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Ontario Cancer News

A roadmap to improving cancer services and access to patient care

Cancer Care Ontario recently released the *Greater Toronto Area 2014 Cancer Report*, a comprehensive examination of cancer-related services in the region. The report identifies the range and distribution of cancer services required to meet the increasing needs of the quickly growing and aging population in the Greater Toronto Area (GTA). According to the report, the GTA will have over 33,000 new cases of cancer by 2014, up from 23,023 this year.

Read more about the *GTA 2014 Cancer Report* in this issue of *Ontario Cancer News*.

More about the GTA 2014 Cancer Report

The Greater Toronto Area 2014 Cancer Report, recently released by Cancer Care Ontario, calls for a significant injection of resources to cope with the projected increase in new cases of cancer over the next 10 years.

The report estimates that by 2014, the region will have over 33,000 new cases of cancer, up from 23,023 cases this year, because of the growing and aging population. In order to adequately deal with this increase, cancer services in the region must become more coordinated and will require additional fiscal and human resources.

“The purpose of the report is to identify which cancer-related services are needed to ensure that we can adequately meet the needs of the population in the Greater Toronto Area,” says Dr. Alan Hudson, president and CEO of Cancer Care Ontario. “The report also helps us identify ways by which we can build a more integrated system that, ultimately, will create a more seamless journey for cancer patients.”

The report offers a comprehensive examination of the full continuum of cancer-related services in the Greater Toronto Area. These services include: prevention and screening, diagnostic imaging, pathology and laboratory services, surgery, radiotherapy, systemic therapy, supportive care, as well as child and child/adult transition cancer services.

“Residents of the GTA are fortunate to have access to a wealth of cancer-related services and many highly-skilled health care professionals. However, the region is not well equipped to meet the growing needs for cancer services,” Hudson said.

The GTA includes Toronto and the Durham, Halton, Peel and York regions. It is the most densely populated region of Ontario and its residents account for 45% of Ontario’s population, or 5.5 million people. The Peel Region alone will see a 70% increase in cancer patients in the next decade. This represents the largest increase in the GTA, due to booming population growth.

The GTA 2014 Cancer Report identifies numerous opportunities for improvement and innovation in specific areas. Together, the 76 recommendations contained in the report reflect six common themes:

Theme 1: Development of patient-centred regional networks to improve the coordination of services
Theme 2: Development of clinical, research and teaching capacity
Theme 3: Promotion of the innovative use of human resources, including promotion of the skills of nursing, the use of interdisciplinary teams and the recognition of new roles
Theme 4: Development of cancer-related information systems for all services along the continuum of care
Theme 5: Implementation of quality standards to promote accountability
Theme 6: Enhancement of the role of research to advance all services along the continuum

Estimating the costs of implementing the recommendations contained in the report is difficult to do, said Dr. Terry Sullivan, CCO’s chief operating officer. “Furthermore, it’s not simply about doing more, which is crucial to meeting the increasing demands for services, it’s also important that we work more efficiently.”

“We will clearly need both more resources as well as productivity gains to meet the growing numbers of cases in the GTA over the next decade. The good news is that we have a tremendous talent pool here ready to meet that challenge,” Sullivan

added.

The report has been given to Ontario's Minister of Health and Long-Term Care. Currently, Ontario spends about $2-billion a year on cancer care.

The complete *GTA 2014 Cancer Report* may be found on-line at: http://www.cancercare.on.ca/default_3855.htm.

Provincial Cancer Plan update

Following months of stakeholder consultations, and assessments of the current and future state of cancer services in their areas, 11 regions have submitted plans that will feed into the overall provincial cancer plan. Contained in these regional plans are 67 strategic initiatives that will address specific concerns in each region, and advance the goals for improving the cancer system over the next three years.

