Informatics for Advanced Cancer: Addressing Palliative, End of Live and Bereavement Care

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Today I'm going to talk about...

Today I'm going to talk about...

dying

Today I'm going to talk about...

Failing Incurable Fatal dying Endstage Passing FootInTheGrave EndOfLife Terminal Metastatic Advanced

To adequately address cancer suffering, we need to:

 Address the entire spectrum of the illness trajectory, including advanced illness and end of life

 Address the social system in which the patient belongs

A Caregiver's Perspective...

"I was with my husband on a daily basis and could see the decline in his health, physical abilities, and emotional state, but when I tried to relay this to the [clinical team] it was seemingly ignored. They chose to focus on tests, scans, and bloodwork... they only saw him for a very short time and he always wanted to put his best foot forward. When he was at home he would cry in my arms... When I could no longer "rah-rah-rah" I shut down and went through his last few months feeling unsupported."

-Bereaved spouse caregiver



Critical areas of Focus

Symptom management
Decision Making
Caregiving thru Bereavement

Channels of communication offering opportunities for informatics



Example: UW's CHESS*

- Comprehensive Health Enhancement Support System
 - Web-based resource offering Information, Communication, Interactive Tools
- Advanced stage cancer caregivers and patients

RCT vs Internet control



*PI: David Gustafson, PhD, Director, Center for Health Enhancement Systems Studies, University of Wisconsin -Madison Informatics Opportunities: Symptom management

Assessment (anytime, anywhere)

Reporting of distress



Direct integration in medical record

Electronic Symptom Reporting

- Examine impact of CHESS's Clinician Report feature on caregiver's rating of patient symptom distress (ESAS)
- Clinician Report
 - > Email alert to clinician if symptom level 7 or higher (0-10)
- 217 advanced lung, breast, & prostate cancer caregivers randomized to:
 - > CHESS (N=107) vs. CHESS+CR (N=110)
- All completed Health Status Check-In
 - > Automatic Check-In with first login after 7 days
 - ESAS symptoms distress
- Examined whether symptoms reported at 7+ were rated as improved at subsequent Check-In

Symptom Improvement



DuBenske, LL et al. (2010). Psychooncology, 19(Suppl 2).

Informatics Opportunities: Decision Making

Decision Aides

- Ability to facilitate decisions across broad base of options
- Inclusion of family and facilitate resolution of decision conflict
- Decision is not end point need to guide successful implementation of choice

Machine learning and predictive analytics

Power of "Big Data" modeling to offer likely scenarios of end life outcomes

Informatics Opportunities: Caregiving through Bereavement

- Prepare caregivers to meet patient's care needs (information, training, evaluation)
- Onnect them with other caregivers
- Foster communication with clinical team
- Guide caregivers in meeting their own needs

Example: UW's CHESS*

- Lung cancer caregivers
- Research Findings:
 - > Lower caregiver negative affect, burden
 - Lower bereaved depressed mood, anger

*PI: David Gustafson, PhD

So, what's the right technology?

- Technology evolves faster than our ability to collect evidence base for any device.
- Answer : it's not about the technology.
 Innovation for innovation's sake is not helping.
- MUST meet the user where THEY are.



HIOTOUCT

Hesse 2011 Cancer van Vliet & Epstein 2014 J Clin Onc