



Real World Data from Real World Patients

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Kaiser Permanente

Health System Representative of a Real World Population

- Largest Integrated System in the USA
 - Providing both care and coverage in one system
 - Aligned Incentives
 - Coordinated Care along the Continuum
 - 21 Accredited Cancer Centers in Northern California

- Kaiser Permanente Health Connect: Robust EMR
 - Patient information housed in one, easily retrievable place
 - Facilitates coordinated care for >8 million patients in California
 - Patients able to manage own health
 - Appointments, refills, securely email physician

Our patients receive 96% of their care within our system

Kaiser Permanente and the FDA

A Natural Collaboration

- OHOP-interest in better understanding various types of clinical data which can be generated in a real world setting
- KP-interest in operationalizing the ‘patient’s voice’ (PROs) in clinical workflows

Only made sense to.....

- 1. combine expertise to study the integration of PRO measures in a large healthcare delivery system*
- 2. study the natural history of patient reported physical function in an advanced real world pancreatic cancer population*

PanPROE

*Pancreatic Cancer Patient Reported Outcomes
using the electronic medical record*

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Goals

- Assess feasibility and logistical challenges associated with incorporating an electronic PRO into an EMR
- Characterize natural history of Physical Function in real world Pancreatic Cancer using PROs and ClinRO
- Examine Score Change that would reflect a clinically meaningful difference in PF in both the PROMIS and ECOG measures
- Describe relationship between PF change and clinical events captured on the EMR
 - New therapy, dose modifications, hospitalizations, Palliative Care Conversations, Hospice Referral

