

Improving The Process of Cancer Care

Session 1 of a 5 part series

Process of Care Research Branch

Division of Cancer Control and Population Sciences/Behavioral Research
Program

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Series Purpose – for NCI

- Solicit opinions from three sectors of the community regarding problems in the quality of cancer care
 - Providers, Researchers, Health Care Purchasers
- Identify potential research topics that might address those problems
- Focus the research agenda of PCRFB upon major underlying factors affecting the processes of cancer care.

For Participants

- Understand the perspectives of three communities with respect to problems in cancer care delivery
- Learn conceptual, analytic, and practical approaches to understanding and addressing problems in cancer care delivery
- Contribute to the development of NCI's research agenda

Ms F

Unmarried and Desirous of Children



Last MD
Visit
PE/Pap
at age 18

6 yrs pass as she does
not have an MD

-Refer to Gynecologist
-Cervical Carcinoma In situ
-Need Cone Bx

MD Visit
PE/Pap



2 weeks

Phone call
for F/U

MD Visit

GYN Visit

One Month
Delay

Gets
insurance.
Decides
needs PE

Oncology

Need
Hysterectomy



Hysterectomy Performed
June 14, 2001

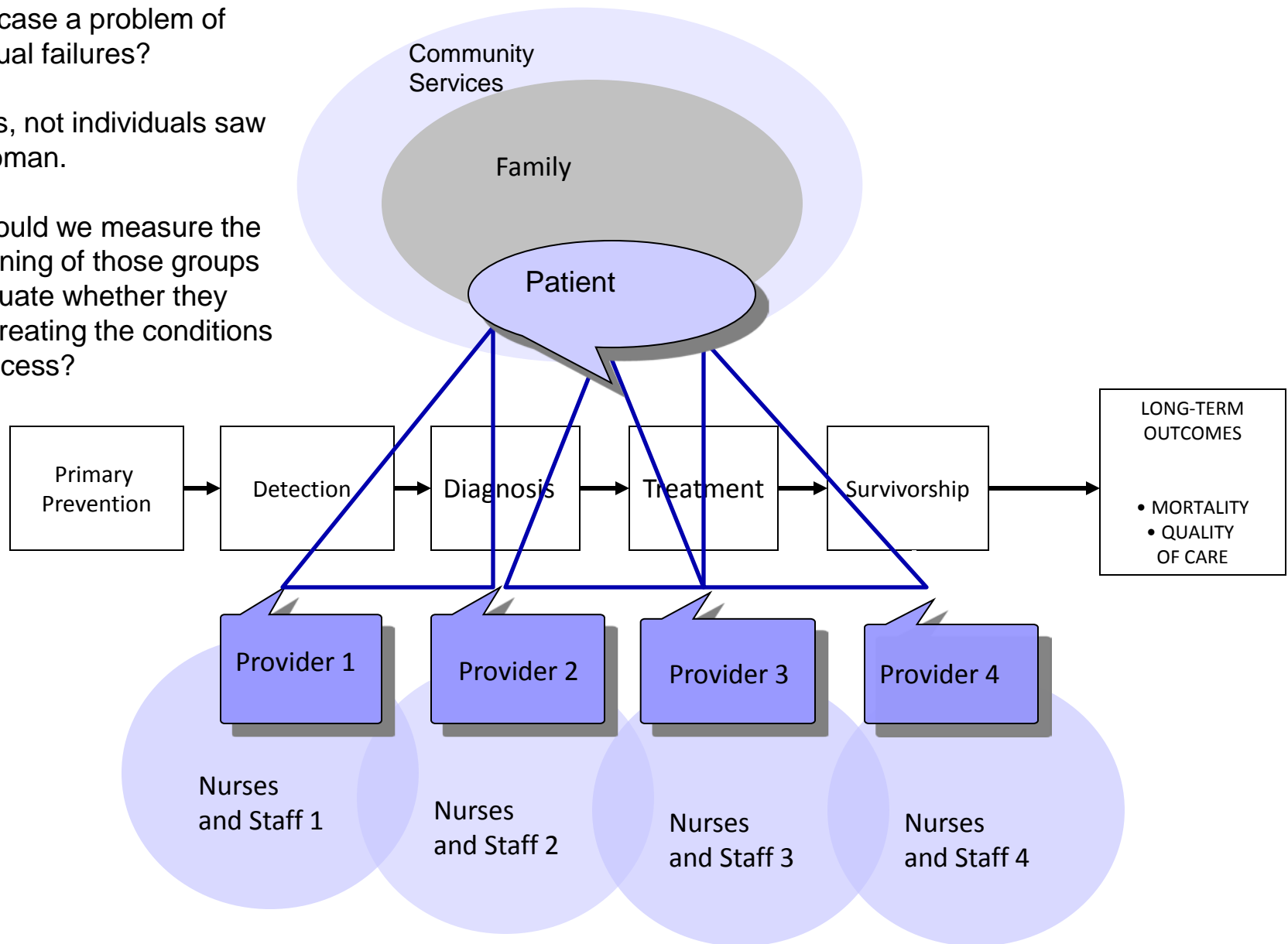
Radiation

Chemotherapy
October 2001

Is this case a problem of individual failures?

Groups, not individuals saw this woman.

How could we measure the functioning of those groups to evaluate whether they were creating the conditions for success?



Objectives

- Describe decision-based framework for designing team performance systems.
- Illustrate tradeoffs between components of this framework.
- Discuss applied and research-based examples of measuring team performance with observation and social sensors.

Understanding the tradeoffs

A FRAMEWORK FOR DEVELOPING MEASURES OF TEAMWORK

Decision Point Design Framework for Team Performance Measures



Why?

- Evaluation
- Feedback
- Research
- Certification
- Needs analysis

What?

- Teamwork competencies
- Multi-level evaluation

- What are the key decisions?
- What are the main options?
- What are the tradeoffs?
- What are the inter-dependencies?

How?

- Observation
- Self-report
- Scoring methodology

Where?

- Learning environment
- ‘On the job’
- Hybrid approach

When?

