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Ontario Cancer News

Council releases landmark report on quality of cancer services in Ontario

The Cancer Quality Council of Ontario has released its first report on the state of Ontario's cancer programs and services. *Strengthening the Quality of Cancer Services in Ontario* provides a comprehensive examination of the full range of cancer services in the province.

The book costs $49.95 and can be ordered through the Canadian Healthcare Association (CHA) Press at custserv@cha.ca or 613.241.8005, ext. 253.

Read more about the report in this issue of *Ontario Cancer News*.

Quality Council report urges immediate action

In its landmark book, *Strengthening the Quality of Cancer Services in Ontario*, the Cancer Quality Council looks at prevention, screening, treatment and supportive care, as well as patient safety and oncology nursing. With contributions from more than 30 cancer experts, the report takes stock of the strengths and weaknesses in the system and recommends important areas for improvement.

"This report provides us with a starting point from which we can inform the public, cancer service providers and policy makers to improve the quality of cancer care in the province," said Michael Decter, chair of the Cancer Quality Council of Ontario. "While the province's patients already receive a very good quality of care, the goal in this report was to identify the gaps in the system and make them a focus for quality improvement."

Cancer is one of the most important health issues facing Ontario. In 2003, an estimated 52,700 people in Ontario will be diagnosed with cancer and more than 24,000 people will die of it. The number of people in Ontario diagnosed with cancer will grow by two thirds in the next 15 years. Currently, almost 150,000 cancer patients are receiving active treatment and an additional 300,000 individuals have been previously treated for cancer, according to Cancer Care Ontario.

“We have a slow epidemic of cancer in Ontario,” says Dr. Terrence Sullivan, provincial vice-president of cancer control and prevention, and executive lead of the Quality Council. “We must move quickly to develop indicators and publicly report on these in order to bring about improvements in the performance of our cancer services. These quality improvements are necessary to combat the steady growth of cancer.”

Cancer services are provided through large specialty service providers like Cancer Care Ontario and Princess Margaret Hospital. But the majority of cancer services are actually provided through community hospitals and agencies, public health and primary care providers. In order to strengthen the quality of all cancer services, it is imperative that all these cancer service providers are aligned.

"The Quality Council report provides us with sound evidence upon which to focus our system improvement efforts,” says Dr. Alan Hudson, president and CEO of Cancer Care Ontario and a member of the Quality Council. “We will continue to work with our partners to foster quality, accountability and innovation in Ontario’s cancer system and provide the best quality cancer system for Ontarians.”

The Cancer Quality Council of Ontario has a mandate to monitor and assess the province's cancer system performance. It is the first body of its kind in Canada to focus on improving provincial cancer services through public reporting of quality indicators.

Report highlights

- Ontario has a great deal of data about cancer services and outcomes. However, barriers exist to the regular linkages of data between service and outcome data bases. This compromises our ability to paint meaningful pictures of service quality. Ontario needs to remove barriers to health services studies of patterns of care in the field of cancer. In addition, a cancer information system is needed to monitor the performance of the cancer system and focus quality improvement initiatives.

- Prevention and screening are the best hope for reducing the slow epidemic of Cancer in Ontario. Ontario has a long-term cancer prevention and screening plan — Cancer 2020 — which sets out targets for changing behaviours that affect cancer risks. Strategies to reach the targets need to be developed, funded and implemented. Progress towards the targets set should be reported publicly.
- Many people in Ontario are waiting longer than recommended by expert bodies for major cancer treatments and some people who could benefit from treatment after their initial surgery do not receive best practice. Wait times for all cancer treatment (surgery, radiation therapy and chemotherapy) have increased over the past decade. A comprehensive approach to access will be a primary focus of the Quality Council in the coming year.
- Routine monitoring and public reporting of performance are needed to drive quality improvement. The CQCO is currently developing a valid and reliable set of quality indicators, capturing a number of aspects of cancer system performance including patient satisfaction, wait times, efficiency, outcomes – all necessary to close the gap between the demand for and supply of health care services.

Copies of the full report are $49.95 each and can be ordered through the Canadian Healthcare Association (CHA) Press at custserv@cha.ca or 613.241.8005, ext. 253.

To read a synopsis of the report, go to http://www.cancercare.on.ca/pdf/Synopsis_CQCO_Report.pdf.

