritis, Surgery, Heart, Stroke, Mental Health)
## How is PER Different?

<table>
<thead>
<tr>
<th>Traditional Patient Advisor</th>
<th>Patient Engagement Research (PER)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient represents <em>individual story - personal perspective</em></td>
<td>1. Patient researcher represents <em>general analysis of collective patient perspective</em></td>
</tr>
<tr>
<td>2. Patient input is based on <em>solid individual knowledge, expertise</em></td>
<td>2. Patient researcher’s input is based on patient experience + <em>credible unbiased research</em></td>
</tr>
<tr>
<td>3. Trained by the AHS on <em>how to contribute effectively</em></td>
<td>3. Trained in <em>conducting valid research and reporting results without bias; rigorous training</em></td>
</tr>
<tr>
<td>4. Capacity to <em>convey</em> patient expertise</td>
<td>4. Capacity to <em>engage other</em> patients and public and capture their ideas</td>
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<tr>
<td>5. Advisory contribution</td>
<td>5. Potentially, consulting-type contribution</td>
</tr>
<tr>
<td>6. Time commitment: individual presence</td>
<td>6. Time commitment: <em>hours invested in skilled research work to make contribution</em></td>
</tr>
</tbody>
</table>
PaCER Governance Structure

- **Advisory Board:** Dr. John Lacey (Chair) with co-chairs (one a patient) of teams: Science, Education, Enterprise, Grants and Innovation, Partnerships.

- **Infrastructure:** Director (in kind U of C), part time admin and research coordination, communications (mix of volunteers and paid staff from business)

- **PaCER teams:** Research lead, internship mentor, researchers paid by contracts and interns supported by sponsorships.
PaCER - Social Enterprise Model

- Contract business with U Calgary
- Profits are reinvested towards social good – improving the interface between patients and health system
- Small business-like structure to encourage and foster experimentation

PaCER Services:
- Consultation, support and resources
- Year-long internship for patients in Engagement research done by patients, with patients
- pacerinnovates, a service unit providing contracted supports patient led research as part of existing grants and projects
- Support for publication and implementation

www.pacerinnovates.ca
Overview: Patient engagement research about patient experience and the interface between patients and the health care system. We aim to:

- Build capacity for patient engagement research within the digestive health community, including training and support
- Develop priorities for IBS/CD/UC microbiome research
- Identify what is important to patients and measure patient preferences by quantifying trade-offs amongst symptoms and treatment options
  - Preferences for faecal transplant treatment
  - What is the willingness of patients to provide stool samples for microbiome?
  - Amongst the risks and benefits of stopping treatment?
What is it Like to Live with IBD?

- Sponsor, Dr. Remo Panaccioni, Director of IBD, Foothills Hospital
- PaCERS Claire Fairs and Amy van Engelen
- 3 focus groups, 6 individual interviews. Total of 21 patient and family member participants.

Paradigm:
- Manifestations of IBD
- Medical System Challenges
- Their New Normal
- Living the New Normal

The Emotional and Physical Pendulum
Key Findings and Recommendations

- Patients wish to be seen as a whole. From the physical manifestations of the disease to the social and psychological pieces, patients want to be treated in a holistic manner so that they can find peace and their highest level of wellbeing.
- Peer support is crucial for patients as is continuous education in the form of reliable online resources and symposiums.
- The use of medical coaching whether in the form of patient experts, medical navigators to coaches to help coordinate, review and ensure all areas of each patient is assessed.
- Patients were clear on the areas that are being missed or lacking and recommended a centralized IBD unit would be beneficial to their overall health and wellbeing.
Reflections on Living with IBD - By Patients
Reflections on Living with IBD - By Family Members
PROs and Symptom Management Program
Overview

LESLEY MOODY, Director, Person-Centred Care
# Patient-Reported Outcomes and Symptom Management Program

## Strategic Framework 2016-2019: At a glance

The Strategic Framework is anchored by PROs and Symptom Management Program’s goal, mandate, and focus areas.

### Goal:
To ensure that patients receive responsive and respectful care that is based on best evidence and optimizes their quality of life across the cancer care continuum.

