Cancer Care Ontario
Action Cancer Ontario

Cancer System Performance Measurement, Public Reporting and Quality Improvement in Ontario, Canada: the provincial perspective

UICC World Cancer Congress

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August 29, 2012

Ontario
Cancer Care Ontario
Action Cancer Ontario

Overview

1. About Cancer Care Ontario (CCO)
2. How do we drive change?
    - CCO's performance improvement cycle
    - Provincial and regional clinical leadership
    - Performance measurement and reporting tools: Internal and public reporting
3. A Quality Improvement Example

About Cancer Care Ontario

Mandate

- provincial government agency responsible for continually improving cancer services.
- works to reduce the number of people diagnosed with cancer, and make sure patients receive better care

Mission

- Improve the performance of the cancer system by ***driving quality, accountability and innovation*** in all cancer-related services

Setting the context for healthcare in Canada

Canada

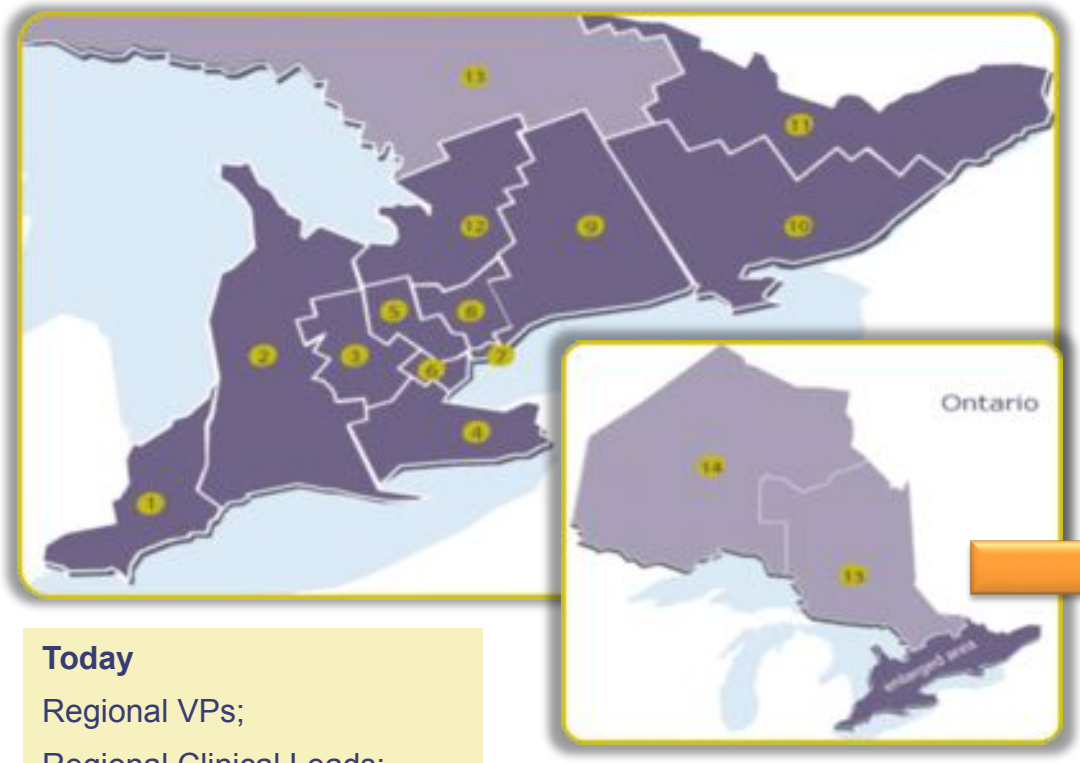
- > 33 million people, 9.9 million sq. km
- 10 provinces, 3 territories
- Healthcare: national strategy, provincial plans/ implementation
- Cancer services uniquely organized in most provinces

Ontario:

- > 13 million people, 1.1 million sq. km.
- Est. 77,000 incident cases in 2011
- Colorectal, Lung, Breast and Ovarian – high relative rates of survival internationally

Our Regional Structures

Regional / Provincial Leadership Alignment & Coordination



Today

Regional VPs;

Regional Clinical Leads;

Regional Cancer Programs;

Alignment with LHINs.

How do we drive change?

