



Navigating the Diagnostic Phase of Cancer

Ontario's Strategic Directions 2014-2018



Ontario

Cancer Care Ontario
Action Cancer Ontario



Why the Diagnostic Phase is Important to Patients

For many patients and their families, the time from a suspicion of cancer to when it is diagnosed or ruled out is filled with high levels of anxiety and uncertainty. Often, patients undergo multiple tests and attend numerous appointments with various health care providers, while relying heavily on their family and friends for emotional support. This plan, *Navigating the Diagnostic Phase of Cancer: Ontario's Strategic Directions 2014-2018*, is focused on making this trying time less stressful.

It meant a lot to me to have been engaged in the development of this plan as a Patient Advisor. By partnering with Cancer Care Ontario, I was able to bring the patient perspective to this important work. My feedback as an advisor was always welcomed and encouraged.

Having a trained patient navigator coordinate all diagnostic testing for patients and support them through this anxious period makes a huge difference. Patient navigators provide patients with information, emotional support and symptom management tailored to the patient's particular needs. From a patient's perspective, the navigator is someone we can rely on to cope through this stressful period.

Another support mechanism is the Diagnostic Assessment Program-Electronic Pathway Solution (DAP-EPS), which is an online tool that allows patients and their caregivers to view their appointments and access test results, medical information and educational material to support their care. This is valuable to patients, giving them streamlined access to their personal health information that can be viewed at their convenience. It also means family members can be included in the care by being provided with online access to the DAP-EPS.

I am truly excited about the potential of this plan because it focuses on improving a variety of patient needs in the diagnostic phase. Patients want effective and coordinated care. As a patient, I can also take comfort in knowing that regardless of where I am in Ontario, my care will be to the same high standard and that the diagnostic phase is being designed with a focus on quality and patient-centredness.

Table of Contents

Why the Diagnostic Phase is Important to Patients	1
Presenting Our Plan	3
Our Approach to the Diagnostic Phase to Date	5
Diagnosing Cancer in Ontario: The Landscape, the DAP Experience and the Opportunity	7
Strategic Goal, Priorities and Objectives	9
Supporting Patients and Their Families Through the Diagnostic Process	11
Strategic Priority 1: Refine and Align the Scope of the Diagnostic Assessment Programs	12
Improving the Patient Experience through Patient Navigators	13
Strategic Priority 2: Develop Models of Navigation for Patients During the Diagnostic Phase	14
Fostering Coordinated Care in a Complex Health Care System	15
Strategic Priority 3: Improve Patient Transitions Along the Pathway from Suspicion to Diagnosis, Leading to Treatment	16
Standardizing the Approach to Diagnostic Assessment Ensures Equity of Care Province-Wide	17
Strategic Priority 4: Drive Continuous Quality Improvement During the Diagnostic Phase	18
At a Glance: Additional Efforts Underway to Improve the Diagnostic Phase	19
Looking Forward	21
Acknowledgements	22

I am confident that the strategic priorities outlined in this plan, combined with the relentless efforts of the dedicated care teams, will have a positive impact on the care Ontarians receive as they undergo a diagnosis for a suspicion of cancer.



Debora Prokopich Buzzi
Patient Advisor,
Cancer Care Ontario

“This plan is important because it focuses on improving a variety of patient needs in the diagnostic phase.”



Presenting Our Plan

In Ontario, someone is diagnosed with cancer every seven minutes. This equates to approximately 71,900 new cases of cancer in the province each year. For many of those individuals, the diagnostic phase is stressful, often requiring numerous diagnostic tests, consultations, handoffs and lengthy waits.

Since the initial implementation of Diagnostic Assessment Programs (DAPs), Cancer Care Ontario has worked closely with our regional partners to establish performance-management standards to promote high-quality access to diagnostic services and to develop tools like the Diagnostic Assessment Program-Electronic Pathway Solution (DAP-EPS) to ensure clinicians and patients are well supported through the diagnostic phase. Improving the diagnostic phase begins with the DAPs. The data that flows in from regional DAPs, and the collaborative work with our stakeholders, has provided us with important insights on how to further improve the diagnostic phase.

Navigating the Diagnostic Phase of Cancer: Ontario's Strategic Directions 2014-2018 is the first strategic plan in Ontario focused on taking a holistic approach to improving the diagnostic phase of cancer. The plan was built through extensive consultation with our regional partners, patients and clinicians. Our strategic priorities will ensure we continuously improve the diagnostic phase of cancer for the people of Ontario. The priorities also align with the goals of the Ontario Cancer Plan, which includes patient experience, transitions of care, sustainability, equity and effectiveness. The goal is to develop DAPs and to advance the delivery of all cancer diagnostic services.

We have set ambitious objectives for the future and we have made tremendous progress to date. With continued support from our colleagues across the province, we are confident that we will achieve our ultimate goal of improving the diagnostic phase for all individuals in Ontario undergoing a potential cancer diagnosis.

