

Improving Access to Cancer Care in Ontario: A Four-Point Strategy

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Based on a Pending CQCO Position Paper

Gaining Access to Appropriate Cancer Services: The CQCO Four-Point Remedy to Reduce Lengthy Waiting Times in Ontario

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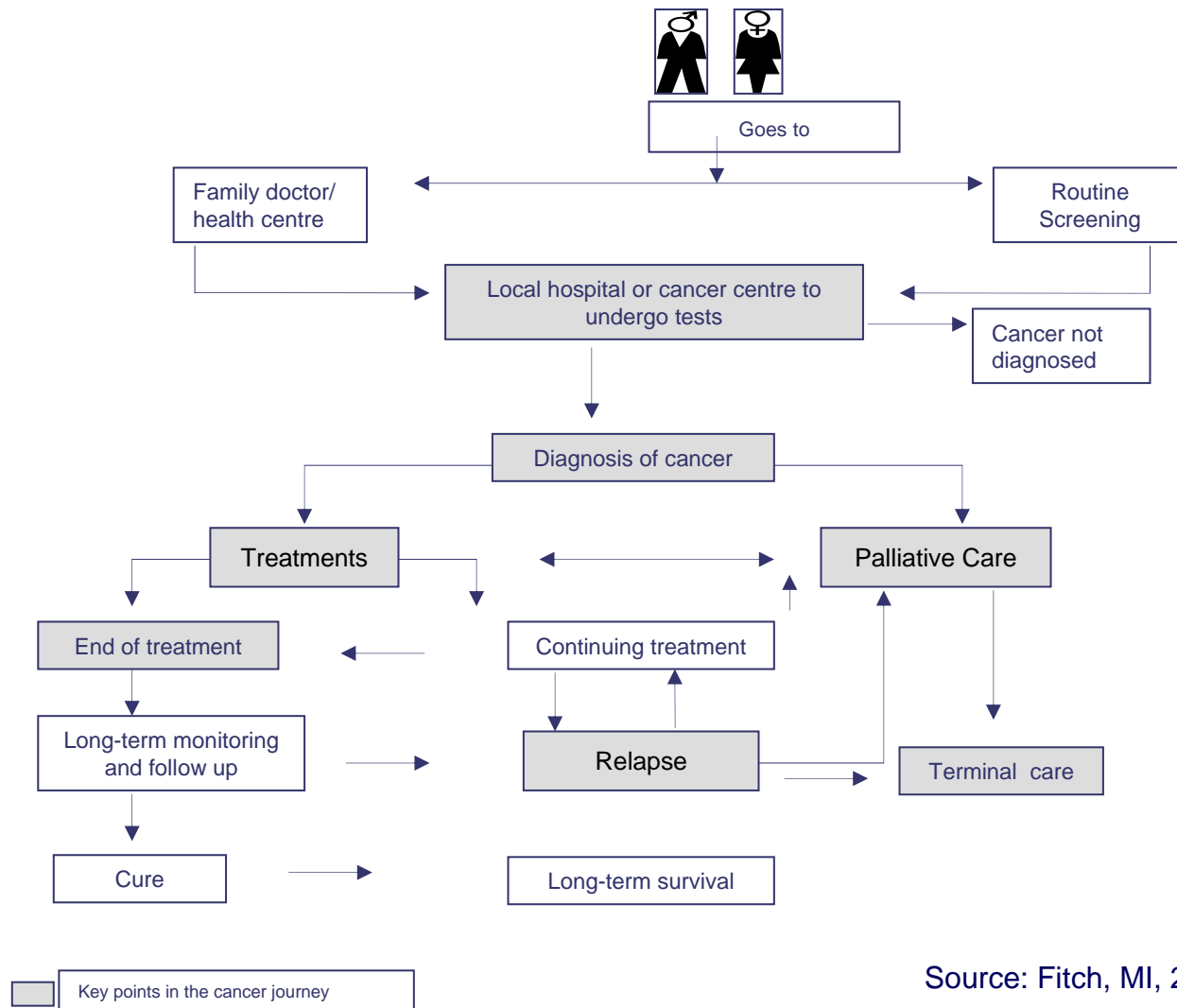
Waiting for Cancer Services: Data Sources