Major areas of focus for the provincial cancer plan have already started to emerge as a result of regional and provincial submissions, including:

- Quality standards, such as expanded clinical guidelines and performance benchmarks
- Regional network infrastructures
- Assigned system navigators to help patients access care
- Information and information technology initiatives that include capturing waiting times and reporting
- Diagnostic imaging changes that will streamline assessments
- Multi-year funding for cancer services
- Ongoing provincial leadership in prevention and screening
- A provincial framework for palliative care that addresses issues of access, coordination, quality and funding

In the next month, Cancer Care Ontario will bring together these ideas and recommendations from across all regions along with a set of proposed provincial initiatives that will suggest resource distribution and coordination of cancer services in Ontario for the next three years.

This draft provincial cancer plan will undergo an external review by international health care planning experts, including Dr. Fredrick Green, chair elect, U.S. Commission on Cancer, and Professor Mark Elwood, the director of Australia's National Cancer Control Initiative. Also, prior to the plan's review by the Cancer Care Ontario board and submission to the Ministry of Health and Long-Term Care in October, provincial stakeholders will convene to review the plan and provide their perspectives on proposed activities at a summit on September 22.

IM strategy update

On average, 2,633 Canadians are diagnosed with cancer each week and 1,273 Canadians die as a result of the disease each week.

While these statistics support the critical need for investments in cancer services in general, they also suggest the specific need to develop information tools that enable delivery of safe and high-quality care to cancer patients, and support evidence-based system planning and research for this devastating disease.

Responding to these needs, Cancer Care Ontario is working diligently with its health care partners to implement a number of strategic information management initiatives that will improve patient care.

One of these priority initiatives is the implementation of OPIS – a computerized physician order entry (CPOE) for systemic therapy across Ontario. Systemic therapy is made up of chemotherapy and non-chemotherapy drugs used to treat patients with cancer.

"OPIS is designed to enhance the quality and safety of cancer systemic therapy by using appropriate technology and information to assist clinicians in making the most appropriate decisions at the point of care," says Dr. Brent Zanke, provincial head of Systemic Therapy at CCO and the clinical advisor to the CPOE project. "This is especially important in cancer care, given the high toxicity of chemotherapy drugs and potentially catastrophic consequences of errors in chemotherapy."

Eight regional cancer centres are currently using CCO's existing CPOE application, OPIS 2000. Physicians at these sites enter systemic therapy orders electronically, amounting to 38% of all systemic therapy orders in Ontario. While this is an unprecedented level of physician electronic order entry, CCO is striving for 100% usage across the province.

Feedback from doctors, pharmacists and nurses using OPIS 2000 has been overwhelmingly positive. This comes as no surprise because OPIS 2000 was originally developed with significant consultation and input from users.

In a recent survey of physician users of the system, 100% of respondents said the system has improved efficiency and they would be unwilling to practise without it. Pharmacists and nurses also strongly endorse OPIS. They benefit by having access to comprehensive, up to date information on orders and dosage changes, as well as treatment protocol and medication administration information.

Here are some other benefits users of CPOE can expect to gain:

- Electronic prescribing systems intercept errors when they most commonly occur - at the time medications are ordered
- Paper-based order entry and administration of chemotherapy drugs is labour intensive, with many hand-offs and opportunities for error
- The practice of standardized, evidence-based chemotherapy across the province will be facilitated
- Transcription errors will be eliminated due to difficulty interpreting handwriting
- Timeliness of communication between physicians, nurses and pharmacists will be improved – for example, chemotherapy dosage adjustments will be communicated to all parties at the time they are made
- Electronic prompts will warn against the possibility of drug interactions, allergies or overdose
- CPOE will provide drug-specific information that eliminates confusion from drug names that sound alike
- CPOE will reduce the need for multiple manual checks

A CPOE system also helps health system planners and researchers at CCO understand the rationale and patterns of systemic therapy practice and report on province-wide indicators of quality and access. It also significantly improves the electronic eligibility and reimbursement process for its New Drug Funding Program.

CCO's CPOE project is divided into three manageable phases.

