

Diagnostic Assessment Programs in Ontario

Lessons Learned in One Health Region

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Diagnostic Assessment Program (DAP) Overview:

WHAT IS A DAP?

Diagnostic Assessment Programs (DAPs) are designed to improve the experience of patients with suspected cancer as they go through the diagnosis process.

These programs are made up of multi-disciplinary healthcare teams that manage and coordinate a patient's diagnostic care from testing to a definitive diagnosis, leading to improved access to care.

DAPs also provide the necessary support and information about cancer to patients and their families

THE DAP PROGRAM AT CCO HAS THREE OBJECTIVES:

Decrease time from
suspicion to diagnosis
or resolution

Improving patient
outcomes where possible

Optimize the patient
experience during the
diagnostic process

Improving integration of
care among providers

Why?

Because the system caters to the health care provider, not the patient.

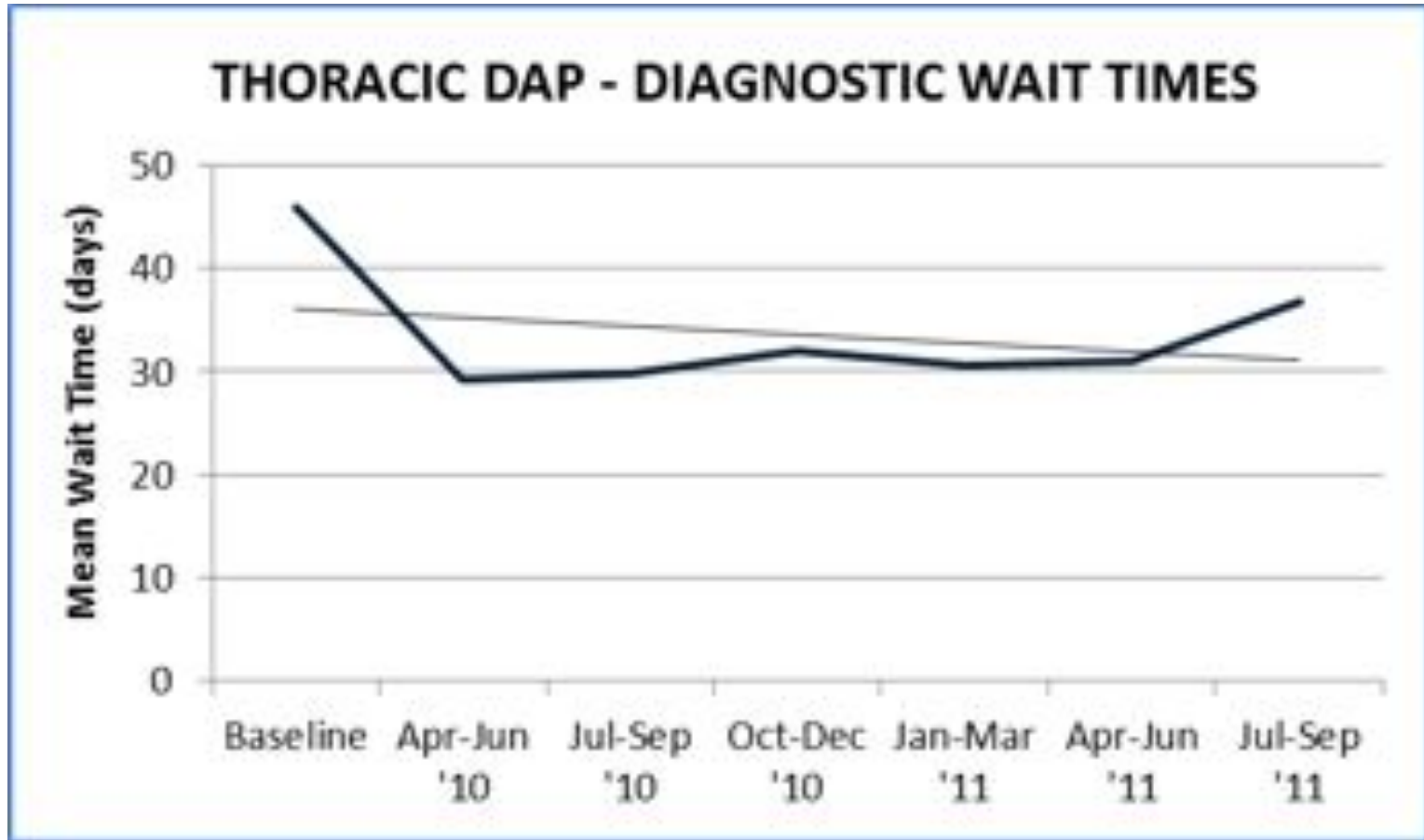
We force patients into multiple, sequential lines which invariably delay diagnosis and increase emotional stress.

The System should submit to The
Patient, and not vice versa

Diagnostic Assessment Programs (DAPs) in Ontario

In fiscal 2011-12, 2642 patients were seen in Thoracic DAPs and 1311 patients were seen in GI DAPs programs across Ontario