### Mandate:
To support the implementation of patient reported outcomes and symptom management to improve person-centred care across Ontario.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Selection &amp; Implementation</th>
<th>Patient &amp; Families</th>
<th>Symptom Management &amp; Interdisciplinary Teams</th>
<th>Technology</th>
<th>Research &amp; Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>The defined method and oversight of how new PROs will be introduced and maintained in the Ontario cancer system</td>
<td>How patients and families will be educated, engaged and activated during the implementation of PROs</td>
<td>Support and engagement of the clinical team for the adoption of PROs and improvement in symptom management</td>
<td>The technology and information management tools and systems used to facilitate PROs data collection and analysis</td>
<td>How PROs and Symptom Management data are harnessed and leveraged to learn and improve outcomes</td>
</tr>
<tr>
<td>Outcome</td>
<td>Sustained adoption of suitable PROs in Ontario’s cancer system</td>
<td>Patients and families who are activated to participate in the assessment and management of their symptoms</td>
<td>Clinical teams using PROs and symptom assessments to effectively respond to the symptoms of patients</td>
<td>Effective analytics capabilities and collaboration between IMIT (information management information technology) partners to ensure an excellent user experience</td>
<td>Using data effectively for research, quality improvement initiatives, outcome evaluation and planning</td>
</tr>
<tr>
<td>Initiatives</td>
<td>• Develop a pipeline to support the selection, implementation and sustained adoption of suitable PROs</td>
<td>• Support patients in self-managing their symptoms by implementing an approach to promote patient education that: - Allows patients and families to understand the value of PROs - Provides patients with the skills, resources and confidence to be activated in symptom management - Creates a patient-safe environment where patients can discuss their symptoms - Create a strategy to effectively engage patient and family advisors in the implementation of new and existing PROs to ensure a person-centred focus</td>
<td>• Implement a strategy to measure the clinical teams' response to PROs</td>
<td>• Implement relevant clinical toolkits that are adaptable to local settings</td>
<td>• Develop IMIT requirements for PROs through engagement with internal and external stakeholders</td>
</tr>
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<td></td>
<td>• Create a governance structure, core processes and guiding principles to support the implementation and roll-out of PROs</td>
<td></td>
<td>• Recruit and leverage Clinical Champions to promote the implementation of PROs</td>
<td>• Collaborate with IMIT partners to define roles and responsibilities to support PROs and symptom management</td>
<td>• Develop a research strategy in collaboration with internal and external partners</td>
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<td></td>
<td>• Expand PROs to new settings to enhance the spread, scale and impact of PROs in Ontario while ensuring congruence among existing PROs and new PROs</td>
<td></td>
<td>• Collaborate with internal partners to define roles and responsibilities to support symptom management</td>
<td>• Develop and enhance reporting and analytics capabilities to evaluate and report on PROS</td>
<td>• Embed an evaluation framework into appropriate initiatives</td>
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<td>• Create a strategy to clearly articulate the value of PROs to clinician teams</td>
<td></td>
<td>• Support local quality improvement projects and planning</td>
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**Ontario Cancer Care Ontario**
PROMs – Evidence base is growing rapidly

Figure 1. Trend of published articles citing PROMs as a MeSH Term in PubMed from 2003 to 2013. Source: GoPubMed (PubMed Trend Analysis Tool).
Patients initiating routine chemotherapy between September 2017 and January 2018 were invited to participate in a randomized trial:

1) Usual care group
2) PRO group, in which patients self-reported on 12 common symptoms (National Cancer Institute’s Common Terminology Criteria for Adverse Events) via an electronic PRO platform.

Scores indicating symptom severity triggered an email to appropriate nurse, symptom report generated at each oncology visit.

Integration of PROs in routine care of patients with metastatic cancer was associated with increased survival compared with usual care.

The effect of real-time electronic monitoring of patient-reported symptoms and clinical syndromes in outpatient workflow of medical oncologists: E-MOSAIC, a multicenter cluster-randomized phase III study (SAKK 95/06)

Scores indirectly triggered a symptom report generated at each oncology visit.

Integration of PROs in routine care of patients with metastatic cancer was associated with increased survival compared with usual care.

PROMs can be generic or condition specific

<table>
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<tr>
<th>Strength</th>
<th>Limitation</th>
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<tbody>
<tr>
<td><strong>Generic Measure</strong></td>
<td><strong>Condition Specific Measure</strong></td>
</tr>
<tr>
<td>• Allows for comparability across patients/populations with different conditions</td>
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<tr>
<td>• Allow assessments in terms of normative data</td>
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<tr>
<td>• Can be given to individuals without specific conditions</td>
<td></td>
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<tr>
<td>• Enable differentiation of different groups based on index of overall health or well being</td>
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<tr>
<td>• Greater sensitivity to change because focus on concerns pertinent to a specific condition</td>
<td></td>
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<tr>
<td>• Enable differentiation of groups based on specific symptom or concerns</td>
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<tr>
<td>• Less sensitive to change</td>
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<tr>
<td>• May fail to capture important condition specific constructs</td>
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<tr>
<td>• Introduced difficulty of making comparisons across patient population with different conditions</td>
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Patient Reported Outcome Tools

Your Symptoms Matter – Prostate Cancer
a.k.a. EPIC

Your Symptoms Matter – Daily Activities
a.k.a. PRFS

Your Symptoms Matter – General Symptoms
a.k.a. ESAS
Cancer Symptom Screening in Ontario

Where is Symptom Screening Happening?