In Phase 1, OPIS 2000 will be upgraded to OPIS 2005 so that it can be integrated more easily into a hospital system environment, supporting better continuity of care for cancer patients. This enhanced version will be implemented in two or three new sites starting in winter 2004, increasing the proportion of orders entered electronically from 38% to nearly 50%.

In Phase 2, OPIS 2005 will be upgraded to a three-tier, Web-based architecture, allowing for greater accessibility and broader application across the province. Called OPIS Web, this application will be implemented in 10 OPIS sites and six sites that currently do not have OPIS. This will increase electronic orders to approximately 64%.

In Phase 3, OPIS Web will be rolled out to approximately 15 new sites. This will increase electronic orders to 90% coverage.

"Implementing a CPOE system for systemic therapy drugs is an important initiative for Cancer Care Ontario, for hospitals across Ontario, for cancer patients and their families, and for the health system as a whole," says Dr. Zanke.

Nursing telephone practice guidelines

Cancer Care Ontario has developed telephone practice guidelines that will help oncology nurses provide immediate, appropriate and consistent care to Ontario's cancer patients. Prepared by CCO's Nursing Professional Advisory Committee (NPAC), these guidelines are the first of their kind in Ontario.

"There are many situations in oncology that require a nurse to assess the patient over the telephone, define the problem or problems, and intervene accordingly. However, there have not been consistent guidelines in place to support nurses in their telephone practice," says Esther Green, CCO's chief nursing officer and director, Health Human Resources Planning. "Oncology nurses are confronted daily with different situations where their knowledge and expertise is required to address symptom management and patient care. These guidelines standardize the information given to patients, while providing a consistent reference for all oncology nurses."

The College of Nurses of Ontario supports the role of nurses in managing patient situations via the telephone. It has outlined clear expectations that telephone practice is within the registered nurse scope of practice and that nurses in various settings can be expected to communicate effectively with patients and family members who need nursing guidance to manage their care.

To meet the challenge of developing symptom management guidelines to support oncology nurses in their telephone practice, the NPAC struck a working group. Led by Lorraine Montoya, a nurse educator from Ottawa Regional Cancer Centre, the group developed guidelines for 12 symptoms, prepared a usability manual, and created an education program to support the implementation of guidelines in practice settings.

"Safety of patients is an essential element of quality care. Advice must be credible and based on current literature," says Lorraine. "The goals of the guidelines are to enhance access to health care; provide patients with information about their health care needs; support patients' decision-making; and support patients coping at home with an acute or chronic illness."

Symptom guidelines are available for the following areas: anorexia, breathlessness, constipation, diarrhea, dysuria/nocturia/hematuria, fatigue, fever, nausea and vomiting, oral stomatitis, pain, skin alteration and skin reaction. Each individual symptom guideline includes a detailed assessment that helps determine whether the specific condition is non-urgent, urgent or emergent.

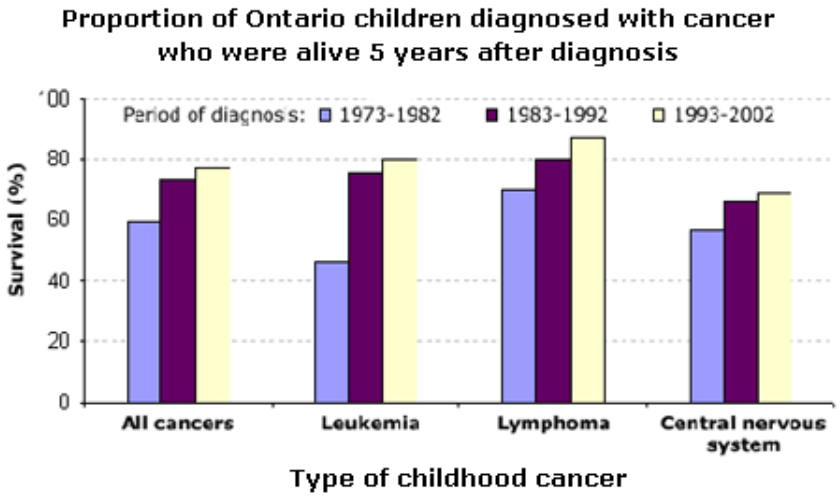
The working group will continue to develop guidelines for other areas, update and modify the existing ones, and assess their use and effectiveness in practice.