Establish an intimate working relationship between the FDA and KP

PanPROE

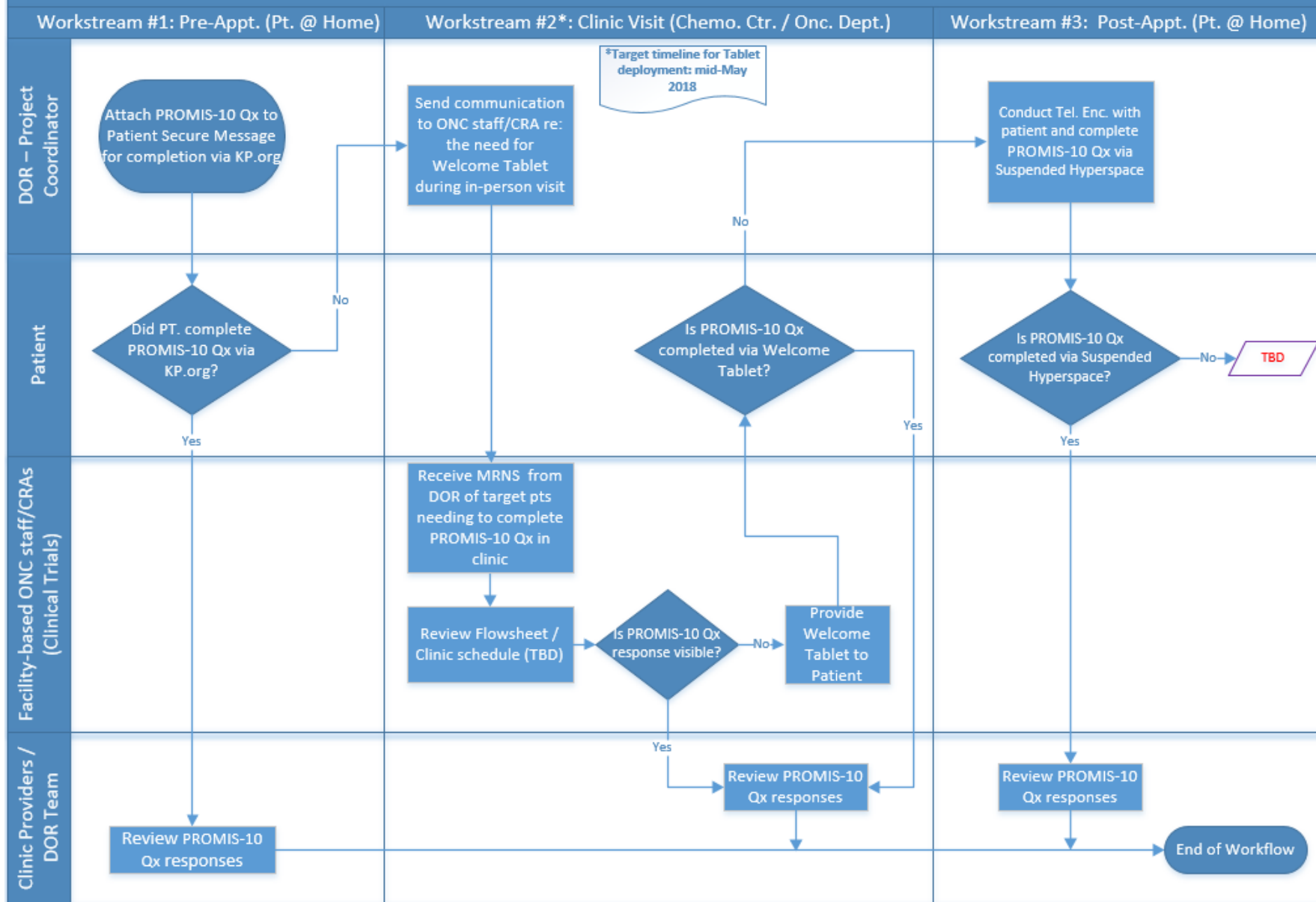
Tools

- PROMIS 10a (Short Form, Physical Function)
 - Every Outpatient Oncology Visit; at least monthly
- PGIS Anchor Questions (at baseline and each follow up)
 - *“In general, how would you rate your current Physical Function?”*
 - *“Choose the option that best describes your current Physical Function compared to the last Doctor’s visit (at this office)?”*
- ClinRo-ECOG score at every visit, at least monthly

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Workflow

DOR – Oncology PROMIS-10 Questionnaire High Level Workflow



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Sending patient questionnaire via secure message

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What the patient sees when logging on...

https://hprev.kaiserpermanente.org/health/mycare/consumer/my-health-manager/message-center/from-my-doctor/!ut/p/a1/04_Sj9CPykssy0xPLMnMz0vMAfGjzOIDQ4MCnZwM

KP new hire Haiku Canto Business RITO KP.org Outage Environment Outage Oliver-Contractor Release Milestones IP Communications - PROMIS 10a - B

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All

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Inbox From my doctor

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Promis10a KP.org testing

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To: Creskinw S Acncggpcl
From: Twoeb Benma
Received: 4/27/2017 1:29 PM PDT
Tasks: [Physical Function Assessment](#)

Promis10a KP.org testing

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PanPROE

Integration into our electronic medical record...

Hyperspace - CMB-PLME >HACIENDA - BENMA02 - CZABDB20 WITSSB2 - WITS You are sharing this monitor.

Epic Home Schedule In Basket Chart Enc Tel Enc Ref Enc Ancil Ord Enc Patient Lists Secure UpToDate

Acncsbpci,Pcladultonline... None LCP: None Coverage: HMO(E) HM... PCP: None

Acncsbpci, Pcladultonline... Need Interp: No Allergies: **Not on File** Wt (Lbs): None Prev Wt: None , None

DOB: 06/01/1982, Female, 35 Y MRN: 110012902838,

Flowsheet Report

Select Flowsheets to View

PROMIS-10A (PHYSICAL FUNCTION ASSESSMEI			

Review/Snap Shot

Medications

Review Flowshe...

PROMIS-10A (Physical Function Assessment)	6/23/2017	6/28/2017	6/28/2017
PGI-S: In general, how would you rate your current physical function?	Poor	Very good	Excellent
PGI-C: Choose the option that best describes your current physical function compared to the last doctor's visit at this office:	A little better	A little better	Much better
Raw Score PROMIS-10A	30	34	44