Dr. Claire Holloway
Provincial Clinical Lead,
Disease Pathway Management
and Diagnostic Assessment Program
Cancer Care Ontario

Garth Matheson
Vice-President,
Planning and Regional Programs
Cancer Care Ontario



“Our strategic priorities will ensure we continuously improve the diagnostic phase of cancer for the people of Ontario.”



Our Approach to the Diagnostic Phase to Date

Why Diagnostic Assessment Programs (DAPs)?

The objectives of the DAP Program are to:

1. Improve the quality and accessibility of care for patients;
2. Advance a patient-centred approach in diagnostic care;
3. Drive integrated-care delivery among services and providers; and
4. Maximize value of care delivered.

DAPs manage and coordinate the entire process of a person's diagnostic care, from testing to a definitive diagnosis or rule out of cancer; this coordination significantly improves access to quality health care. They provide patients with a single point of contact and access to care that follows evidence-based clinical pathways. DAPs also facilitate care transitions and improve communication between health care providers during the diagnostic phase.

Each of Ontario's Regional Cancer Programs (RCPs) offers a DAP for lung cancer, most have developed colorectal DAPs, and the implementation of prostate DAPs is well underway. The most common DAPs in the province are lung DAPs, and about 45 percent of lung cancer patients in Ontario now receive their diagnosis through a lung DAP. Additional systems of organized diagnostic assessment have been introduced for other types of cancer, based on regional needs.

One aim of DAPs is to minimize system delays. In 2010, the wait time from referral for suspicion of lung cancer to the time of diagnosis was approximately 46 days; by 2014, this had improved by 20 percent to a wait time of 37 days. A lung DAP performance indicator was introduced for diagnostic wait times and it is now publicly reported. Patient experience metrics are also publicly reported through the Cancer System Quality Index. These ensure DAP performance is monitored and continuously pushed to improve.

Navigating Cancer Diagnosis

The DAP team includes a patient navigator who supports care coordination, patient education and the psychosocial needs of patients. Navigators ensure patients are well prepared for their appointments, and through their comprehensive assessments, they promote greater system efficiency. Navigators play an instrumental role in the DAP patient experience. In 2013, 73 percent of DAP patients felt that someone helped them with their anxiety and/or fear. When compared to patients in outpatient treatment settings, only 43 percent of patients surveyed were helped with their anxiety and/or fear.

To further enhance patient navigation in DAPs, Cancer Care Ontario (CCO) developed the Diagnostic Assessment Program - Electronic Pathway Solution (DAP-EPS) in partnership with the Canadian Cancer Society and Canada Health Infoway. The tool empowers patients by providing them with knowledge about their diagnostic journey and provides DAP staff and clinicians with shared electronic health information. The DAP-EPS has been implemented in five regions, with plans for province-wide deployment.

Streamlined, multidisciplinary care within DAPs has improved access to various treatment options, allowing patients to make more informed decisions. Intermediate-risk prostate patients who went through a DAP were presented with more treatment options, and preliminary data shows that their treatment choices were significantly different as a result.

Ongoing Need

While diagnostic care for patients has improved in DAPs, not all aspects of the diagnostic phase are currently being accounted for within CCO. There is the need for an overarching program that will position CCO to address the care needs of everyone undergoing a potential cancer diagnosis.

“DAPs are one model of organized diagnostic assessment designed to improve the quality and experience of care for patients with suspected cancer.”

Diagnosing Cancer in Ontario

The Landscape



Ontarians will develop cancer in their lifetime¹

46% MALE 41% FEMALE

CANCER is the leading cause of premature death in Ontario



Ontarians will die of the disease²



EVERY SEVEN MINUTES someone in Ontario is diagnosed with cancer¹

More than half of new cancer cases diagnosed in Ontario will be either lung, breast, colorectal or prostate cancers



80% of lung cancer patients are diagnosed at later stages when the disease is harder to treat³



80% of breast cancer patients are diagnosed in earlier stages and only 20% in later stages³

Due to our **aging population**, our health care system will continue to face **increased demand** for cancer screening, diagnostic testing, and treatment services.

SOURCES: 1. Canadian Cancer Society's Advisory Committee on Cancer Statistics. Canadian Cancer Statistics 2013. Canadian Cancer Society. 2013 [cited 2014 April]. Available from: <http://www.cancer.ca/~media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/canadian-cancer-statistics-2013-EN.pdf>; 2. Cancer Quality Council of Ontario. Cancer in Ontario. Ontario Cancer Registry. 2013 [cited 2014 April]. Available from: http://www.csqi.on.ca/cancer_in_ontario/ Available from: <http://ocp.cancercare.on.ca>; 3. Cancer Quality Council of Ontario. Reporting of cancer stage at diagnosis. Stage distribution for breast, colorectal, lung and cervical cancer has not significantly changed from 2007 but clear variability in the stages of diagnosis across 5 disease sites [Internet]. Ontario Cancer Registry, Collaborative Staging Database. 2013 [cited 2014 April]. Available from: http://www.csqi.on.ca/by_patient_journey/diagnosis/reporting_of_cancer_stage_at_diagnosis/; 4. Data Source: DAP Patient Experience Surveys; 5. Data Source: Self-reported by regional DAP Programs. 6. Del Giudice L, Bondy SJ, Chen Z, Maatan S. Physician Care of Cancer Patients. In: Jaakkimainen L, Upshur R, Klein-Geltink JE, Leong A, Maatan S, Schultz SE, Wang L, editors. Primary Care in Ontario: ICES Atlas. Toronto: Institute for Clinical Evaluative Sciences; 2006; 7. National Research Corporation Inc. Ambulatory Oncology Patient Experience Survey. 2013. Contact: <http://www.nationalresearch.com/>.

