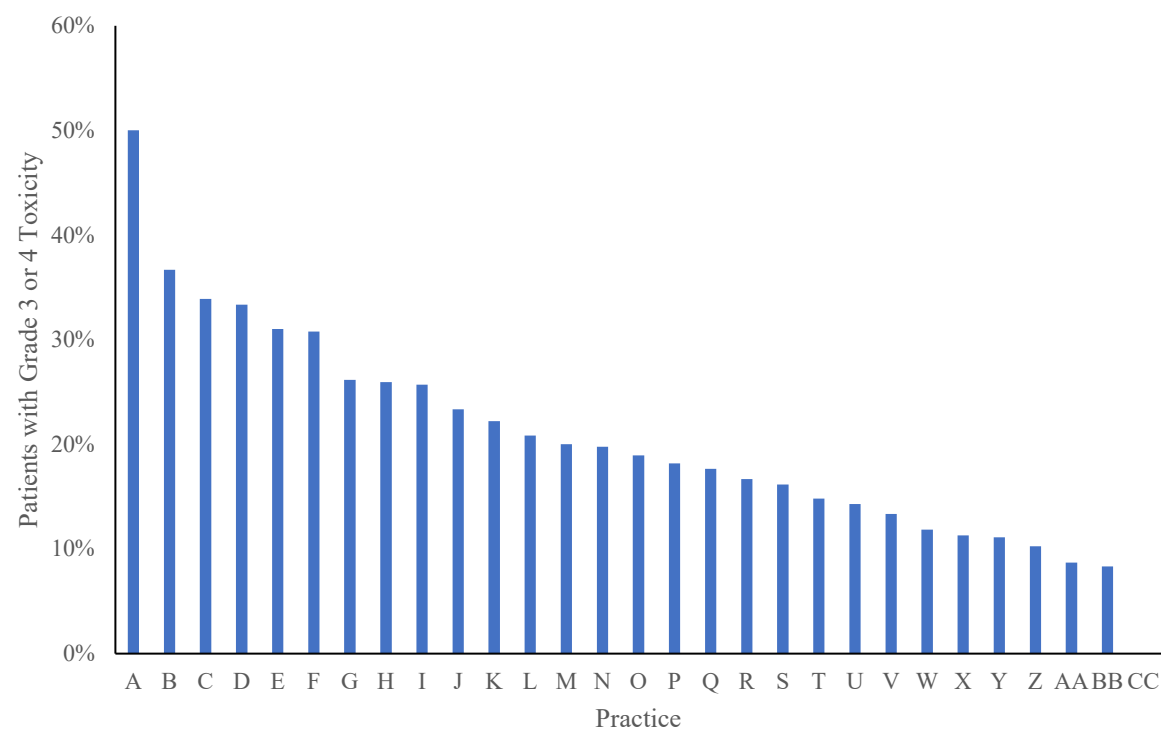


Distribution of Patient-Reported Grade 3 or 4 Toxicity Assessments by Participating Practices (n=29)





Practice: [REDACTED]

Oncology Communication, Technology, and Adverse EvenTs (OCTET) Study: Interim Results

Thank you for your help in our study to examine how information technology and clinician communication influence patient outcomes in ambulatory oncology practices. This project is funded by the Agency for Healthcare Research and Quality (AHRQ). Below we provide interim results and outline next steps.

What we did with your help:

In the project's first year (2017), 28 MOQC practices participated for a 6-week period, giving us information through: brief patient surveys about their chemotherapy experiences, daily practice logs that summarized adverse patient events, and clinician surveys about their practice environment.

To date, 184 nurses, 114 prescribers (physicians/nurse practitioners/physician assistants), and 2,223 patients have completed surveys. **In your clinic**, 19 nurses, 14 prescribers, and 369 patients completed surveys, for an overall participation rate of 68%. **Thanks to all who participated!**

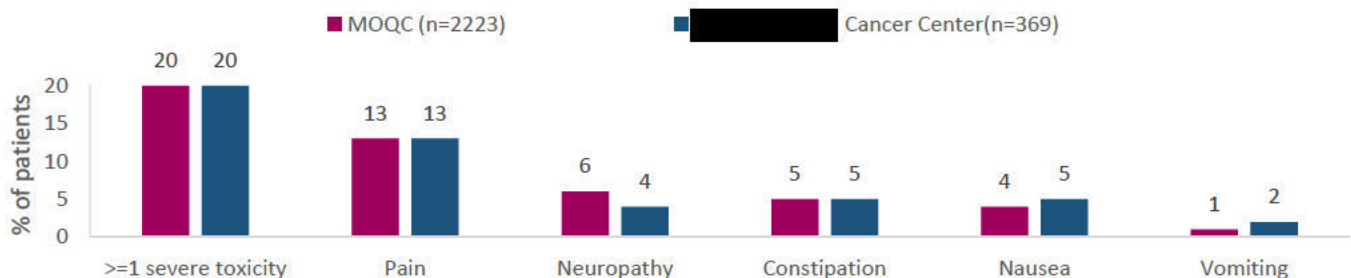
What we found so far:

Across participating practices, we observe notable variation in patient outcomes and clinician-reported communication and satisfaction with documentation systems.

Patient Outcomes

Toxicities. Patients completed 11 items from the National Cancer Institute-developed PRO-CTCAE, which rates common toxicities on a 5-point scale. Higher scores reflect higher toxicity. Patients reported severity of nausea, vomiting, constipation, diarrhea, neuropathic pain, and general pain in the past week. In preliminary analyses across all sites, patient toxicity scores varied notably (range of 0-33%) and 453 patients (20%) reported at least one toxicity as severe or very severe. **In your practice, 73 patients (20%) reported at least one toxicity as severe or very severe. The most frequently-reported severe/very severe toxicity in your practice was Pain, 13%, followed by Constipation and Nausea, 5%, each.** See Figure 1 for a breakdown.

Figure 1. Patient-Reported Toxicities



Health care service use. Across all practices, 156 patients (7%) reported seeking medical attention for a toxicity after they left the oncology clinic. The range in health care service use across practices was 0-13%. **In [REDACTED] Cancer Center, 27 patients (7%) reported seeking medical attention for a toxicity.** See Figure 2 for a breakdown.

Figure 2. Patient-Reported Health Care Service Use



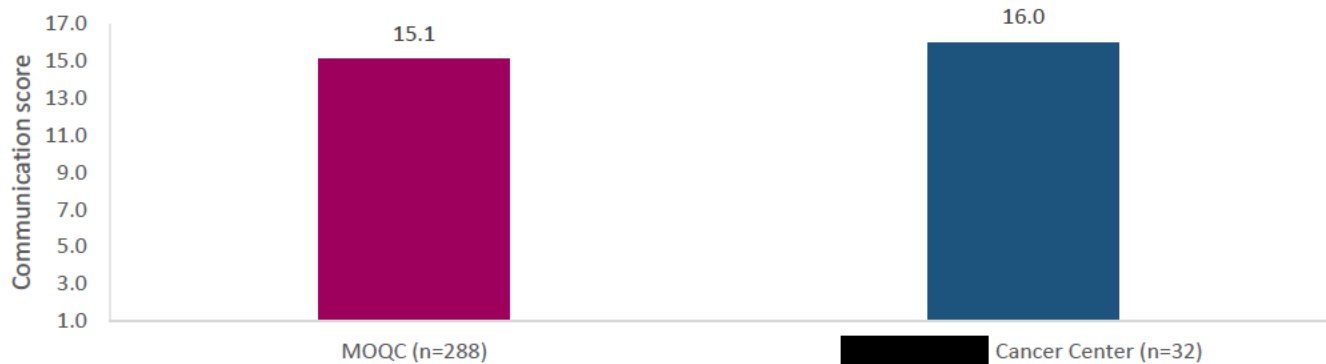


Practice: [REDACTED] Cancer Center

Clinician Measures

Clinician Communication. We assessed communication with a 20-item validated questionnaire; higher scores reflect better communication with scores ranging from 0 to 20. Across all practices, the mean score was 15.1, with a range between 12.8-18.5. **In your clinic, the mean score was 16.0, which reflected better communication than in other practices.** See Figure 3.

Figure 3. Clinician-reported Communication



Satisfaction with Documentation/EHR system. We assessed satisfaction with a validated 8-item questionnaire, scored on a 5-point scale and higher scores reflect higher satisfaction with your documentation system. Across all practices, the mean score was 3.5, with a range between 2.3-4.1. **In your practice, the mean score was 4.0, which is better satisfaction compared to other practices.** See Figure 4.

Figure 4. Satisfaction with Documentation System



What's Next

We will next examine whether practice features, clinician communication, and/or technology use are associated with patient outcomes, e.g., toxicity and health care service use.

In Year 2 (2018), we will visit eight practices for approximately one week to observe how communication and technology influence oncology care delivery and patient outcomes.

Questions may be sent to the study team at any time. Thank you for your continued support.

