An alternative approach to patient reported outcome measurement in community-based palliative care in the US

TriHealth

Introduction

- Community- based palliative care is a growing specialty. Patient reported outcome measures (PROMs) are the gold standard for measuring subjective experience in palliative care ¹.
- In the US, the Edmonton Symptom (ESAS)² Assessment Scale İS commonly used as a PROM.
- An alternative option is the Integrated Palliative Outcome Score (**IPOS**)³.

IPOS

question measure of global 10 A symptom burden addressing physical, emotional, social and spiritual domains with good validity and reliability in palliative populations⁴⁻⁶

For staff use Patient number:	IPOS Pa	tient Ve	rsion	Ć	POS
Name:				www	v.pos-pal.org
Date (dd/mm/yyyy):					
Please write clearly, one letter of your care and the care of others. Thank you.					o improving
Q1. What have been your main p	oroblems or	concerns ov	er the past w	eek?	
2					
2					
<u>week</u> .	Not at all	Slightly	Moderately	Severely	Overwhelmingl
Pain	0	1	2	3	4
Shortness of breath	0	1 📙	2	3	4
Weakness or lack of energy	0	1	2	3 🗌 3	4
Weakness or lack of energy Nausea (feeling like you are going		·			
Weakness or lack of energy Nausea (feeling like you are going to be sick)	0	1	2	3	4
Weakness or lack of energy Nausea (feeling like you are going to be sick) Vomiting (being sick)			2 🗌 2 🗌	3 🗌 3 🗌	4
Weakness or lack of energy Nausea (feeling like you are going to be sick) Vomiting (being sick) Poor appetite				3 🗌 3 🗌 3 🔲	4 □ 4 □ 4 □ 4 □
Weakness or lack of energy Nausea (feeling like you are going to be sick) Vomiting (being sick) Poor appetite Constipation				3 □ 3 □ 3 □ 3 □ 3 □	
Weakness or lack of energy Nausea (feeling like you are going to be sick) Vomiting (being sick) Poor appetite Constipation Sore or dry mouth					
Weakness or lack of energy Nausea (feeling like you are going to be sick) Vomiting (being sick) Poor appetite Constipation Sore or dry mouth Drowsiness					
Weakness or lack of energy Nausea (feeling like you are going to be sick) Vomiting (being sick) Poor appetite Constipation Sore or dry mouth Drowsiness Poor mobility Please list any <u>other</u> symptoms not				3 3 3 3 3 3 3 3 3 3 3	
Weakness or lack of energy Nausea (feeling like you are going to be sick) Vomiting (being sick) Poor appetite Constipation Sore or dry mouth Drowsiness Poor mobility Please list any <u>other</u> symptoms not <u>affected</u> you <u>over the past week</u> .				3 3 3 3 3 3 3 3 3 3 3	
Weakness or lack of energy Nausea (feeling like you are going to be sick) Vomiting (being sick) Poor appetite Constipation Sore or dry mouth Drowsiness Poor mobility Please list any <u>other</u> symptoms not <u>affected</u> you <u>over the past week</u> .	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	2 □ 2 □ 2 □ 2 □ 2 □ 2 □ 2 □ 2 □	3 3 3 3 3 3 3 3 3 3	4 4
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Program Description

- at each face to face assessment.
- A dashboard was created in tracking of outcomes.

Review of first 50 patients outcomes

- of IPOS (IPOS-5) was used. information needs.
- face to face assessment.
- A lower IPOS score is desirable.

