



Improving the Performance of Cancer Services: A Framework and Recent Ontario Experience

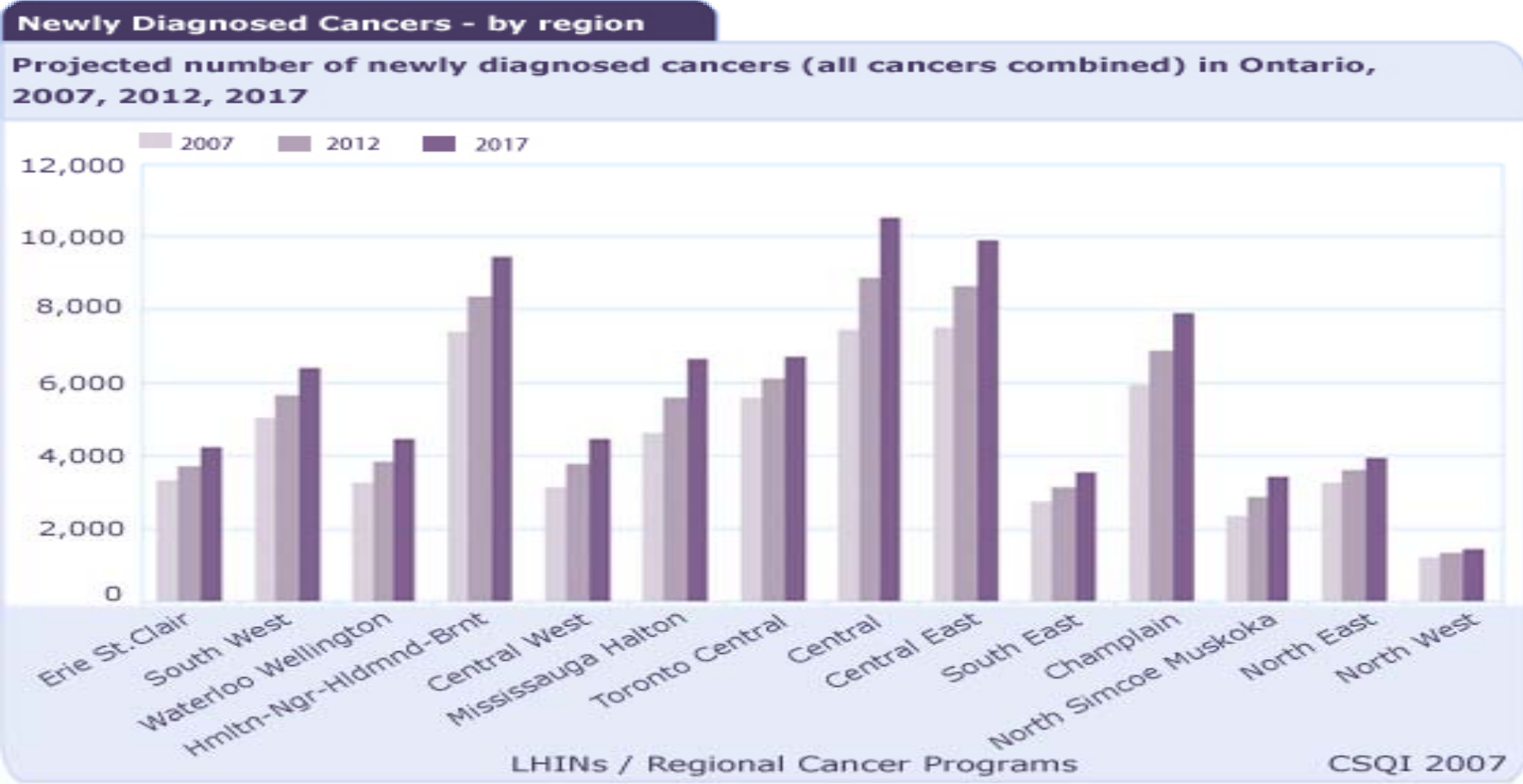
Terrence Sullivan
President and CEO
Cancer Care Ontario
Canada



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Planning: Newly diagnosed cancers by LHIN: 2007, 2012, 2017