Introducing CCO's advisory councils

As reported in the July 2003 issue of *Ontario Cancer News*, Cancer Care Ontario will no longer be a direct provider of patient care as of January 2004, the target date for regional cancer centre staff to become employees of their host hospitals. This shift away from the direct management of patient care activities allows Cancer Care Ontario to focus on system-wide issues.

To help us better support the regions and improve the overall cancer system, three key advisory councils have been established at Cancer Care Ontario. The first, the **Cancer Quality Council of Ontario**, was introduced to you in the April 2003 issue of *Ontario Cancer News*.

The **Provincial Leadership Council** focuses on the overall cancer strategy for Cancer Care Ontario and advises Cancer Care Ontario's CEO on system issues. The council addresses strategic issues including those relating to Cancer Care Ontario's provincial cancer plan, program integration agreements, and the cancer information strategic plan. In addition, operational matters underlying Cancer Care Ontario's integrated performance are discussed by this group. This senior leadership council is accountable to the chief executive officer for its work.

The council is responsible for:

- Providing leadership for the development, execution and monitoring of the Provincial Cancer Plan;
- Identifying and recommend action to address provincial trends and issues arising from the Cancer Program Integration Agreements;
- Identifying and recommend action to address issues arising from the implementation of the Cancer Information Management Strategic Plan;
- Providing leadership for development of new programs, policies, and innovations that will help improve cancer system integration and performance;
- Fostering alignment between community, regional and provincial activities within Ontario and CCO;
- Identifying and recommend action on capacity planning for the cancer system consistent with best practice guidelines established by the Clinical Council and projections of service needs in the population;
- Providing leadership for developing mechanisms for the management of adequate supplies of health human resources needed to meet the projected future demands for cancer services; and
- Encouraging and guiding the evolution of contractual, funding and information management mechanisms to improve cancer care and cancer control in the regions and throughout the Province.

Provincial Leadership Council members:

- Leslee Thompson, provincial vice president, Cancer System Integration and Performance (Chair)
- Robert Bell, COO of Princess Margaret Hospital
- Dr. Sue Brien, regional vice president, Windsor
- Dr. George Browman, regional vice president, Hamilton
- Dr. Peter Dixon, regional vice president, Durham (Oshawa)
- Dr. Sheldon Fine, regional vice president, Peel (Mississauga)
- Patrick Gaskin, regional vice president, Grand River (Kitchener)
- Dr. Tom McGowan, director, Analytical Unit and head, Clinical Programs
- Michael Power, regional vice president, Northwestern Ontario (Thunder Bay)
- Dr. Carol Sawka, regional vice president, Toronto
- Michael Sherar, PhD, regional vice president, London
- Janice Skot, regional vice president, Northeastern Ontario (Sudbury)
- Dr. Anne Smith, regional vice president, Kingston

- Dr. Hartley Stern, regional vice president, Ottawa

The **Clinical Council** has a mandate to set clinical standards for Ontario's cancer system. The council will develop a system to promote and evaluate quality and safety of clinical care for all organizations providing cancer care.

The council is responsible for the following policy areas:

- Best practice guidelines for diagnosis, treatment, safety, prevention and screening
- Standards for quality and access
- Required patient safety measures
- Professional credentials required for cancer care
- Data reporting requirements necessary for monitoring clinical performance
- Standards of medical ethics
- Clinical knowledge transfer

Reporting to the Quality of Care and Ethics Committee of the Board, the Clinical Council will liaise regularly with the Cancer Quality Council of Ontario and the Provincial Leadership Council. The Clinical Council will concentrate on the development of quality measurement systems, setting quality and safety target measures, strategies for achieving targets and the measurement of progress towards these goals.

While the structure of sub-committees is under review, all professional advisory committees and site groups will be sub-committees of the Clinical Council and accountable to it for their work. The Program in Evidence-Based Care also is accountable to the council.

