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Ontario Cancer News

CCO unveils Ontario Cancer Plan

On November 25, Cancer Care Ontario released the Ontario Cancer Plan: 2005-2008 - a data driven plan that projects future demand for cancer services and identifies six priority areas necessary to drive improvement in access to quality care for cancer patients.

Read more in this issue of ***Ontario Cancer News***.

Ontario Cancer Plan aims to improve access and quality of care

Cancer Care Ontario has released the *Ontario Cancer Plan 2005-2008*, a data driven plan that projects future demand for cancer services and identifies six priority areas necessary to drive improvement in access to quality care for cancer patients. The *Ontario Cancer Plan* was developed with funding provided by the Ministry of Health and Long-Term Care and has had input from more than 3,000 stakeholders across the province.

Aimed at improving access and the quality of cancer care for patients, and tapping into the potential of prevention, the plan proposes activities to:

- Strengthen the development and use of guidelines and standards across the province;
- integrate and co-ordinate services through strong regional cancer programs;
- reduce the strain on services through prevention and screening and targeted capital investments;
- speed up access to services;
- improve performance through accountability measures; and
- focus cancer research efforts.

“Targeting our activities now will help us meet the current and future challenges that affect cancer care in Ontario,” said Dr. Terrence Sullivan, president and chief executive officer of Cancer Care Ontario. “We know patients have concerns about the quality and expediency of care, and we have evidence, verified during the development of the plan, that the delivery of cancer services needs to be transformed to meet the current and future demand for cancer care in Ontario. By 2008, Ontario will see more than 173,000 new cancer cases.”

“We know that cancer touches two out of every three households in Ontario,” said Minister of Health and Long-Term Care George Smitherman. “The McGuinty government has made it clear: we are transforming health care to be a fully integrated system that meets the needs of Ontarians. The *Ontario Cancer Plan* is a positive step towards working together in the interest of patients.”

During the development of the *Ontario Cancer Plan*, three main challenges for cancer service delivery were identified:

1. The demand for cancer services is increasing and will accelerate over the next 10 years.
2. The capacity to meet this demand is constrained by a number of factors, such as health human resources, capital resources, coordination and utilization of services. Some of these factors can be addressed by a more timely addition of new services, while others will require innovative approaches to service delivery.
3. The quality of cancer services in Ontario is uneven, meaning that not all people in Ontario have access to a consistent quality of cancer services. This requires focused attention to close the gap between knowledge and actual practices.

The *Ontario Cancer Plan* proposes targeted investment in three areas: treating more people (volumes) to improve wait times; transformational initiatives to enhance quality, accessibility and accountability; and capital development to cope with longer term growth in cancer cases.

“In return for these targeted investments, the *Ontario Cancer Plan* will provide patients with faster, better care and a system that is easier to navigate, regardless of where people live in the province,” said Dr. Sullivan. “It will also mean that cancer will be detected earlier, which will lead to better outcomes, and new, more effective treatments will be introduced sooner.”

Over the last two years, Cancer Care Ontario has led a large voluntary restructuring effort aimed at integrating regional cancer centres with their local hospital. This system restructuring has also resulted in a new role and mandate for Cancer Care Ontario that allows the organization to focus on planning, purchasing and reporting on quality in the cancer system, and set the stage for the development and implementation of the *Ontario Cancer Plan*.

For more information, read the Ontario Cancer Plan on Cancer Care Ontario's Web site, or send e-mail to tanya.wymer@cancercare.on.ca.

- ***Ontario Cancer Plan 2005-2008***

Improving Ontario's cancer system through Information Management

Cancer Care Ontario recently reshaped its information management (IM) strategy to align with the Ontario Cancer Plan and to reflect its new role as an adviser, rather than a manager of cancer care delivery.

In the post integration era, Cancer Care Ontario is working with its partners – including integrated cancer programs, community hospitals, and the provincial and federal governments – to coordinate IM efforts and improve the way cancer services are delivered in Ontario. The aim is for all providers in the cancer system to participate in the creating, sharing and use of high-quality and timely data, information and knowledge.

"The future state of cancer informatics is grounded in the ability to collect data, integrate the data with other sources to create information, use the information to make decisions based on evidence, evaluate the effectiveness of the decisions, and continually enhance the infrastructure to improve outcomes and efficiency," says Sarah Kramer, Cancer Care Ontario's chief information officer.

As part of its overall strategy, the organization will be working to ensure that:

- Evidence-based guidelines are appropriately followed in all care settings to promote consistent practice;
- Relevant, consistent information and appropriate analytical tools are available to assist management decision-making at provincial, regional and local levels;
- Cancer system performance is monitored at the provincial, regional and local levels to evaluate achievement of expected outcomes and adherence to an accountability framework;
- Comprehensive datasets, with common data standards and data management practices, are established to support practice reviews, peer comparisons, research and outcome evaluation, and to ensure the privacy and security of health information is respected; and
- Information technology infrastructure is implemented to support IM strategy initiatives.

