

Waiting Times in Cancer

Finding success in the waiting times game

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Taming of the Queue V
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The Fine Art of Measuring

FROM:

You cannot manage what you do not measure

TO:

You will only manage what you measure

AND NOW:

Pick something that is working well and measure it

Wait Times Guarantee – Cancer

By 2010

- **BC – radiation therapy**
- **Manitoba – radiation therapy**
- **Yukon – mammography**
- **Quebec – mammography**
- **NB – radiation therapy**
- **Nova Scotia – radiation therapy**
- **PEI – radiation therapy**

Your Waiting Time is Not My Waiting Time

Table 2-2. Radiation Therapy Wait Times Reporting Methods and Wait Times Estimates by Province[†]

	N.L.	P.E.I.	N.S.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Wait Segment(s) Measured	From decision-to-treat to treatment for all new cases	From booking to treatment	From decision-to-treat to treatment	From ready-to-treat to treatment	From referral to cancer centre to treatment	From ready-to-treat to treatment	Two-part definition: A. From referral to appointment with oncologist B. From oncologist visit to treatment [†]	Two-part definition: A. From referral to appointment with oncologist B. From oncologist visit to treatment [†]	From ready-to-treat to treatment
Summary Measure	Percent completed within national benchmark of 4 weeks (w)	Median	Mean by region and priority level [†]	Of those who are ready in a given week, the percentage who started within 4 w	Median by facility and body site [§]	Median	Mean by facility ^{§§}	Expected time from last day of the previous month by facility and body site ^{**}	Median

Ask a Patient

- From suspicion of cancer to diagnosis to treatment
 - From suspicion to referral for investigation
 - Possibly from an organized screening program
 - Possibly to an organized screening program
 - From the first referral to the second, third, and back to the first
 - Tests and waiting for test results at each point
 - Finally a diagnosis and a treatment plan
 - Scheduling the treatment
 - Initiating treatment

Reporting on Wait Times: BC

Cancer Services

The B.C. Cancer Agency provides radiotherapy and chemotherapy treatment at four major clinics across the province — in Victoria, Vancouver, Surrey and Kelowna.

Radiotherapy

In 2006/07, 96.5 percent of British Columbians requiring radiotherapy started treatment within four weeks of being medically able to receive it.

Procedure	Patients Waiting as of Jan 31/08	Median Wait Time from Apr 1/07 to Jan 31/08	Treatments (courses) for the 3 months ending Dec 31/07
Radiotherapy	244	6 days 0.9 weeks	2848

Chemotherapy

There is no significant wait for British Columbians who need chemotherapy, which accounts for half of all cancer care provided by the agency. The standard for chemotherapy wait times of two weeks is met in almost every case. In rare cases when it is not met, there is a medical reason.

Outcomes

B.C. has better survival outcomes for cancer treatment than any other Canadian province. This is partly due to cancer services being coordinated and delivered by a central agency.

For example, outcomes show a lower recurrence rate of early stage lymphoma, or primary cancer of the lymph glands. Although it is about 22 percent worldwide, in B.C. the recurrence rate is only one percent.