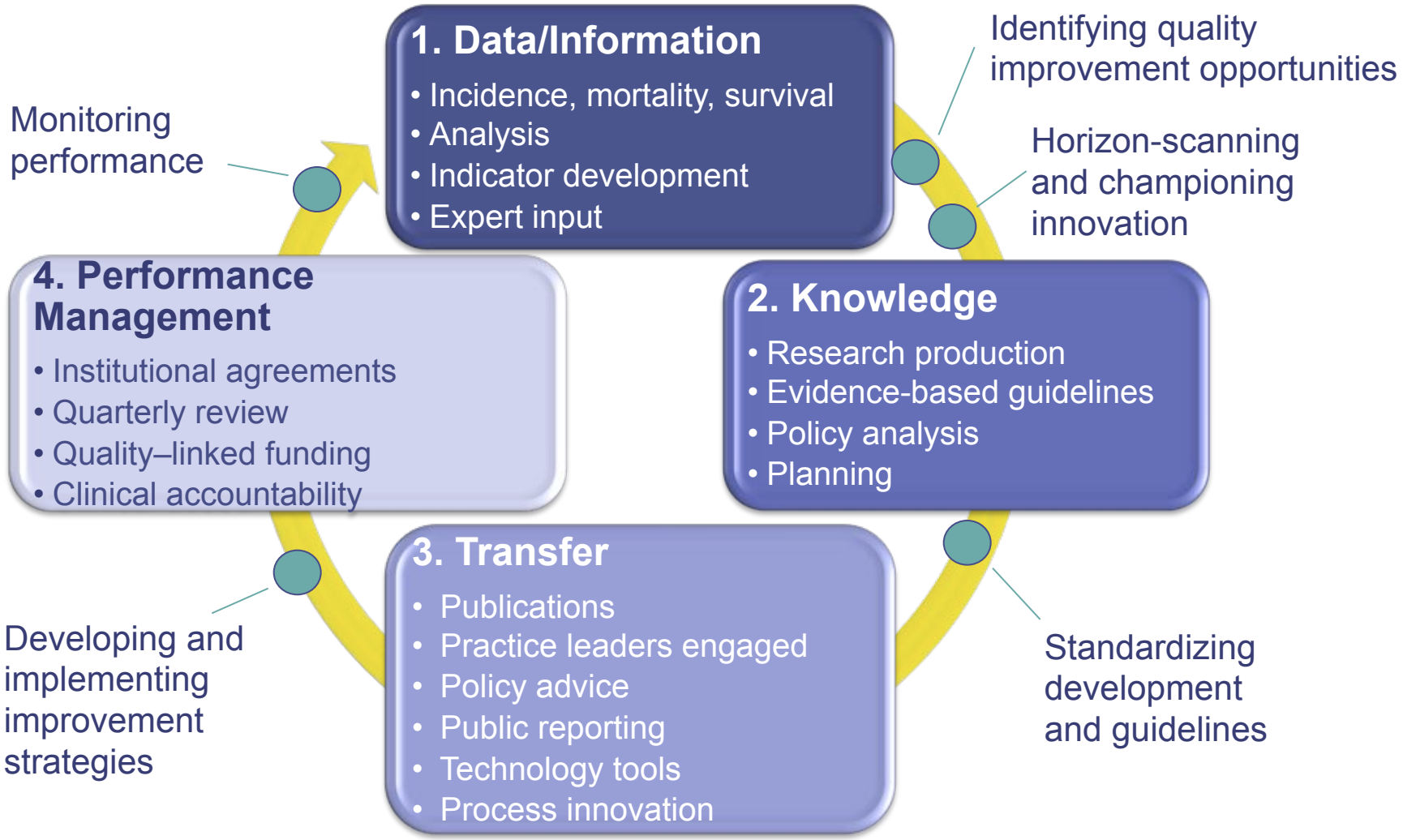
Performance improvement cycle

&

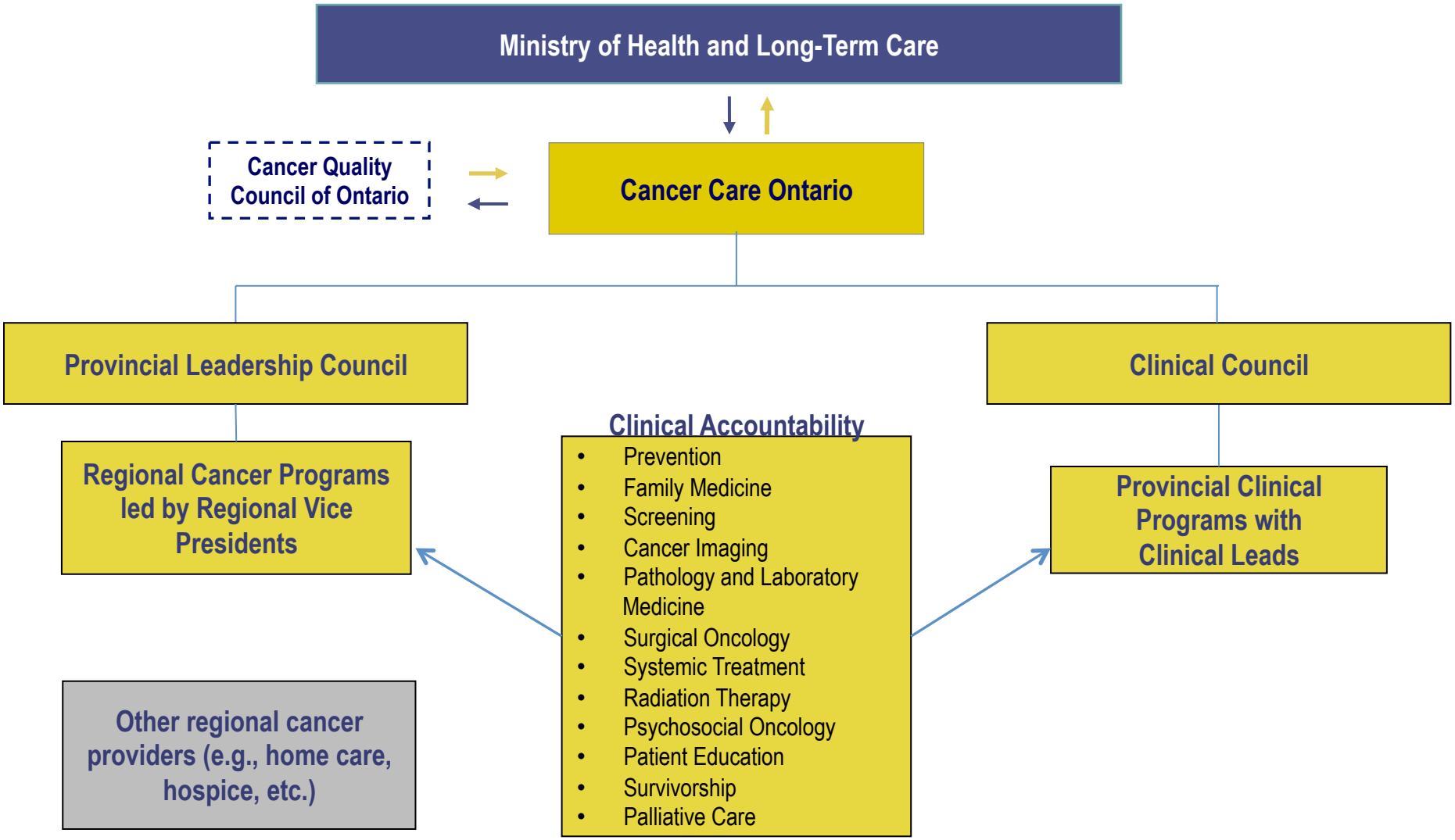
Clinical accountability framework

Extensive clinical engagement and joint clinical/administrative accountability for quality at provincial and regional levels