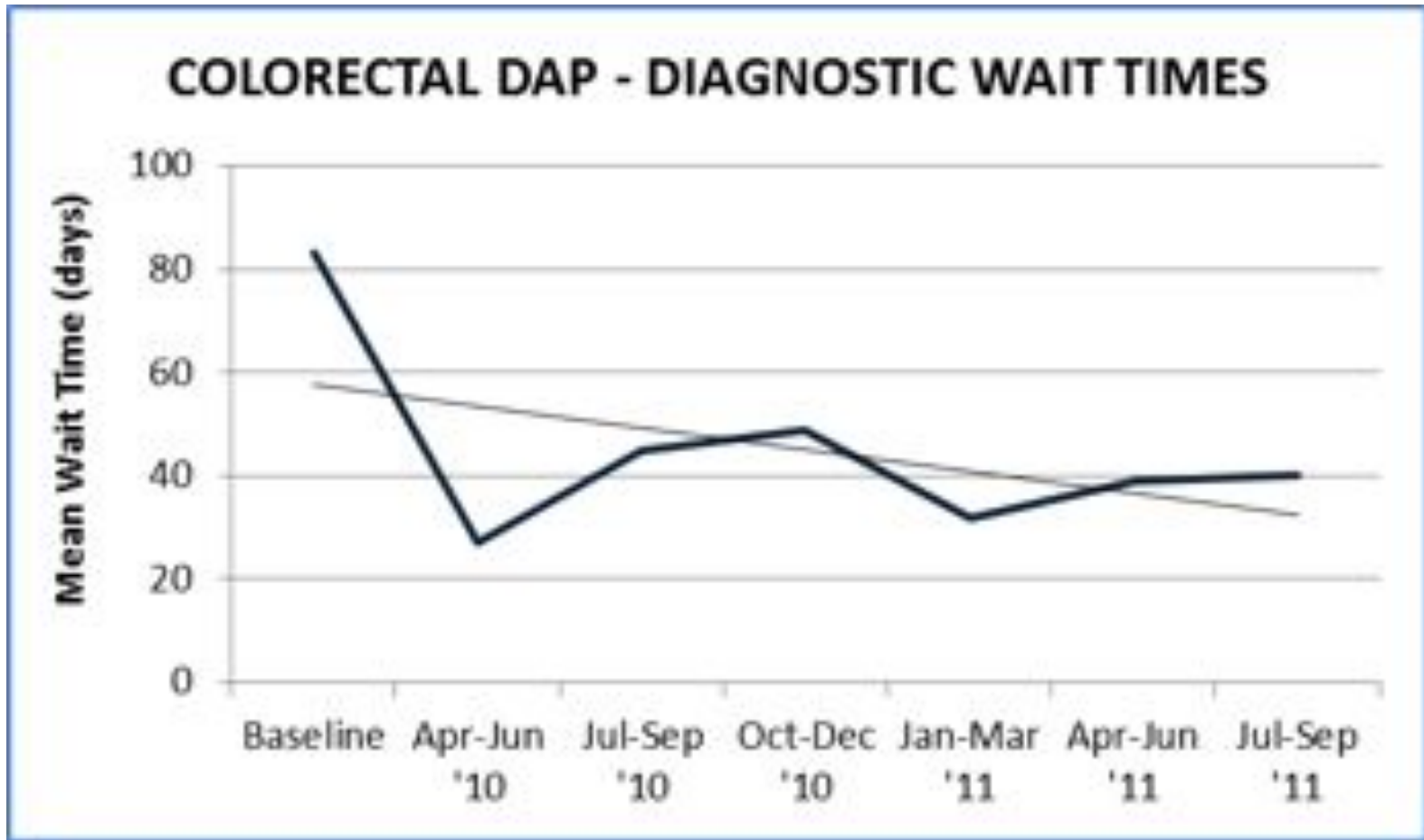
Provincial Accomplishments of DAPs



Self-reported by regions through Patient Navigation Pilot Project

Date range: April 1, 2011 – September 30, 2011

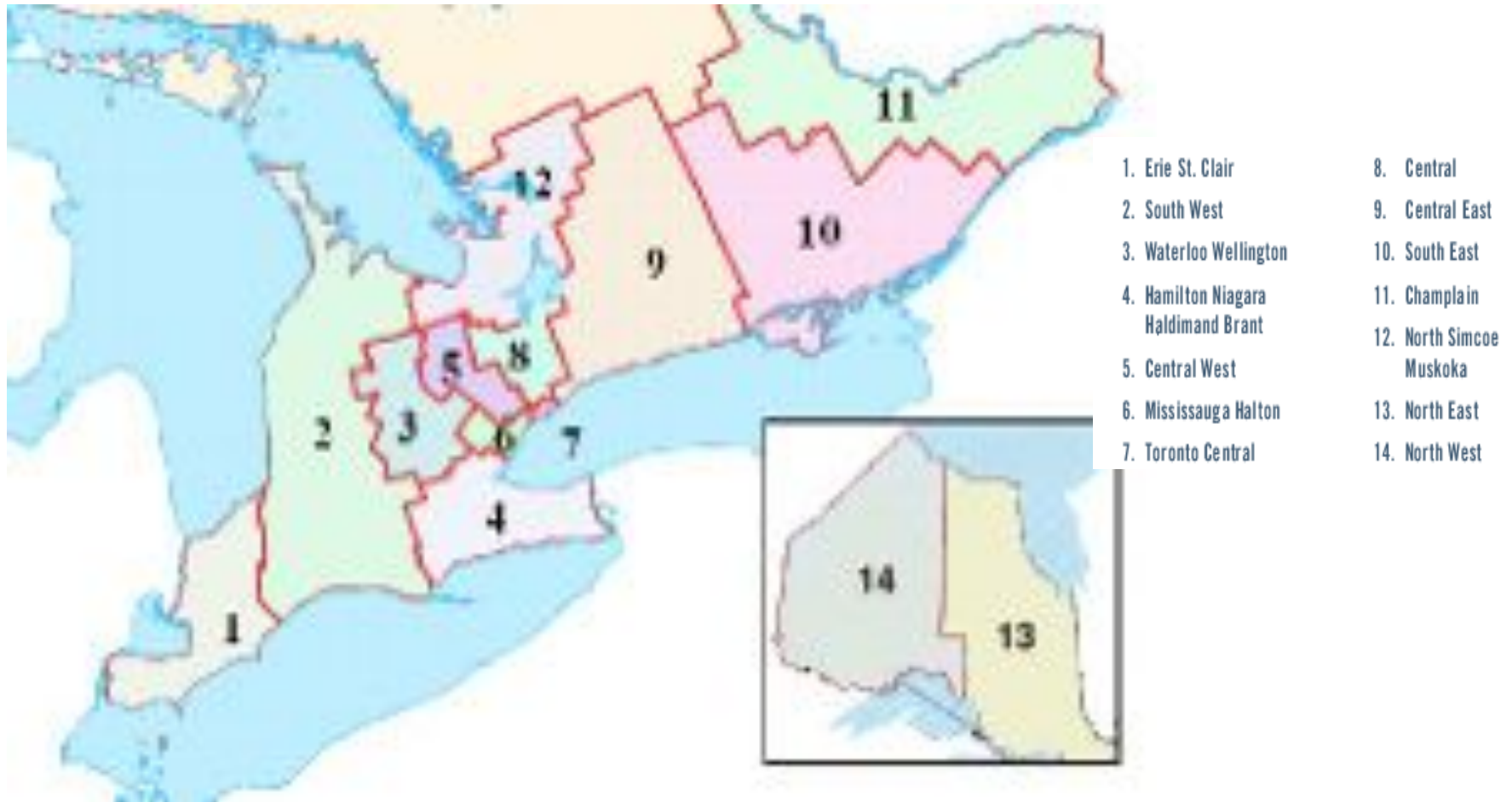
Provincial Accomplishments of DAPs



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Local Health Integration Networks in Ontario



Waterloo – Wellington Local Health Integration Network (LHIN)

- Population of 780,000 (about 4% of the Ontario population)
- Mixed urban & rural
- Approx 1/3 of population is between 50 and 74 years of age
- OBSP data: mean time consult to diagnosis for breast cancer was **109 days**

