A Knowledge Translation Project on Benchmark End-of-life Care Practices for the Elderly in Primary Care

Funded by TechValue Net

Project Overview
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Outline

1. What is Tech Value Net?
2. KT Project on EOL Care in Primary Care
3. Project Organization
4. Questions, Population, Design, Outcomes
5. Project Status
1. What is Tech Value Net or TVNet?

The Technology Evaluation in the Elderly Network (TECH VALUE NET)

- Funded by Networks of Centres of Excellence (NCE) funded by CIHR, SSHRC, NSERC & Industry Canada
- NCE goal - to mobilize Canada’s research talent in academic, private, public & not-for-profit sectors to help develop economy & improve quality of life
- 3 NCEs awarded in 2012, each ~$25M over 5 years to a not-for-profit entity, with a Scientific Director & Board of Directors
- NCEs to increase research, networking, collaboration, partnership, KT, training HQP, international reputation
1.1 What is TVNet – Mission & Focus

Mission

To improve the care of seriously ill, elderly patients & their families through the development, rigorous evaluation, & ethical implementation of health care technologies, including any drug, device, knowledge product, improvement strategy or tool, ultimately leading to better outcomes for patients & their families, health care professionals & the health care system as a whole.

Focus

- Improved care for seriously ill older adults and their families;
- Improved efficiencies for the health care system;
- Reduced moral stress for health care practitioners; and
- Evidence-informed policy and practice

Better Health Care for An Aging Population
2. KT Project on EOL Care in Primary Care

First round of TVNet funding: 1 of 7 projects funded/ 20+ applications
• Funded for $300k over 2 years as a Knowledge Translation project: Partnership between researchers, decision makers, & clinicians

Background: Built on…
• Best practices in Primary EOL care: Gold Standard Framework (UK)
• BC GPSC Practice Support Program: EOL module (EOL PSP)
• Electronic tools for EOL care – EMRs in primary care

Rationale
• Identify and scale up best EOL practices in primary care
• Improve uptake and measure impact

Hypothesis
• Informatics methods can be applied in ways that are measurable, scalable and sustainable
EOL PSP: Structured Learning Collaborative

• Overall goal: To give participants tools they can use in their practice to improve care & to support them

• **Structure:**
  – *Pre-work*
  – **3 Learning sessions:**
    • Half day sessions with GP/MOA teams, Specialists & Community Allied Health Professionals taught by local GP Champions
  – **2 Action Periods:**
    • Change concepts are implemented during the periods between learning sessions supported by PSP coordinators and Monthly telephone support calls.
      – Building a registry; Having an ACP conversation

• Not CME, but eligible for CME Credits
2.1.2 GPCS PSP EOL Module

End of Life

Provides training for practitioners to improve care of patients and families living with, suffering and dying from life-limiting and chronic illnesses. Physicians learn how to identify patients who could benefit from a palliative approach to care; increase confidence and communication skills to enable Advance Care Planning (ACP) conversations; and improve collaboration with palliative care and non-palliative specialist services, patients, families and caregivers.
3. Project Organization

• Research Team
  – Co-PIs: Doris Barwich and Francis Lau
  – Co-investigators: Neil Hilliard, Bruce Hobson, Morgan Price
  – Collaborators: Douglas McGregor, Mary Lesperance
  – Members: Jes Bassi, Colin Partridge, Julie Kim, Anat Feldman, Henry Su, Jennifer Tongol

• Steering committee
  – Team: Doris Barwich, Francis Lau, Neil Hilliard, Bruce Hobson, Morgan Price, Douglas McGregor
  – Stakeholders: Isabelle Hughan, Joan Rabillard (FH Primary Care), Others?

• Collaborating Organizations
  – UVic, Fraser Health, BCCA Family Practice Oncology Network, Victoria Hospice, UBC, PITO, Divisions of Family Practice, GPSC?

