Alliance EQ-5D PROMs Pilot Project – Progress Report

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Alliance for Healthier Communities
Alliance pour des communautés en santé

Introduction

During the fall of 2022, the Alliance for Healthier Communities (Alliance) launched a research project to pilot the implementation and use of the EQ-5D patient reported outcomes measures (PROMs) tool within 6 Community Health Centres (CHCs). The goal of this project is to investigate if the integration of the EQ-5D tool helps support collaborative care planning and program evaluation, as well as identify the processes involved in the implementation for widespread adoption across the sector.

This brief report will summarize how each centre is implementing and using the EQ-5D tool and their experiences thus far.

Summary of Key Findings

The pilot is only a few months into implementation however here are some key findings so far:

- The tool is easily integrated into existing processes and the EMR (electronic medical record), and does not add significant time to the visit.
- Providers appreciate the tool's ability to guide intake discussions and identify clients' needs, enabling them to better tailor the care plan to meet those needs.
- The tool has been well-received by clients and is seen as relatively short and easy to complete.
- Cognitive impairment and language barriers may pose some challenges.
- Clients who inconsistently attend or do not attend the full duration of the program may not complete the tool at follow-up.

Overall, through the use of the EQ-5D PROMs tool, centres plan to measure the impact of their programs and services on client's self-reported health outcomes.

Patient Reported Outcome Measures (PROMs)

Patient-reported outcome measures (PROMs) are validated measurement instruments that clients complete to provide information on their health status relevant to their quality of life, including symptoms, functionality, physical, mental and social health. PROMs help to identify whether health care services make a difference to a person's health status and quality of life, and **complement patient experience measures** (Al Sayah et al, 2020). They also contribute to a **learning health system** that can better focus care and align resources with patent needs, coordinate services, enhance efficiency, and foster a culture of shared accountability (Clifton et al, 2017).

Currently, the Alliance's evaluation framework only captures patient experience measures via the client experience/satisfaction survey, as such piloting the EQ-5D PROMs tool will help to address this gap.

Benefits of collecting PROMs data

The collection of PROMs and specifically the EQ-5D PROMs tool provides many benefits:

1. PROMs can be used for screening and making referrals. For example, since the EQ-5D is a generic PROMs tool, the tool assesses general areas of health to support identifying problems and needs.
2. PROMs can inform clinical practice by identifying health issues that may go unnoticed by providers and patients.
3. PROMs data can be used to monitor changes in symptoms and health concerns, and can help standardize symptom management.
4. PROMs support patient-centred decision-making and self-management; a priority for our member centres.
5. PROMs can be used to evaluate and improve program and/or service delivery.
6. PROMs are specifically designed to limit burden on client and providers. The EQ-5D tool takes approximately 5-10 minutes to complete and can be easily integrated into the EMR to support improvement of care.

EQ-5D PROMs Tool

The EQ-5D is a generic PROM tool designed to assess general aspects of health that are not necessarily disease specific. It is a simple and brief measure of health status that is comprised of two parts (see appendix for sample tool):

Part 1 – The Five Dimensions

The first part is an assessment of five dimensions of health: Mobility, Self-Care, Usual Activities, Pain/Discomfort, and Anxiety/Depression. In this part of the tool, clients are asked to select a problem level for each of the five dimensions (see figure 1.). The levels have intrinsic ranking, meaning that level 1 is better than level 2; level 2 is better than level 3; and so on.

MOBILITY

I have no problems in walking about   ← Problem Level 1

I have slight problems in walking about   ← Problem Level 2

I have moderate problems in walking about   ← Problem Level 3

I have severe problems in walking about   ← Problem Level 4

I am unable to walk about   ← Problem Level 5

Figure 1: The five problem levels, shown with the Mobility dimension

Part 2 – Visual Analog Scale (VAS)

The second part of the questionnaire is a visual analog scale (VAS) which allows respondents to score their health from 0 to 100 (with 100 being the best health you can imagine) (Al Sayah et al, 2020). This is a direct measurement of how an individual feels about their own health and helps capture how respondents feel about aspects of their health that may not be captured in the first part of the questionnaire. The higher the value chosen for the VAS, the better the client feels about their overall health.

