

Management of Oncology Patients Can Be Improved Using Continuous Temperature Monitoring, and Electronic Patient Reported Outcomes Innovations

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ABSTRACT

BACKGROUND

Continuous temperature monitoring (CTM) identifies fever earlier than the standard of care¹ and symptom detection and documentation is improved using electronic Patient Reported Outcomes (ePRO)². CTM includes a wearable patch that broadcasts temperature data to an application on a patient's smartphone, while healthcare providers can view data on a HIPAA-compliant web portal. ePRO digital health software focuses on understanding and improving the cancer patient experience through patient reporting of common symptoms such as pain or anxiety and is easily accomplished through a friendly question-response format delivered directly to the patient's device. Dashboard visualizations of ePRO data are readily accessible for clinician review. Patient engagement improves with the use of ePROs which can, in turn, improve clinical efficiencies and outcomes.² Earlier, faster, data-informed patient interventions can potentially reduce healthcare-related costs.²

OBJECTIVE

Explore the value and efficiencies of continuous temperature monitoring and a symptom data set for patients at risk for febrile neutropenia (FN).

METHODS

Health and symptom questions distributed via an ePRO platform are based on validated measures and designed to be answered using a patient smart device or web browser. Patients will enter symptom data at baseline, daily during their nadir, and weekly for a period appropriate to their treatment experience. They will also monitor their temperature using CTM during the nadir, typically days 7-14 following treatment. We intend to accrue 20-30 patients across 5-6 oncology centers. Post-experience interviews will gather feedback on the value of CTM data in conjunction with ePRO monitoring from both clinician and patient perspectives. The data will be analyzed using standard qualitative research methodologies.

RESULTS

Data collection is in progress, with an expected completion date of March 2023. We believe combining CTM and ePROs in patients at risk for FN will improve identification and triage of patients experiencing symptoms by facilitating timely and efficient clinician assessment and intervention. For example, identifying symptoms that require assessment, such as fever and cough, could allow for the prioritization of a fever workup to determine cause and appropriate level of care.

CONCLUSION

We expect that this pilot study of FN patients will provide additional information about clinical decision-making for FN. CTM and ePRO data obtained from new digital health technologies have the potential to improve patient experiences, clinical outcomes, and clinician workflows. The outcomes of this pilot will inform a more extensive study that seeks to identify areas of improved health and economic benefits due to the incorporation of CTM and ePROs.

FEBRILE NEUTROPENIA

In a study presented at the NCCN Annual Conference, Wang stated, "Patients treated with intermediate-risk regimens had a higher likelihood of FN than those given high-risk regimens (odds ratio: 1.6, 1.7, 1.8 for main, sensitive, and specific definitions, respectively; all P < .05)."³

The American Society of Clinical Oncology and an International guideline Panel of the Surviving Sepsis Campaign recommend administering the first dose of empiric antibacterial therapy as soon as possible after triage (within 1 hour) to patients with febrile neutropenia⁴

About 50% of patients with febrile neutropenia will develop an infection, of which 20% with profound neutropenia will develop bacteremia.⁵

HEALTH EQUITY & ACCESS

According to the National Academies Future of Nursing report, nurses are key drivers in achieving health equity because they

- Have a diverse, large, integrated workforce
- Focus on preventative person-centered care
- Have an orientation towards innovation
- Work in new settings in new ways
- Engage in complex work to improve wellbeing at individual, family, and community levels
- Help to ensure that individuals receive equitable health care services

EPRO'S

Carevive PROmpt[®] is a remote symptom monitoring and ePRO assessment tool that brings questions to patient via their mobile device or computer and records the responses into EMR integrated dashboard displays for personalized clinical care

Patient Reported Outcome measures empower patients to rate their own symptom toxicity, side effects, and other care concerns (PRO-CTCAE, PROMIS)

Potential health improvements related to ePRO use include quality of life enhancement, reduced acute care visits, and extended overall survival

> REINFORCEMENT Physician reinforces the PROmpt program benefits during visit and answers additional questions when needed.

IDENTIFICATION At the of each week, new patient visits scheduled for the following-week are identified and confirmed with front desk staff, MA and/or Nurse Navigators

PATIENT ARRIVAI

newly diagnosed cancer patient arrives at clinic and checks in a the front desk. Front desk staff MA or Nurse Navigator launch guided-enrollment for patient using patient's own smart phone or clinic provided tablet. Provides brochure and magnet.

COMPLIANCE & SUPPORT Lay navigator notified proactively of missed surveys and/or lapses in compliance to ensure continued engagement and promote optimal value

ENROLLMENT

CONTINUOUS TEMPERATURE MONITORING

TempTrag is an FDA Cleared Class II medical device that gives Healthcare providers the first wireless continuous temperature monitor in the form of a soft, comfortable, disposable patch. TempTraq can significantly improve the way temperature is measured in the clinical environment and provide clinicians with a quicker, easier, and more effective way to measure temperature.

- Tested with Adults in ICU showed TempTraq to be in agreement with Pulmonary Artery Catheter
- BMT and CAR-T patients; Fevers caused by infections were detected significantly earlier (median = 18.5 h); HFTM provides considerable lead time (median 4.9 h earlier than SOC) for early detection of febrile adverse events.



SUMMARY

Innovations in technology and synthesis of these data allow for new insights into the management of oncology patients at risk for experiencing febrile neutropenia which can be used to improve the quality of care provided.

The data provides a patient-centric understanding of the experience of oncologic illnesses within and throughout diagnosis while highlighting potential areas for patient education and early intervention

Pilots, as well as larger studies, are important to conduct in order for healthcare teams and organizations to understand the effort and value related to workflows, intervention protocols, and patient education that technology can now support









2. Basch E, Deal AM, Kris MG, et al. Symptom monitoring with patient-reported outcomes during routine

3. Wang W, Li E, Campbell K, McBride A. HSR21-073: Febrile neutropenia outcomes among patients with breast cancer and Non-Hodgkin's lymphoma receiving Pegfilgrastim Prophylaxis: A real-world analysis of Commercial and Medicare claims from 2017-2018. Journal of the National Comprehensive Cancer Network. 2021;19(3.5). doi:10.6004/jnccn.2020.7718

4. Wingard, JR. "Treatment of neutropenic fever syndromes in adults with hematologic malignancies and hematopoietic cell transplant recipients (high-risk patients)". UpToDate. www.uptodate.com 2017 5. Karimi F, Ashrafi F, Moghaddas A, Derakhshandeh A. Management of Febrile Neutropenia: A Description of Clinical and Microbiological Findings by Focusing on Risk Factors and Pitfalls. J Res Pharm Pract. 2018 Jul-Sep;7(3):147-156.

6. PROMIS https://www.healthmeasures.net/explore-measurement-systems/promis

7. PRO-CTCAE https://healthcaredelivery.cancer.gov/pro-ctcae