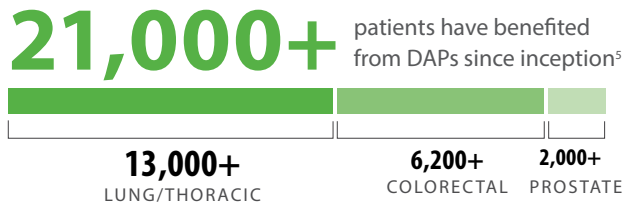
The DAP Experience

DAPs have streamlined the management of cancer diagnosis by providing coordinated, evidence-based, patient-centred care.

EMOTIONAL SUPPORT 73%
receive assistance with their anxiety and/or fear while undergoing testing⁴

PATIENT ASSISTANCE 78%
can always reach their navigator when they have questions⁴

OVERALL SATISFACTION 96%
are satisfied or very satisfied with their navigator⁴

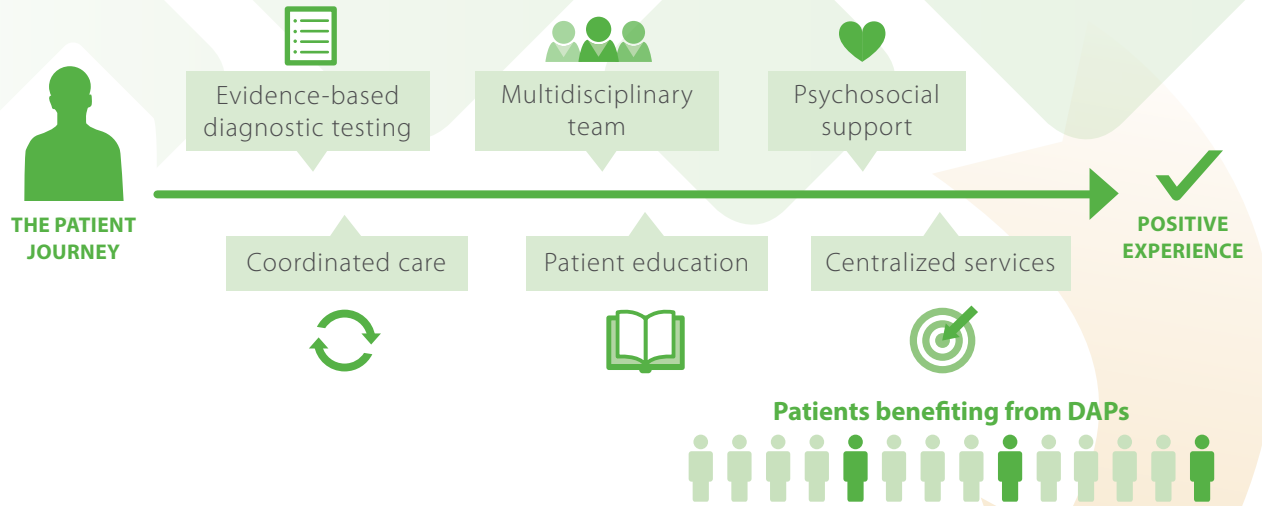


34 DAPs have been implemented across Ontario⁵

- ▶ 15 Lung
- ▶ 12 Colorectal
- ▶ 7 Prostate

Wait times have decreased

Wait time from referral into a lung DAP to the time of diagnosis⁵



The Opportunity

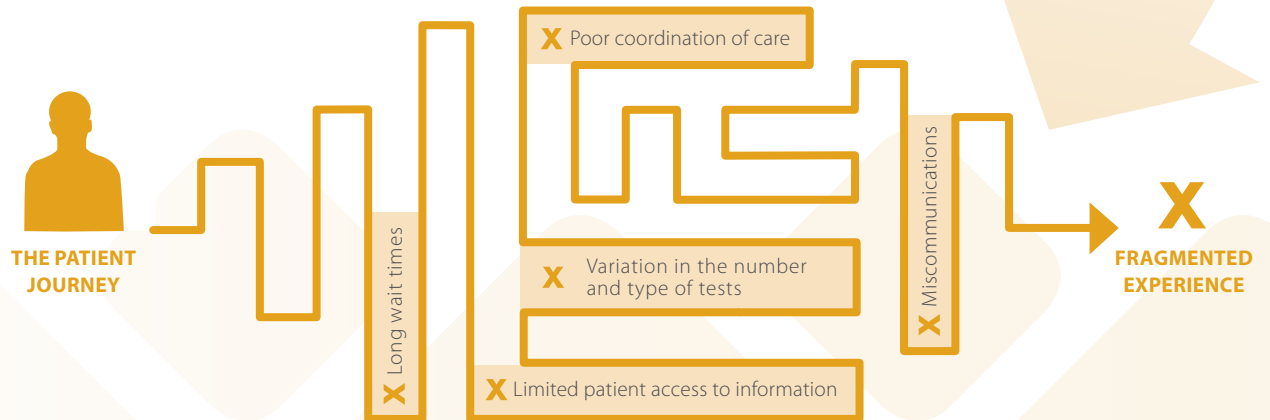
The diagnostic phase is the patient's first impression of the cancer system and can strongly influence the rest of their journey.

