

Introduction

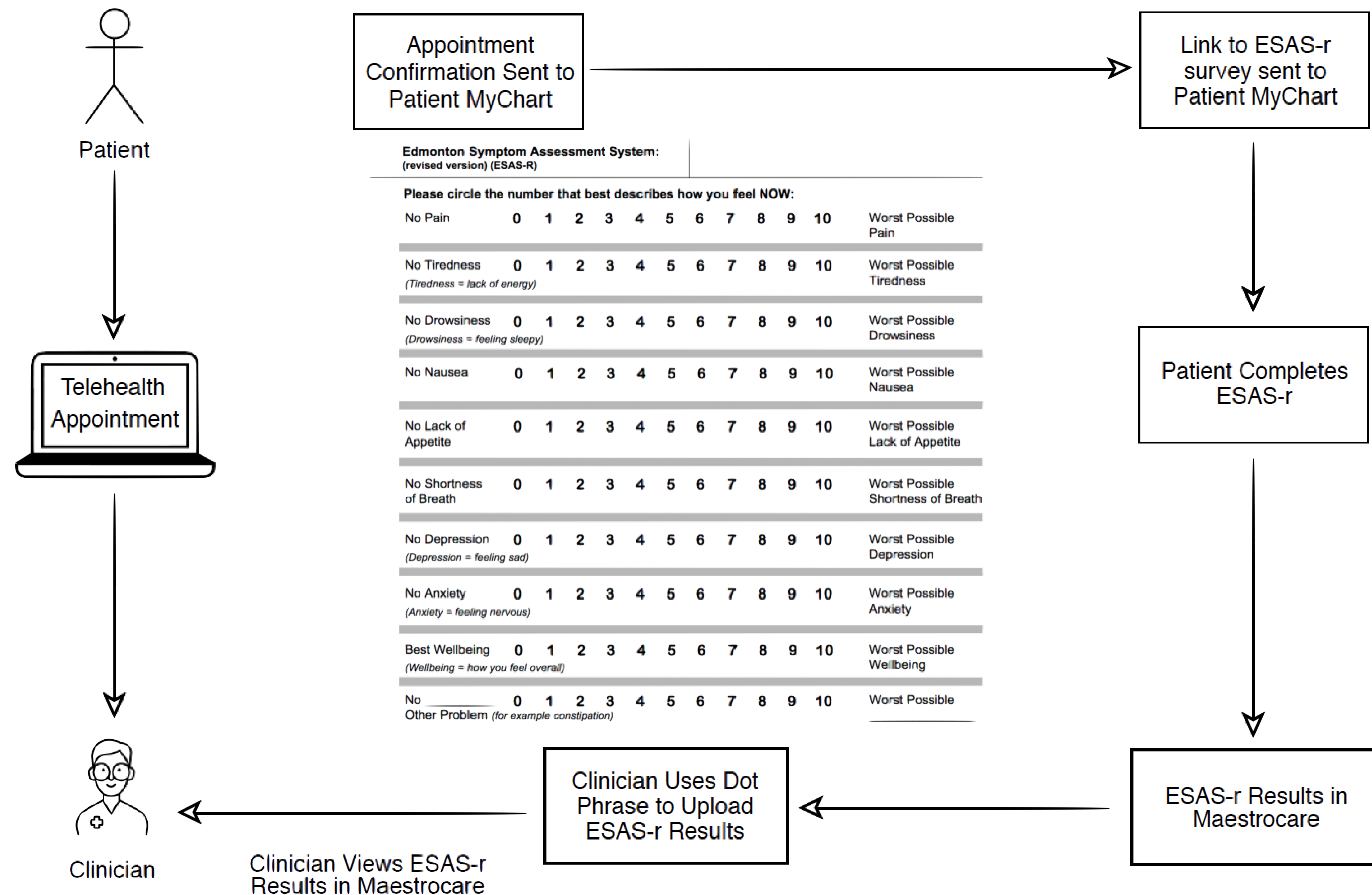
Electronic Patient Reported Outcomes (ePROs) are electronic surveys designed to help patients communicate symptoms and challenges. One of which, the revised Edmonton Symptom Assessment System (ESAS-r)^{1,2}, has been shown to prolong patients' ability to receive chemotherapy and extend lifespan when used with a nurse navigator³. Questionnaires such as the ESAS-r allow physicians to better understand patients' experiences, improving clinicians' ability to determine treatments.

During the COVID-19 pandemic, the Duke Cancer Institute (DCI) witnessed a surge in the number of telehealth visits. The DCI uses some PRO surveys in routine in-person cancer care, but these assessments require work to expand their benefits to telehealth appointments, especially considering the added communication barriers that telehealth may pose.

Methods

This project involved the following key steps:

- Utilizing a clinically-useful 10-item symptom screener (ESAS-r) ePRO to collect patient information for review by clinicians prior to patient appointments
- Discussing workflow optimization with clinicians to enable ePRO data to integrate well within their practices
- Partnering with DHTS to develop a “dot phrase” to pull ePRO data into a clinical note, to improve clinical documentation efficiency
- Researching the process of how patients make telehealth appointments, and factor survey completion behaviors with the electronic check-in process
- Researching clinician telehealth use data to determine which clinicians to approach to participate in the project
- Deploying the ESAS-r questionnaire prior to visits in a small number of vanguard clinics to pilot its feasibility among patients already using MyChart
- Developing a method for better tracking, trending, and otherwise visualizing data in the MaestroCare environment
- Creating a structured guide for clinician interviews and designing methodology for qualitative data analysis



Discussion

During previous pilots, survey fatigue was a major barrier. Our team incorporated the ESAS-r into the pre-existing e-check in process required for telehealth visits to increase completion rate and decrease patient burden. Additionally, our team ensured that any electronic implementation continued to comply with HIPAA guidelines. As we worked through these challenges, our team gained a better understanding of the current workflow within the DCI. We also hope that by addressing the need to incorporate the use of ePROs with telehealth visits, as well as summarizing feedback from clinicians using the resultant questionnaire data, our new workflow may be easily implemented in other clinics at the DCI and elsewhere within Duke in the future.

Future Directions

Our team will continue this pilot into the summer, performing qualitative analysis on physician interviews. We are currently expanding our pilot of five physicians from the DCI to include more departments and physicians. Discussions to incorporate the ESAS-r within in-person visits are also in effect. We hope to apply the lessons we learn here to expand the use of ESAS-r in telehealth and in-person visits.

References

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