Co-Designing Pilot Project

This project is overseen by two separate advisory groups to ensure the implementation and evaluation of the tool is conducted in the most feasible and least burdensome manner. Our client advisory committee consisting of 5 CHC clients, reviewed the tool and provided input on how often the tool should be completed, any barriers clients may experience in completing the tool and the tool's overall utility. Their overall thoughts and comments are listed below:

- The tool is short, straightforward and easy to complete.
- The tool can help identify health challenges that may have gone unnoticed or been forgotten by the client.
- The domains covered in the EQ-5D tool are relevant to their overall care and can increase awareness of changes in their health outcomes.
- The VAS part of the tool may be tricky to complete for some clients as they are unsure how to rate themselves (i.e. how they compare their health to their friends? family? how they compare to yesterday? etc.).

The implementation and evaluation plan was reviewed by our research advisory committee, consisting of a subset of CHC researchers, healthcare providers as well as administrative staff. As per the advice given by this committee, participating centres were given four implementation scenarios to guide implementation at their centre:

1) Embedding the tool within a clinical encounter
2) Embedding the tool within a new patient intake
3) Evaluating program/service delivery
4) CPIN (Canadian Primary Care Information Network) – a digital patient engagement tool to send short text or email messages to patients as well as the collection of PROMs data through linked surveys.

Centres were provided the choice to administer the tool in-person, over the phone, electronically through the Ocean platform, or any combination of the three. Translated versions of the tool were also provided in ten different languages as well as the following resources to support implementation:

- o Guide for using and interpreting results of EQ-5D tool
- o Guide for EMR documentation
- o Educational brochure for clients

Case Summary

Below is a case summary describing each centre's reason for piloting the tool and their implementation approach (see figure 2. below for general workflow).

South-East Ottawa CHC

This urban CHC aims to use the EQ-5D tool to identify health concerns and co-create careplans for new and existing clients within their Primary Care Outreach to Senior's (PCO) program. The PCO teams consisting of registered nurses and community health workers have embedded the tool within their intake process and expect the comparison of EQ-5D results before and after the program (3 months) will be helpful for program improvement.

Access Alliance

At this Toronto based CHC, the EQ-5D is being used within their Health Coach program to measure client's perception of health and wellbeing to enable effective provider and client collaboration when co-creating care plans. The coaches have primarily administered the tool both in-person and over the phone using the telephone script version (specifically for clients whom English is not their primary language) during the client's second visit. The team intends to use the results at follow-up (3 months or at the provider's discretion) to make improvements for program service delivery in order to attain their client's self-identified health goals.

Chatham-Kent CHC

Located in the rural community of Chatham-Kent, this CHC aims to use the tool to evaluate and improve their Cardiac Rehab program. The team has utilized different PROMs tools for program evaluation in the past but found limited success. With the EQ-5D tool, the nurse on the team goes through the tool with the client after a full medical review as part of the intake. A laminated version of the tool is handed to clients when necessary. By embedding the tool within the intake and discharge process (at 6

months), the team hopes to capture any changes in client's health outcomes to improve service delivery.

Langs CHC

This CHC located in the city of Cambridge view piloting this tool as an opportunity to evaluate and validate the work of their outreach team who work with those who are experiencing homelessness and/or are precariously housed. The team consisting of a physician, nurse practitioners and a social worker, has embedded the tool within their intake process. After establishing a relationship with the client, the results of the intake (done either on paper or Ocean), are used to provide and link clients to the appropriate services. The teams plans to complete the follow-up tool within 2-3 weeks from intake.

Rexdale CHC

Within this urban centre located in Etobicoke, the diabetes education team consisting of nurses and dietitians plans to use the tool to identify health concerns that may be missed during routine visits, support the creation of care plans for clients and collect client outcome measures. The EQ-5D tool will be administered both electronically (Ocean) and on paper to clients who have been seen within the past 12 months, with follow-up completion of the tool conducted at the 3-6 months mark. Depending on the usefulness of the tool, the centres hopes to expand the use of the tool to all teams at the centre.