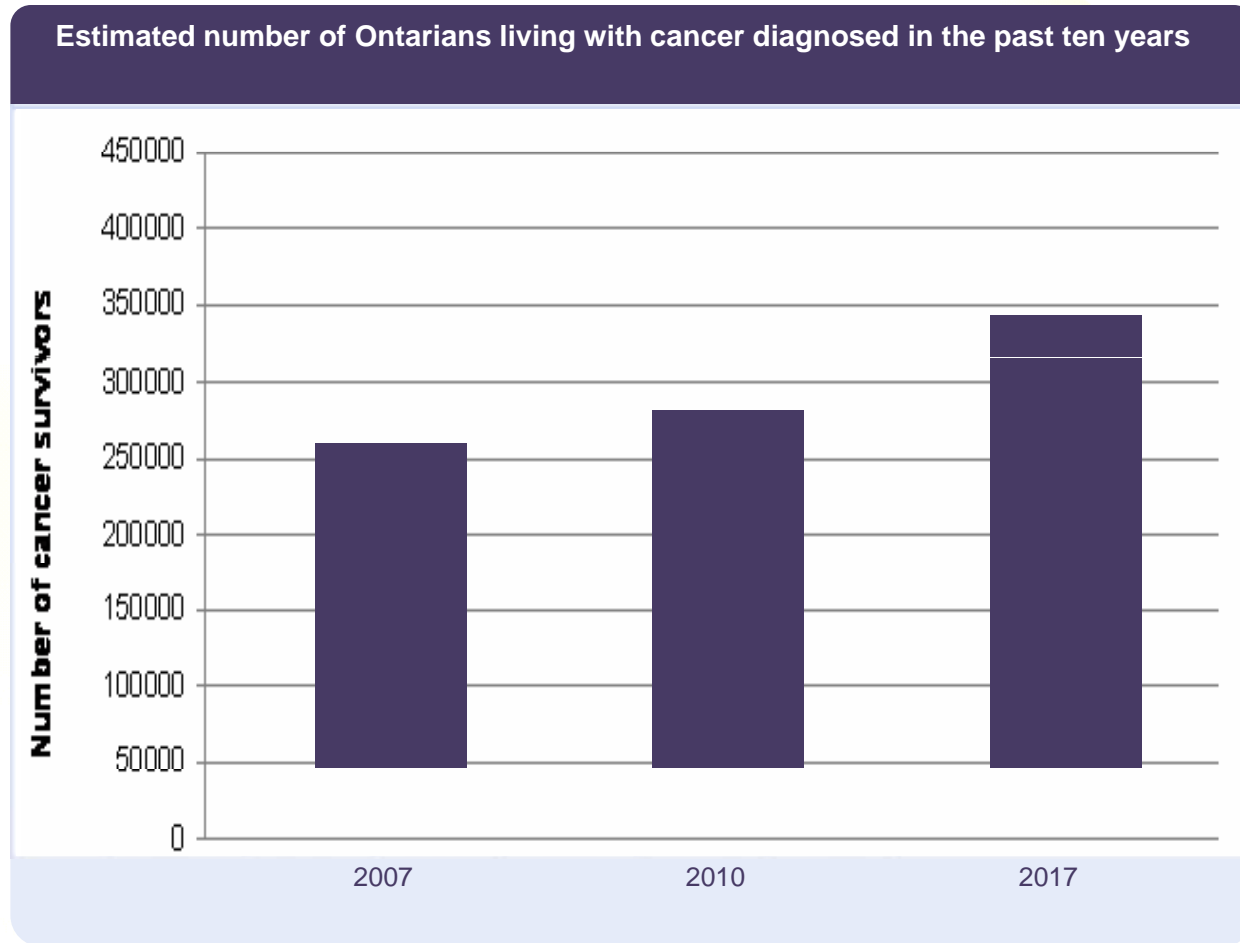
Sources: Cancer Care Ontario, Ontario Cancer Registry; Ontario Ministry of Finance, Ontario Population Projections; Ontario Ministry of Health, DA's to LHIN mapping; Statistics Canada: PCCF, 2001 Census Canada



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More People Live With Cancer