• Potential peer/practice leaders
  – Bruce Hobson, Colin Partridge, Ken Burns, Julia Bright, others?
4. Question, Population, Design, Outcomes

Objective

• 2-yr KT project to increase uptake of best EOL care practice approach for elderly patients with advanced illness in primary care

Question

• Can the palliative approach that is integrated into the EMR enhance EOL care in ways that can be measurable, scalable and sustainable?
4. Question, Population, Design, Outcomes

Provider Population

- Primary care providers with EMR in BC who took PSP EOL module in 2011-12 (Target ~ 900 GPs in BC plus others)
- Peer/practice leaders with EOL care and EMR expertise who will work with primary care providers

Patient Population

- Elderly patients who received care from primary care providers in BC, where
  - Elderly patients defined as ≥55yrs old living with advanced chronic illness including end stage chronic disease, incurable cancer, frailty and dementia in BC
4. Question, Population, Design, Outcomes

Study Stages
• Time series design in 4 stages over 2 years
• Stage 1: assess current EOL care practices
• Stage 2: Refine best practice in EOL care with EMR+ tips
• Stage 3: Disseminate best practice in primary care
• Stage 4: Assess effects on providers and patients/families

Intervention
• EOL care tools in EMR + practice improvement tips
• EMRs: Profile, Oscar, Osler, MedAccess, others?

Data Collection and Analysis
• Pre/Post intervention at baseline, 6 and 12-months
• EMR and interview/observation data
• Provider and patient/family perspectives
### 4. Question, Population, Design, Outcomes

<table>
<thead>
<tr>
<th>EMR data</th>
<th>Patient</th>
<th>Provider</th>
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<tbody>
<tr>
<td>% EOL patients identified/registered</td>
<td></td>
<td>% elderly patients without advanced illness</td>
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<tr>
<td>% EOL patients had EOL conversations</td>
<td></td>
<td>% elderly patients with advanced illness*</td>
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<td>% EOL patients with advance care plans**</td>
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<td>% elderly patients identified as EOL</td>
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<td>% EOL patients with referrals to HCC</td>
<td>Frequency of tools used by template</td>
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<tr>
<td>% EOL patients with referrals to specialists</td>
<td>% EOL patients where tools were used</td>
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<tr>
<td>% EOL patients with PPS assessments</td>
<td>% encoded vs. free-text EOL diagnosis</td>
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<tr>
<td>% EOL patients with ESAS assessments</td>
<td>% encoded vs. free-text EOL care services</td>
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<tr>
<td>% EOL patients had symptoms controlled</td>
<td>% billing codes with EOL care services</td>
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<td>% EOL patients with collaborative care plans</td>
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<td>% families with bereavement follow-up</td>
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| Interview/Observation data | | |
| % families with good EOL care experience | EMR tool adoption level | |
| Family comments on EOL care experience*** | EMR tool usability and workflow issues | |
| | EMR tool fit with EOL care | |
| | Provider confidence level in EOL care | |
| | Contextual factors for scaling up tools | |
| | Contextual factors to make tools sustainable | |

**Legends**

- EOL-end of life; PPS-palliative performance scale; ESAS-Edmonton symptom assessment scale
- * based on ACCEPT criteria to define patients at end-of-life [36]
- ** also include BC-MOST documentation or no-CPR form, notification of expected death, etc.
- *** based on CANHELP survey instruments for family follow-up [37]
5. Project Status

• UVic and FH ethics application approved
• Stages 1-2 underway to revise EOL care tools in EMRs
  – Peer/practice leader recruitment underway
  – Baseline data collection done with leaders by Sep 2013
  – CPD application for up to 8 MainPro credits – pending
• Stage 3 dissemination in October as CPD sessions
• Stage 4 for 1, 6, 12 month evaluation - Sep 13 to Jan 15
• Project wrap-up in Mar 2015
• Potential for spread to other jurisdictions (Phase 2)
Acknowledgement

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