- 33 Regional Cancer Centre Partner Sites with ISAAC
- 78 Partner Sites with ISAAC
- 14 Sites use EMR Integration

What is the Volume of Surveys in ISAAC?

- Total Surveys (ESAS, PRFS, and PPS): 6,705,063
- ESAS Surveys: 4,348,586
- Unique Patients: 884,088

Data: As of August 1, 2017

Symptom Screening Kiosk (above)
Multiple Tools Needed for Symptom Management

Symptom Management Guides to Practice

Cancer Care Ontario Action Cancer Ontario

Symptom Management Pocket Guides:

DELIRIUM
DYSPNEA
NAUSEA & VOMITING
PAIN
LOSS OF APPETITE
BOWEL CARE
ORAL CARE

August 2010/July 2013

Symptom Management Toolkits

Regional Primary Care Leads’ SYMPTOM MANAGEMENT TOOLKIT

Date published: 6/1/2012

Patient Symptom Management Guides

How to Manage Your Fatigue

This patient guide will help you understand:

- What is cancer-related fatigue? pg 2
- What causes cancer-related fatigue? pg 3
- What can I do to manage my fatigue? pg 4
- When should I talk to my health care team? pg 12
- Where can I get more information? pg 14

This patient guide provides information for people who have cancer-related fatigue before, during or after cancer treatment. It can be used by patients and the patient’s family, friends or caregivers.
Patient Experience with Your Symptoms Matter – General (ESAS)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tr>
<td>92%</td>
<td>Thought ESAS was important to complete as it helps health care providers know how they are feeling</td>
</tr>
<tr>
<td>89%</td>
<td>Agreed that their physical symptoms have been controlled to a comfortable level</td>
</tr>
<tr>
<td>86%</td>
<td>Agreed that their health care providers took into consideration ESAS symptom ratings in developing a care plan</td>
</tr>
<tr>
<td>83%</td>
<td>Agreed that their care team responded to their feelings of anxiety or depression</td>
</tr>
<tr>
<td>62%</td>
<td>Indicated that their healthcare team talked with them about their ESAS symptom rating</td>
</tr>
</tbody>
</table>

Survey of 3,660 patients from 14 Regional Cancer Centres in 2014
Performance management

**PROs Screening Rate**

- A monthly screening rate measures the uptake of PROs among cancer patients in Ontario.

\[
\text{PROs Screening Rate (\%)} = \frac{\text{Number of Cancer Patients who were screened at least once with ESAS or EPIC in a given month}}{\text{Number of Cancer Patients seen by a RCC in a given month}} \times 100
\]
Improving Response to Symptom Screening in Ontario

Chart Audits

• Acknowledgement of symptom

• Assessment of symptom

In 2016/17 RCCs audited 2,375 charts based on moderate to severe ESAS scores on the following symptom domains: depression, pain, fatigue, dyspnea, nausea, anxiety, and lack of appetite.

<table>
<thead>
<tr>
<th>Was this the patient's most important symptom? (Y/N)</th>
<th>Was this symptom addressed on the patient's last visit? (Y/N)</th>
<th>Is the symptom mentioned in the provider's documentation? (Y/N)</th>
<th>Which provider gave documentation? (select all that apply)</th>
<th>If a conversation with the patient took place, what components of the patient's symptom experience were assessed? (select all that apply)</th>
<th>Were additional tests suggested? (Y/N)</th>
<th>What intervention was provided? (select all that apply)</th>
<th>Intervention/Management plan</th>
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PROM Implementation Pipeline

- Prioritization: Identify focus area
- Identification: Identify relevant PRO measures
- Selection: Select PROM (based on considerations)
- Pilot: Phase 1, Phase 2
- Implementation: Readiness, Education, Communication, Phased Implementation
- Evaluation/Refinement: Evaluate & identify opportunities for improvement