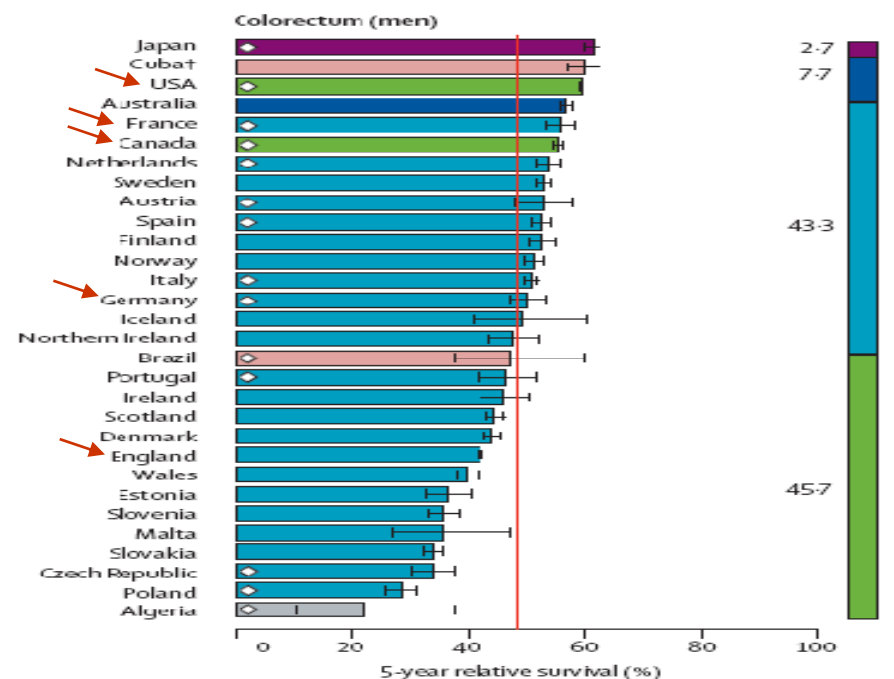
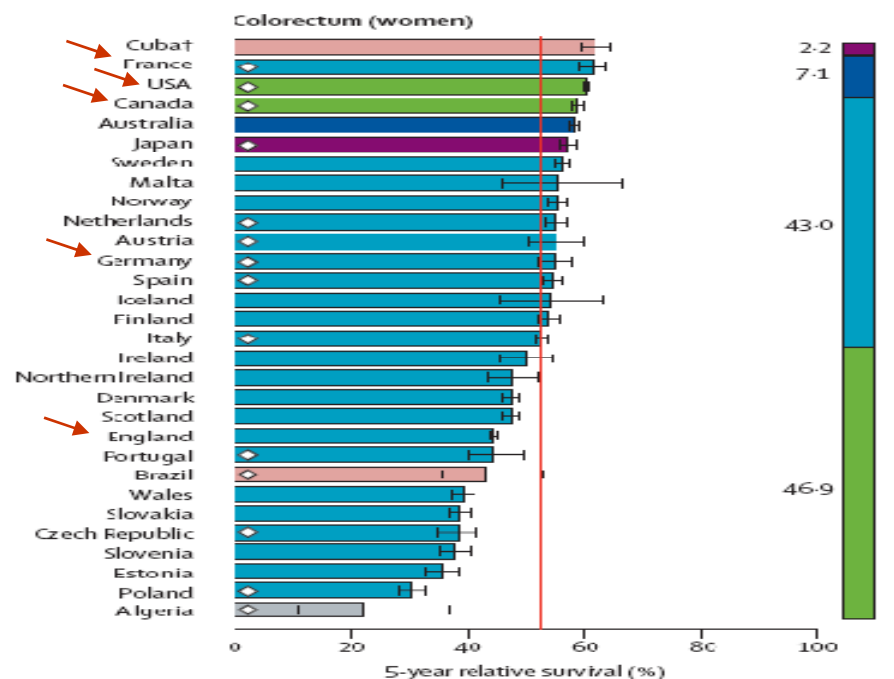
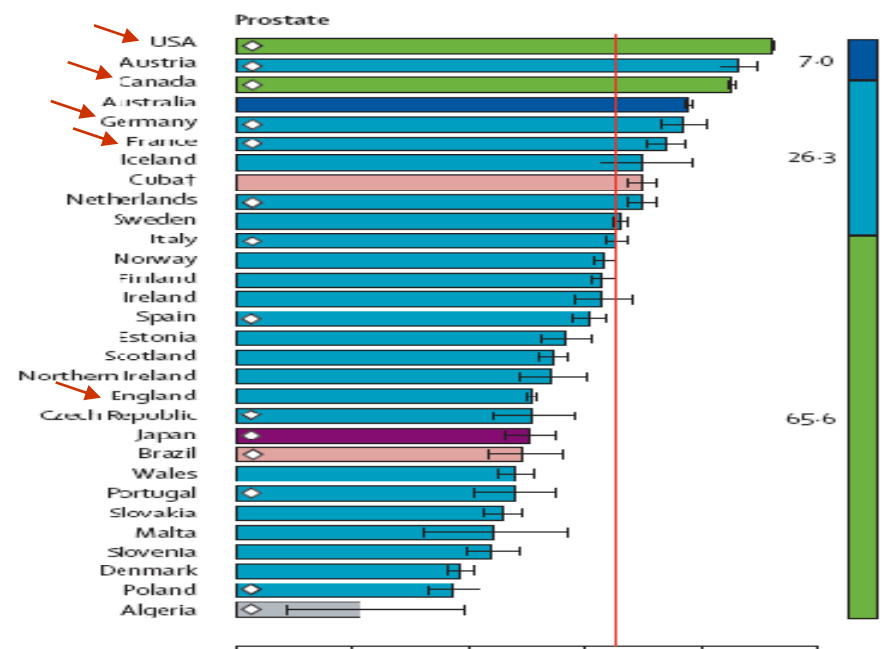
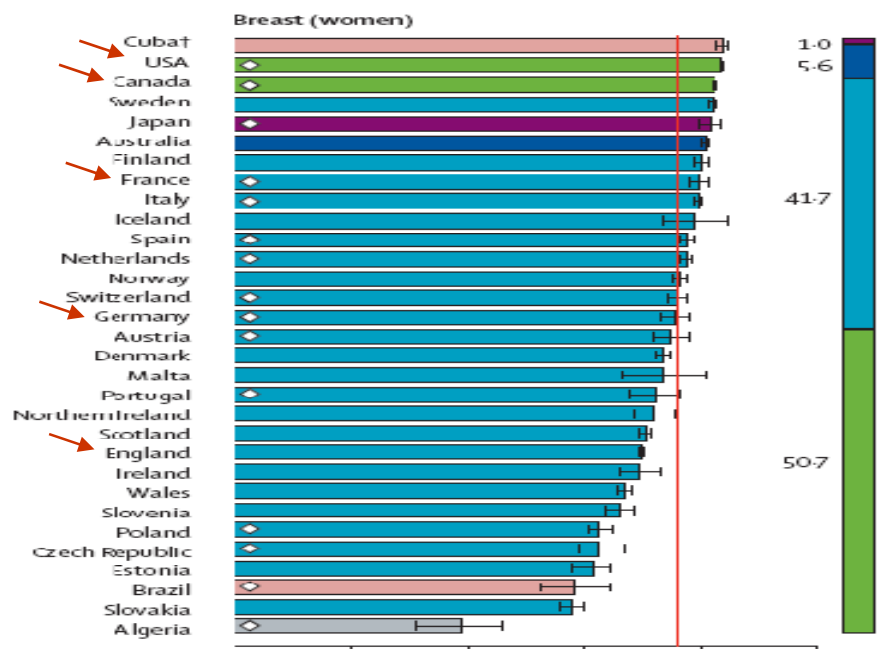
The number of people living with cancer will increase by 40% over the next ten years.

