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Ontario Cancer News

A Tale of Integration in Ontario

Read about how Ontario's cancer service integration team overcame traditional biases, turf protection and political minefields to get the job done, in this month's issue of *Healthcare Quarterly* magazine. Integration of Cancer Services in Ontario: The Story of Getting it Done, was co-written by Cancer Care Ontario's VP of Cancer System Integration and Performance Leslee Thompson, and Murray Martin, CEO of Hamilton Health Sciences Centre.

Provincial Cancer Plan update

The 12 integrated cancer programs (ICPs), along with regional cancer advisory committees, are consulting all 158 Ontario hospitals, 42 community care access centres and 16 public health units, and actively involving stakeholders from all aspects of cancer care—prevention, screening, diagnosis, treatment, supportive care and palliation.

Engaging stakeholders in the development process is fundamental to the creation of a comprehensive Provincial Cancer Plan that will address patient needs at all stages in the cancer continuum. The goal is to make sure that those who contribute to cancer care both directly and indirectly are involved in building a roadmap aimed at improving access and the quality of cancer services for Ontarians.

While most regions have set up planning task forces that involve stakeholders from multiple disciplines and are meeting with local stakeholder groups, several regions have come up with other inventive ways to involve their stakeholders. What follows is a snapshot of what some regions have done to actively engage stakeholders in developing regional cancer plans.

In May, The Ottawa Hospital Regional Cancer Centre launched its planning process with a community event where more than 60 participants, including regional vice presidents, patients, researchers, neighbours and doctors came together to identify issues and discuss initiatives that would improve cancer care in the Ottawa region.

Windsor kicked off planning by circulating nearly 500 surveys to general practitioners, asking for their input on aspects of cancer care in their region. The Southwest Region opted for qualitative research—conducting 16 focus groups during May and June to gather the information they needed from cancer care providers and stakeholders. This region has also engaged local prevention, early detection and supportive care networks in strategic planning exercises and will incorporate the outcomes into the regional plan.

Hamilton Regional Cancer Centre has created multidisciplinary consultation teams, which comprise more than 150 key partners from across the continuum of care and represent all six counties within Central South/West Ontario. By encouraging stakeholders to participate in Provincial Cancer Plan orientation meetings, the ICP has acquired feedback that will be used to develop Hamilton's regional cancer plan.

During April, more than 20 groups who are members of the Health Care Network of Southeastern Ontario, near Kingston, were given an introduction to the Provincial Cancer Plan. This region has also conducted an all-day workshop on May 27 with the local Prevention and Screening Network to review the risk factors and quality screening indicators resulting in strategic initiatives and priorities for the plan.

Grand River Regional Cancer Centre (GRRCC) distributed 5,000 flyers to members of the local community inviting them to participate in a Web-based survey that asks them to determine how they would allocate $10 to provide cancer care and information. GRRCC also conducted patient focus groups asking patients, “What are your three wishes for the cancer system?” Similarly, patients and their families in the Northwest Region were invited to provide their perspectives on cancer system challenges during two forums and during a meeting at Amethyst House, the region’s patient lodge.

In the Northeast Region, all staff have been encouraged to do an “innovation inventory” by assessing what they do well and what innovations could help them do an even better job. The results of this inventory were submitted to the planning team and were entered into a draw for lunch at a local bistro.

ICPs will continue to involve their stakeholders at every opportunity throughout the planning process. Working alongside stakeholders in all parts of the cancer continuum will ensure that the Provincial Cancer Plan will effectively address key cancer care issues in each region.

CQCO releases a four-point strategy to reduce waiting times

The Cancer Quality Council of Ontario has released a report focusing on waiting times for cancer services. ***Gaining Access to Appropriate Cancer Services: A Four-Point Strategy to Reduce Waiting Times in Ontario***, outlines four ways to improve access to cancer services that go beyond simply managing waiting lists.