3 months before diagnosis PRIMARY CARE VISITS DOUBLE compared to the number of visits prior to that time⁶

EMOTIONAL SUPPORT 57%
of patients are not directed to professionals who could assist them with anxiety and/or fears⁷

PATIENT ASSISTANCE 40%
of patients do not always know who to ask questions about his/her health problems⁷

PATIENT SENSITIVITY 28%
of patients believe they can be told their diagnosis in a more sensitive manner⁷



Who gives patients their diagnosis?

- ▶ Family doctors⁷: 28%
- ▶ Cancer specialist or surgeon⁷: 58%

Patients who will benefit from the new strategic plan





Our Goal

Introducing DAPs across the province builds a strong foundation for addressing patient and system needs during the diagnostic phase. While today's DAPs have brought a new level of care and support to patients in the diagnostic phase of the cancer journey, the DAP patient population represents the minority of all individuals undergoing a cancer diagnosis in Ontario. Entering and navigating the cancer system remains a challenge for many patients.

Recognizing the need for CCO to take on a broader mandate in the diagnostic phase, this plan will build on our achievements to date. It will provide a more holistic view of the system to ensure we drive transformative changes to care for all individuals undergoing a potential cancer diagnosis.

To do this, we will leverage our existing knowledge from the management of DAPs to inform the opportunities and challenges that should be addressed for all patients, across all disease sites. This extensive view of the diagnostic phase will allow us to influence change through a variety of different diagnostic care models that best accommodate regional and disease-site-specific needs. We will take an evidence-based approach to care to ensure these various models are effective in practice, and to identify opportunities for improvement. CCO's strength in performance management will be leveraged to ensure patients receive high-quality care no matter which delivery model is used.

Improving the diagnostic phase for everyone undergoing a potential cancer diagnosis is an ambitious and complex goal. Over the next four years, through the thoughtful and incremental changes described in this strategic plan, we will drive more evidence-based approaches to cancer diagnosis across the province.

Goal: Improve the Diagnostic Phase for All Individuals Undergoing a Potential Cancer Diagnosis



Priority 1

Refine and Align the Scope of Diagnostic Assessment Programs

Clearly define DAPs – their scope, objectives and elements.

Support equity of care for patients by establishing standard entry and transfer of care criteria for lung, colorectal and prostate DAPs across Ontario.

Integrate and align the DAP Program into CCO's existing pathways and guidelines.

Develop a sustainable funding model for DAPs.



Priority 2

Develop Models of Navigation for Patients During the Diagnostic Phase

Establish a model that will risk-stratify patients for navigational needs to provide a patient-centred, evidence-based approach to diagnostic care.

Strengthen the processes for accessing supportive services to meet broader patient needs during the diagnostic phase.



Priority 3

Improve Patient Transitions Along the Pathway from Suspicion to Diagnosis, Leading to Treatment

Collaborate with CCO's Primary Care, Imaging, Screening and Treatment Programs to ensure safe and effective coordination and continuity of care for patients along the cancer journey.

Partner with CCO's Screening Programs to establish and implement an organized follow-up model for positive screens.



Priority 4

Drive Continuous Quality Improvement During the Diagnostic Phase

Strengthen knowledge transfer and exchange approaches to improve the quality of care for patients.

Develop key performance indicators for the diagnostic phase that align with the quality dimensions of care.

Evaluate models of diagnostic assessment to identify leading practices and the appropriateness of the diagnostic care models across disease sites and regional needs.

Develop technology standards needed to meet data-collection and patient-management requirements of the diagnostic phase.



Supporting Patients and Their Families Through the Diagnostic Process

For many people, their first experience with cancer begins quite simply, with suspicious symptoms or signs that something is wrong. Barry's experience was more direct: he received news that his doctor suspected he had lung cancer. Barry was immediately referred to the lung DAP in his region. He was pleasantly surprised at the compassion and understanding he received at the program. He recalls vividly the day he met his patient navigator, Chantal, who immediately made him feel at ease. "I remember just staring down at the table as she was speaking. She waited patiently until I looked up at her, and then she spoke to me again to make sure I was listening," he says.

That meant a lot to Barry, who felt overwhelmed by the situation. He said he really appreciated Chantal taking the time to understand how he was coping with the information and the reality that he might have cancer. Chantal became his main contact through the diagnostic period, offering him resources and information, and generally making it easier for him to go through the various tests.