Clinical Council members:

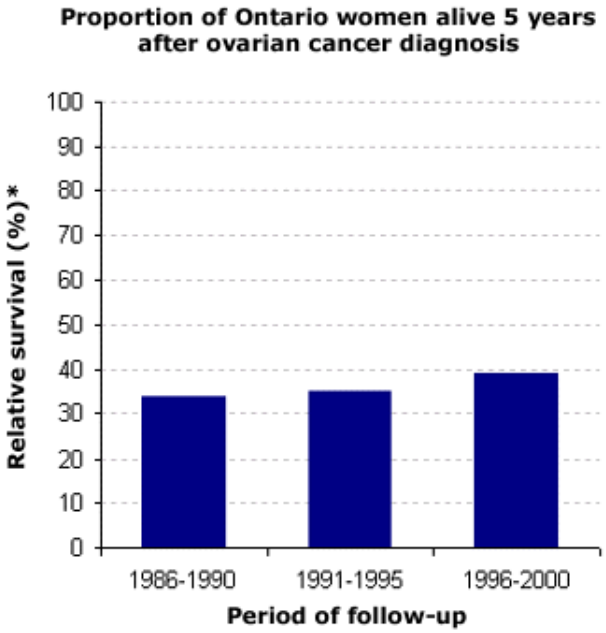
- Dr. Bob Bell, COO of Princess Margaret Hospital (Chair)
- Dr. George Browman, co-director of the Program in Evidence-Based Care
- Dr. Bill Evans, provincial vice president and chief medical officer
- Margaret Fitch, PhD, provincial head, Supportive Care
- Esther Green, chief nursing officer & director of Health Human Resource Planning
- Dr. Verna Mai, director, Division of Preventive Oncology
- Dr. Tom McGowan, director, Analytical Unit and head, Clinical Programs
- Dr. Peeter Poldre, provincial head, Education
- Lisa Schwartz, PhD, provincial head, Ethics
- Pamela Spencer, general counsel, corporate secretary and chief privacy officer
- Dr. Hartley Stern, provincial head, Surgical Oncology
- Terrence Sullivan, PhD, provincial vice president, Research and Cancer Control
- Leslee Thompson, provincial vice president, Cancer System Integration and Performance
- Dr. Tony Whitton, provincial head, Radiation Therapy
- Dr. Brent Zanke, provincial head, Systemic Therapy
- Diagnostic Imaging representative to be named
- Pathology representative to be named

For information on the Provincial Leadership Council, send e-mail to angie.heydon@cancercare.on.ca. For information on the Clinical Council, send e-mail to jillian.ross@cancercare.on.ca.

Ontario Cancer Fact

Ovarian cancer survival improving but still low

Women with ovarian cancer today have a better chance of surviving five years after diagnosis than they had in the 1980s. At that time women with cancer of the ovary were 34% as likely to be alive in five years as other women the same age in the general population. Now that number is close to 40%.



* Relative survival compares how long people live after their diagnosis to how long people of the same age in the general population are expected to live. It is estimated here for people followed up in these specified periods.

Source: Cancer Care Ontario (Ontario Cancer Registry, 2003)

This increase in survival may be because treatment for ovarian cancer became much better during the 1990s. It may also be the result of some ovarian cancers being diagnosed earlier, when treatment has a better chance.

Survival is much lower for women with advanced disease, and better for women whose cancer is still at an early stage. Most ovarian cancers are diagnosed at an advanced stage.

It is hard to detect cancer of the ovary early, because the symptoms are similar to symptoms caused by more common conditions. Survival from ovarian cancer is still low compared to many other types of cancer. Researchers are working to improve tests for finding cancer of the ovary early.

For more information, talk to your health care provider or call Cancer Information Service (1 888 939-3333).

Coming this fall…

Proceedings of "Colorectal Cancer Control in Ontario, Opportunities for Quality Improvement" to be published

In late October, the Cancer Quality Council of Ontario will publish proceedings from its first annual signature event on quality improvement in colorectal cancer. The event, held in June 2003, consisted of a working meeting that brought together clinical practice leaders, policy makers, health care administrators managers, patient advocates and patients to focus on quality improvement strategies for the control of colorectal cancer. A major focus of the meeting was the significant gains that could be achieved through screening and early detection of this disease. In addition, workshops were held on quality improvement in each domain of colorectal cancer control.

The proceedings will be available on the Cancer Care Ontario Web site, or through Ann Kohen at ann.kohen@cancercare.on.ca or 416-971-5100 ext. 1388.

Second issue of Insight on Cancer to be published

Watch for the second issue of Insight on Cancer, a new series of publications focusing on current cancer trends, news and information. Insight on Cancer, news and information on nutrition and cancer prevention: results from an Ontario-wide survey, is expected later this fall. Cancer Care Ontario has partnered with the Canadian Cancer Society, Ontario Division to produce the series. Look for it on Cancer Care Ontario's Web site.

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