The Performance Improvement Cycle



Provincial and regional leadership in Ontario

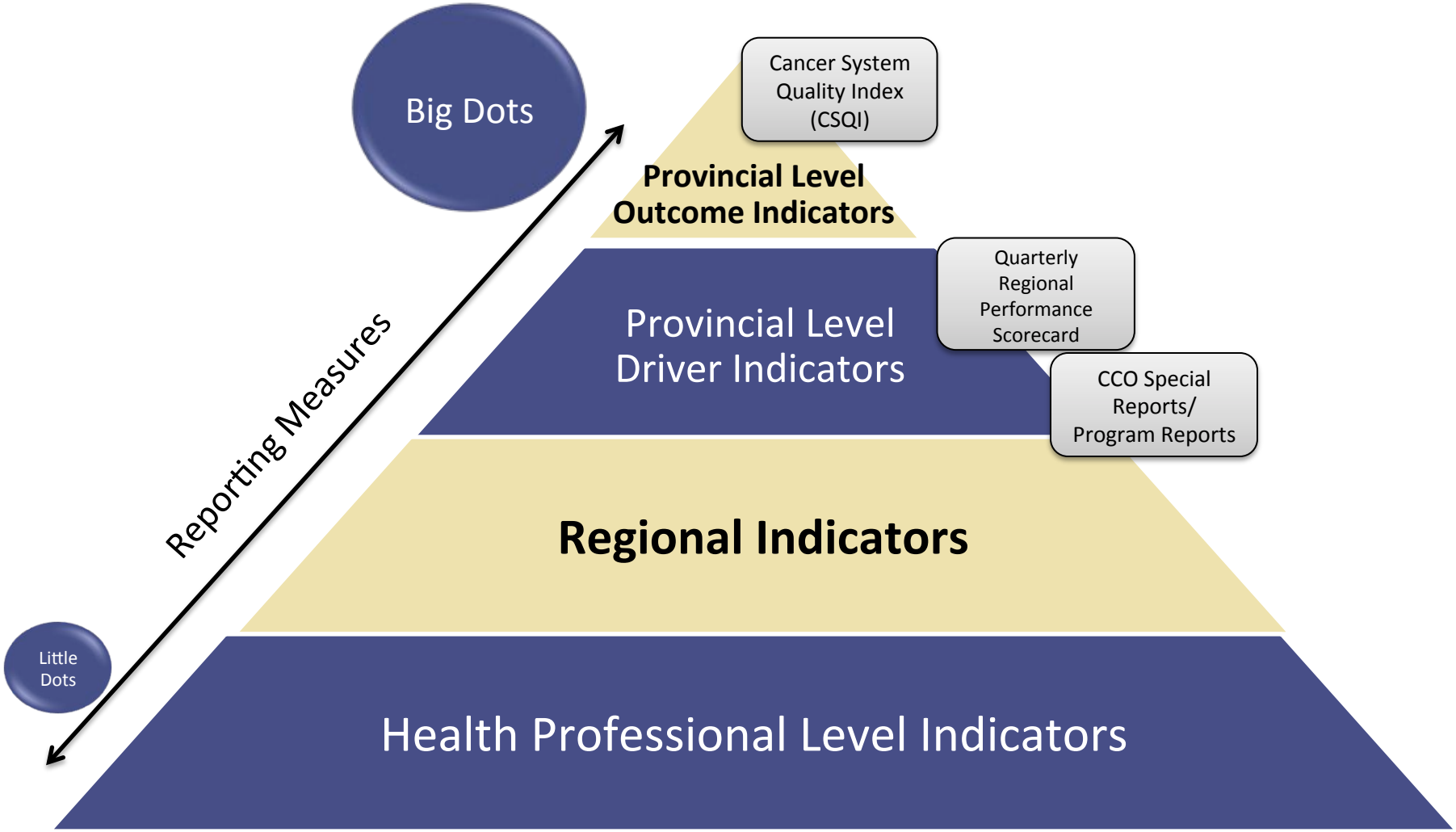


Clinical accountability structures

Clinical Council and Provincial Program Committees

- Prevention
- Family Medicine
- Screening
- Cancer Imaging
- Pathology and Laboratory Medicine
- Surgical Oncology
- Systemic Treatment
- Radiation Therapy
- Psychosocial Oncology
- Patient Education
- Survivorship
- Palliative Care

Reporting instruments: internal and public facing



CQCO Adapted from Heenan, M. Khan, & Binkley, D. (2010). "From boardroom to bedside: How to define and measure hospital quality." *Healthcare Quarterly, 13*(1): 55-60.

