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BC Cancer Agency's approach to improving the quality of care in oncology

Dr David Levy
President




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BC Cancer Agency Mandate

To provide a province-wide, population-based cancer control program for BC & the Yukon



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BCCA mission is to:

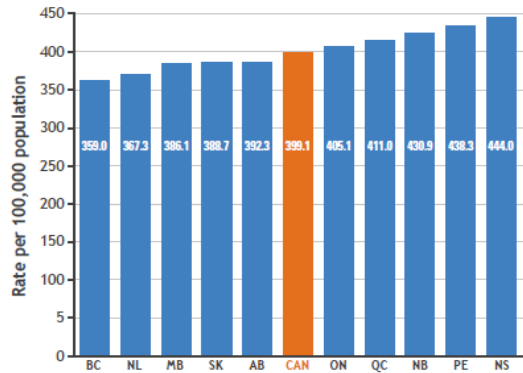
- To reduce the incidence of cancer
- To reduce the mortality rate of people with cancer
- To improve the quality of life of people living with cancer

★ Whitehorse, Yukon

-  BCCA Cancer Centre and University Cancer Research Centre
-  BCCA Cancer Centre and Research Centre
-  Consultative Clinic
-  Screening Mammography Centres, Cervical Cytology Screening Program

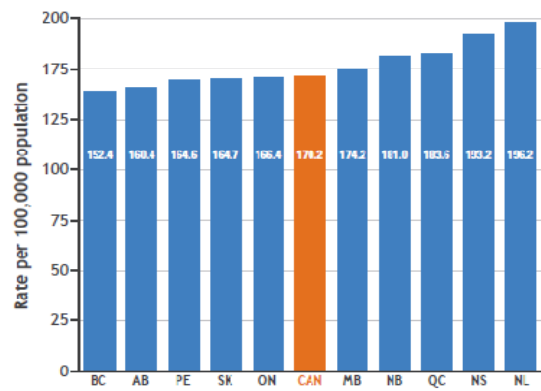
- Central Agency office
- Cancer Research Centre (Vanc. Vict)
- Regional Cancer Centres
- Community Cancer Centres
- Community Cancer Clinics
- 70 regional pharmacies – chemo
- Networks:
 - hereditary cancer
 - cervical cytology
 - colposcopy clinics
 - screening mammography centres
 - palliative care
 - surgical oncology council & network