Prevention/Screening	Ontario Breast Screening Program tracks time to diagnosis for abnormal screens
Diagnosis (Imaging/Pathology)	Limited
Radiation	100% capture from referral to cancer centre to treatment, all disease sites
Surgery	Current GTA data. Year-old data available from admin databases.
Systemic	Approx. 50% capture (all Regional Cancer Centres)
Palliative	Limited

Challenges

- Who manages the wait list?
- Clear leadership difficult due to complexity of process
- Little clear evidence linking waiting times to outcomes
- Data capture
- Data quality
- Timely information dissemination

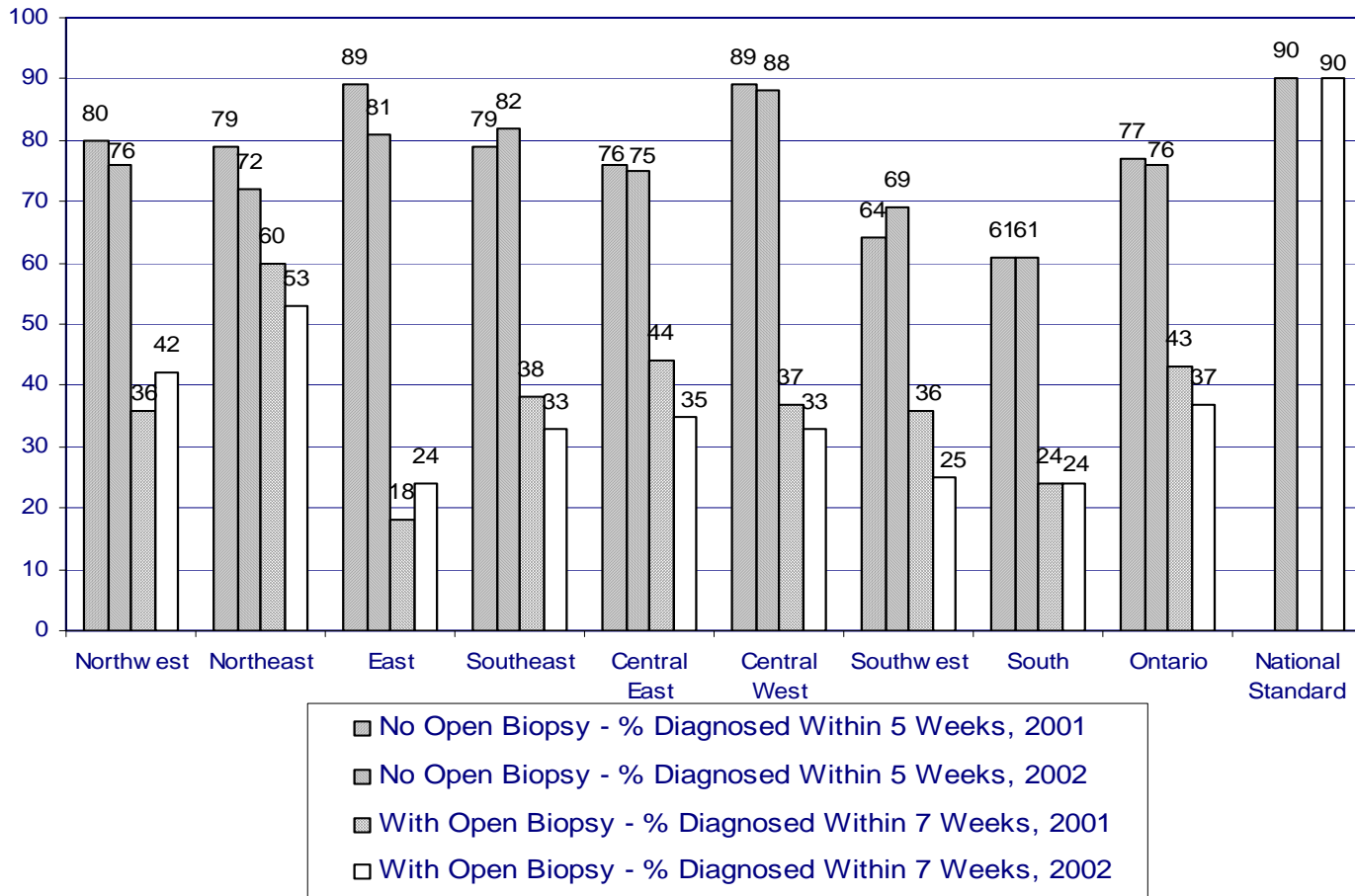
Patient Journey: Many Points of Waiting for Care



Source: Fitch, MI, 2003.