Breast DAP in Waterloo – Wellington

- Operational since 2006
- Threshold
 - Abnormal screening mammogram
 - Any new palpable mass > 40 , regardless of imaging
 - Any new mass or abnormal imaging < 40 unless ultra sound clearly identified as a cyst
- Multidisciplinary “One stop shopping” concept
- Biopsy about half the women we see
- Half the women who have biopsies have carcinoma

Breast DAP in Waterloo – Wellington

- Referral to consult = 14 days
- Consult to Diagnosis = 5 days
- Referral to Surgery = **37 days**

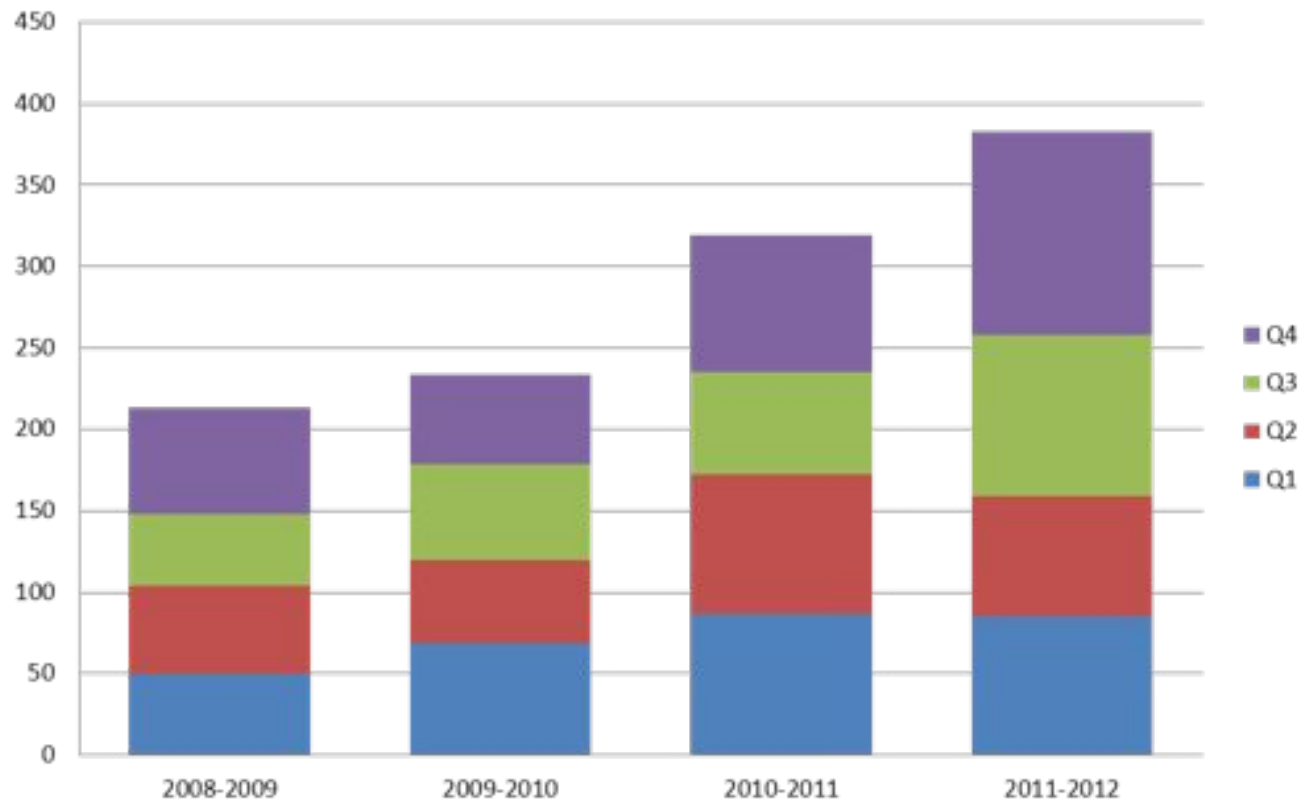
Some surgeons, primary care physicians and radiologists still stubbornly stick to the old paradigm of diagnosis