Public reporting (CSQI) within our quality framework

Surveillance: incidence, mortality, survival prevalence

Population Studies: risk factors & socio-demographic factors

Gaps guide future work

Quality Dimensions

Patient Journey

	Safe	Effective	Accessible/ Timely	Patient Centred/ Responsive	Equitable	Integrated	Efficient
Prevention		MRFs: Smoking (adult), susceptibility (teens), alcohol consumption, physical inactivity, obesity, inadequate vegetable and fruit consumption			Lung surveillance by SES Modifiable Risk Factors (MRFs) by SES		
Screening		Breast screening: Follow-up of Abnormal Results Cervical screening : Follow-up of Abnormal Results Colorectal Screening: Follow-up of Abnormal Results	Breast Screening Cervical Screening Colorectal Screening *(FOBT, Colonoscopy and Flex.Sig.)*		Integrated Cancer Screen Participation (women & income) Breast (income, age) Cervix (income, age) Colorectal (Income)	Integrated Cancer Screening Participation	
Diagnosis		Synoptic pathology reporting Reporting stage at diagnosis Lymph node sampling (colon)	Wait times for breast cancer assessment Colonoscopy wait time (positive FOBT)				
Treatment	Thoracic surgery and HPB surgery standards and link to Mortality Admission and ER visit within 4 weeks of IV chemo Safe handling of cytotoxics and CPOE	Margin status (Prostate) Margin status (Rectum) Multidisciplinary Case Conf.s Treating NSC Lung Cancer by guidelines Treating Colon Cancer by guidelines Consultation with medical oncologist (colon and breast) Radiation treatment utilization IMRT Utilization	Wait times for cancer surgery Wait times for radiation treatment Wait times for systemic treatment	Patient experience (satisfaction) Symptom assessment (and symptom management)	*Treating Colon Cancer by Guidelines (Age, sex)* *Consultation with Medical Oncologist (Age)*	Wait Times from diagnosis to chemo (breast, colon, lung) Wait Times Surgery to chemo interval (colon)	Radiation Machine Efficiency
Recovery							
End-of-Life Care				Deaths in acute care hospital	*Chemo in last 2 weeks of life (Age)*		ED visits, ICU stay and chemotherapy in last 2 weeks of life LOS in last 6 months