Waiting for a Breast Cancer Diagnosis

Time To Diagnosis from an Abnormal Breast Screening Result in the Ontario Breast Screening Program -- 2001 and 2002



Timeline targets to diagnosis for Canadian breast screening programs were established by a Working Group on the integration of screening and diagnosis for the Canadian breast cancer screening initiative. The proportion of OBSP abnormal breast screens diagnosed within the recommended time intervals was 69.2% for screens without an open biopsy and 53.0% with an open biopsy.

Waiting for Cancer Surgery

Waiting times for cancer surgery have gone up significantly over the past decade. The median surgical waiting time in the year 2000 among patients that underwent breast, colorectal, lung and prostate cancer surgery had increased 36%, 46%, 36% and 4%, respectively, from 1993.

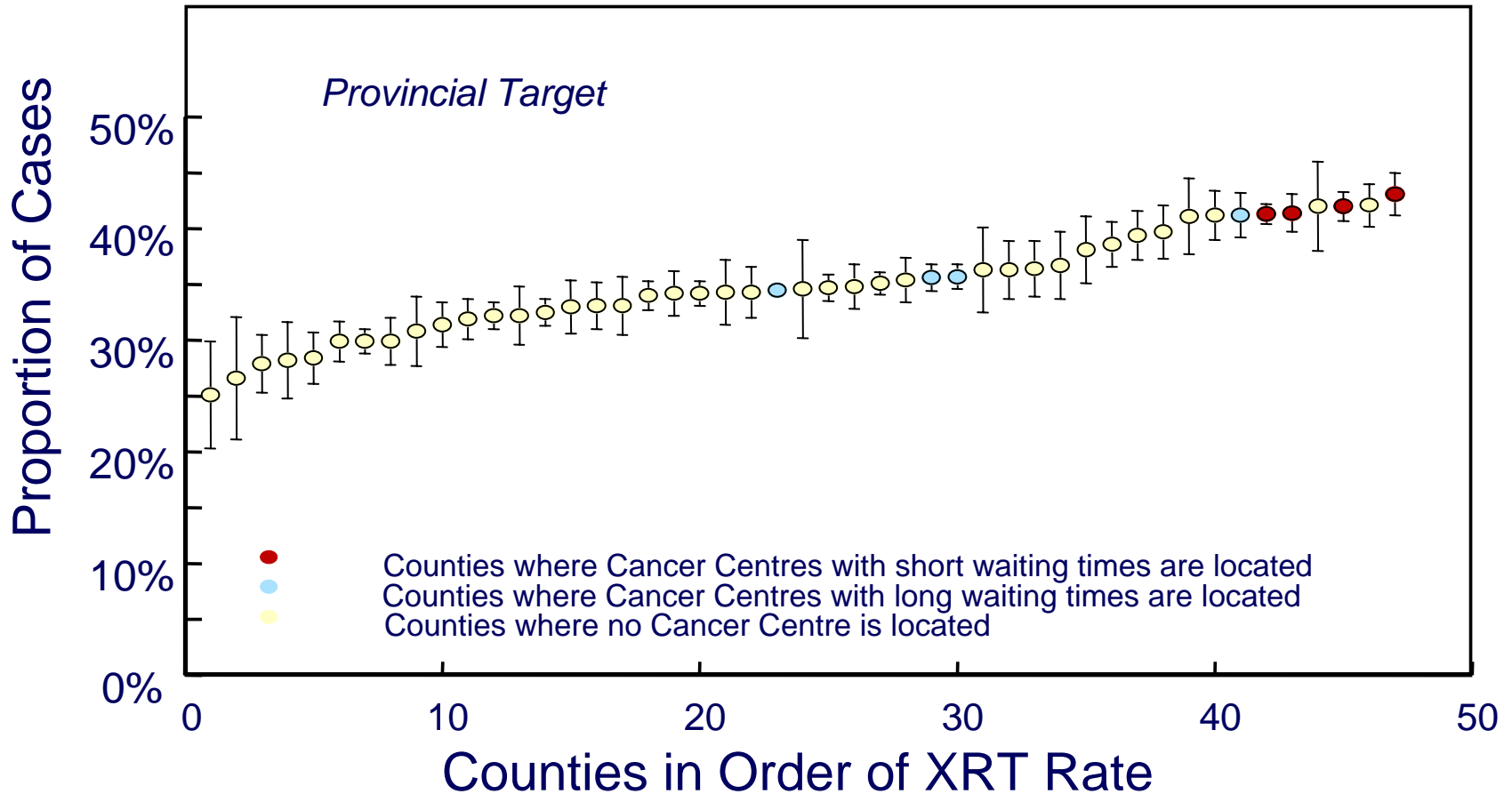
Median wait (days) for Cancer Surgery

	1993	1994	1995	1996	1997	1998	1999	2000
Breast	14	15	14	15	16	16	18	19
Colorectal	13	14	14	14	15	16	19	19
Lung	25	26	28	27	29	32	33	34
Prostate	80	83	96	107	99	99	92	83

Source: Simunovic et al., 2003.

Waiting for Radiation Therapy

Estimated lifetime rate* of radiotherapy use in Ontario
(Based on cases treated between July 1st, 1997 and June 30th, 1998)