Provided by: Surveillance Unit, Cancer Care Ontario
Source: Ontario Cancer Registry



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Africa
 America, North
 Europe
 America, Central and South
 Asia
 Oceania
 Data covering less than 100% of country

Working Core Goals and Priorities for a High Performance Health Care System

1. HIGH QUALITY/SAFE CARE

Appropriate/effective care
Appropriate care (reduce under use, over use, misuse)
Safe care (minimize errors)
Integrated/coordinated care
Patient-centred care

2. ACCESS AND EQUITY

Universal coverage
Established set of benefits
Affordable care
Equitable care
Minimal appropriate waiting and access

3. EFFICIENT AND HIGH VALUE CARE

Efficient delivery and administration
Care at the right time, in the right setting, with right professional mix
Ongoing evaluation of effectiveness and value

4. SYSTEM CAPACITY TO IMPROVE

Investment in innovation and research
Information infrastructure
Educational system for health care providers/administrators
Culture of performance improvement
Balance autonomy and accountability

Promising Practices to Achieve 4 Core Goals of High Performance Systems

4 Core Goals of High Performance Systems	Canada (Ontario)	England	France	Germany	USA
1. Appropriateness and Safety	<ul style="list-style-type: none"> Guideline culture and adherence reporting Thoracic surgery standards minimum activity & organizational requirements 	<ul style="list-style-type: none"> National Institute for Health and Clinical Excellence (NICE) clinical practice guidance 	<ul style="list-style-type: none"> Multidisciplinary approach: <ul style="list-style-type: none"> Consultation, Diagnosis Cancer Networks Minimum activity thresholds and quality criteria 	<ul style="list-style-type: none"> Disease Management Program (guideline adherence) Clinical practice guideline compliance Certification of cancer centres 	<ul style="list-style-type: none"> Quality Oncology Practice Initiative (QOPI) (guideline adherence via voluntary chart abstraction) National Initiative on Cancer Care Quality (guideline adherence)
2. Access and Equity	<ul style="list-style-type: none"> Wait times monitoring, reporting & improvement Colorectal Screening 	<ul style="list-style-type: none"> National Cancer Waits Project led to progress on cancer waits Colorectal Screening 	<ul style="list-style-type: none"> Early detection (breast and colorectal cancer) 	<ul style="list-style-type: none"> Health insurance coverage for all citizens 	<ul style="list-style-type: none"> State and local programs to increase insurance coverage and reduce disparities in cancer care
3. Efficiency and Value	<ul style="list-style-type: none"> Improved data quality for pathology reports and stage capture; Payment link to quality standards 	<ul style="list-style-type: none"> Progress review and monitoring (National Audit Office) 	<ul style="list-style-type: none"> Specific financing system for innovative drugs incentive for appropriate prescribing 	<ul style="list-style-type: none"> Integrated Oncology Centres 	<ul style="list-style-type: none"> Payment reform demonstrations that link payment to quality rather than volume
4. System Capacity to Improve	<ul style="list-style-type: none"> Performance reporting through Cancer System Quality Index (CSQI) enrollment in clinical trials 	<ul style="list-style-type: none"> Comprehensive cancer plan/strategy Cancer Services Collaborative (service redesign) 	<ul style="list-style-type: none"> Access to innovative drugs 	<ul style="list-style-type: none"> Quality management programs (analysis and reporting) 	<ul style="list-style-type: none"> Upgrading cancer registries

http://www.cancercare.on.ca/documents/UK5_Pre-WorkshopReport.pdf

Common Elements of Performance Improvement:

1. Performance Knowledge

- 1.1 Measures / Performance Indicators of Cancer Care
- 1.2 Strategies for Collecting Data/ Sources of Quality Data
- 1.3 Performance Reporting

Common Elements of Performance Improvement :

2. Active Levers for Performance Improvement

2.1 Institutional and Leadership Alignment on Directions

2.2 Commitment / Mobilization of Stakeholders

- Commitment of clinician and clinician leaders
- Engaging patients
- Public engagement
- Engagement of policy/administrative decision makers

Common Elements of Performance Improvement :

3. Active Processes

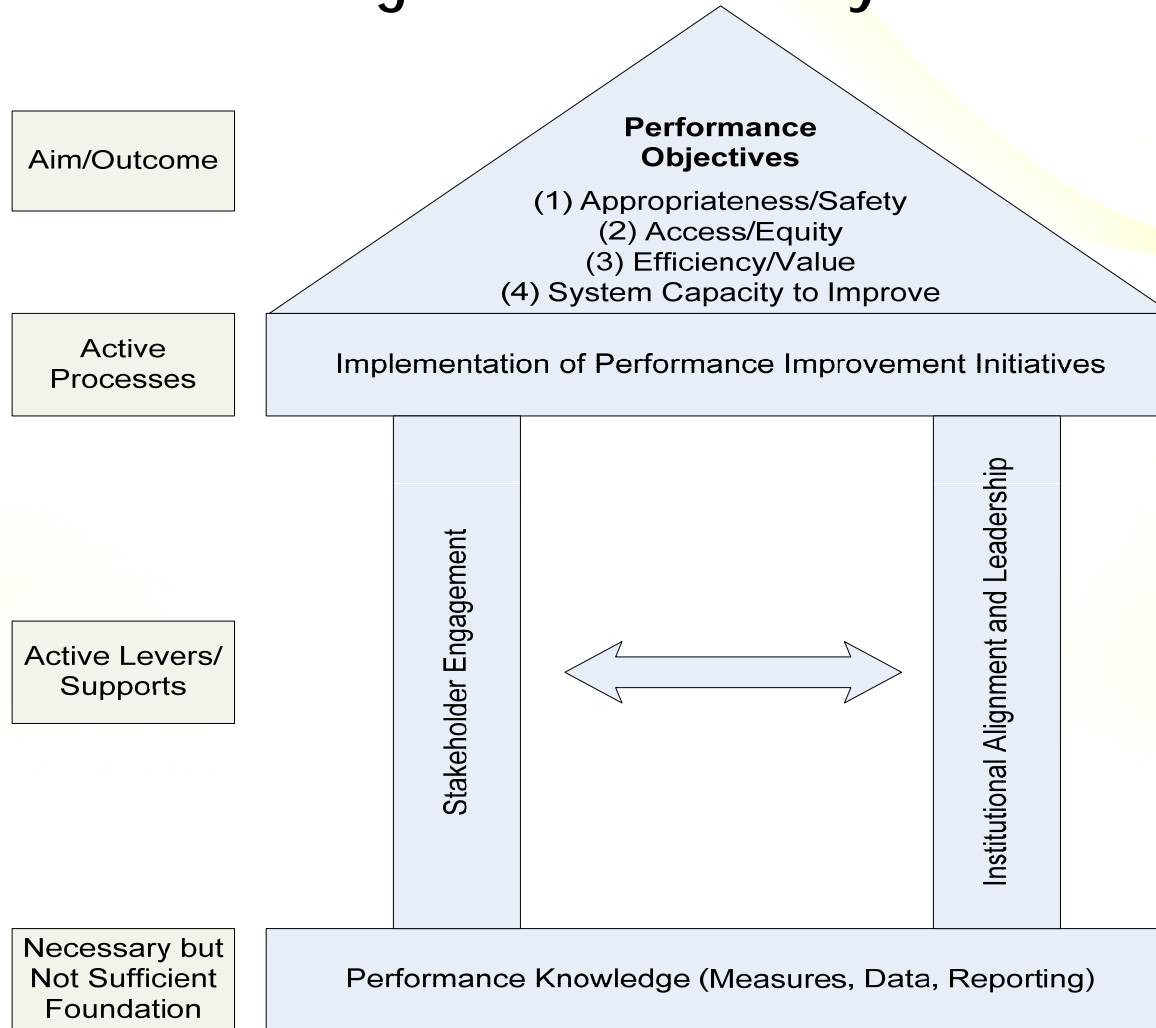
3.1 Initiatives by Clinicians