FIGURE 20
 Age-standardized incidence rates - all cancers
 By province - 2005

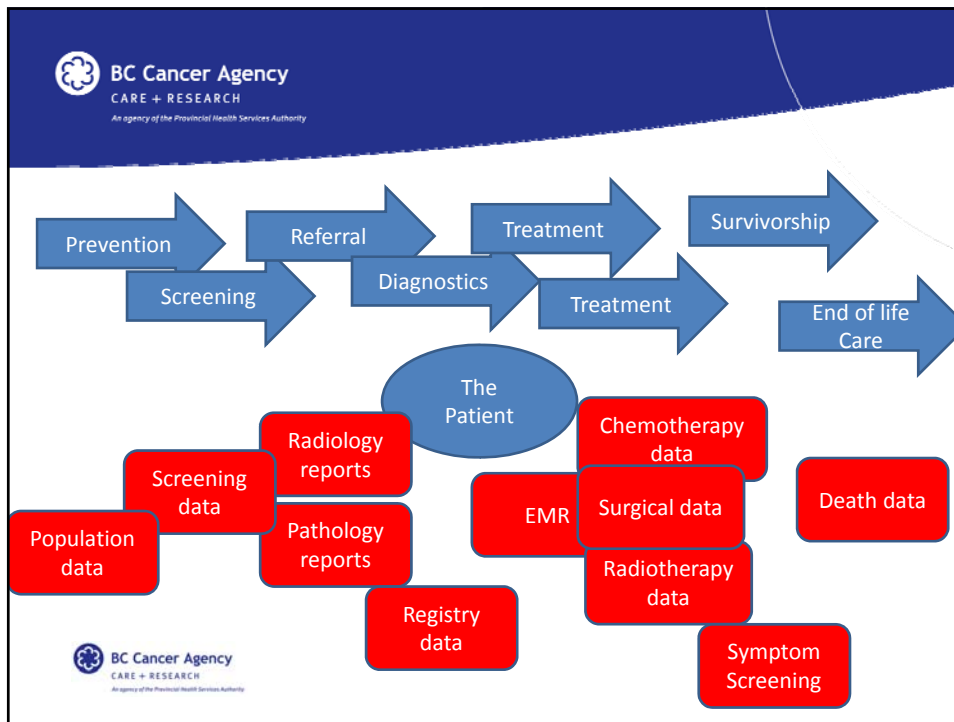


Data Sources: Statistics Canada, Canadian Cancer Registry

FIGURE 21
 Age-standardized mortality rates - all cancers
 By province - 2005



Data Sources: Statistics Canada, Vital Statistics - Death Database



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BCCA Clinical, Surveillance & Outcomes Data Environment

External Data Sources

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Ministry of Health:

- DAD - Hospital discharge/admissions data
 - Diagnoses, surgical procedures, 30 day mortality,
 - co-morbidity
- MSP - Billing data
 - Surgical information/diagnostic info
- SPR - Surgery wait times
 - Cancer Surgery wait times*

Vital Statistics:

Death information

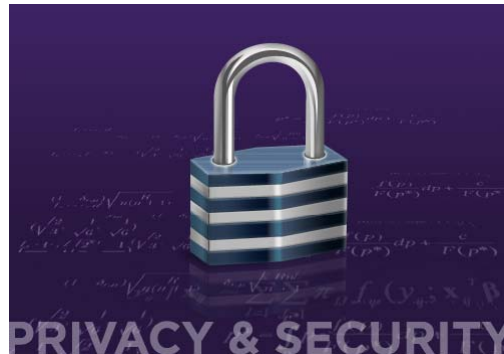


Challenges (1)

- Filling the gaps in the pathway:
 - Collection of performance status, co-morbidity and stage
 - Meaningful surgical data, across the province
 - Need for synoptic reporting of pathology and radiology



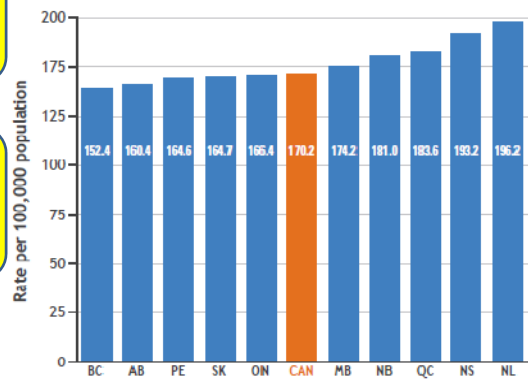
Challenges (2)



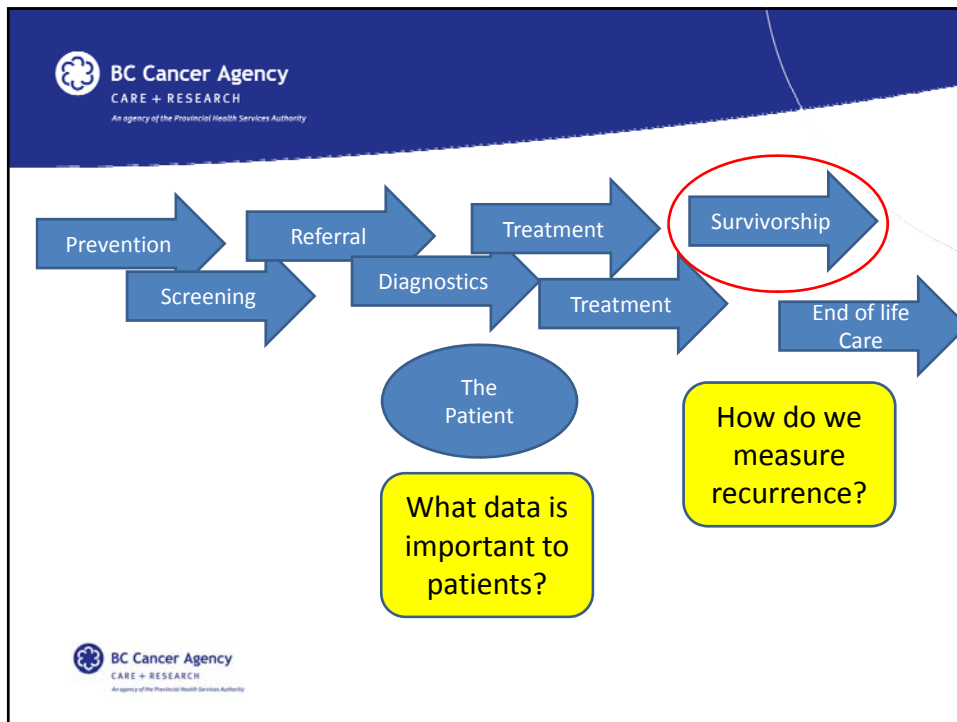
Why is BC performance better?

