

40. STRUCTURING DATA TO AUTOMATE CANCER SURVIVORSHIP CARE PLANS

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PURPOSE: To provide reusable data to facilitate standardized oncology care documentation in CPRS for survivorship care plans (SCP) and other notes.

BACKGROUND: SCP are guideline-recommended documents to engage patients in their post-treatment care. Creating a SCP manually by reviewing progress notes and re-documenting this information in a survivorship care plan is time consuming and tedious, which reduces completion rates and accuracy. The National Oncology Program office seeks to provide automated tools for VA facilities and providers to create SCP that are timely, accurate, readily available and easily updated. SCPs created with structured data also allow for tracking of delivery of planned care.

METHODS: Sixteen reminder note templates were developed that included SCPs for breast, colorectal, prostate, and lung cancers. Content for the SCP are based on Commission on Cancer (CoC) standards and determined by evidence-based quality measures from ASCO QOPI standards. Each template has embedded patient data objects (health factors) that display previously entered information, eliminating the need for provider review of prior records. Updates to the SCP are accomplished by relaunching the SCP note template to import new health factor data. Health factor data was extracted from the VA Corporate Data Warehouse.

RESULTS: All of the reminder dialogs have undergone formal usability testing. Changes were made to the reminder dialogs based upon this feedback. Several sections in the survivorship care plans were made 'local' so that VA facilities can make edits, which reduces end-user data entry. The reminder dialogs were released nationally in April 2017 and their use to create SCPs has been endorsed by the Commission on Cancer. As of June 2017, 2775 health factors were generated on 458 patients and 58 SCPs have been completed.

CONCLUSION/IMPLICATIONS: Using Patient Data Objects in progress notes offers a tool for oncology providers to use that can auto-create SCPs. Additional SCP are planned for H&N, liver, melanoma and hematological malignancies. Using patient data elements in CPRS identified by clinicians at the time of care delivery allows core components of patient care to be structured and reused to greatly facilitate completion of SCPs.