3.2 Payment Mechanisms

3.3 Organizational Standards/Consolidation of Services

3.4 Flexible Work Force Initiatives

A Cancer Improvement Framework Arising from 5 Country Initiative



Responsabilite et performance en cancerologie

Sullivan, Dobrow, Schneider et al, Prat Organ Soins 2008;39(3):207-15

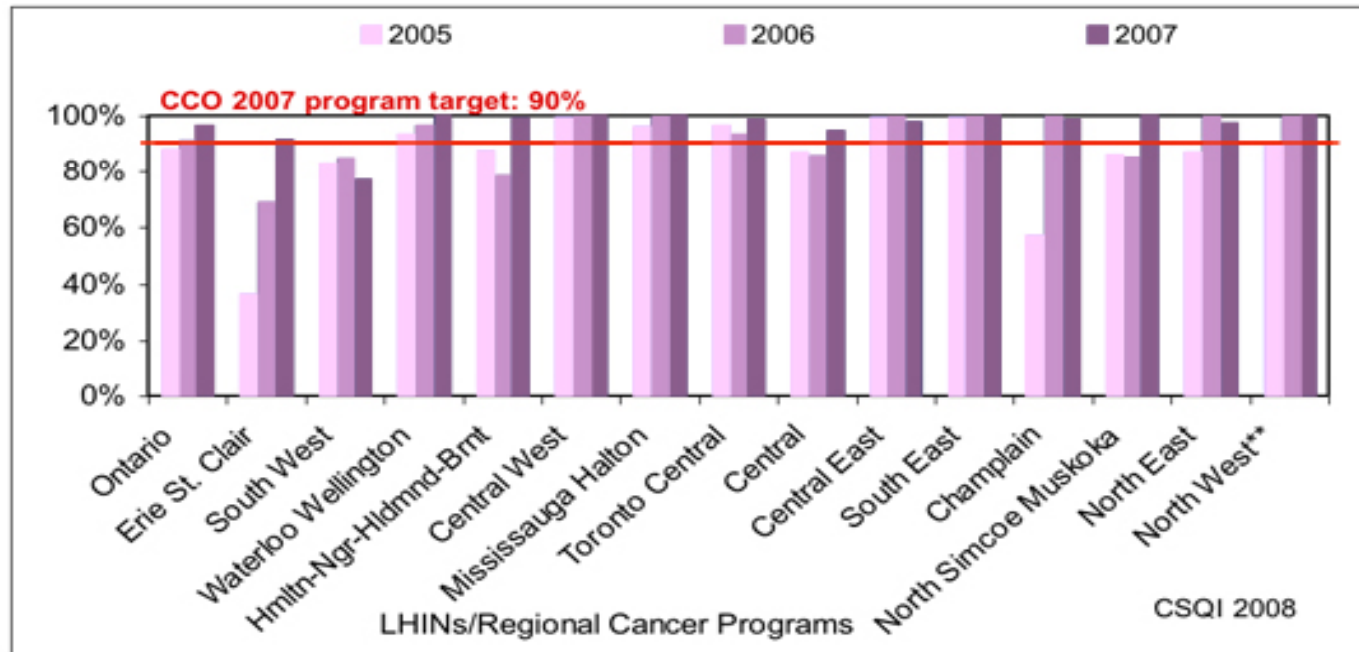


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Completeness of Pathology Reports

Percent of pathology lab reports meeting provincial standard: radical prostatectomies, by LHIN, 2005, 2006 and 2007*



Source: Cancer Care Ontario, Pathology Information Management System

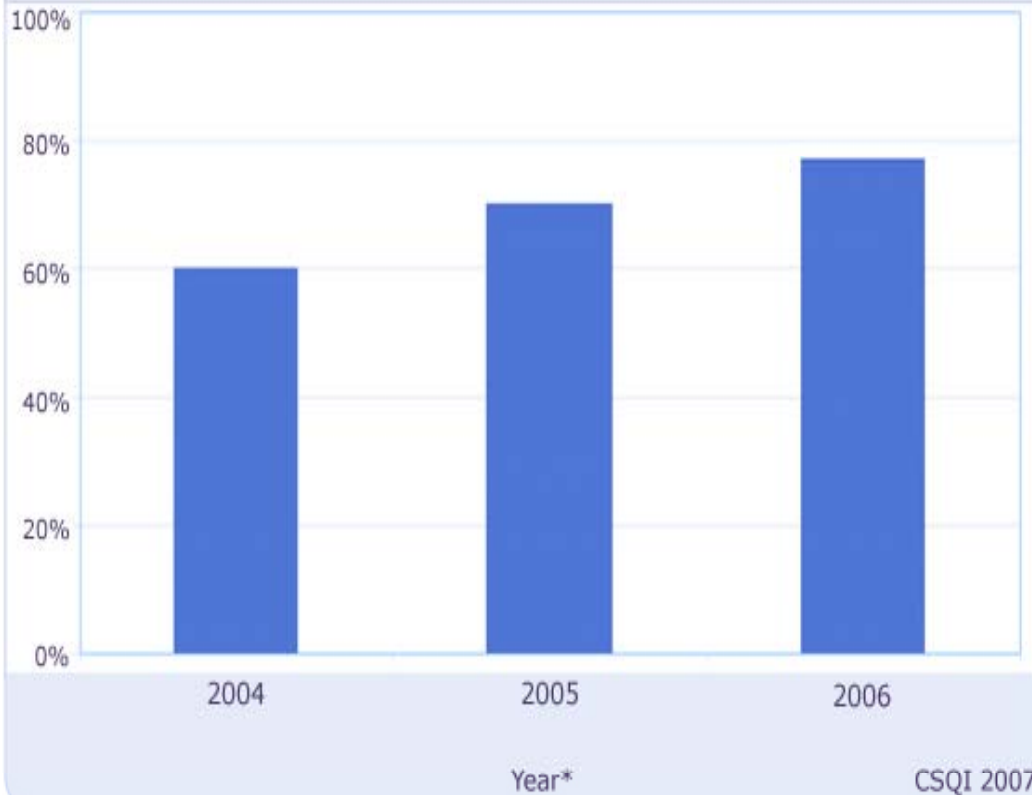
Notes:

1. *April 1 - September 30, 2005, May 1 – July 31, 2006 and July 1, 2006 - April 30, 2007
2. ** Data should be interpreted with caution because of relatively small sample size
3. Since 2006, clearer, more explicit statements around specific report elements (extraprostatic extension and seminal vesical invasion) were required compared with 2005.

Improving Quality & Program Standards

Use of Clinical Practice Guidelines - colorectal cancer surgery

Percent of colorectal cancer resections with 12 or more lymph nodes reported, Ontario 2004-2006



Source: Cancer Care Ontario, Pathology Information Management System (PIMS). Based on a sample of pathology reports for colorectal cancer resections in each year.

Notes:

1.*Data collection timeframes are Jun.-Aug. 2004, Apr.-Sept. 2005, Sept.-Oct. 2006.

Wright, F et al. BMC Health Serv Res. 2006 Jan 16;6:4.

Most U.S. hospitals fail to meet colon cancer standard: study

Last Updated: Tuesday, September 9, 2008 | 4:31 PM ET

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[CBC News](#)

Most hospitals in the U.S. fail to check colon cancer patients thoroughly for signs their tumour is spreading, say researchers. In the last 10 years, several oncology organizations that set guidelines in the U.S. and Canada have recommended examining at least 12 lymph nodes to determine if colon cancer has spread. Whether cancer has passed through the lymph nodes is important to long-term survival.

In the Journal of the National Cancer Institute, Dr. Karl Bilimoria of Northwestern University in Chicago and his team said they found **more than 60 per cent of nearly 1,300 hospitals in the U.S. failed to comply with the guideline.**



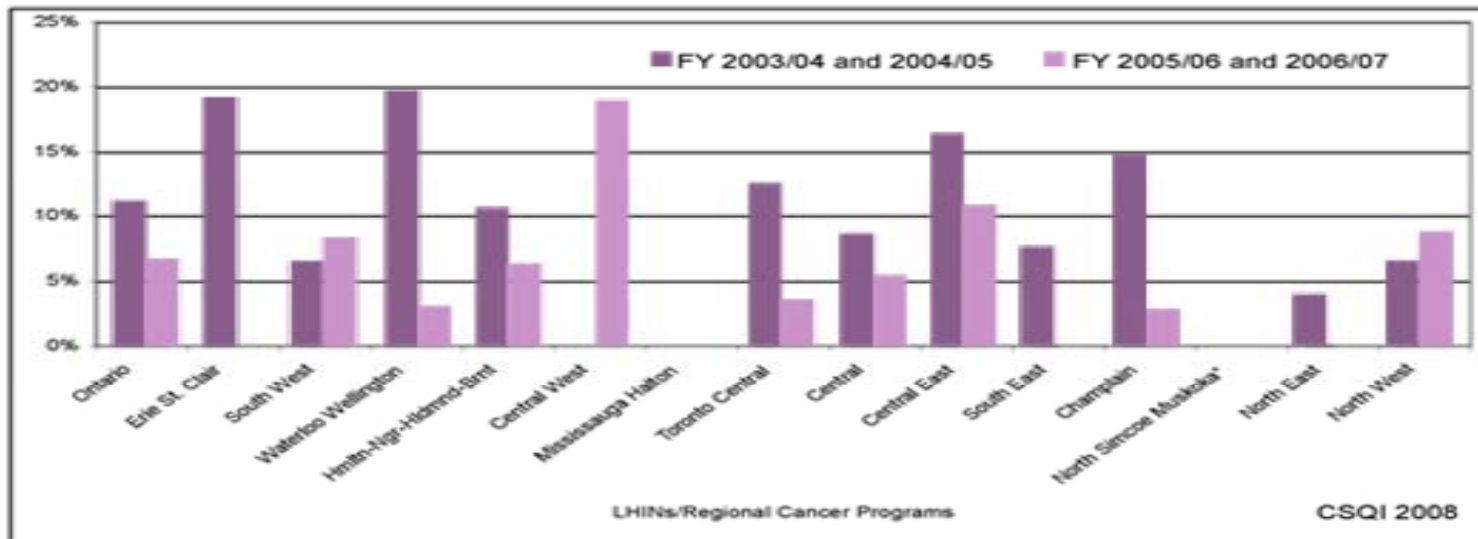
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Performance Reporting