Last Revised: March 25, 2008

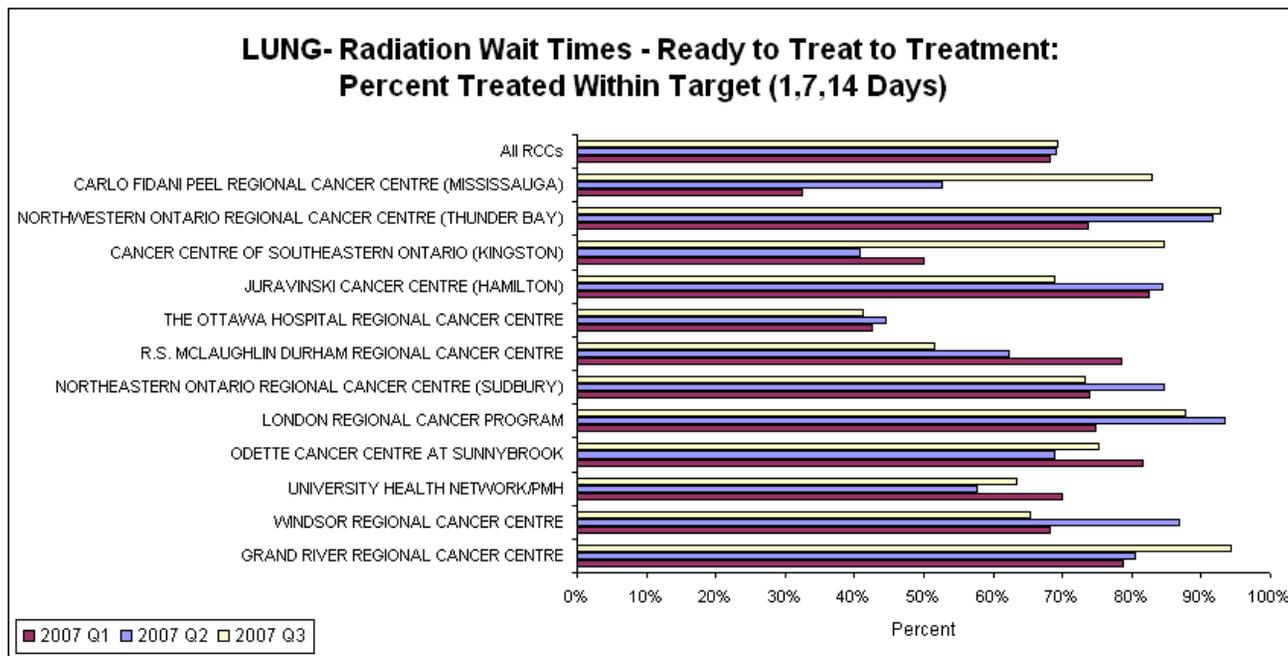
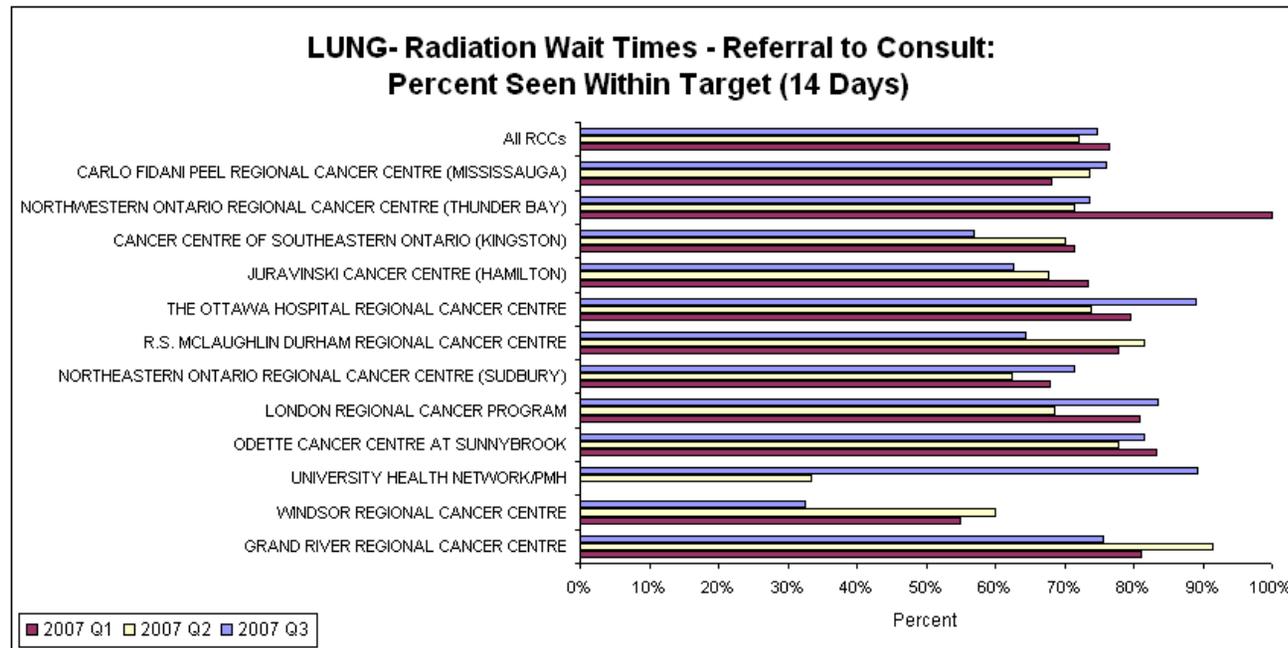
Reporting on Wait Times: ON

Radiation Treatment Wait Times

January 2008

TYPE OF CANCER	Referral to Consult Percent of Patients Seen Within Target (14 days)	Ready to Treat to Treatment Percent of Patients Treated Within Target (1,7,14 days)
All Sites	47.7%	53.4%
Breast	30.2%	54.8%
Central Nervous System	72.9%	50.0%
Gastrointestinal	52.0%	58.1%
Genitourinary	54.2%	42.2%
Gynaecological	39.3%	46.4%
Head and Neck	61.3%	35.6%
Haematology	48.6%	69.4%
Lung	65.1%	68.9%
Melanoma	60.9%	59.1%
Other	39.4%	56.7%
Primary Unknown	72.3%	61.1%
Prostate	54.2%	38.3%
Sarcoma	44.4%	54.8%
Skin	38.5%	51.9%