- Frequency
- Timing relative to interventions

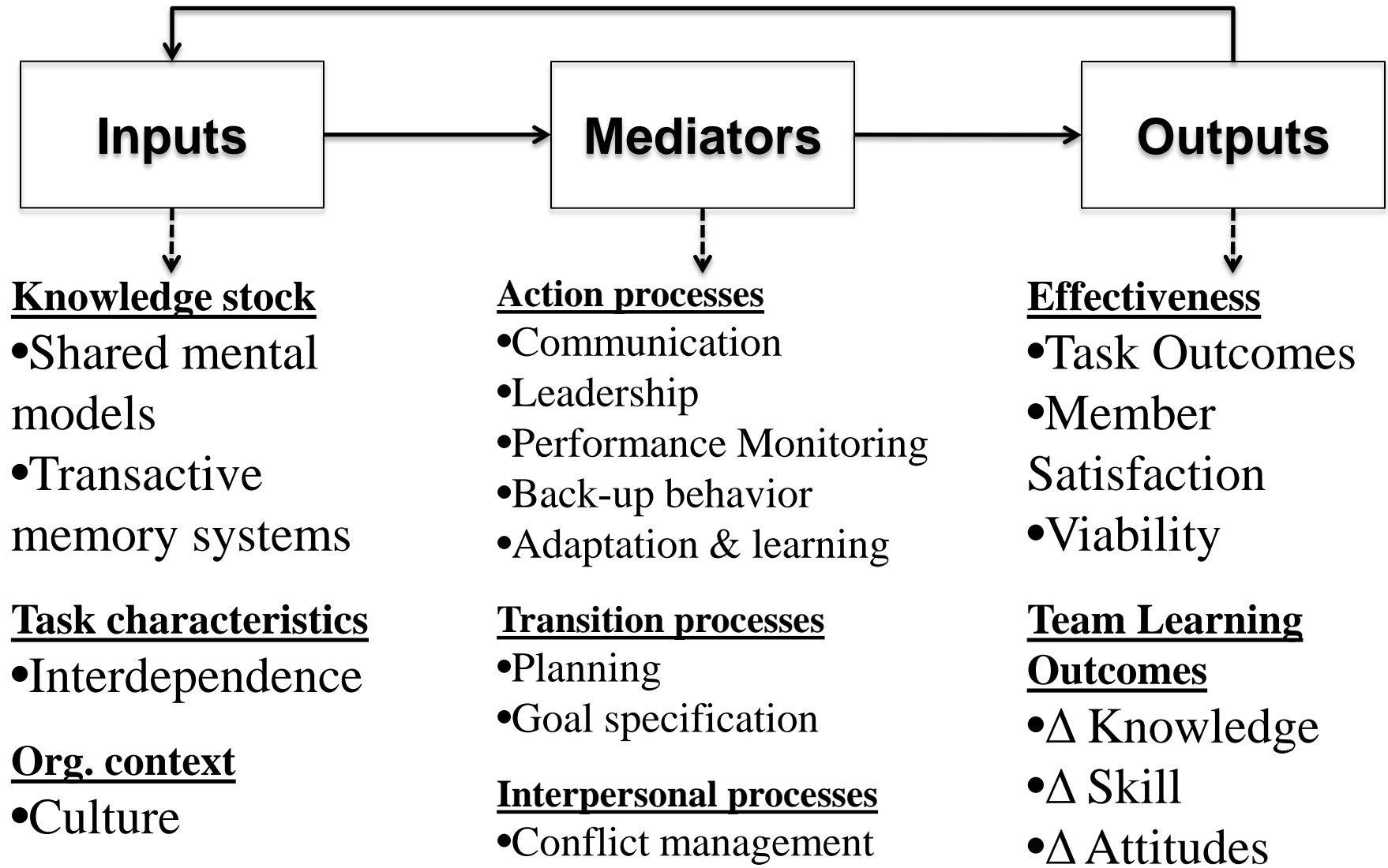
Who?

- Selecting, training, and supporting raters

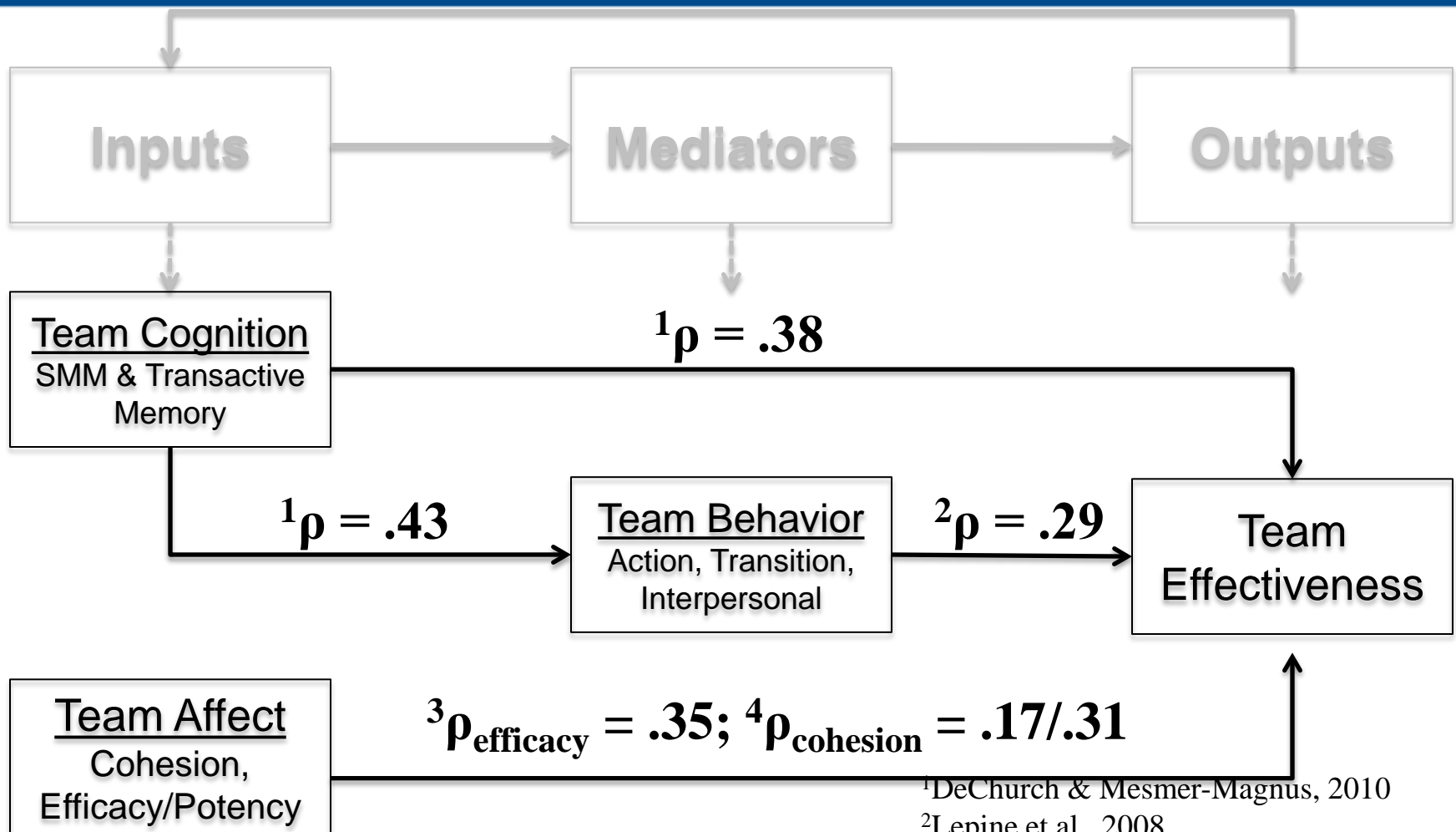
How do you measure?