PROM Selection Considerations
- Symptom Coverage: % of most prevalent & bothersome symptoms, # of non-actionable symptoms, # of expert endorsed symptoms
- Usability: Conceptual, Scoring, Time to Complete, Plain Language/Translations, Fees
- Psychometrics: Reliability & Validity, Responsiveness, Interpretability & Meaningful change
- Implementation Considerations
  - Acceptability: Relevant, Interpretable, Time Requirement
  - Outcomes: Assists with Communication, Recognition of symptoms, Focused assessment, Appropriate intervention/referral, Overall value-add
  - Sustainability: Embeddedness, Resources
iPEHOC - Patient Reported Outcomes
A Person-Centered Measurement Information System

- Physical Symptoms
  - General (ESAS-r)
  - Pain (BPI)
  - Fatigue (CFS)

- Emotional Symptoms
  - Depression (ESAS-r + PHQ-9)
  - Anxiety (ESAS-r + GAD-7)

- Quality of Life
  - General Well-being (ESAS-r)
  - General functioning (PRFS)

- Practical Concerns
  - Social difficulties (SDI + CPC)
  - Financial Difficulties

Cancer Care Ontario
Education, Training, and Resources

• Worked with Regions to identify education and training needs for patients, providers, staff and volunteers

• Partnered with Communications and Web-team to build online asset hub as central location for all implementation resources

• Engaged ISAAC product team at CCO to develop guidelines for EMR integration

• EPIC translated into 37 languages including Ojicree, Algonquin, Cree, and Inuktitut
How is Industry...

Harnessing the Power of Data to Improve the Patient Experience

Michael Duong, Ph.D.
Hoffmann-La Roche Ltd.

Monday, October 23, 2017
MaRS Discovery District, Toronto
Disclosure Statement

- Employed by Hoffmann-La Roche Ltd.
- The opinions expressed in this presentation are my own and may not reflect the opinions of Hoffmann-La Roche Ltd.
“I think the biggest innovations of the twenty-first century will be the intersection of biology and technology. A new era is beginning...”

~Steve Jobs
(1955-2011)
Determinants of Health Outcomes

60% Exogenous determinants (behaviour, socio-economic, environment, etc.)

30% Genetic determinants

10% Medical/clinical determinants

1,100 terabytes generated per lifetime of a person

6 terabytes generated per lifetime of a patient

0.4 terabytes generated per lifetime of a patient

Used adapted with permission from IBM Watson Health/IBM Canada

2) Nature 539, 467-468 (24 November 2016)
Better and Faster Access to Higher Quality Medicines and Health Technologies

- Research & Development
- Clinical Trials
- Regulatory & Market Access
- Real World Performance
Evidence to Support Expansion of the Value Framework

- Patient Preferences
- Economic Burden
- Work Productivity
- Overall Survival
- Progression-Free Survival
- Quality of Life
Challenges

“Big data” and population size in Canada

Disparate health information systems

Data-borders and varying levels of data governance

Infrastructure development
Key Technologies for a Brighter Future

Blockchain
Machine Learning
Cloud Computing
Harnessing the Power of Data to Improve the Client Experience

Rodney Burns, BSc(Hons), MHA, CHE, CPHIMS-CA
Chief Information Officer/Chief Privacy Officer

Monday, October 23, 2017
MaRS Discovery District, Toronto
109 Community-Governed, Comprehensive Primary Health Care Organizations

AOHC members are unified and organized:

- 74 Community health centres (CHCs)
- 10 Aboriginal health access centres (AHACs)
- 15 Nurse Practitioner Led Clinics (NPLCs)
- 10 Community Family Health Teams (CFHTs)
AOHC Member Differentiators

- Only part of the Primary Care sector with LHIN accountability contracts
- Serving 600,000/5% of Ontario’s population
- Serving those who face barriers to health (e.g. linguistic, cultural, homelessness, education social isolation, economic, etc.)
- Salaried clinical teams
AOHC Member Differentiators (cont’d.)

Model of Health and Wellbeing

Model of Wholistic Health & Wellbeing
## Consumer Health: Four Client Archetypes

<table>
<thead>
<tr>
<th>Healthy &amp; Motivated</th>
<th>Unhealthy &amp; Motivated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy &amp; Unmotivated</td>
<td>Unhealthy &amp; Unmotivated</td>
</tr>
</tbody>
</table>

How can we meaningfully engage all 4 types?
Challenges

- 5% of the population responsible for 80% of the total healthcare cost

- Engaging clients in their own health care

- “Nothing about me without me”

- Cost, benefit, impact
  - To client/family
  - To provider
  - To system
IHI Quadruple Aim

01 Patient Experience
02 Population Health
03 Reducing Costs
04 Care Team Well-Being
IM Maturity of AOHC members

Data
Information
Knowledge
Wisdom

CHCs
AHACs
CFHTs
NPLCs
ONTARIO’S COMMUNITY HEALTH CENTRES

CHCs SERVE THE PEOPLE MOST AT RISK FOR POOR HEALTH

NEWCOMERS
16.4% of people visiting CHCs are newcomers, compared to 4.7% in FHTs.