Together, the following IM initiatives – identified as top priorities – will advance the achievement of three of Cancer Care Ontario's strategic directions: improving access to cancer care; enhancing cancer system performance; and enabling optimal clinical decisions.

- The **Systemic Therapy Computerized Physician Order Entry** (OPIS/CPOE) Project is designed to enhance the quality and safety of cancer systemic therapy in Ontario by using technology and information to help clinicians make the most appropriate decisions at the point of care. Phase 1 of OPIS/CPOE will be implemented in three sites in winter 2004, increasing the proportion of orders entered electronically from 38% to nearly 50%.

- The **Pathology Information Management System** (PIMS) Project is being implemented across the province as a method for automating the transfer of cancer pathology data to Cancer Care Ontario. PIMS will result in improved timeliness, completeness and quality of data, faster cancer case identification, and less work at the laboratory and Cancer Care Ontario. In 2003/04 PIMS was implemented in 27 sites representing 65% capture of pathology reports across the province. PIMS will be used in the future as a tool to support synoptic reporting by pathologists – a critical component of Cancer Care Ontario's clinical quality improvement strategy.

- The **Indicators** Project is the means by which Cancer Care Ontario's information and reporting needs will be identified and organized. It will provide the foundation for Cancer Care Ontario to improve its capacity to monitor and measure the performance of the cancer system. It will also demonstrate to the public that the cancer system is being routinely monitored, leverage and stimulate quality improvement, and improve performance and contract management.

- The **Data Book** Project - building on the needs identified through the Indicators work - provides Integrated Cancer Programs (ICPs) with a consolidated list of Cancer Care Ontario's data requirements. The book, being sent to ICPs at the end of this month, defines in a clear and concise manner the important clinical, operational and financial data that will enable Cancer Care Ontario to improve its capacity to monitor and measure the performance of the cancer system.

- The **Data Warehouse** Project will improve the way Cancer Care Ontario stores and uses data by creating a more

authoritative data foundation that will advance its analytic capabilities. It will also identify and pilot business intelligence tools that will allow better and easier access to our vast data stores by system planners and managers.

- The **Specialized Systems for Radiation** Project defines minimum standards for information management in radiotherapy and identifies the Ministry of Health and Long-Term Care criteria that CCO will use to assess and provide capital equipment replacement funding.

- The **Wait Times** Project will focus on identifying, evaluating and implementing a methodology to collect and report on surgical wait times information, and improve on the reporting of wait times for other cancer services such as radiation and systemic therapy. Cancer Care Ontario is working closely with the province's Health Results Team on this effort.

"Cancer informatics is an increasingly important element of the work needed to improve the performance of Ontario's cancer system," says Sarah Kramer. "We want to build a more effective and efficient cancer system that ensures patients are cared for by a seamless, coordinated network of services and professionals that is comprehensive and patient-centred. Our plan is working and is changing the way cancer care is delivered in Ontario."

For more information about Cancer Care Ontario's information management projects, send e-mail to jonathan.noyek@cancercare.on.ca.

British invasion at 2004 Quality Council signature event

On November 22, the Cancer Quality Council of Ontario hosted its second event on quality improvement in cancer control, Connecting the Dots: Managing information better to improve access to cancer care. Chaired by Adalsteinn Brown, lead - Information Management, Health Results Team, the daylong event examined strategies to reduce access barriers to cancer care by linking better information management with process improvement.

In recent years, the United Kingdom has made significant progress in the challenge to reduce waiting times for hospital and doctor appointments. The CQCO invited three individuals who worked directly on the implementation of cancer waiting time targets in United Kingdom to share their experiences and expertise with an audience of Ontario cancer care providers.

Keynote speaker Andy McMeeking, national program manager, NHS National Cancer Action Team, provided an overview of lessons learned from the implementation of cancer waiting time targets in England. In addition to more resources for cancer services, since 2000, the NHS has implemented 34 cancer networks and provided a framework for applying best practices across the system.

Ms. Janet Williamson, national director, NHS Cancer Services Collaborative outlined specific ways to improve service, including mapping and understanding the whole patient journey, outlining clear referral protocols between primary & secondary care, and building in evaluation to align activities to performance improvement.

Dr. Richard Steyn, consultant thoracic surgeon, Birmingham Heartlands Hospital, U.K. demonstrated a series of computer models to show that random variations in demand and capacity cause waiting lists. He explained that managing this variation was critical to the success of wait list management.

Attendees also heard about process improvement innovations that have been implemented here in Canada, in the areas of cancer assessment, treatment and palliative care, information management and patient navigation.