Overall CSQI 2012 summary

Measurement driving focus for regional quality improvement

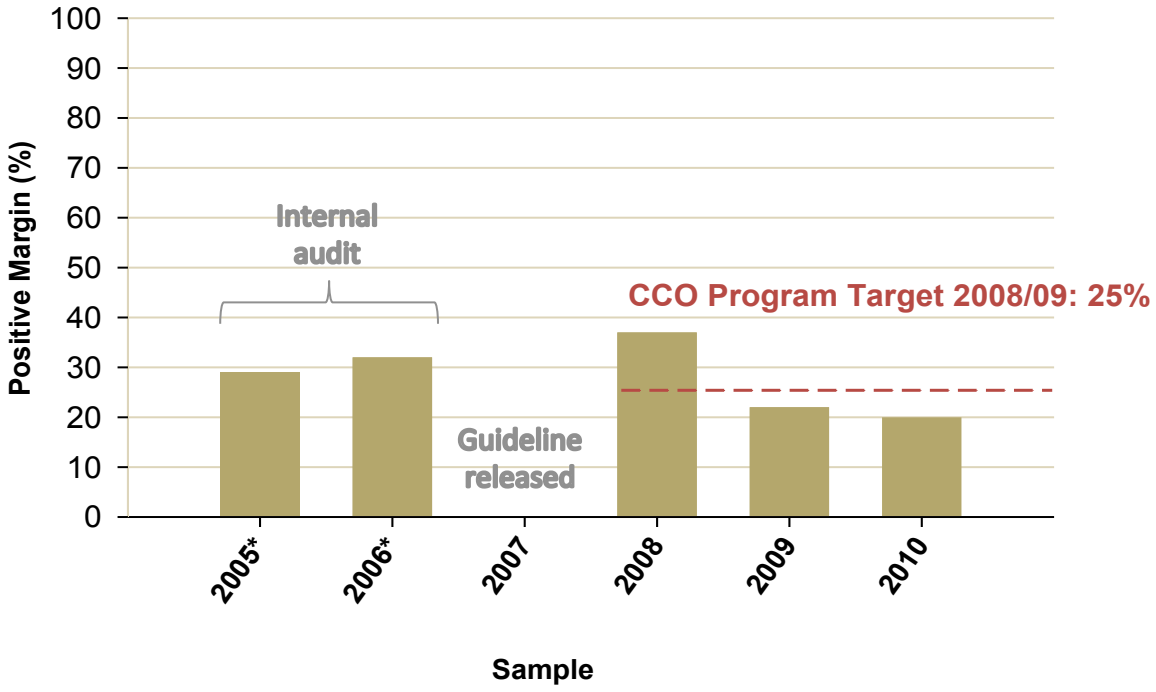
Regional Scorecard Tool

Region	RADIATION Apr-Jun 10/11				SYSTEMIC Apr-Jun 10/11				SURGERY Apr-Jun 10/11			COLONOSCOPY Apr-Jun 10/11				STAGE Rate = Apr-Jul 2009 % Hosp = Mar 10, 10		PATHOLOGY % hosp = May 27, 10 % Complete = Oct-Mar 09/10		SYMPTOM MGMT Apr-Jun 10/11		THORACIC Apr-Dec 09 *	HPB Apr-Dec 09 *	MCC Q1 10/11	RSTP Safe Handling as of April 2010 *	IMRT Q4 09/10 *	Overall Provincial Rank	Change from Previous Rank
	WT Ref-Con (% w/in 14 days)	WT RTT-Tr (% w/in target)	Vol (C1R)	% of Budgeted Vol in the Province	WT Ref-Con (% w/in 14 days)	WT Con-Tr (% w/in 14 days)	Vol (C1S)	% of Budgeted Vol in the Province	WT (% w/in target)	Vol (cases)	% of Budgeted Vol in the Province	WT (FOBT+)	WT (Family History)	Vol	% of Budgeted Vol in the Province	Combined Rate *	% Hosp. Collaborative Staging *	% Hospitals Discrete Path Report *	% Completeness *	Lung	All Other							
PROVINCE	▲	▲	▼	100%	▲	▼	▲	100%	▲	▲	100%	▲	▲	▲	100%	▼		▲	▼	▲	▲	▲		—	▼			
Waterloo Wellington	▼	▲	▼	4%	▲	▼	▼	6%	▲	▲	4%	▲	▲	▲	8%	▲		—	▼	▲	▲	▲		▼	—		1	0
North Simcoe Muskoka	▼	▼	▲	1%	▼	▼	▲	6%	▲	▲	1%	▲	▼	▲	2%	▼		—	n/a	▼	▼	—		▼	▲	n/a	2	0
Central	▲	n/a	▲	0.2%	▲	▲	▲	2%	▼	▼	11%	▲	▲	▲	6%	▼		▲	▼	▲	▲	▲		▼	—	n/a	3	1
South East	▲	▲	▼	4%	▲	▼	▼	5%	▲	▼	4%	▲	▲	▲	7%	▼		▲		▼	▼	—		▼	—		4	3
Toronto Central South	▼	▲	▼	23%	▲	▲	▼	16%	▼	▲	20%	▼	▲	▲	3%	▼		▲	▼	n/a	▲	—		▼	—		5	0
North West	▲	▼	▼	2%	▼	▼	▼	4%	▲	▼	2%	▲	▲	▼	4%	▲		—	▼	▼	▼	—		▲	▼		6	-3
Central East	▲	▲	▼	5%	▲	▲	▼	7%	▲	▼	3%	▼	▲	▲	15%	▲		▲	▼	▲	▼	▲		—	▲		7	-1
South West	▲	▲	▼	9%	▲	▼	▼	10%	▲	▲	11%	▼	▲	▼	6%	▲		—	n/a	▲	▲	▲		▲	▼		8	6
Central West & Miss. Halton	▲	▲	▲	4%	▲	▲	▲	5%	▲	▲	12%	n/a ▲	n/a ▲	n/a ▼	6%	▼		▲ ▲	n/a ▼	▲	▲	▲		▲	▼		9	3
Toronto Central North	▲	▲	▼	16%	▲	▼	▲	11%	▲	▼	8%	▲	▲	▼	2%	▼		—	▲	▼	▼	▲		—	▼		10	0
Champlain	▲	▼	▲	10%	▲	▼	▲	11%	▲	▲	10%	▲	▲	▲	13%	▼		▲	n/a	▲	▼	—		▲	—		11	-3
Erie St. Clair	▲	▼	▲	3%	▲	▼	▲	4%	▲	▼	3%	▲	▲	▲	8%	▼		▲	▼	▼	▼	—		▼	—		12	-1
North East	▲	▼	▼	5%	▼	▲	▲	4%	▼	▼	3%	▲	▼	▼	4%	▼		▼	▼	▲	▲	▲		▲	—		12	0
Hamilton NHB	▲	▼	▲	12%	▼	▼	▲	8%	▲	▲	9%	▲	▲	▲	16%	—		▲		▲	▲	▲		▼	▲		14	-5

