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
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

1. Data/Information
   - Incidence, mortality, survival
   - Analysis
   - Indicator development
   - Expert input

2. Knowledge
   - Research production
   - Evidence-based guidelines
   - Policy analysis
   - Planning

3. Transfer
   - Publications
   - Practice leaders engaged
   - Policy advice
   - Public reporting
   - Technology tools
   - Process innovation

4. Performance Management
   - Institutional agreements
   - Quarterly review
   - Quality–linked funding
   - Clinical accountability

- Monitoring performance
- Developing and implementing improvement strategies
- Identifying quality improvement opportunities
- Horizon-scanning and championing innovation
- Standardizing development and guidelines
Provincial and regional leadership in Ontario

Ministry of Health and Long-Term Care

Cancer Quality Council of Ontario

Cancer Care Ontario

Provincial Leadership Council

Clinical Council

Regional Cancer Programs led by Regional Vice Presidents

Clinical Accountability

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

Other regional cancer providers (e.g., home care, hospice, etc.)

Provincial Clinical Programs with Clinical Leads
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

Big Dots

Provincial Level Outcome Indicators

Provincial Level Driver Indicators

Regional Indicators

Health Professional Level Indicators

Cancer System Quality Index (CSQI)
Quarterly Regional Performance Scorecard
CCO Special Reports/Program Reports


Cancer Quality Council of Ontario
### Public reporting (CSQI) within our quality framework

**Surveillance:** incidence, mortality, survival prevalence

**Population Studies:** risk factors & socio-demographic factors

#### Quality Dimensions

<table>
<thead>
<tr>
<th>Patient Journey</th>
<th>Safe</th>
<th>Effective</th>
<th>Accessible/Timely</th>
<th>Patient Centred/Responsive</th>
<th>Equitable</th>
<th>Integrated</th>
<th>Efficient</th>
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<tbody>
<tr>
<td>Prevention</td>
<td></td>
<td>MRFs: Smoking (adult), susceptibility (teens), alcohol consumption, physical inactivity, obesity, inadequate vegetable and fruit consumption</td>
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<td>Lung surveillance by SES</td>
<td>Modifiable Risk Factors (MRFs) by SES</td>
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<td>Screening</td>
<td>Breast screening: Follow-up of Abnormal Results</td>
<td>Breast Screening Cervical screening: Follow-up of Abnormal Results</td>
<td>Breast Screening Cervical Screening Colorectal Screening (FOBT, Colonoscopy and Flex.Sig.)</td>
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<td>Diagnosis</td>
<td>Synoptic pathology reporting Reporting stage at diagnosis Lymph node sampling (colon)</td>
<td>Wait times for breast cancer assessment Colonoscopy wait time (positive FOBT)</td>
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<td>Treatment</td>
<td>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</td>
<td>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</td>
<td>Wait times for cancer surgery Wait times for radiation treatment Wait times for systemic treatment</td>
<td>Patient experience (satisfaction)</td>
<td>Treating Colon Cancer by Guidelines (Age, sex)</td>
<td>Consultation with Medical Oncologist (Age)</td>
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<td>Recovery</td>
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CQCO’s Cancer System Quality Index (CSQI) is reported publicly on an annual basis [www.csqi.on.ca](http://www.csqi.on.ca)
Overall CSQI 2012 summary

- **Safe**
  - Rating: Good. Some processes and standards for a safe cancer system are in place. However, we need better measures of safety from the patient's perspective.

- **Effective**
  - Rating: Very Good. Cancer services are generally effective and evidence-based.

- **Accessible**
  - Rating: Good. More Ontarians are accessing the services they need but efforts need to continue.

- **Responsive**
  - Rating: Fair. Ontario’s cancer system needs to focus more on patients’ and survivors’ quality of life, both during and after active treatment.

- **Equitable**
  - Rating: Fair. Ontario’s cancer burden is still higher among those with lower socio-economic status. More work needs to be done using a whole-of-society approach to ensure equity.

- **Integrated**
  - Rating: Poor. We have better data for measures that bridge across the cancer system, but more improvement is needed to ensure a seamless journey for patients and survivors.

- **Efficient**
  - Rating: Fair. We need to better measure cost efficiency and value for money, while maintaining good health outcomes for all Ontarians.
Measurement driving focus for regional quality improvement

### Regional Scorecard Tool

<table>
<thead>
<tr>
<th>Region</th>
<th>RADIATION Apr-Jun 10/11</th>
<th>SYSTEMIC Apr-Jun 10/11</th>
<th>SURGERY Apr-Jun 10/11</th>
<th>COLONOSCOPY Apr-Jun 10/11</th>
<th>STAGE RATE Apr-Jul 2009 % Hosp &gt; Mar 10, 10</th>
<th>PATHOLOGY % Hosp &gt; Mar 27, 10</th>
<th>SYMPTOMS MGMT Apr-Jun 10/11</th>
<th>Change from Previous Rank</th>
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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

**Margin Status in Prostate Cancer Surgery**

Percentage of synoptic prostate cancer resection reports with positive Stage II (Pt2) margin, by LHIN, 2010 and 2011

**Report Date:** February, 2012
**Data source:** Pathology Information Management System
**Prepared by:** Cancer Care Ontario, Cancer Informatics
For more information go to:

www.cancercare.on.ca
www.csqi.on.ca