Deaths Following Cancer Surgery

Percent of patients dying in hospital or within 30 days following pneumonectomy
(by LHIN, fiscal years 2003/04 and 2004/05 vs. 2005/06 and 2006/07)



Sources:

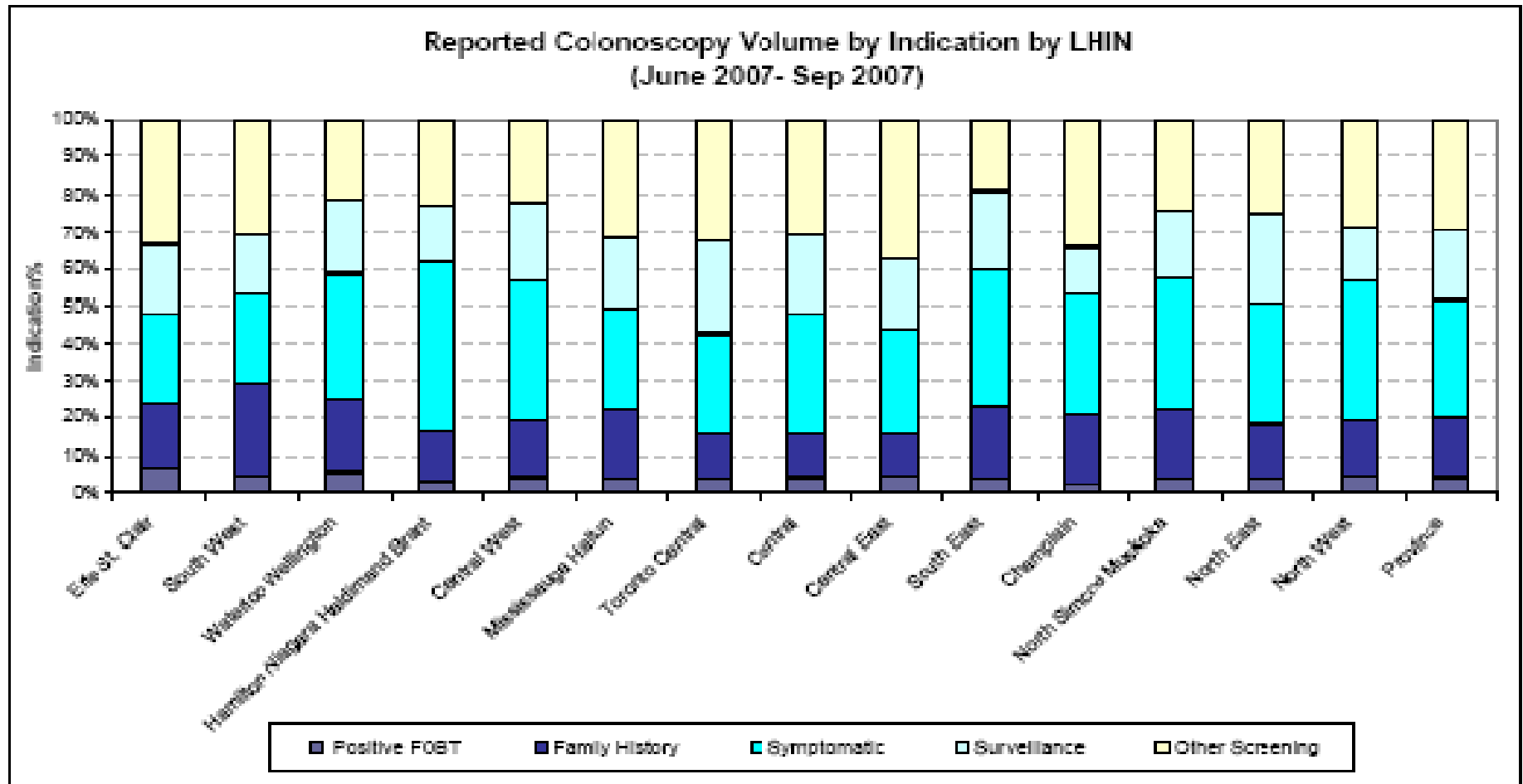
Canadian Institute for Health Information Discharge Abstract Database
Analysis conducted by scientists in the Cancer Program at the Institute for
Clinical Evaluative Sciences (ICES) in Toronto

Notes:

1. Procedures included a small proportion of operations that were not "cancer" cases.
2. Data included for April 1 2003-March 31 2005 and April 1 2005-March 31 2007.
3. Rates standardized for age and sex.
4. *No surgeries performed in North Simcoe Muskoka

Linking Data, Quality, Performance, Participation and Funding

Colonoscopy volume by indication by LHIN





cancer care | action cancer
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