MENTAL HEALTH
34% to 63% is the range of caseloads of people with mental illness. Many centres prioritize supporting people with mental health issues.

LOW INCOME
54.1% of people visiting CHCs are low income compared to 41% in FHTs.

SERIOUS MENTAL ILLNESS
5.9% of people visiting CHCs have a serious mental illness (schizophrenia and bipolar disorder). In the Ontario population 1.5% people have a serious mental illness.

COMORBIDITIES
16.6% of people visiting CHCs have greater than 10 chronic conditions compared to 7.73% in Ontario.

SERIOUS MENTAL ILLNESS
5.9% of people visiting CHCs have a serious mental illness (schizophrenia and bipolar disorder). In the Ontario population 1.5% people have a serious mental illness.

SOCIAL ASSISTANCE
23.8% of people visiting CHCs are on social assistance compared to 8.5% in Ontario.

PREVENTING & MANAGING DISEASE
Cervical Cancer Screening rate in CHCs vs a 65% rate in Ontario overall.

65%
Colorectal Cancer Screening rate in CHCs vs a 30% rate in Ontario overall.

86%
of people visiting CHCs with diabetes have access to interprofessional care. Overall in Ontario only 38% have access to this kind of care.

HEALTH PROMOTION & PREVENTION
Studies from the Élisabeth Bruyère Institute show that compared to other models, CHCs do a superior job on health promotion and illness prevention.

CHCs DO A BETTER JOB KEEPING PEOPLE OUT OF EMERGENCY DEPARTMENTS
CHCs ease pressures on hospitals by keeping people out of Emergency Departments. According to the Institute for Clinical Evaluative Sciences (ICES), when taking into account the complexity of their cases, people served by CHCs visit emergency departments 21% less than expected.

WHAT MAKES CHCs EFFECTIVE?
- Holistic care: primary care + health promotion + community development
- Guided by a health equity charter designed to reduce health disparities and inequities
- Governed by community members
- Salaried compensation for all providers
- A network of 75 centres working together towards common goals
- Only primary care model moving towards a common EMR system
- Only primary care model accountable to the Local Health Integration Networks

INCREASING HEALTH & WELLBEING
COMMUNITY PROGRAMS such as Pathways to Education, community gardens, employment cooperatives, neighbourhood safety projects, democratic engagement and community leadership initiatives.

HEALTH PROMOTION including chronic disease self-management, smoking cessation, healthy kids and active aging supports.

INTEGRATED, COORDINATED SERVICES
Care coordination and system navigation is provided for people that need to access multiple services.

Many CHCs serve as community hubs and work closely with:
- mental health and addiction agencies
- public health units
- municipalities
- settlement organizations and schools
- social service agencies
- home and community care

SERVING MORE & MORE PEOPLE
The number of people who access interprofessional teams at CHCs has increased.

2010 337,900
2014 528,400

PRIMARY CARE
The number of people receiving their primary care at CHCs has also increased.

2010 146,982
2014 264,200

QUALITY IMPROVEMENT
- 100% of CHCs have Quality Improvement plans.
- 76% of CHCs boards have a quality committee.
- 99% of CHCs have a process for people to provide feedback on services they receive.
- 81% of CHCs have a process for providers to obtain input from the people they serve.

HEALTH LINKS
CHCs are actively involved in every Health Link province-wide.

13 of the 45 Health Links are led or co-led by CHCs.

Next Steps

- Consumer Health-’e’ Strategy
  - Clinician-Client Trust paradigm
  - Data → Decisions → Behaviour → Outcomes
  - Learning Health System - population-based ‘Personalized Care’
- Business case development
- Workflow reengineering
- Implementation planning
Questions

Thank you/Merci/Miigwetch
The Model of Health and Wellbeing
Model of Wholistic Health and Wellbeing

- North: Spiritual Reclamation Generosity
- East: Emotional Healing Belonging
- South: Mental Language Learning
- West: Physical Teaching Independence

CULTURE, OUR WAYS OF KNOWING AND BEING