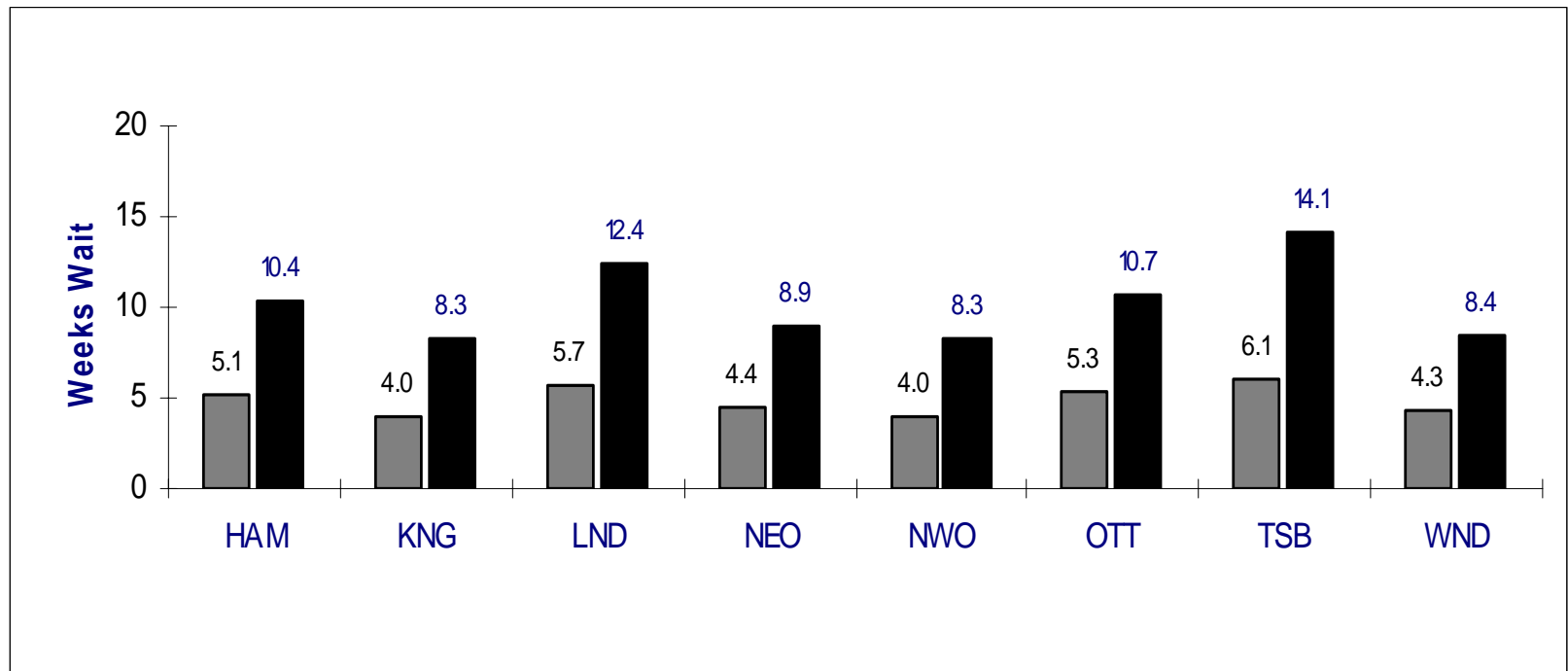


* Calculated actuarially using the life expectancy method.

** Error bars show standard errors.

Waiting for Systemic Therapy

50th and 90th Percentile By Centre – CORE January 2003 to December 2003
ALL DISEASE SITES



Source: Cancer Care Ontario,
Wait Time Reports (2003)

CQCO Four-Point Approach to Waiting Times

- I. Enhance capacity of cancer resources in Ontario
- II. Reduce demand for services by reducing risk factors for cancer and promoting early detection
- III. Coordinate access to cancer services at the point of entry into the cancer system
- IV. Increase efficiency of use of existing cancer resources

Strategy I: Increase Supply of Cancer Resources in Ontario

Tactics

- Target expansion of cancer system according to need
- Work to streamline the processes for bringing new facilities on-line
- Expand roles and develop skill mix for health care professionals to increase system capacity

Strategy II: Reduce Demand for Services