"There is no quick fix that will reduce waiting times," said Michael Decter, CQCO chair. "Improving access means addressing the problems that cause longer wait times on multiple fronts." The report proposes a many-sided approach centred on prevention, increasing the supply of cancer resources, coordinating access for patients upon diagnosis and using existing resources more efficiently.

Minister of Health and Long-Term Care George Smitherman, who was on-hand to receive the report, reinforced that shorter waiting times could only be achieved with a concerted effort, saying, "The kind of changes needed cannot be made in a day and cannot be done on a dime."

For a copy of the report, go to: http://www.cancercare.on.ca/pdf/CQCOFourPointStrategy.pdf.

People news

Janice Skot, regional VP in Sudbury, has been appointed president and CEO of Royal Victoria Hospital by the hospital's Board of Directors. Her appointment takes effect September 13, 2004. Before joining Cancer Care Ontario as regional director of Planning and Administration at NEORCC, Janice was CEO of Sudbury's Laurentian Hospital. She was appointed RVP of the cancer program in Sudbury in July 2002. Janice has played a key role in the integration of cancer services in Northeastern Ontario. Cancer Care Ontario and Sudbury Regional Hospital will be working together to find new leadership for the cancer program in the Northeast.

In order to focus on his duties as Head of Radiation Oncology at Credit Valley Hospital (CVH), **Dr. Tom McGowan** has decided to relinquish his role as head of Clinical Programs and director of the Analytic Unit at Cancer Care Ontario. One of Dr. McGowan’s priorities at Credit Valley Hospital will be to develop a model radiation therapy program.

Dr. McGowan will remain employed at Cancer Care Ontario one day per week. He will work with Dr. John Srigley, chief of Laboratory Medicine at

CVH and a member of Cancer Care Ontario's Clinical Council, and Sarah Kramer, vice president and chief information officer, to develop and support the Pathology Information Management System (PIMS) initiative. He will also serve as a resource for clinical process innovation projects.

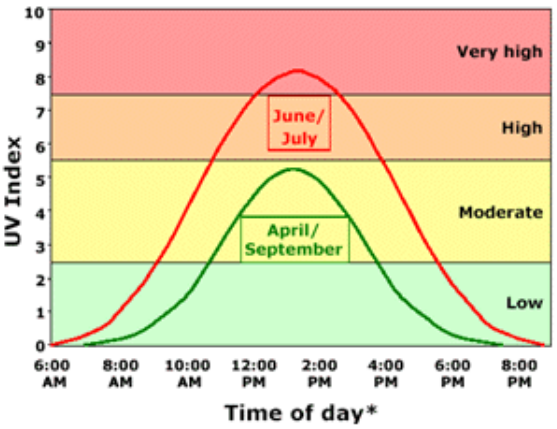
Dr. Robert Bell, Clinical Council chair, will assume the role of head, Clinical Programs. Clinical leaders will report to Dr. Bell, and work closely with Dr. Terry Sullivan, vice president and chief operating officer, with respect to overall assignments and resource requirements for clinical programs.

Sarah Kramer assumes overall responsibility for the analytical function at Cancer Care Ontario. She will liaise with Dr. Bell and the clinical practice leaders on the information needs of clinical programs and the Clinical Council.

Ontario Cancer Fact

The UV Index is a measure of the strength of the sun's ultraviolet (UV) rays. UV rays can cause sunburns, eye cataracts, skin aging and skin cancer. The higher the UV Index number, the stronger the sun's rays, and the greater the need to take precautions to protect your skin.

The UV Index: typical readings on sunny days in spring and summer, Southern Ontario



*Eastern Daylight Saving Time
Source: Environment Canada/Environnement Canada

Sun protection actions based on the daily UV forecast

Avoid the sun between 11 AM and 4 PM. Take full precautions (see below).

Protection required. Reduce time in the sun between 11 AM and 4 PM, seek shade, cover up, wear a hat, sunglasses and sunscreen.

Take precautions if outside for 30 minutes or more.

Minimal protection for normal activity.