Method	Strengths	Challenges
Self-report Surveys	Familiarity Flexibility Established validity	Temporal resolution Respondent burden
Observation Behavioral markers	Objectivity Established validity	Maintaining reliability Cost / logistics
Social sensors Automated collection of social interaction data	Continuous / dynamic Low-cost	Privacy / trust Complexity of data
Activity traces Enduring data produced through task completion (email, ping, e-white boards, EMR use)	'Free data' (sort of) Can characterize distributed interaction	Privacy / trust Complexity of data

What do you measure?



What do you measure?



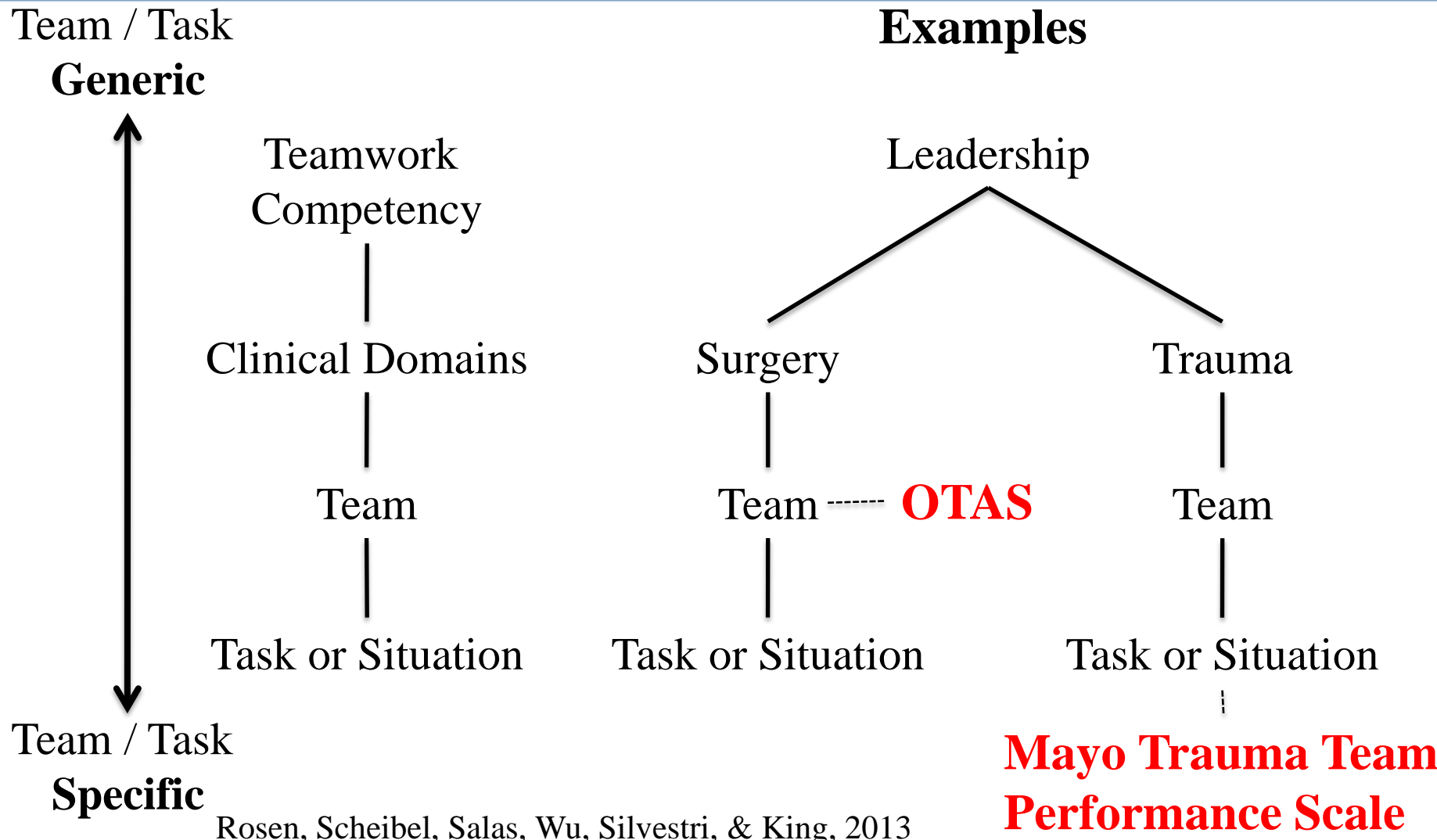