Barry was also struck by how his wife was welcomed as an equal participant in his discussion with the patient navigator and the larger multidisciplinary team. Many families who have a loved one undergoing a diagnosis appreciate being part of the process. Barry said he occasionally forgot what the medical team had discussed, and his wife was often able to help him recall the conversations. As much as he appreciated having his wife there, he says, "Going through a diagnosis takes an enormous toll on loved ones, so I was pleased when the patient navigator referred my wife to a social worker."

For Barry and his wife, it has not been an easy process, but with the help of their patient navigator and their multidisciplinary medical team, they say they have experienced less anxiety. "I think the program really recognizes that cancer doesn't only affect the patient – it affects the whole family," Barry says.

Strategic Priority 1

Refine and Align the Scope of Diagnostic Assessment Programs

Our Objectives

Clearly define

DAPs – their scope, objectives and elements

Support equity of care

for patients by establishing standard entry and transfer of care criteria for lung, colorectal and prostate DAPs across Ontario

Integrate and align

the DAP Program into CCO's existing pathways and guidelines

Develop

a sustainable funding model for DAPs

Strategic Priority 1 will build on the successes, optimized care and efficiencies under existing DAPs. Current DAP models and processes will be refreshed to incorporate new evidence and learnings. For example, current organizational standards are broad and do not support a clear definition of a DAP, which leaves them open to interpretation. This has contributed to measurement challenges and variations in how patients enter and transfer out of a DAP, and raises the possibility of inequitable care for patients across the province. Methods used to fund these programs also need to be re-examined to ensure sustainability and alignment with program objectives.





Improving the Patient Experience Through Patient Navigators

Supporting patients through a cancer diagnosis can be difficult at the best of times. But patient navigator Sue Stein says she finds inspiration in her patients. “Even though they are going through such a stressful time, I’m struck by my patients’ grace and bravery,” she says. Ms. Stein, who has been working in the South West Regional Cancer Program DAP for the past three years, says her experience motivates her, especially around establishing processes for patient access to supportive services during the diagnostic phase. She says this “reduces wait times, improves coordination and improves the patient experience.”

Patient navigators work closely with the entire health care team, keeping the patient’s family physician updated on the patient’s status. Ms. Stein says patients often feel overwhelmed and are anxious about their future, so having one person who can help them manage the diagnostic journey is extremely valuable. Patient navigators answer patient questions, provide them with helpful education and resources, and arrange their tests and appointments.

Ms. Stein highlights one key aspect of her role. “Understanding the patient holistically is extremely important in customizing our care to each individual patient. We take into account their families, their social supports, their level of stress and their health history.” Ms. Stein says these factors play a critical role in influencing how she approaches each patient. “Ultimately, I want to be as responsive as possible to our patients to support them emotionally and to identify and manage their symptoms during their diagnosis; after all, this is the first step in a long journey.”

Since the introduction of DAPs, Ms. Stein and other patient navigators across the province are having an impact on their patients’ experiences in the diagnostic phase. A recent patient experience survey found that 96 percent of patients had a positive experience with their navigators. As Ms. Stein says, “We have built positive relationships with patients and their families through DAPs. With the introduction of this new strategy, we can continue to improve our navigation models to deliver patient-centred care.”

Strategic Priority 2

Develop Models of Navigation for Patients During the Diagnostic Phase

Our Objectives

Establish a model

that will risk-stratify patients for navigational needs to provide a patient-centred, evidence-based approach to diagnostic care

Strengthen the processes

for accessing supportive services to meet broader patient needs during the diagnostic phase

Patient navigators play a critical role in supporting DAP patients as they undergo a potential cancer diagnosis. Navigation can exist through various means, including self-navigation, with the support of information, educational material or electronic tools; peer or lay navigation; or professional navigation (e.g., nurses and social workers). Since patients experience varying degrees of physical symptoms and psychological distress during the diagnostic phase, no one model of navigation is right for every patient. As we broaden our mandate, we must better understand the different navigation models that exist and optimize which model is used and when, to best tailor our navigational support to patient needs.



Fostering Coordinated Care in a Complex Health Care System

For Dr. John Day, a Windsor-based family physician and a CCO Regional Primary Care Lead, the knowledge that his patients have been enrolled in a DAP provides him with peace of mind that they are being well taken care of. Since it is often difficult for busy primary care physicians and specialists to coordinate both referrals and diagnostic tests from their offices, the DAP offers a well-organized, evidence-based alternative to traditional methods. “I feel my patients benefit from the DAP, because it’s a single point of access to comprehensive cancer diagnostic services,” says Dr. Day.

Primary care physicians and specialists, as well as physicians from emergency rooms and walk-in clinics, can refer patients to a DAP. Once in a DAP, patients can access coordinated services including diagnostic testing and staging. “My patients appreciate having the navigator available to help with all their concerns,” says Dr. Day. “Even little things like what to wear to an appointment or a CT scan can weigh on their minds. I try to answer all their concerns directly, but it is great to know the extra support is always there.”

