**Supportive care plans: Harnessing technology and patient-reported outcomes to drive quality care across the cancer continuum: Preliminary Analysis**

**Background**

Cancer care is increasingly complex and clinicians lack time to stay current on evolving evidence and resources to implement quality standards. Health information technology solutions have proliferated, including electronic patient-reported outcome (ePRO) and care pathway technologies, but adoption has been slow. The goal of this study is to explore feasibility, usability, and acceptability of incorporating a novel supportive care planning technology into clinic workflow. The On Q Care Planning System™ (CPS) collects ePRO and clinical data to generate a personalized supportive care plan aligned with quality care standards and current evidence. Plans promote self-management and patient-provider communication.

**Method**

Prospective, multi-center pilot study at 2 NCI-affiliated centers, Billings Clinic (a comprehensive community cancer center), and Moffitt Cancer Center (a NCI-designated comprehensive cancer center).

- **100 patients and their providers will participate;**
- **55 women with gynecological cancers on chemotherapy**
- **50 women post-active treatment for breast cancer**

Patients complete an ePRO assessment and are given an electronically generated, personalized supportive care plan by their providers during office visit(s) over a 3-month period. Study outcomes evaluated at baseline and 6 weeks include:

- Feasibility/usability of the platform (patient/provider)
- Post-test only, survey/platform statistics
- Patient satisfaction with care (pre/post-test, CG-CAHPS)
- Adherence to care plan recommendations (post-test survey)

**Enrollment and Participation**

<table>
<thead>
<tr>
<th>PATIENTS</th>
<th>PROVIDERS</th>
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<tr>
<td>45 patients enrolled at Moffitt</td>
<td>10 providers at both sites are either scheduled for or have completed post-test assessments.</td>
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<td>16 have completed both baseline and 6 week measures</td>
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<tr>
<td>19 patients enrolled at Billings</td>
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<td>27 have accumulated both baseline and 6 week measures</td>
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<td>Comparative data available on N=23</td>
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**Diagnostics and Treatment**

Time since Dx (months): M=21.5 (21.9)

- Breast: 69.6%
- Ovarian/Endometrial: 30.4%
- Stage
  - Stage 0: 56.5%
  - Stage I: 34.8%
  - Chemotherapy: 65.2%
  - Radiation Therapy: 34.8%

**Results**

**SATISFACTION WITH ON Q CARE PLANS**

<table>
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<tr>
<th>Providers (n=5): M = 4.42 (0.65)</th>
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<td>Overall satisfaction</td>
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<td>Patient satisfaction with care team was high at both baseline and follow-up:</td>
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<td>Baseline M = 3.8 (0.4), 6-week follow-up M = 3.5 (0.6)</td>
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**Conclusions**

- The On Q Care Planning System (CPS)™ in a novel supportive care planning technology developed to improve care processes and patient outcomes through the delivery of personalized electronic care plans.
- Preliminary analysis supports high patient and provider satisfaction including improvements in patient-provider communication.
- Conducting ongoing examination of impact of On Q CPS on quality metrics.