A Quality Improvement Example:
CCO's Performance Improvement Cycle in Action

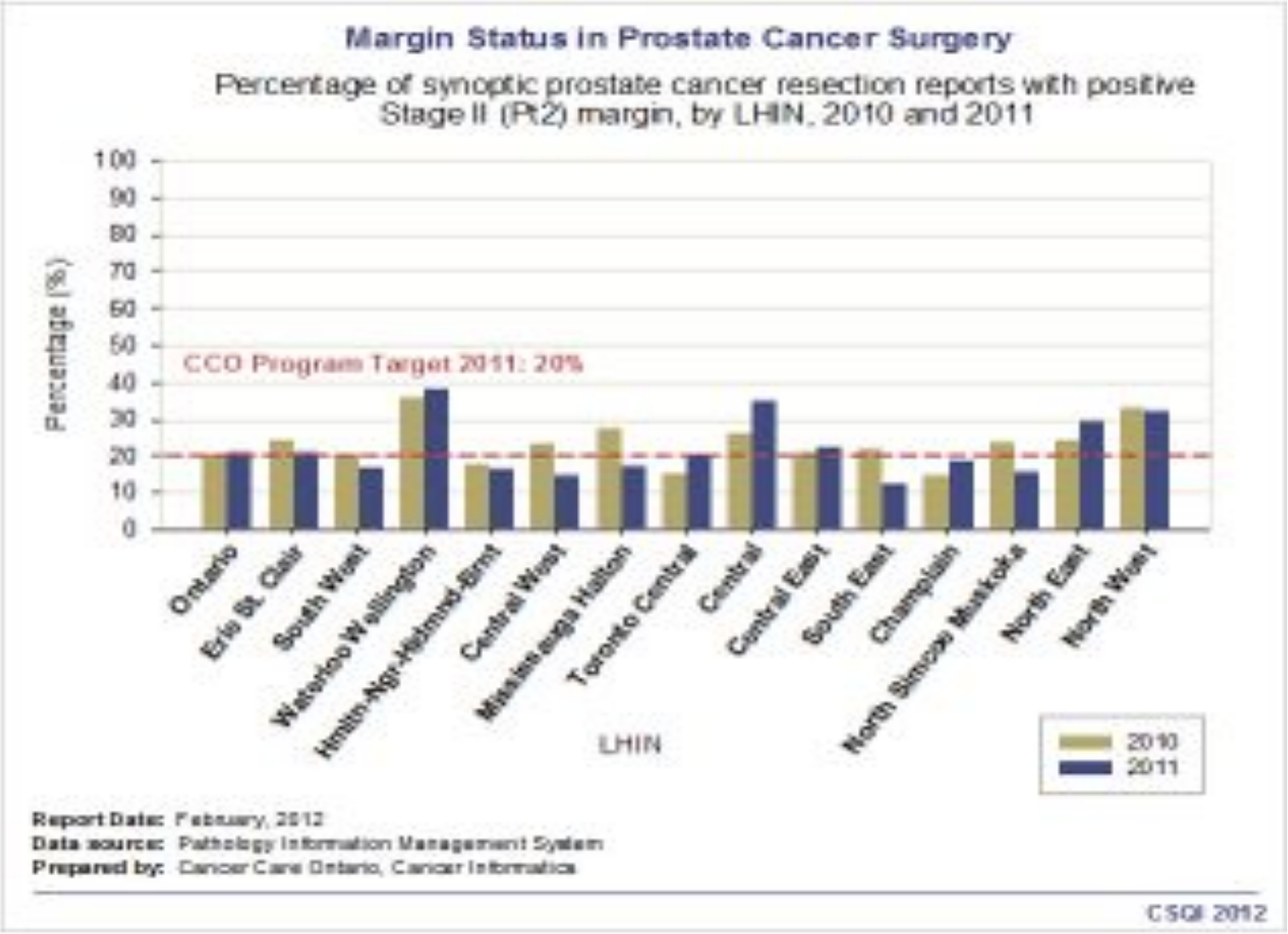
Radical Prostatectomies

% Positive surgical margin (PSM) rate for Radical Prostatectomies for pT2 patients in Ontario



Data Sources : *Y2005-2006 - CCO Pathology Audits; Y2008-2010 PIMS, ePATH
Prepared by: Cancer Care Ontario, Informatics

Public Reporting – focus on regional variation



For more information go to:

www.cancercare.on.ca

www.csqi.on.ca