DAPs ensure physicians do not need to initiate multiple referrals to find the shortest possible wait. Once referred to a DAP, patients are typically contacted within 48 hours and can quickly benefit from the organized program. According to Dr. Day, it is easy for patients to feel lost in a complex health care system. The DAP offers well-coordinated transitions through the diagnostic phase, which makes it much more likely that patients will receive seamless care. “The time from an abnormal test to a diagnosis involves a lot of stress for both the patient and the physician. Anything like a DAP that can shorten that time is welcome relief,” says Dr. Day.

Strategic Priority 3

Improve Patient Transitions Along the Pathway from Suspicion to Diagnosis, Leading to Treatment

Our Objectives

Collaborate

with CCO's Primary Care, Imaging, Screening and Treatment Programs to ensure safe and effective coordination and continuity of care for patients along the cancer journey

Partner

with CCO's Screening Programs to establish and implement an organized follow-up model for positive screens

The diagnostic phase of the cancer journey intersects with many different parts of the health care system. As a result, there are multiple transitions, which increase the likelihood of uncoordinated care. By working together through a multidisciplinary approach to diagnostic care, we will build a system where patients experience seamless care and feel supported during every step of their journey.





Standardizing the Approach to Diagnostic Assessment Ensures Equity of Care Province-Wide

Since the establishment of the DAPs, CCO has worked closely with regional partners to establish performance-management standards to improve diagnostic services and the patient experience. Dr. Craig McFadyen, Regional Vice-President at the Carlo Fidani Peel Regional Cancer Centre, says it is important to take a comprehensive view of the diagnostic phase to assess the value of various diagnostic models that truly address the differences amongst regions and the different disease sites.

“Providing standardization and patient-centred care may at a cursory level appear contradictory, but they can exist together to support high-quality care,” says Dr. McFadyen. The DAP takes an organized and standardized approach to the diagnostic phase which ensures resources are used as efficiently as possible to care for patients, and that patients are receiving the right test at the right time.

“What I love about the DAP is the whole paradigm shift in how we investigate a patient suspected of having cancer,” says Dr. McFadyen. “In a traditional model, patients need to queue up to see different specialists and then queue up for their test appointments . . . it was somewhat chaotic. The DAP eliminates the need for lineups, and most of the services are centralized, so in a way, the system comes to the patient.” Reducing the amount of time from symptom onset to diagnosis can lead to the start of earlier treatment and reduced anxiety and distress for both patients and their families.

Dr. McFadyen says the DAP allows the multidisciplinary team, including patient navigators, to collaborate much more effectively. In his region, the DAP staff and health care team meet quarterly to review their data and iron out any process issues. The DAP has been measuring many performance indicators, including patient experience, symptom management and changes in diagnostic wait times, since the inception of the program.

For Dr. McFadyen, this strategy offers a great opportunity to assess the current state, identify gaps and continue to explore new models to broaden the scope of the DAPs for anyone going through a cancer diagnosis. He says, “We need to do all this and keep a close eye on our performance by measuring and benchmarking – at the end of the day, you can’t improve what you don’t measure.”

Strategic Priority 4

Drive Continuous Quality Improvement During the Diagnostic Phase

Our Objectives

Strengthen knowledge

transfer and exchange approaches to improve the quality of care for patients

Develop key performance

indicators for the diagnostic phase that align with the quality dimensions of care

Evaluate models

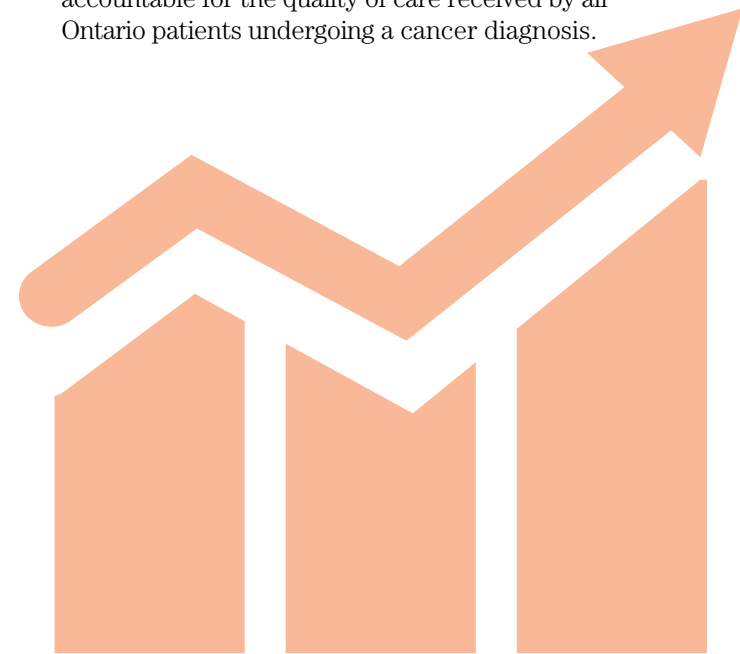
of diagnostic assessment to identify leading practices and the appropriateness of diagnostic care models across disease sites and regional needs

Develop technology standards

needed to meet data-collection and patient-management requirements of the diagnostic phase

Across the province, regions have developed various models to support organized diagnostic assessment. Developing a better understanding of the effectiveness of these different models under specific conditions – such as specific disease sites and existing provincial and regional structures – will enable us to share this knowledge to improve the quality of care in Ontario.