¹DeChurch & Mesmer-Magnus, 2010

²Lepine et al., 2008

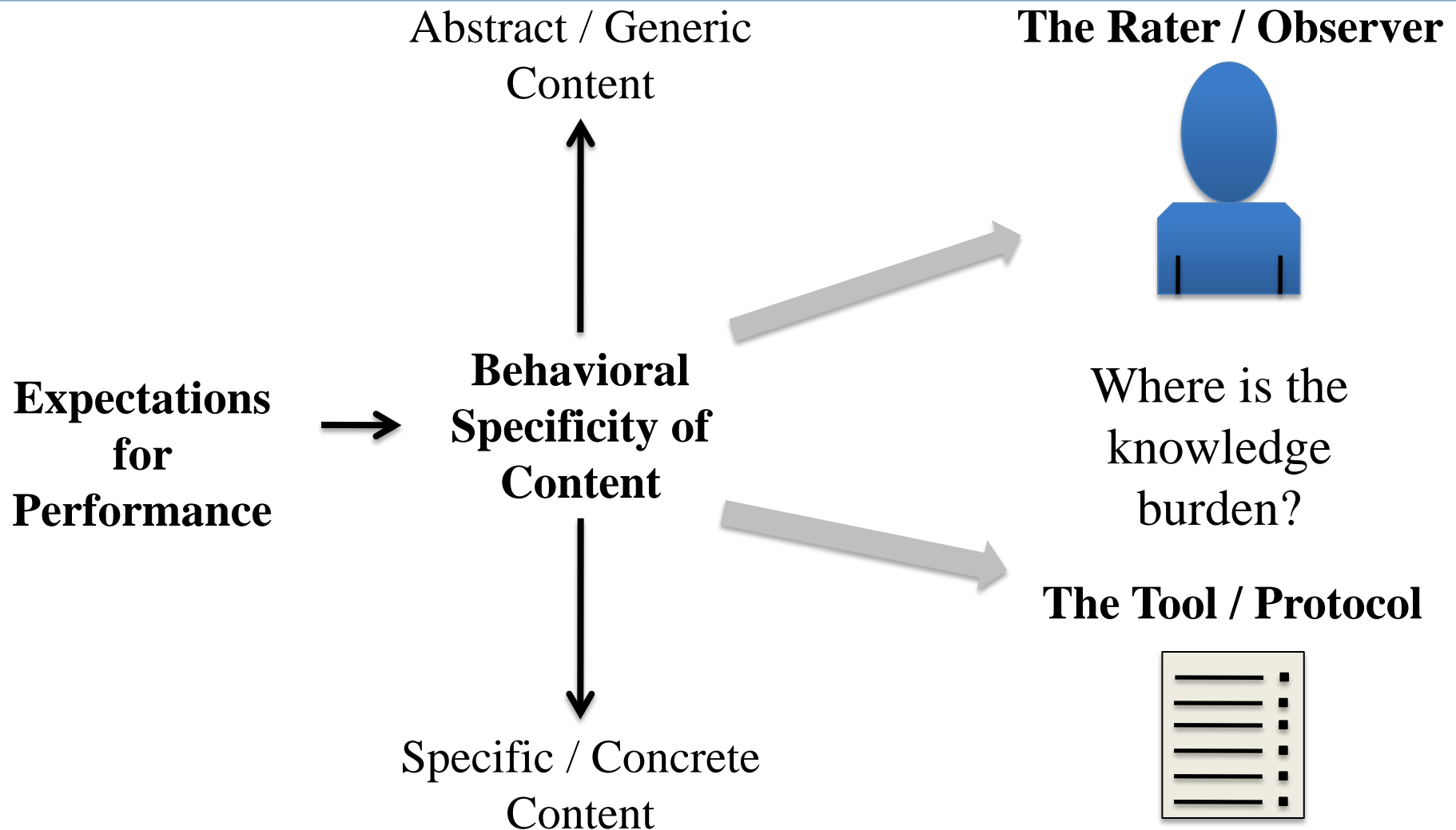
³Gully et al., 2002

⁴Beal et al., 2003

Abstraction Hierarchy for Behavioral Markers



Measurement Systems: From Markers to Metrics



Example

SOCIAL SENSORS



Developing methods to measure healthcare team performance in acute and chronic care settings

Michael A. Rosen, PhD

Assistant Professor, Armstrong Institute for Patient Safety and Quality

November 6th , 2013

Capabilities

- IR and Bluetooth sensors
 - Proximity
 - Location
- Microphones
 - Speaking (yes/no) and conversational analysis
 - Pitch / volume
 - Actual audio
- Accelerometer
 - Activity
 - Posture