Carea CHC

Located in Oshawa, this centre is participating in this pilot project to develop patient reported key performance indicators in order to measure the impact of their programs and services on clients. The EQ-5D tool will be administered by paper and will be given to clients receiving mental health counselling, or participating in the diabetes education program. Providers will coordinate follow-up completion of the tool at their discretion.
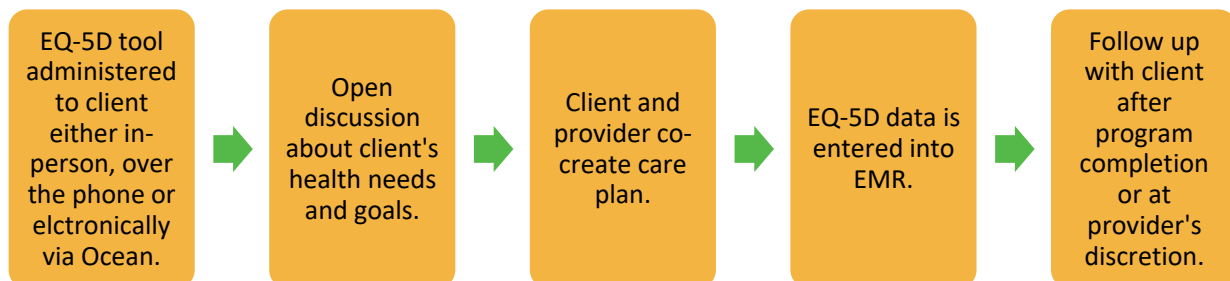
EQ-5D tool administered to client either in-person, over the phone or elctronically via Ocean. → Open discussion about client's health needs and goals. → Client and provider co-create care plan. → EQ-5D data is entered into EMR. → Follow up with client after program completion or at provider's discretion.

Figure 2: General outline of workflow implemented

Results So Far

As of January 31, 2023, a total of **115** clients have completed the tool with **3** of those clients also completing the tool at follow-up.* We have summarized some of the emerging benefits and challenges centres have experienced thus far into the pilot in the table below:

Benefits	Challenges
✓ Easily integrated into existing intake processes and EMR, and does not add significant time to visit ✓ Providers appreciate the tool's ability to guide intake discussions and identify clients' needs, enabling them to tailor the care plan to meet those needs ✓ Providers have found the tool helpful in getting to know their clients better and setting concrete health goals with their clients ✓ The tool has been well-received by clients and is seen as relatively short and easy to work through	o Potential cognitive impairment in some clients may act as a barrier o Language barriers increase completion time o Clients who are inconsistent or do not attend the full program may not complete tool at f\up o Not all questions are appropriate. e.g. centre found the question on "usual activities" a little challenging to ask for those experiencing homelessness or are precariously housed

*Two centres had a delayed start to administering the tool and were therefore not part of the data pull.

Next Steps

During the remainder of the pilot, we plan to obtain feedback from both advisory groups on the provider and client interview guides as well as the data analysis plan. At the 12 month mark of pilot, a post-pilot survey, EMR data pull (i.e. utilization data and sociodemographic data) and interviews with a subset of clients and providers from each centre will be conducted. In the Spring of 2024, we plan to disseminate a final report in the hopes of encouraging more centres to start collecting PROMs data using the EQ-5D tool.

If you have any questions or comments regarding the pilot project, please do not hesitate to contact either Sara.bhatti@allianceon.org or Stephanie.bale@univi.ca

Appendix 1 - EQ-5D Questionnaire

Part 1: Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

I have no problems in walking about ❑

I have slight problems in walking about ❑

I have moderate problems in walking about ❑

I have severe problems in walking about ❑

I am unable to walk about ❑

SELF-CARE

I have no problems washing or dressing myself ❑

I have slight problems washing or dressing myself ❑

I have moderate problems washing or dressing myself ❑

I have severe problems washing or dressing myself ❑

I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

I have no problems doing my usual activities ❑

I have slight problems doing my usual activities ❑

I have moderate problems doing my usual activities ❑

I have severe problems doing my usual activities ❑

I am unable to do my usual activities ❑

PAIN / DISCOMFORT

I have no pain or discomfort ❑

I have slight pain or discomfort ❑

I have moderate pain or discomfort ❑

I have severe pain or discomfort ❑

I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

I am not anxious or depressed ❑

I am slightly anxious or depressed ❑

I am moderately anxious or depressed ❑

I am severely anxious or depressed ❑

I am extremely anxious or depressed ❑

Part 2: We would like to know how good or bad your health is TODAY.

- This scale is numbered from 0 to 100.

- 100 means the <u>best</u> health you can imagine.
  0 means the <u>worst</u> health you can imagine.

- Mark an X on the scale to indicate how your health is TODAY.

- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

| 100 |
| 95 |
| 90 |
| 85 |
| 80 |
| 75 |
| 70 |
| 65 |
| 60 |
| 55 |
| 50 |
| 45 |
| 40 |
| 35 |
| 30 |
| 25 |
| 20 |
| 15 |
| 10 |
| 5 |
| 9 0 |