Lung DAP in Waterloo - Wellington

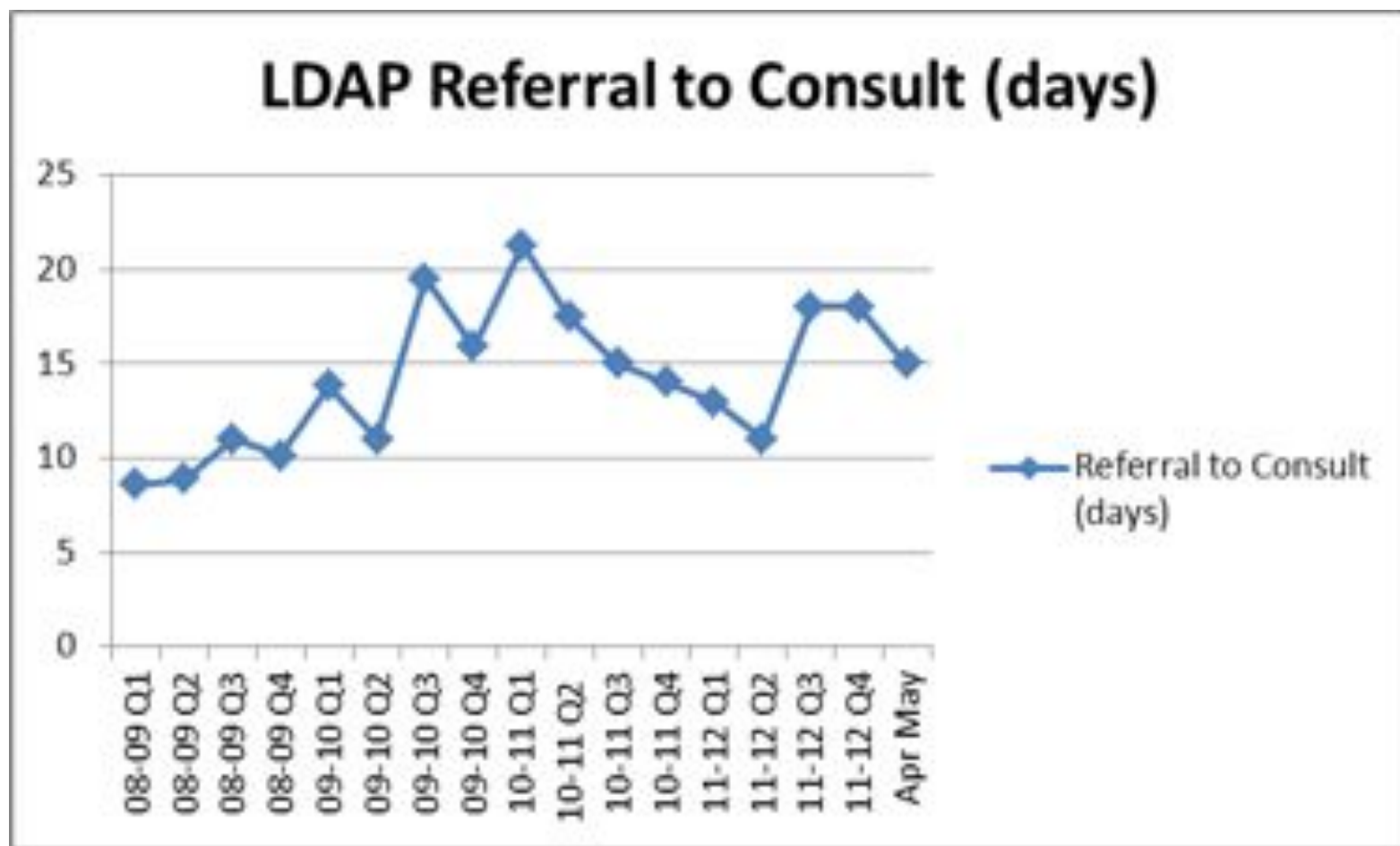
- 350 patients per year
- Threshold: Abnormal CXR, triaged by respirologist
- Very low threshold for assessment, perhaps too low
- Multidisciplinary
 - Surgeon
 - Respirologist
 - Medical Oncologist
 - Radiation Oncologist