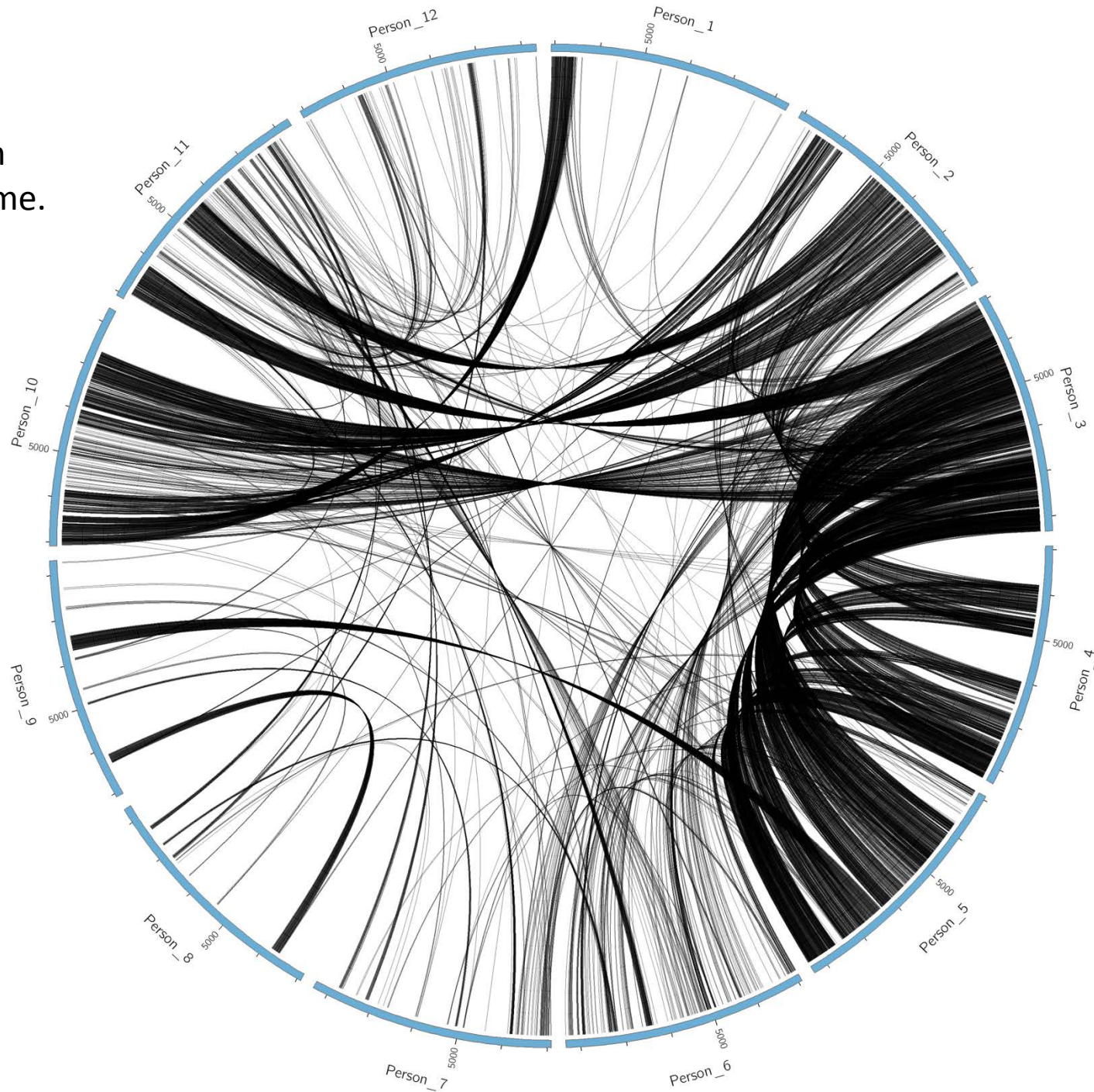
Emerging validity evidence

- **Team inputs**
 - Personality traits ($\sim r = .3$ to $.4$)^{1,2}
- **Team Mediators**
 - High reliability with observational measures in the ED ($r = .96$, $p < .001$)³
 - Classification of trauma team tasks (87.5% accuracy)⁴
- **Team mediators → outcomes**
 - Face to face interaction time predicted LOS in PACU ($r = .53$, $p < .01$)¹

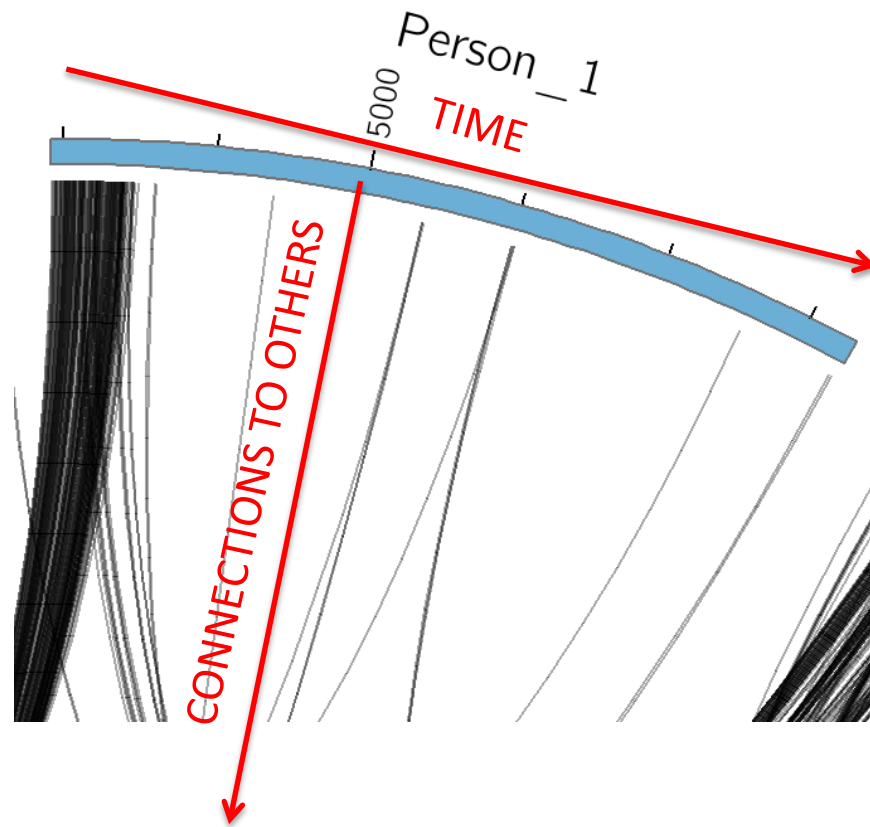
1. Olguin Olguin et al., 2009
2. Mehl, Gosling & Pennebaker, 2006
3. Kannampallil et al., 2011
4. Vankipuram et al., 2011

- **‘Micro’ validity evidence generated**
 - Sensor data covaries reasonably well with perceptions of interaction ($r = .59$, $p < .01$)
- **Data visualization**
 - We can’t analyze all of the complexity yet (more on this later), but we can see it.
 - Basis of the ‘interaction mirror’ intervention

Bluetooth detections
Each blue segment is a
person.
Each line is a connection
between people over time.