The UV Index that is reported as part of the weather forecast is the highest expected value for the day. Recommended sun protection actions (see title right of the graph above) are based on the forecast UV Index.

Under mainly sunny skies, the UV Index is highest in the early afternoon (about 1:30 PM Eastern Daylight Saving Time in Southern Ontario). During the months of June and July maximum values can reach 8 or higher. This falls into the "very high" category and means that extra precautions are required:

- Avoid the mid-day sun (between 11 AM and 4 PM).
- If you must be outside, seek shade, cover up with lightweight clothing and wear a hat, sunglasses and sunscreen.

In April/May, and again in August/September, maximum readings of 6 or 7 (high category) are common and sun protection is required. Even in March and October maximum values generally fall into the moderate category and precautions are recommended if you are outside for 30 minutes or more.

For those travelling to the tropics, the UV Index can reach 7 to 9 at mid-day in the winter and as high as 14 at other times of the year. Under these conditions, unprotected skin can burn in minutes and maximum protection is required.

Enjoy the sun safely—use the UV Index as your guide to adequate protection.

For more information, visit the Environment Canada Web site at http://www.msc-smc.ec.gc.ca/topics/uv/index_e.html.

New on-line resources

Cancer Care Ontario's Clinical Council has prepared a lung cancer monograph that it expects will promote the best outcomes for lung cancer patients.

Clinical Focus on Lung Cancer - A snapshot of lung cancer for Ontario health care providers and managers provides an overview of the current quality of care for lung cancer patients in Ontario. The current practice in Cancer Care Ontario affiliated centres is presented and analyzed in relation to the evidence summarized in the clinical practice guidelines prepared by the provincial Lung Disease Site Group. This summary of current practice information has never been presented before and should guide physicians and other health care professionals who have to make decisions about the care of lung cancer patients.

"The monograph provides actionable information to those directly involved in the care of lung cancer patients, and those who plan and manage cancer services for lung cancer patients," says author Dr. W.K (Bill) Evans, chief medical officer and provincial vice president of Cancer Care Ontario and chair of the Lung Disease Site Group. "Planning and managing cancer services based on the best practices outlined in this monograph will contribute to the best outcomes for people with lung cancer."

The 16-page monograph includes information on patterns of practice, evidence-based guidelines, incidence and mortality, timeliness of access to care, and smoking trends. It supports the strategic direction of Cancer Care Ontario by reinforcing its new focus on knowledge transfer, quality and accountability.

Lung cancer is the most common cause of death due to cancer in Canada. In 2003, it was estimated that there would be 21,100 new cases and 18,800 deaths from lung cancer. In Ontario, it was estimated that there would be 7,500 new cases and 6,300 deaths from lung cancer.

- Clinical Focus on Lung Cancer

Learning manual to assist general practitioners in oncology

Cancer Care Ontario has posted on its Web site a recently commissioned self-directed learning manual for general practitioners and family physicians that currently work or plan to work in an oncology setting.

"Most physicians who chose to work with cancer patients have had little opportunity to learn about cancer care due to the lack of oncology curriculum content in university training and in family medicine certification programs," says Dr. Bill Evans, vice president and chief medical officer of Cancer Care Ontario.

"Currently there are no formal training programs for physicians who wish to pursue a General Practitioner in Oncology (GPO) role. As a consequence, those physicians who are working as GPOs in the health care system have acquired their knowledge on the job. This manual will help general practitioners and family medicine physicians gain knowledge that can be applied in a clinical practice setting."

The learning manual is organized on a disease site-specific basis. Each section includes clinical scenarios, recommended reading lists and available on-line resources. Questions related to each stage of a particular cancer are posed in order to direct the GPO's learning. It is recommended the GPO work through each case with an oncologist supervisor.

The manual, which will be updated annually, was developed by Dr. Mary Waddell, a GPO at Hamilton Regional Cancer Centre.

- General Practitioner in Oncology Self-Directed Learning Program

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