Tactics

- Invest in tobacco reduction strategies
- Fund targeted cancer prevention programs
- Optimize screening for the early detection of breast, cervical and colorectal cancers

Strategy III: Coordinate Access to Cancer Services at Point of Entry into the Cancer System

Tactics

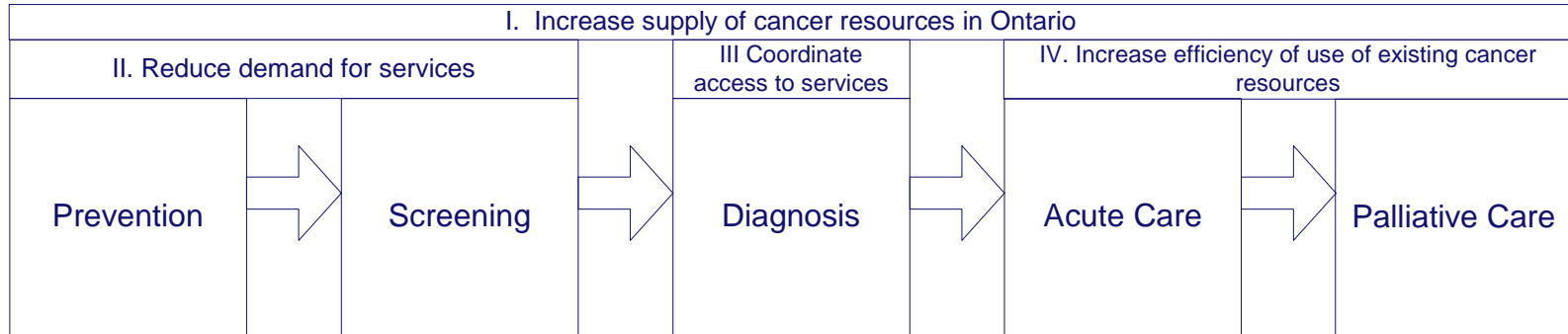
- Coordinate patient journey from entry into system
- Establish diagnostic assessment units (DAUs) and rapid access models for rapid access to appropriate diagnostic services

Strategy IV: Increase Efficiency of Use of Existing Cancer Resources

Tactics

- Implement process improvement changes throughout the system
- Optimize use of hospital beds through use of care paths and integration with community-based service
- Increase resources for integration of supportive care services with acute care services; develop a greater menu of options for the palliative care of cancer patients
- Ensure patients are treated according to evidence for best practices