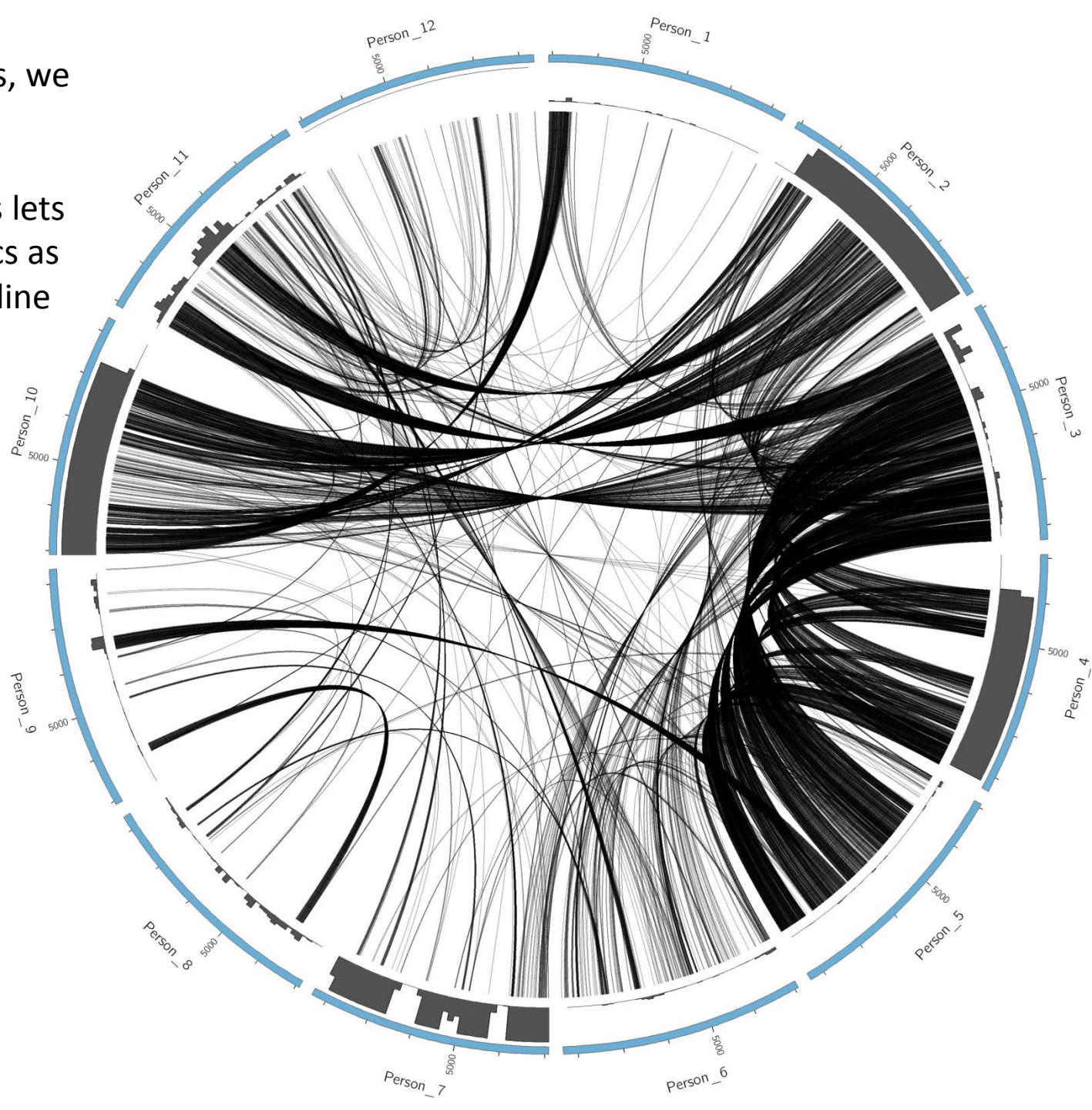


This data was collected at over 6 ½ hours.



Time speaking.

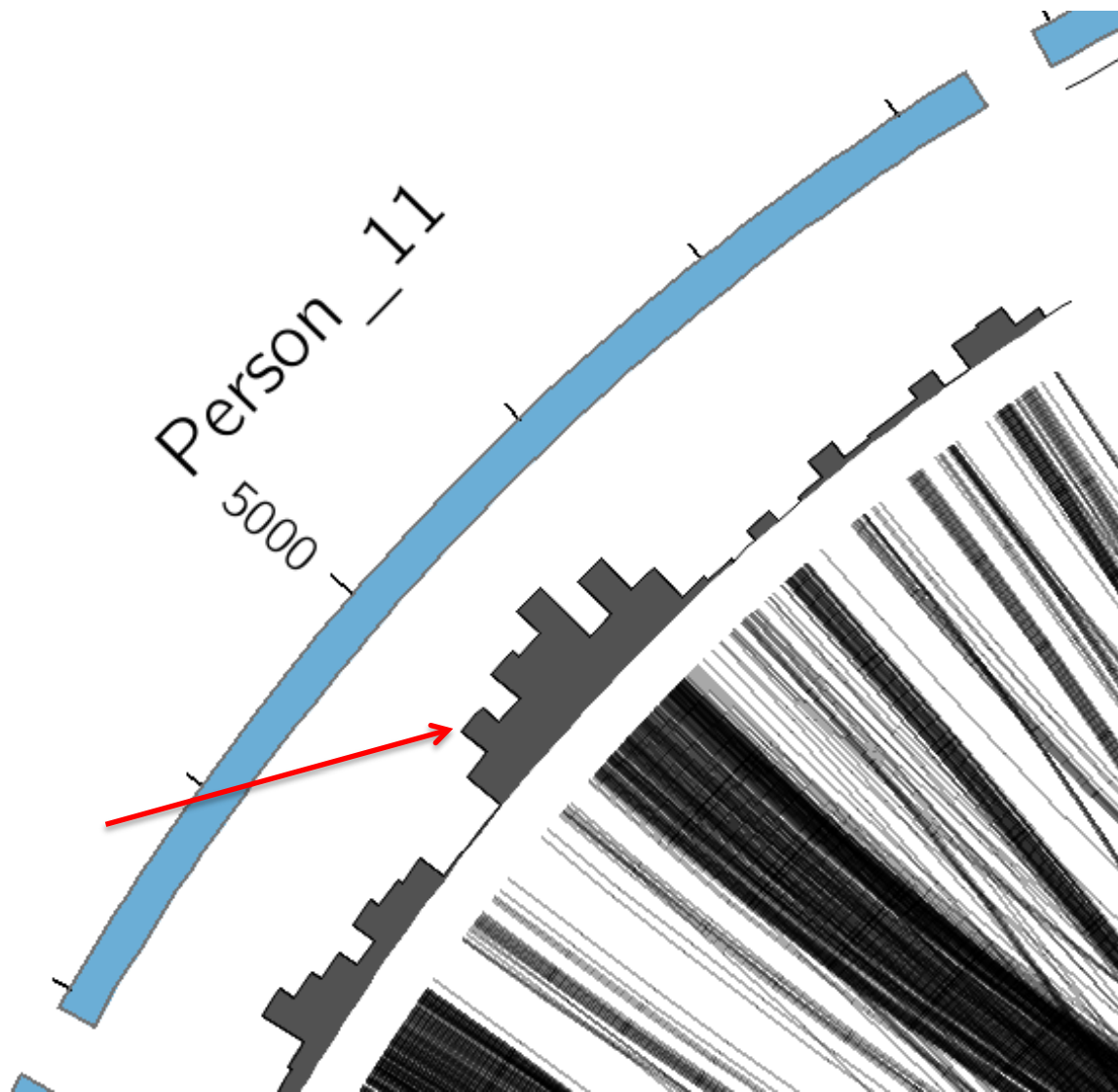
In addition to detections, we can extract a variety of information from the microphone data. Circos lets us visualize these metrics as histograms, heat maps, line graphs, etc.