Number of Referrals to LDAP

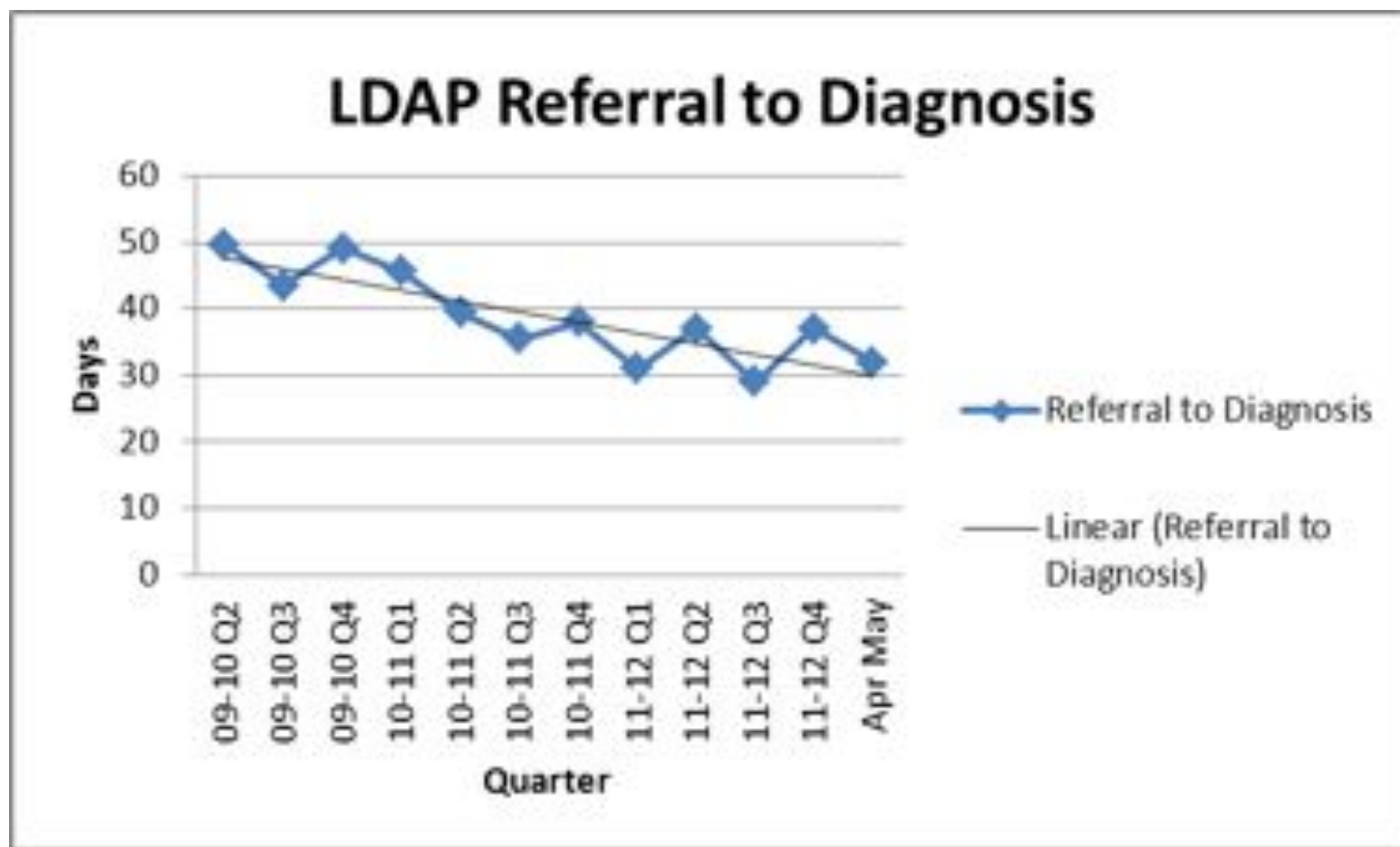
Thoracic DAP Volumes 2008-2012



Wait Time to Consultation



Wait Time to Diagnosis

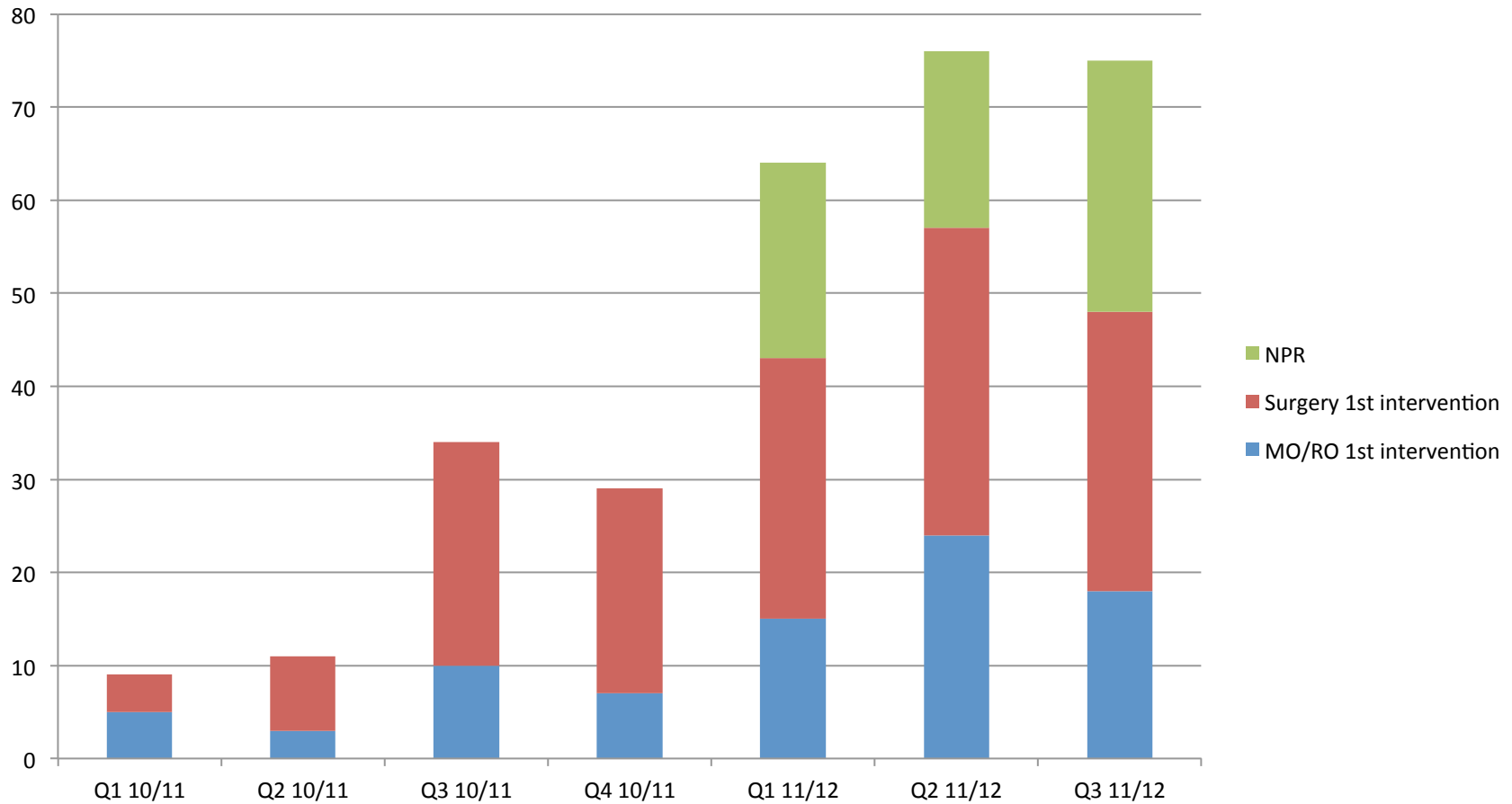


GI DAP in Waterloo - Wellington

Intake pathways (thresholds)

- Screening program
 - i) Regional Colonoscopy Network
 - ii) Nurse led flexible sigmoidoscopy program
- New Patient Referral desk at the regional cancer program
- Direct referral from endoscopist
