Implementation Outcomes, Barriers, and Facilitators of an Electronic Patient-Reported Outcome System for Cancer Rehabilitation

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BACKGROUND

- Electronic patient-reported outcome (ePRO) systems can support the management of cancer-related impairments.¹
- However, their widespread use in routine care remains limited by persistent implementation challenges.²
- Few ePRO systems are designed for rehabilitation, which presents unique implementation challenges.³
- We developed **REACH**, a web-app that enables patients to self-monitor rehabilitation needs during and after treatment and receive tailored support, including links to self-management education and community programs and recommendations for further clinical evaluation.^{4,5}

Figure 1. REACH assessment and resource delivery interface

METHODS

Evaluation Design:

System Sustainability Single-arm, formative, launch mixed methods evaluation **Planning Months 1-16**

Implementation Settings: Four Canadian cancer centers Patient Eligibility: Adult (≥ 18 years) breast, colorectal, lymphoma, or head and neck cancer survivors, defined as from the date of diagnosis until two years after completing all treatments were invited to self-register to the system. **Quantitative and Qualitative Data Collection:**



REACH System

Reports



Patient Experience

Survey





Patient Focus

Groups



Interviews



Immediate delivery of tailored resources after ePRO completion was highly valued, but uptake was hindered by limited integration with organizational decisionmaking structures, digital systems, and patient education during clinical encounters.

Organizational Capacity and Support

- Additional active initiatives & priorities
- Quality of leadership engagement
- Quality of feedback & communication processes

Integration with Digital Infrastructure

- Overlap with patient-facing systems
- Ability to consolidate or link with patient-facing systems



Patient Registration

- Patient readiness to engage with a rehabilitation-focused tool
- Staff capacity to introduce the system



Ongoing Patient Use

- Need for support or reassurance
- Relevance to individual symptoms
- Actionable feedback following ePROs

Figure 2. Organizational and individual-level factors supporting patient uptake and sustained engagement

















RESULTS

Patient Uptake: 722 total, 610 (85%) consented to research

Patient Characteristics:



Median (range) age: 57 (21-91) years

Sex & cancer type: 67% female, 44% breast cancer Tx status at registration: 29% dx, 45% on tx, 37% post-tx

System Engagement (Fidelity):



Completed ≥ 1 assessment: 99% of patients Overall completion rate: 39% of assessments Viewed ≥ 1 resource in their library: 68% of patients

System Engagement (Feasibility & Acceptability):



Median time to complete assessments: 2.65 min Reporting REACH is easy to use: 73% of patients Reporting REACH was useful: 40% of patients

Table 1. Qualitative Themes (n=24 patients and 24 staff) via

the Consolidated Framework for Implementation Research⁶

- **Absence of existing implementation processes** that could be leveraged, resource constraints, and limited engagement with **key decision-makers** hindered implementation.
- Theme 2: Alignment with strategic priorities supported adoption, but the complex and evolving digital environment, including other ePRO systems and new EMRs, created integration challenges.
- Theme 3: Patient readiness for support enabled registration, but uptake was limited by reliance on passive promotion and staff capacity constraints during clinic visits, especially during active treatment.
 - Patient engagement was driven by their need for support, a clear understanding of REACH's purpose, its ability to deliver immediate resources, and the convenience of a centralized hub.

DISCUSSION

- REACH is a **feasible** system with **moderate levels** of ePRO completion and engagement with recommended resources
- Automatic delivery of tailored self-management resources was a key driver of perceived value and use of REACH
- To support sustained patient uptake and engagement, REACH will need to be embedded within a comprehensive digital experience at the cancer center

AUTHORS & REFERENCES

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