Expanding the ways we measure the delivery of diagnostic services will help us better understand the current state of care and identify any remaining gaps in the system. This will enable us to be more accountable for the quality of care received by all Ontario patients undergoing a cancer diagnosis.



At a Glance: Additional Efforts Underway to Improve the Diagnostic Phase

Across CCO, multiple program areas work to improve the diagnostic phase of cancer. The DAP Program will continue to collaborate with these programs to improve the experience of patients undergoing a cancer diagnosis. This section provides a snapshot of current and upcoming work planned for these areas.

Cancer Imaging

The Cancer Imaging Program is undertaking a synoptic radiology reporting initiative to improve and enhance reporting for diagnostic imaging. This will facilitate improved communication between health care providers and help to ensure appropriate imaging procedures are established for patients. The Cancer Imaging Program is also focusing on improving accessibility to cancer imaging, including interventional radiology and positron emission tomography (PET), and province-wide quality initiatives for diagnostic imaging.

Integrated Care

The Integrated Care Corporate Strategy at CCO is focused on improving patient outcomes and experiences through implementing integrated patient care for cancer patients with complex needs, beginning in the diagnostic phase. This will be facilitated through partnerships across care settings, focusing on enabling early identification, improving communication, and coordinating transitions for patients with complex needs.

Access to Care

The Access to Care Surgery and Diagnostic Imaging Wait Times portfolio is responsible for measuring two primary wait time indicators to support system performance management. The first is the time from referral received to first consult, referred to as Wait 1. The second period is the time from decision-to-treat to the date the procedure is performed, also referred to as Wait 2. Both of these wait times are measured using the Ontario Wait Time Information System (WTIS).

Disease Pathway Management

By developing and maintaining pathways that depict current evidence-based best practice for the diagnosis of all major cancers, the Disease Pathway Management (DPM) Program provides the foundation to the DAP Program's evidence-based approach. Going forward, the DPM Program will work with the DAP Program to develop metrics and set targets to evaluate actual practice against the ideal described in the pathways, and thus help identify where opportunities for improvement exist. DPM is also developing an interactive web-based format for the pathways which will facilitate their use as navigational and analytical tools.

Surgical Oncology

Cancer surgeons play a key role in the diagnosis (biopsy to determine malignancy, interpretation of results) and staging (evaluations to determine size and extent of tumour) of cancer. The Surgical Oncology Program implements clinical guideline recommendations for diagnosis and staging to ensure the appropriate treatment options are provided to cancer patients.

Pathology and Laboratory Medicine

The Pathology and Laboratory Medicine Program focuses on the screening and diagnostic components of cancer care. Through this program, the quality of pathology and laboratory medicine services across Ontario is strengthened by monitoring and managing quality and access performance indicators. In conjunction with the Molecular Oncology Advisory Committee, the program provides oversight and administration of biomarker testing in the province.

Multidisciplinary Cancer Conferences

Multidisciplinary Cancer Conferences (MCCs) are regularly scheduled meetings or videoconferences that enable health care providers from different disciplines and backgrounds (e.g., doctors, nurses) to discuss and make recommendations on the best way to handle the care of individual cancer patients. The main purpose of the MCC is to make sure that all appropriate diagnostic tests and treatment options are considered, and the most appropriate treatment recommendations are generated for each patient.

Quality Management Partnership

The Quality Management Partnership (QMP) is a formal partnership between CCO and the College of Physicians and Surgeons of Ontario that will design and implement comprehensive quality management programs (CQMPs) in colonoscopy/endoscopy, mammography/breast imaging and pathology. For each of these health care services, the program will define and report on quality, establish provincially consistent quality assurance programs, support continuous quality improvement, and support periodic reviews of system design. CQMPs will apply to all physicians and facilities across Ontario and will include quality reporting at the physician, facility and regional/system levels. CQMPs will be managed by clinical leads at the provincial, regional and facility levels.

Cancer Screening

The Ontario Breast Screening Program (OBSP) uses a navigation model within OBSP assessment sites to ensure that women receive the appropriate follow-up tests after an abnormal screen. Women in the OBSP's high-risk screening program are followed by a navigator from the time of their initial referral through the entire screening journey, which supports a low lost-to-follow-up rate. CCO is also exploring the possibility of piloting patient navigators to facilitate follow-up of abnormal fecal occult blood test (FOBT) results. In April 2014, CCO launched the improved electronic Screening Activity Report (SAR) to eligible primary care physicians. The SAR helps physicians improve their screening rates, ensures follow-up tests are completed, and provides physicians with a performance comparison against their peers.