- Direct referral from Primary Care Physician
 - i) Symptomatic indicators (developed by CCO under the Primary Care Program)
 - ii) Abnormal Radiology

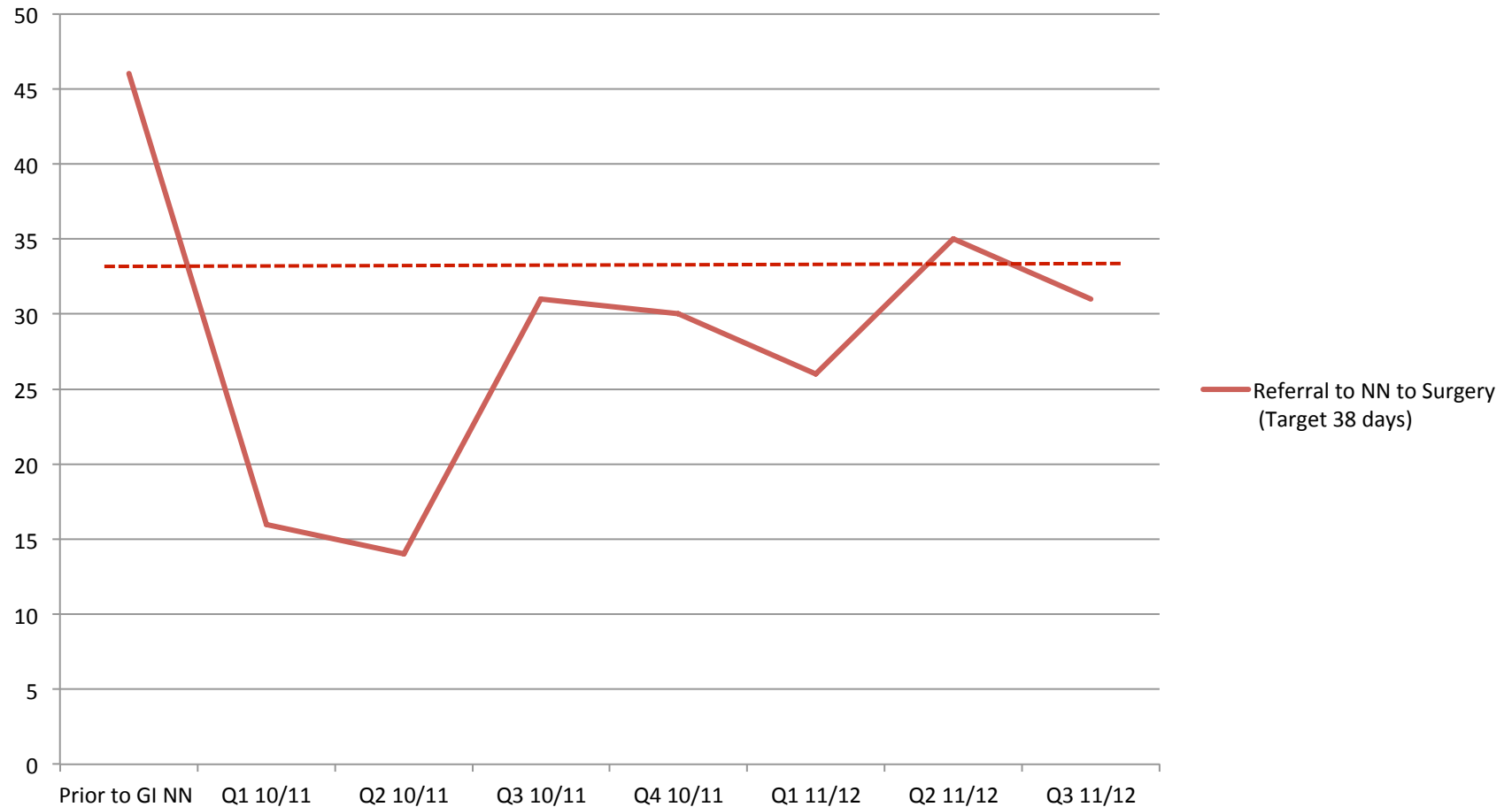
GI DAP Volumes



GI DAP Nurse Navigator

- “Virtual” Nurse Navigator - receives a referral from the endoscopy suite or the new patient referral desk
- “Real” Nurse Navigator - for the symptomatic patient and is part of the clinical assessment team for these patients