Ontario Wait Times Reporting



Data Source: ALR/Databook
 Prepared by: Informatics
 Date: March 3, 2008

Beyond the Numbers

- **Waits occur outside the doors of the cancer system**
- **Rapid access / diagnostic assessment centres**
 - Streamlined to move the patient from suspicion of cancer to diagnosis
 - Requires cooperation among specialists
 - Successful models in place
 - Significant reduction in waiting times

Calgary Rapid Access Clinic: Prostate Cancer

The starting point:

- **95 days wait from referral to diagnosis of prostate cancer**

One year after establishing the RAC:

- Time from referral by family physician to seeing urologist:
just under seven days
- From urologist to biopsy:
one to two weeks
- From biopsy to results:
one to two weeks
- Total wait, from first referral to pathology result:
27 days

Toronto East General Time to Treat Project : Lung Cancer

- **Participating organizations:**
 - Toronto East General Hospital, Toronto Sunnybrook Regional Cancer Center, TEGH Family Health Center, Flemingdon Health Center, Victoria Health Centre, Albany Medical Clinic
- **Description:**
 - Reducing the time from initial radiographic or symptom presentation of lung cancer to first assessment for start of treatment (chemotherapy, radiotherapy, surgery, palliative therapy) by redesigning and integrating the present serial processes of physician referral and diagnosis.
- **Results:**
 - Reduction in wait time from referral to treatment from 17 weeks to 3.5 was accomplished in 6 months during the 05-06 fiscal year (April 2005 – March 2006)

Impact of Screening Programs on Cancer Waits

- **Issues of health human resources in new screening programs (colorectal)**
- **Issues of integration/coordination in breast screening programs**
- **Should screening programs be linked to rapid access / diagnostic assessment centres?**
- **Need for targets and plans to meet them**
- **Need for COOPERATION among physicians**

Provincial Summary

Table 1 provides a summary of information on breast assessment indicators for OBSP assessment sites and non-OBSP centres.

¹Table 1

OBSP Total Report: Ages 50-69 years

Ontario Breast Screening Program

Type of Centre	Year	Assessment sites			Non-assessment sites			All Sites		
		2003	2004	2005	2003	2004	2005	2003	2004	2005
TOTAL CASES		5,442	7,432	7,891	12,034	12,367	13,724	17,476	19,799	21,615
TOTAL CANCERS		457	572	683	738	672	764	1,195	1,244	1,447
TOTAL BENIGN		4,985	6,860	7,208	11,296	11,695	12,960	16,281	18,555	20,168
Timeliness Indicators	Target	2003	2004	2005	2003	2004	2005	2003	2004	2005
1. Time from abnormal screen to first assessment within 3 weeks	>=90%	74.3	73.5	72.9	74.3	72.1	71.1	74.3	72.6	71.8
2. Diagnostic interval without histologic tissue biopsy (without core or open biopsy) within 4 weeks	>=90%	72.4	75.3	74.0	74.7	73.8	75.0	74.0	74.3	74.6
3. Diagnostic interval with core biopsy within 5 weeks	>=90%	60.8	58.7	52.1	41.6	31.4	36.1	49.4	44.7	44.3
4. Diagnostic interval with open biopsy within 7 weeks	>=90%	43.2	40.6	33.8	27.9	29.3	26.4	33.4	33.8	29.4
Follow-up Procedures										
5. Percentage of abnormal screening mammograms that are followed by diagnostic breast imaging	>95%	99.7	99.5	99.5	99.2	99.5	99.6	99.3	99.5	99.6
6. Benign to malignant open surgery ratio	<=1:1	0.6:1	0.5:1	0.4:1	0.6:1	0.6:1	0.5:1	0.6:1	0.6:1	0.5:1
Biopsy Indicators										
7. Image-guided core biopsy malignancy rate	25-45%	37.2	32.7	34.4	35.9	31.6	36.9	36.4	32.2	35.6
8. Percentage of specimens radiographed when needle localization is used for open biopsy/definitive surgery	>=85%	81.8	82.8	81.8	76.1	77.4	73.9	78.4	79.9	77.9
9. Percentage of specimens radiographed when biopsy is stereotactic core (for cases with microcalcifications only)	100%	84.9	87.9	86.8	61.6	64.5	61.7	71.7	76.5	74.9
10. Percentage of FNA/cores done prior to open biopsy/definitive surgery (for malignant cases only)	>90%	85.9	86.5	88.6	74.4	74.1	82.8	78.9	79.8	85.5

¹ For tables 1-10, the total number of cases, cancers and benign screens is based on women of all ages. By contrast, the assessment indicator results are based on women ages 50-69 years. Data are presented by calendar year. Hamilton Hub site was included in the assessment affiliate statistics.

From Reporting to Fixing

- **The patient defines the wait**
- **Ownership of the wait is diffuse but resolvable:**
 - Coordination
 - Cooperation
 - Streamlined processes
 - Provide or purchase
- **Measure the patient pathway**