Synopsis

Problem List

History

Letters

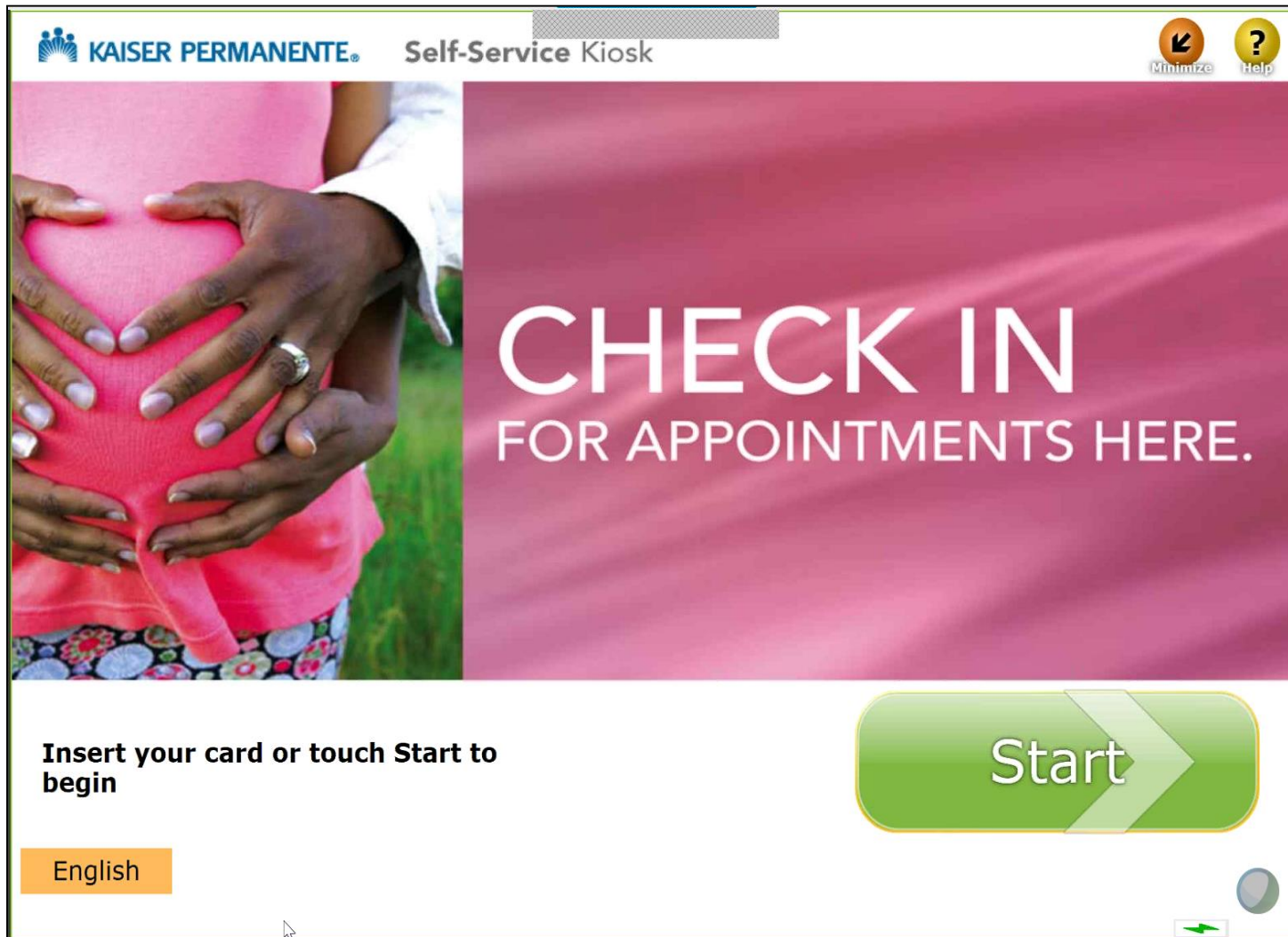
Demographics

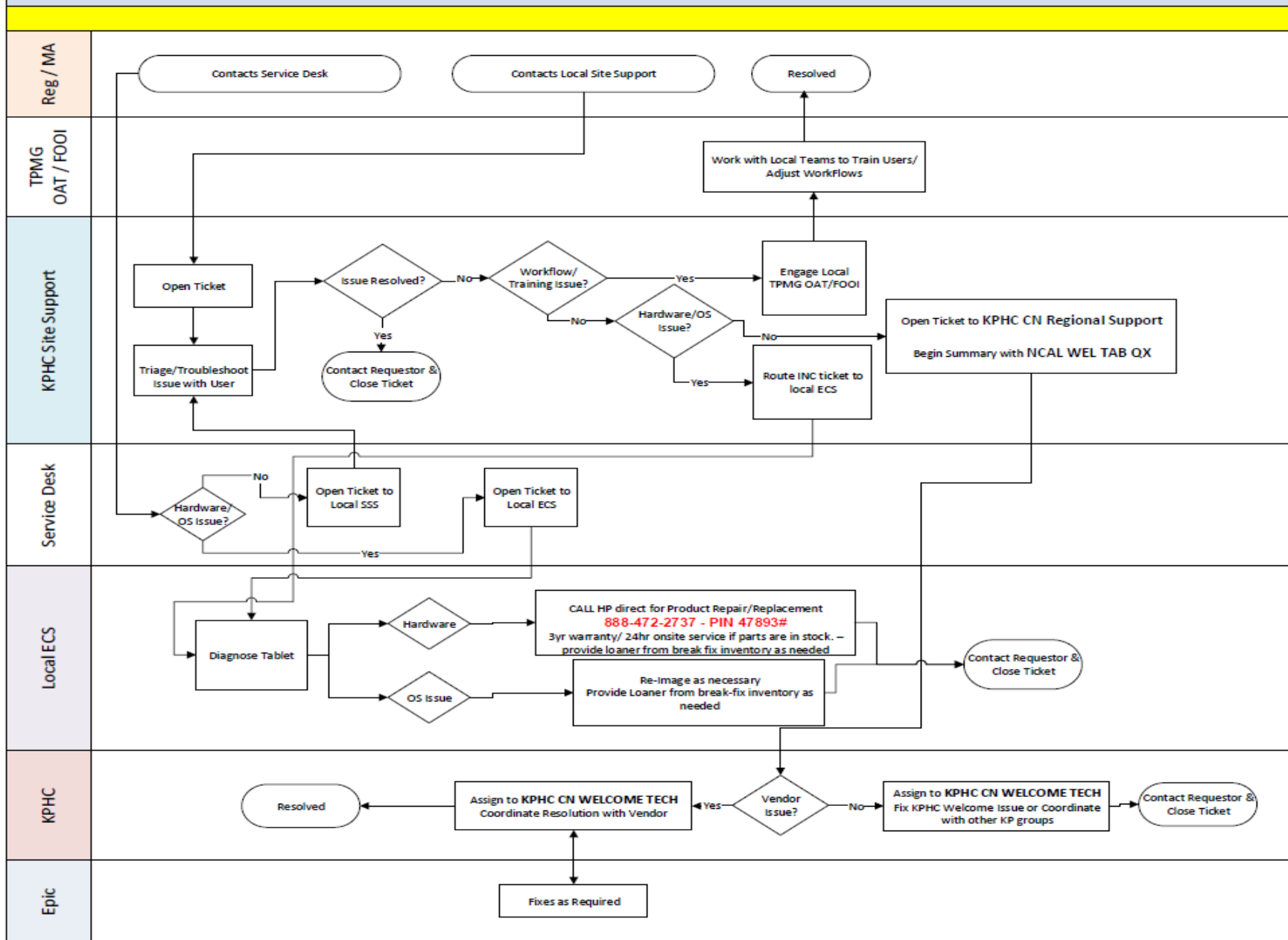
PROMPT / PHP

eConsult

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Oncology clinic staff starts the process...





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Operational Insights

- Outreach to patient too rapid and thus, overwhelming
 - Practice to reach out to patient within 1 week of initial Oncology Visit
 - “Too quick”; “Need more time to process diagnosis”
- Patient preference for ‘live person’
 - Increased Response Rate with phone call
 - Emotional nature of diagnosis?
- Incorporation as routine part of Oncologic care
 - Every patient, every time
 - Workflow for Oncology Providers/Staff
- Tangible benefit needed for patients
 - Symptom management, care decisions

In Gratitude...

NIH/NCI

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Roxanne Jensen, PhD

US FDA

Paul Kluetz, MD

Laura Lee Johnson, PhD

Michelle Campbell, PhD

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KPNC Division of Research

KP/TPMG Technology/QOS

KP Clinical Trials

KP Oncology Clinics

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