Over the past week:

	Not at a	ll Occasionally	Sometimes	Most of the time	Always
Q3. Have you been feeling anxious worried about your illness or treatment?	or 0	1	2	3	4
Q4. Have any of your family or frier been anxious or worried about you?	nds 0	1	2	3	4
Q5. Have you been feeling depressed?	0	1	2	3	4
	Always	Most of the time	Sometimes	Occasionally	Not at all
Q6. Have you felt at peace?	0	1	2	3	4
Q7. Have you been able to share he you are feeling with your family friends as much as you wanted	/or ⁰	1	2	3	4
Q8. Have you had as much information as you wanted?	0	1	2	3	4
	Problems addressed/ No problems	mostly	Problems partly addressed	Problems hardly addressed	Problems not addressed
Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)	0	1	2	3	4
	On	mv own	Nith help from	na With h	nelp from a

		Not at all	Occasionally	Sometimes	Most of the time	Always
Q3. Have you been feeling anxious worried about your illness or treatment?	s or	0	1	2	3	4
Q4. Have any of your family or frie been anxious or worried abou you?		0	1	2	3	4
Q5. Have you been feeling depressed?		0	1	2	3	4
		Always	Most of the time	Sometimes	Occasionally	Not at all
Q6. Have you felt at peace?		0	1	2	3	4
Q7. Have you been able to share h you are feeling with your fami friends as much as you wante	ly or	0	1	2	3	4
Q8. Have you had as much information as you wanted?		0	1	2	3	4
	addre		mostly	Problems partly addressed	Problems hardly addressed	Problems not addressed
Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)	0		1	2	3	4
		Onn	nv own	With help from	na With h	nelp from a

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Q4. Have any of your family or friend been anxious or worried about you?	ds 0	1	2	3	4
Q5. Have you been feeling depressed?	0	1	2	3	4
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	Problems addressed/ lo problems	mostly	Problems partly addressed	Problems hardly addressed	Problems not addressed
Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)	0	1	2	3	4
	On n		<i>With help from</i> friend or relati		elp from a ber of staff
Q10 How did you complete this questionnaire?	[

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> PalliaCare-Cincinnati is a communitybased palliative care program in the TriHealth system, established in 2017. • **IPOS** is used in conjunction with **phase** ofillness⁷ & ECOG(East. Coop.Onc.Grp)

the electronic medical record (EMR) for

• For the review, an abbreviated version This included questions on pain, breathing, anxiety, feeling peaceful and patient

Scores were collected at initial and last

Results - Change in IPOS-5

- The mean IPOS-5 score reduced by 30%
- All subscales of IPOS-5 also reduced by 12-50%
- Results indicate clinical improvement in the subjective experience of the patients on the program.



Phase of Illness Categories

STABLE	Patient's problems and symptoms are adequately controlled by established plan of care and further interventions to maintain symptom control and quality of life have been planned and family/carer situation is relatively stable and no new issues are apparent.
UNSTABLE	An urgent change in the plan of care or emergency treatment is required because the patient experiences a new problem that was not anticipated in the existing plan of care and/or the patient experiences a rapid increase in the severity of a current problem and/or family's/carer's circumstances change suddenly impacting on patient care.
DETERIORATING	The care plan is addressing anticipated needs, but requires periodic review, because the patient's overall functional status is declining and the patient experiences a gradual worsening of existing problem(s) and/or the patient experiences a new, but anticipated, problem and/or the family/carer experience gradual worsening distress that impacts on the patient care.
DYING	Dying: death is likely within days
DECEASED	The patient has died; bereavement support provided to family/carers is documented in the deceased patient's clinical record.



Supportive Care and Symptom Management

IPOS in unstable phase of illness

- 42% of patients were in an unstable phase of illness at initial assessment compared to 18% at the last assessment.
- Mean IPOS-5 reduced by 35% @ last assessment, reflected in all subscales of IPOS-5.
- For the most unstable patients, there is a positive impact of the program on the overall well being.
- Reduction in number of patients in unstable phase can be a proxy success measure .



Summary

- The use of IPOS in PalliaCare Cincinnati has demonstrated its application as a PROM in community-based palliative care in the US. It is an option for programs & can be successfully used as part of the EMR. This is in line with previous work in other countries⁶⁻⁷.
- Broader use in a large number of patients is required to further test its application in the US.

References

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