CCO Strategy and the Patient Journey



I. Increase supply of cancer resources in Ontario

- Targeted expansion of cancer system according to need
- Work to streamline the processes for bringing new facilities on-line
- Expand roles and develop skill mix for health care professionals to increase system capacity

II. Reduce demand for services

- Invest in tobacco reduction strategies
- Fund targeted cancer prevention programs
- Optimize screening for the early detection of breast, cervical and colorectal cancers

III. Coordinate access to services

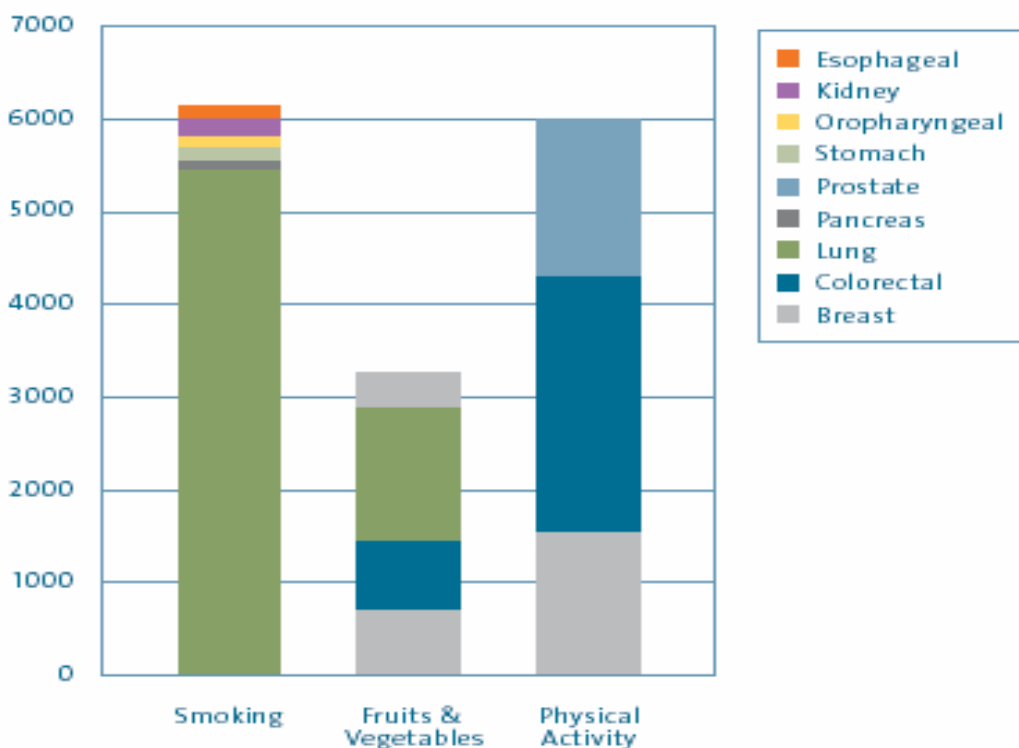
- Coordinate patient journey from entry into system
- Establish DAUs and rapid access models for optimized access to appropriate diagnostic services

IV. Increase efficiency of use of existing cancer resources

- Implement process improvement changes
- Optimize use of hospital beds
- Increase resources for integration of supportive care services
- Ensure patients are treated according to evidence for best practices

Strategy II Example: Potential Benefits from Investing in Prevention

FIGURE 4: CUMULATIVE CANCER CASES PREVENTED BY IMPLEMENTING TOBACCO, DIET AND PHYSICAL ACTIVITY INTERVENTIONS BY 2020



Source: Cancer Care Ontario (Ontario Cancer Registry, 2002)

Cancer Care Ontario has completed an impact analysis of implementing an aggressive strategy to decrease smoking rates, increase fruit and vegetable consumption and increase physical activity amongst Ontarians. This figure shows over 15,000 cancer cases avoided by 2020 by implementing comprehensive strategies.

Strategy IV Example: The CROS Experience

- Model demonstrates that improvements in efficiency are possible
- 60% improvement in efficiency on radiation treatment floor compared to operations elsewhere in Ontario
- System redesign can add capacity through more efficiency