GI DAP Wait Time: Referral to Surgery

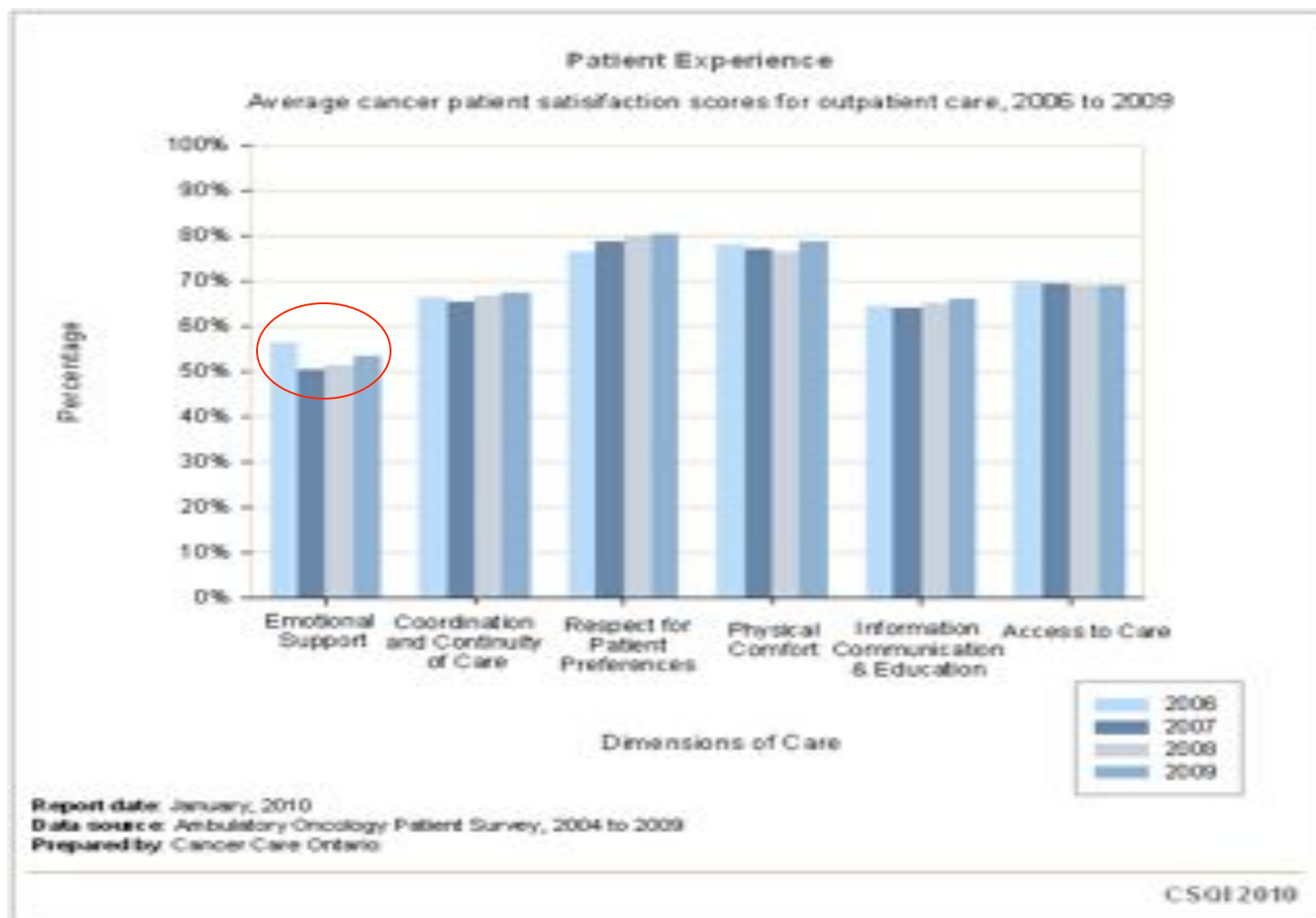


The Nurse Navigator is critically
important

Speed is not the only thing patients are
looking for

What is still missing?

Patients are stressed and anxious when waiting for a diagnosis. Emotional support during this time is low – ***WE NEED TO DO BETTER... HOW?***