Speech analysis.

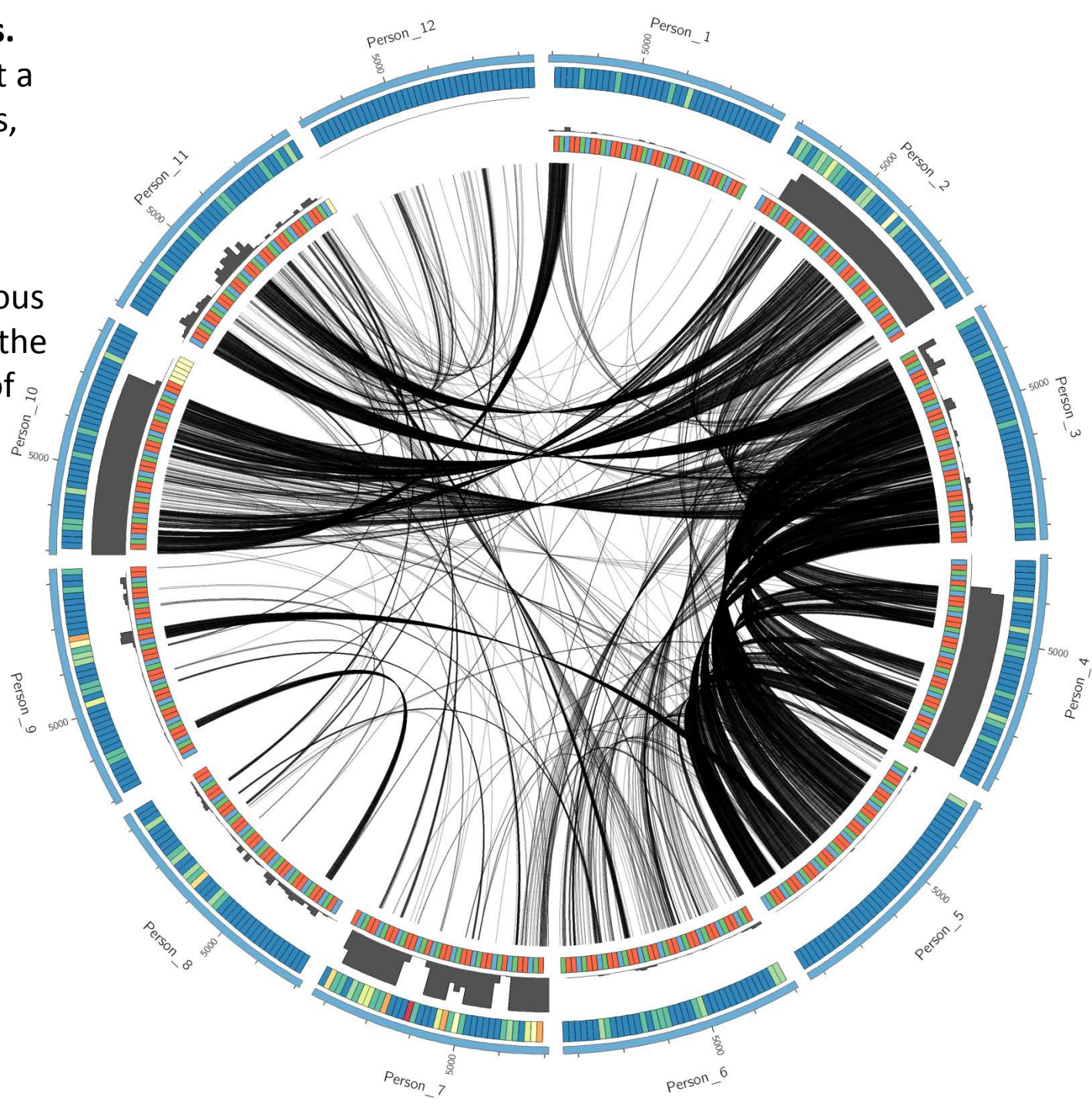
For each badge, the raw microphone data is parsed and each second of speech categorized as: *speaking*, *listening* (badge is silent in the proximity of another badge speaking), *overlap* (two badges in proximity are speaking), and *silent* (all badges in proximity are not speaking). This can be broken down to a 60 second time scale (or lower if needed).

Total number of
seconds
speaking
over 10 minute
period



Additional data streams.