To arrange an education session, call Lorraine Montoya at 613-737-7700, ext. 6973, or send e-mail to lmontoya@ottawahospital.on.ca.

- Telephone guidelines and usability manual

Ontario Cancer Fact

Childhood cancer is rare; in 2002, 346 cancers were diagnosed in Ontario children aged 0-14. This is approximately one cancer for every 6,500 Ontario children in that age group. Childhood cancers differ from cancers diagnosed at older ages both in the kind of cancer and in the way they respond to treatment. The three most common childhood cancers are leukemia (33%), central nervous system cancer (cancer of the brain or spinal cord) (20%) and lymphoma (11%).



Source: Cancer Care Ontario (Ontario Cancer Registry, 2004)

Over the past 30 years, five-year survival from all childhood cancer has improved from 59% in the period 1973-1982 to 77% in the period 1993-2002. The survival gain has been greatest for leukemia, rising from 46% to 80%. Much of this improvement is because treatment improved in the late 1970s for acute lymphoblastic leukemia, the most common childhood cancer. Improved treatment for childhood non-Hodgkin lymphoma increased lymphoma survival from 70% to 87%. Although progress has been slower for central nervous system cancers, survival has also improved and is now 69%.

Researchers continue to search for the causes of childhood cancer and for better treatments. Current research includes studies of gene-environment interactions in childhood leukemia, the investigation of factors affecting the resistance of cancer cells to chemotherapy, and the potential for new less toxic treatments.

For more information, visit the Pediatric Oncology Group of Ontario Web site at www.pogo.on.ca/index.shtml, talk to your health care provider or call Cancer Information Service (1-888-939-3333).

People news

Dr. Bill Evans, Cancer Care Ontario's chief medical officer, has been appointed president of the Juravinski Cancer Centre and regional vice-president of the integrated cancer program at the Hamilton Health Sciences Centre and Central South West, effective October 18, 2004.

Dr. Evans has been a member of CCO's leadership team for the past 16 years, the first 12 of those as CEO of Ottawa Regional Cancer Centre. For the past four years, he has provided clinical leadership for CCO provincially. As executive VP of Clinical Programs, he took on the development and implementation of provincial clinical care programs, quality improvement, performance and outcomes measurement programs and the development of the role of provincial disease site groups.

More recently, as chief medical officer, Dr. Evans has been working with CCO's Clinical Council to advance the quality agenda, and has led CCO's staging initiative, the development of clinical cancer monographs and the public posting of radiation wait time information. He also provided interim leadership at London Regional Cancer Centre for nine months, and assisted provincial planning in the Central East region.

Dr. Susan Brien, RVP in Windsor, has announced her resignation from the integrated cancer program. Dr. Brien joined Windsor Regional Cancer Centre in November 2002, and has provided the cancer program with leadership throughout the complex integration process. She will be relocating to Ottawa with her family in October.

A transition plan, including interim leadership for the cancer program, will be announced this month. Cancer Care Ontario and Windsor Regional Hospital will work together to find a new RVP for the region.

Michael Decter, chair of the Cancer Quality Council of Ontario, was among the newest appointments to the Order of Canada announced last month.

Decter, who also chairs the newly created Health Council of Canada, has worked for two decades in both senior public and private sector positions. He is a leading expert on health systems and has a wealth of international experience. He was named a Member of the Order of Canada.

Established in 1967, the Order of Canada recognizes Canadians who have made outstanding contributions in their professions locally, nationally and internationally. Each nominee must have worked in his or her field for a minimum of 10 years.

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