Looking Forward

Since the introduction of DAPs, we have made significant progress in our goal to improve the patient experience during the cancer diagnostic phase; however, in many ways our work has just begun. To fully realize the potential of this plan over the next four years, it will require our passion, commitment and expertise to drive even greater success.

Our strategic directions will ensure that our work is ambitious yet attainable, patient-centred and impactful. Our objectives in this plan are well-aligned with the Ontario Cancer Plan, particularly in the areas of quality of life and patient experience, transitions of care and sustainability. To make it actionable, teamwork is critical, and through our combined efforts, we will be able to achieve these strategic objectives. The implementation of the strategic priorities relies on the collective contributions from our regional and provincial stakeholders, as well as the participation of health care providers, including our dedicated patient navigators, and most importantly, patients. Furthermore, we will develop an annual operating plan that will outline the initiatives that will be used to deliver on these priorities and the indicators that will be used to measure our performance and progress each year. The results will be used in our planning for the coming year and allow us to respond to changes in the health care environment.

Delivering on this plan will provide Ontarians with high-quality, evidence-based care during the diagnostic phase of the cancer journey, and greater integration of care across multiple settings to make the journey seamless. This work will help build a system that supports continuous improvement in the patient experience, addresses the need for more comprehensive performance management across the diagnostic phase for all types of cancer, and facilitates the best resource allocation across the system.

Together, we will make a difference.

Acknowledgements

We wish to acknowledge the significant contributions of the individuals and groups who shared their experience, feedback and insight to support the development of our strategic directions. As the agency responsible for improving the performance of the cancer system in Ontario, we had significant consultation with our regional partners, patients and clinicians, to ensure their valuable input contributed to the future direction of the diagnostic phase of cancer.

This plan was developed under the clinical leadership of Dr. Claire Holloway, with advisory support from the DAP Strategic Planning Working Group. The plan also benefited from the guidance of DAP Executive Sponsor, DAP Leadership Team and DAP Core Team.

This strategic plan will guide the program's efforts and is intended to set an ambitious course for the future. For more information about this plan or the Diagnostic Assessment Program, email dap@cancercare.on.ca.

Contributors

Carole Beals

Manager, Systemic Therapy Suite and Regional Services,
Royal Victoria Regional Health Centre

Peter Bevan

Acting Program Manager, Cancer Imaging,
Cancer Care Ontario

Yi Chen

Senior Analyst, Informatics,
Cancer Care Ontario

Julie Gilbert

Staff Scientist and Manager, Research and Evaluation,
Cancer Care Ontario

Angelika Gollnow

Program Manager, Disease Pathway Management,
Cancer Care Ontario

Dr. Claire Holloway

Provincial Clinical Lead, Disease Pathway Management
and Diagnostic Assessment Program, Cancer Care Ontario

Amber Hunter

Manager, Surgical Oncology and Multidisciplinary Cancer
Conferences, Cancer Care Ontario

Keely Hyatt

Manager, Regional Projects, Cancer Screening,
Cancer Care Ontario

Melissa Kaan

Manager, Diagnostic Assessment Program,
Cancer Care Ontario

Goran Klaric

Senior Analyst, Ontario Cancer Plan and Regional
Systemic Treatment Program, Cancer Care Ontario

Eric Klonikowski

Program Coordinator (Co-op), Diagnostic Assessment
Program, Cancer Care Ontario

Nicole LaRoche

Manager, People, Strategy and Communications,
Cancer Care Ontario

Millie Litt

Manager, Regional Cancer Services,
South West Regional Cancer Program

Alicia Lee

Graphic Designer, People, Strategy and Communications,
Cancer Care Ontario

Patricia Marchand

Patient Care Manager, Diagnostic Assessment
Program, Ambulatory Clinics, RS McLaughlin
Durham Regional Cancer Centre

Garth Matheson

Vice-President, Planning and Regional Program,
Cancer Care Ontario

Jean Matone

Manager, Prevention and Screening,
Juravinski Cancer Centre

Elaine Meertens

Director, Cancer Planning and Regional Program
Development, Cancer Care Ontario

Sabrina Padewski

Senior Policy and Planning Officer,
Diagnostic Assessment Program,
Cancer Care Ontario

Debora Prokopich Buzzi

Patient Advisor,
Cancer Care Ontario

Mary Ellen Salenieks

Project Manager, Primary Care,
Cancer Care Ontario

Natasha Seth

Program Coordinator (Co-op), Diagnostic
Assessment Program, Cancer Care Ontario

Jennifer Smylie

Clinical Manager, Cancer Assessment Clinic
and Women's Breast Health Centre,
The Ottawa Hospital

Ann Thomas

Project Coordinator, Diagnostic Assessment
Program, Cancer Care Ontario

Sarah Wheeler

Research Associate, Evaluation,
Cancer Care Ontario

Suriya Veerappan

Communications Advisor,
People, Strategy and Communications,
Cancer Care Ontario



Ontario

Cancer Care Ontario
Action Cancer Ontario