While the badges collect a number of other metrics, the most immediately useful are *activity level* captured through an accelerometer, and various forms of *voice analysis* (the badges provide a form of spectral analysis).

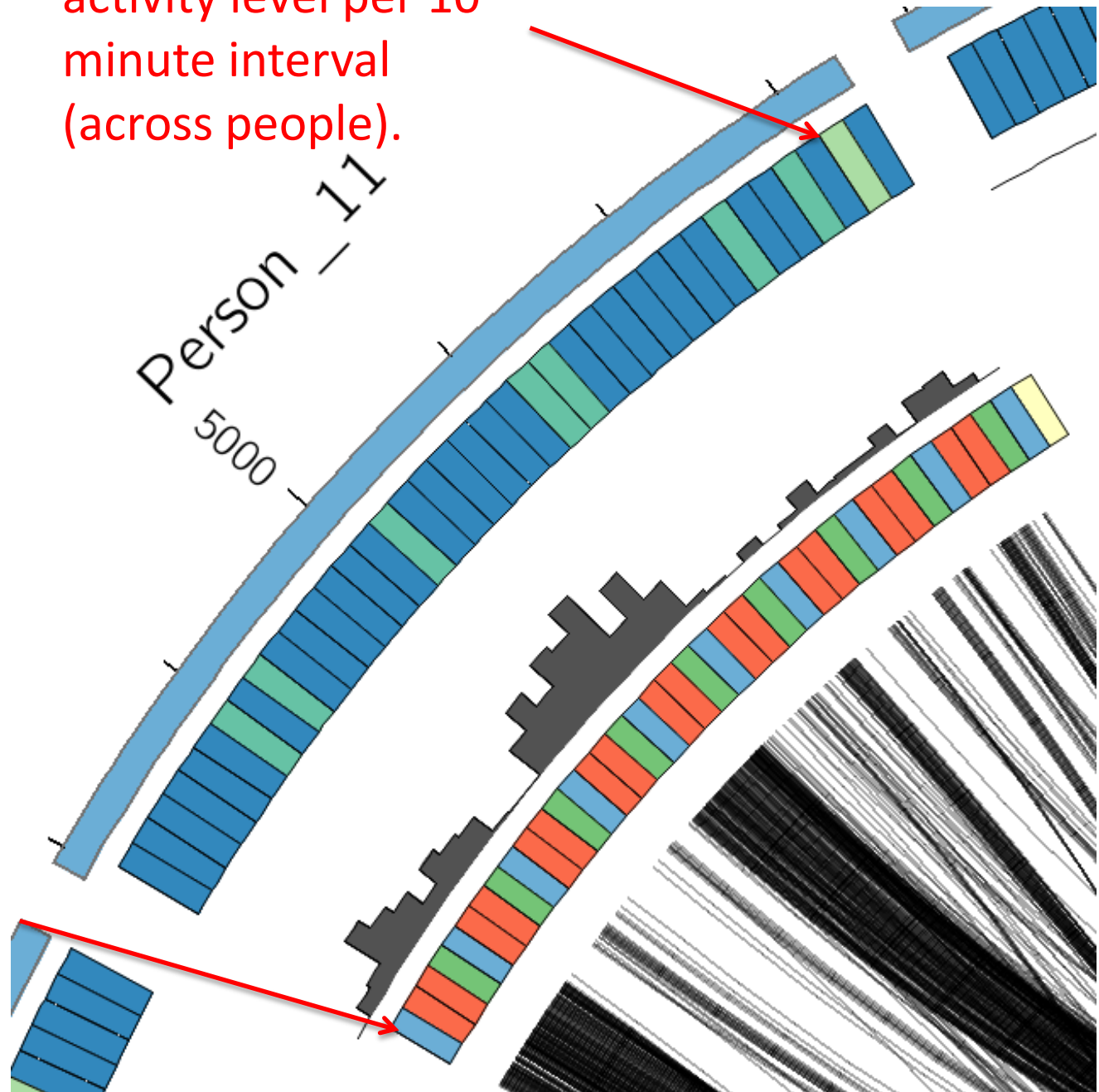


Additional data streams.

While the badges collect a number of other metrics, the most immediately useful are *activity level* captured through an accelerometer, and various forms of *voice analysis* (the badges provide a form of spectral analysis).

Heat map of mean activity level per 10 minute interval (across people).

Heat map of mean volume level per 10 minute interval, standardized within person.



Needed research in this area

- **Technical**
 - improving sensor properties and performance
- **Analytic**
 - developing real-time predictive algorithms
- **Psychometric**
 - establishing validity and generalizability evidence
- **Socio-cultural**
 - building a culture of trust in sensor-based systems
- **Interventional**
 - feedback and alerting displays

Our next steps

- Iterative participatory design of **feedback displays** for different roles and levels: individual, team, and unit views for immediate feedback and analyzing trends over time.
- **Validation of sensor-based measures** against traditional gold standards for teamwork and workflow (self-report and observational methods).
- Development of **predictive analytics** for dynamic network data: advancing the methods of tensor decomposition of networked sensors.

Questions?

- Mike Rosen
 - mrosen44@jhmi.edu

Continuing the Discussion

- We invite you to join us in the upcoming Cyber Discussions. Remember, your participation is essential to shaping this research agenda.
- **Save-the-dates:**



Wednesday, March 19, 2014, 2:00 PM - 3:00 PM EST

Cooperation, Competition and Team Performance: Towards a Contingency Report
Dr. Stephen Humphrey



July 9, 2014, 2:00 PM - 3:00 PM EST

Team Based Measures in Primary Care
Dr. Richard Ricciardi



November 5, 2014, 2:00 PM - 3:00 PM EST

Research Priorities in Cancer Care Teams Research
Dr. Eduardo Salas



July 1, 2015, 2:00 PM - 3:00 PM EST

Team Cognition: Understanding the Factors That Drive Process and Performance
Dr. Steve Fiore

- To register, go to: <http://dccps.nci.nih.gov/brp/pcrb/cyberseminars.html>
- If you have questions, contact Veronica Chollette (cholletv@mail.nih.gov)