Patient
Navigation

Diagnostic
Wait Times

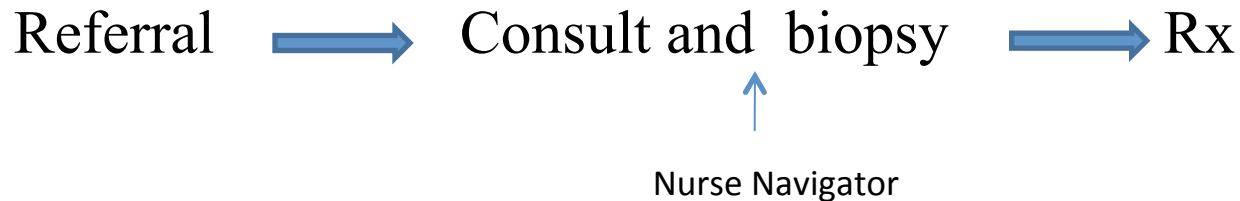
DAP-EPS

Nurse Navigator

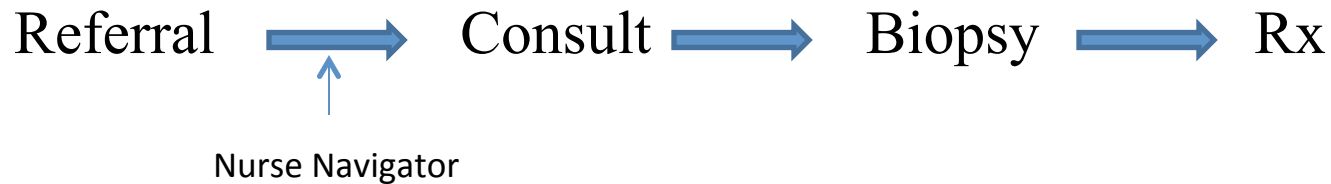
- Must be knowledgeable about the disease site and all phases of the diagnostic & treatment journey
- Investing in a comprehensive education pays huge dividends

Nurse Navigator

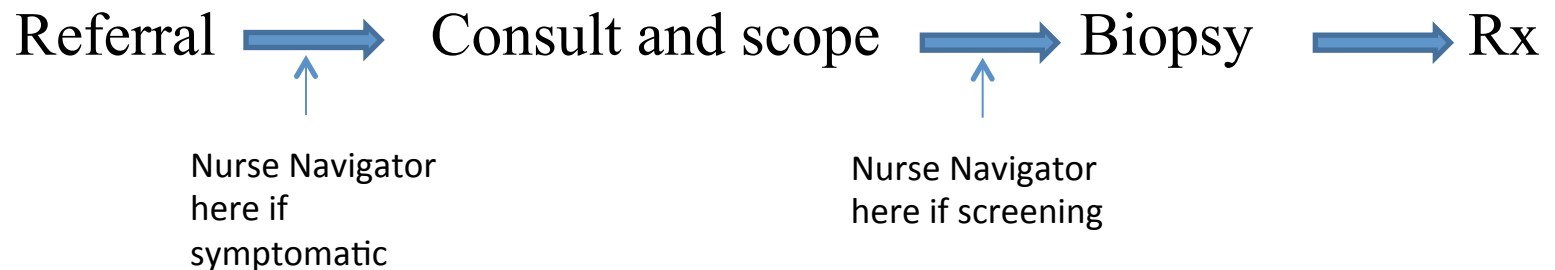
Breast:



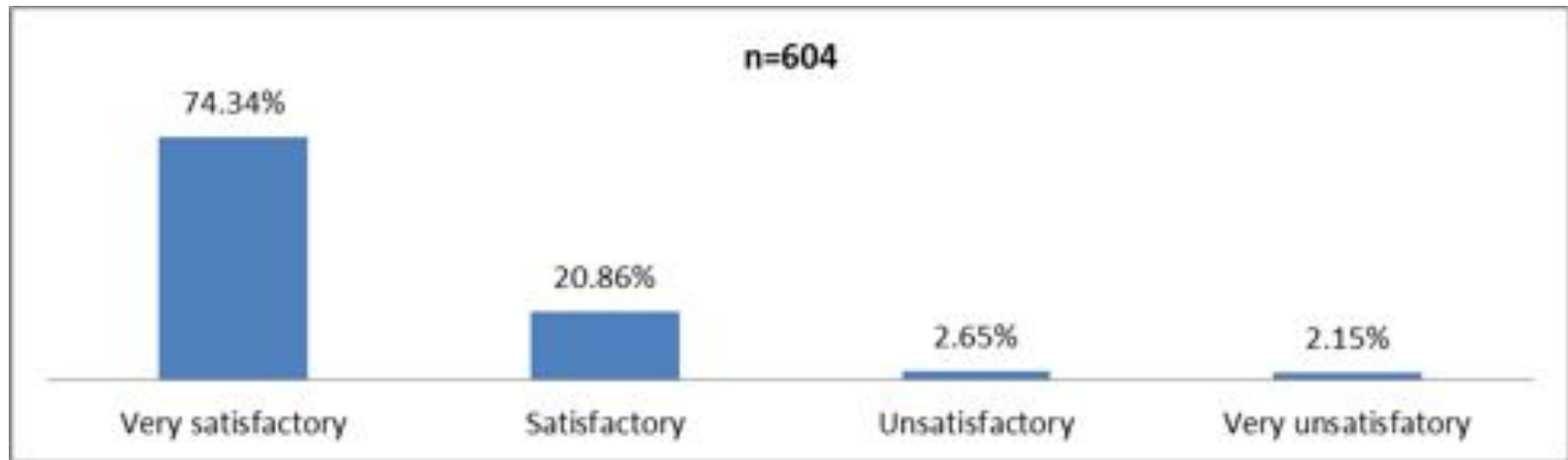
Lung:



Colorectal:



Patient Experience with Nurse Navigator



Over 95 percent of patients scored their overall experience with the nurse navigator “very satisfactory” or “satisfactory”.

Do DAP' s improve outcomes?

- Advanced the use of sentinel LN biopsy (breast cancer) and neoadjuvant treatment (locally advanced breast cancer and rectal cancer)
- Improved concordance with clinical practice guidelines
- Improved inter-professional relationships
- Improved in-hospital experience
- Improved post op consultation interaction
- Reduction in peri-operative mortality for lung lobectomy
- Better utilization of Multi-disiplinary Case Conferences

Advice

1. Select threshold carefully and be prepared to adjust
2. Multidisciplinary approach. Make the system submit to the patient
3. Nurse Navigators are very important
4. Do market research and advertise the programs aggressively