At the end of the day, CQCO Chair Michael Decter led a panel of Canadian health system leaders through a discussion of how to apply process improvements and information technology to improve access to cancer care in Ontario.

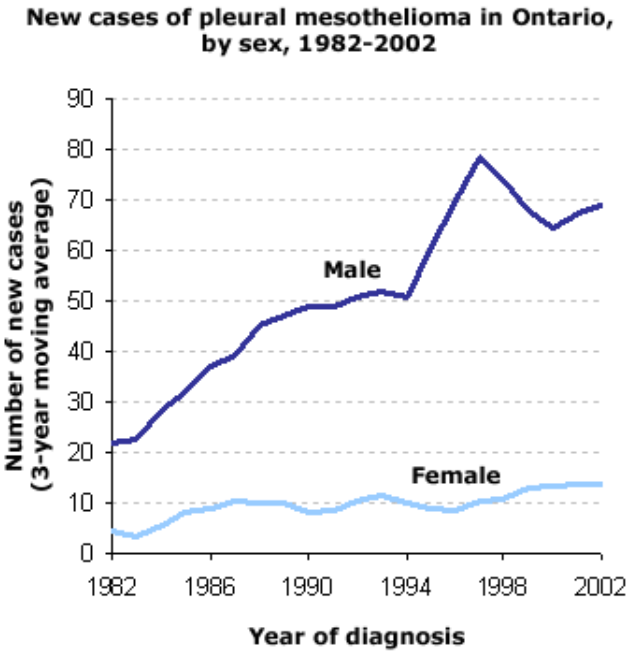
Ontario Cancer Fact

(This month's *Ontario Cancer Fact* highlights information that comes out of the Occupational Cancer Research and Surveillance Project, a three-year joint initiative of Cancer Care Ontario and the Ontario Workplace Safety & Insurance Board. The goals of the project are to: develop surveillance tools for both occupational cancers and occupational carcinogen exposures, identify research priorities and to establish relationships with various stakeholder communities. Further findings will be published in upcoming editions of *Ontario Cancer News*.)

Mesothelioma is a rare and highly fatal cancer that is closely tied to asbestos exposure. Most mesotheliomas occur in people who have been exposed to asbestos through work. Mesothelioma can occur in a number of body sites. The most common site is the pleura, a layer of tissue that covers the lung and lines the chest cavity.

The number of new cases of pleural mesothelioma in Ontario males rose from about 20 in 1982 to 72 in 2002. In females, new cases rose from fewer than 5 in 1982 to 14 in 2002. Since symptoms of mesothelioma often do not appear until 20 to 40 years after exposure, individuals diagnosed in 2002 were likely exposed to asbestos in the 1960s or 1970s, when use was greater.

For this reason, the rise in cases may continue for the next few years.



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

Asbestos is a group of naturally occurring minerals that readily break into small dust-like fibres, which can be easily inhaled. Because of its heat resistant properties, asbestos has been widely used in a number of products including building materials and insulation. Asbestos is still mined and used in Canada but under strict regulations and at reduced levels. As a result, exposures through work may be lower than in the past.

The risk of mesothelioma can be lowered by reducing and controlling asbestos exposure. This includes substituting asbestos-free products wherever possible, ensuring proper ventilation and isolation of work environments where asbestos is handled, and using personal protection, such as respirators and protective clothing, for workers who may be exposed to asbestos dust. Precautions should be taken when repairing or renovating older buildings that may still have asbestos-containing material. Contact with products in which asbestos fibres are well contained and unlikely to come loose has not been found to increase the risk of mesothelioma.

For more information, go to one of these Web sites:

- Ontario Ministry of Labour
- Ontario Workplace Safety and Insurance Board
- Health Canada
- U.S. Environmental Protection Agency
- Agency for Toxic Substances and Disease Registry

People news

Dr. Verna Mai has been appointed acting VP, preventive oncology for Cancer Care Ontario. A national search is under way for a permanent appointee to the position. Dr. Mai has been division director of preventive oncology since May 2003. She joined Cancer Care Ontario in April 1998 as director of the screening unit. Previously, she worked in public health as a medical officer of health in Middlesex-London and Elgin-St. Thomas.

Siu Mee Cheng will join Cancer Care Ontario on December 6 as director, Performance Agreements and Provincial Leadership Council Secretariat. Siu Mee is currently working with the Ministry of Health as part of the Toronto Regional Office team where she is leading the regional strategy on wait times and accountability. Previously she was a senior policy adviser with Management Board Secretariat. She has worked at UHN as a corporate quality improvement manager, and also has been a research assistant at University of Toronto, Ryerson University and the Arthritis Community Research Evaluation Unit. Siu Mee holds a Master of Health Science from University of Toronto.

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