The role of monitoring and public reporting in driving cancer system quality improvement

Ontario’s provincial experience from 2002 to 2012

August 28, 2012 UICC Conference (Montreal)
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given a mandate in 2002 to **monitor** and **report publicly** on cancer system performance, and to **make recommendations** for targeted quality improvement to the Minister of Health and Long-Term Care (MOHLTC) via the Board of Directors of the provincial government agency responsible for continually improving cancer services (Cancer Care Ontario).

- In addition to monitoring and reporting on Ontario’s performance, CQCO uses **national and international benchmarking** to motivate improvement in the province of Ontario.

- Council members are a multidisciplinary group of healthcare providers, cancer survivors, and experts in the areas of oncology, health system policy and administration, governance and performance measurement and health services research. CQCO is supported by a full-time Secretariat staff housed at CCO.
Cancer Quality Council of Ontario: contributes to improving the cancer system

CQCO MISSION:
Check out our website: www.cqco.ca

CQCO TOOLS:
Quality Index (CSQI)
Innovation Awards
www.csqi.ca

OUTCOMES:
Reduce prevalence of cancer
Improve cancer treatment and survival
Improve cancer patient satisfaction
Develop new quality indicators

Ontario

Innovative
Programmatic
international
advice

www.csqi.ca
### Cancer System Quality Index 2012 within the Quality Framework

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

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

#### Quality Dimensions

<table>
<thead>
<tr>
<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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</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>MRFs: Smoking (adult), susceptibility (teens), alcohol consumption, physical inactivity, obesity, inadequate vegetable and fruit consumption</td>
<td>Lung surveillance by SES</td>
<td>Lung surveillance by SES</td>
<td>Modifiable Risk Factors (MRFs) by SES</td>
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<tr>
<td>Screening</td>
<td>Breast screening: Follow-up of Abnormal Results</td>
<td>Cervical Screening Colorectal Screening (FOBT, Colonoscopy and Flex.Sig.)</td>
<td>Lung surveillance by SES</td>
<td>Modifiable Risk Factors (MRFs) by SES</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 Colorectal screening wait time (positive FOBT)</td>
<td>Lung surveillance by SES</td>
<td>Modifiable Risk Factors (MRFs) by SES</td>
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<tr>
<td>Treatment</td>
<td>IV chemo Safe handling of cytotoxic and CPOE</td>
<td>treating Colon Cancer by guidelines Consultation with medical oncologist (colon and breast) Radiation treatment utilization IMRT Utilization</td>
<td>Wait times for systemic treatment</td>
<td>Patient experience (satisfaction)</td>
<td>treating Colon Cancer by guidelines Consultation with Medical Oncologist (Age)</td>
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<td>Recovery</td>
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<td>End-of-Life Care</td>
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**Survival Guidelines:**
- Breast: Follow-up of Abnormal Results
- Cervical: Follow-up of Abnormal Results
- Colorectal: Follow-up of Abnormal Results

**Integrated Cancer Screen Participation**
- Breast (income, age)
- Cervix (income, age)
- Colorectal (Income)

**Radiation Machine Efficiency**

**Gaps guide future work**

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**Patient Journey**

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

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

**Quality Dimensions**

- Safe
- Effective
- Accessible/Timely
- Patient Centred/Responsive
- Equitable
- Integrated
- Efficient
CSQI 2012 – an overview

Distinct CQCO website www.cqco.ca

LHIN (14 regions) analysis

Ontario Surveillance data and Lung Cancer Info

International comparisons

2012 Special Focus Stories (Lung Cancer + Quality)

Video of May 16 Launch event panel discussion

Personal reflections

Direct link to CSQI www.csqi.on.ca