I do not know

FIGURE 21
Age-standardized mortality rates - all cancers
By province - 2005



Data Sources: Statistics Canada, Vital Statistics - Death Database



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Challenge (3)

- Rising number of cancer cases
- Cancer can be a chronic disease
- Fiscally challenged healthcare systems
- Increasing public and patient expectation

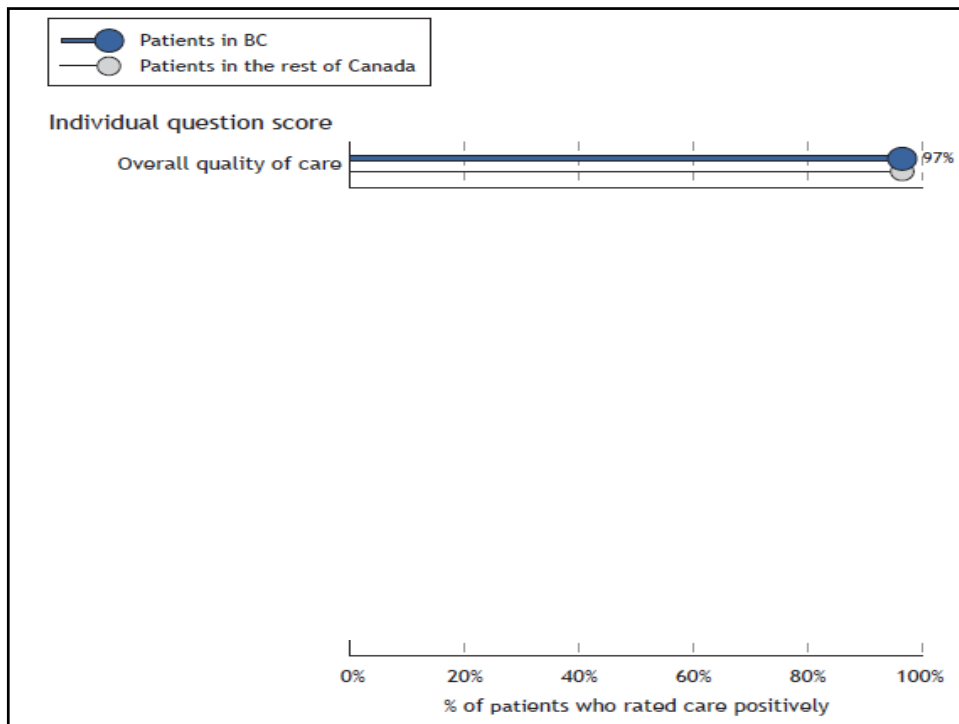
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Sustainable cancer control systems

- Delivery of Quality care - overtly
 - Safe,
 - Effective,
 - Efficient
- Patients expect high-quality care, outcomes and experience

Patient survey 2006


- 6,000 patients in BC receiving ambulatory cancer treatment
- 26,000 patients receiving ambulatory cancer care in Alberta, Manitoba, Nova Scotia, Ontario, and Saskatchewan.



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Impact in BC

- Further investment in supportive care
- Challenge to clinical approach v holistic approach to care
- Requires investment in patient-driven priorities rather than clinician-driven
- Q? Who is the healthcare service for?

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BC – Provincial Breast Health Strategy

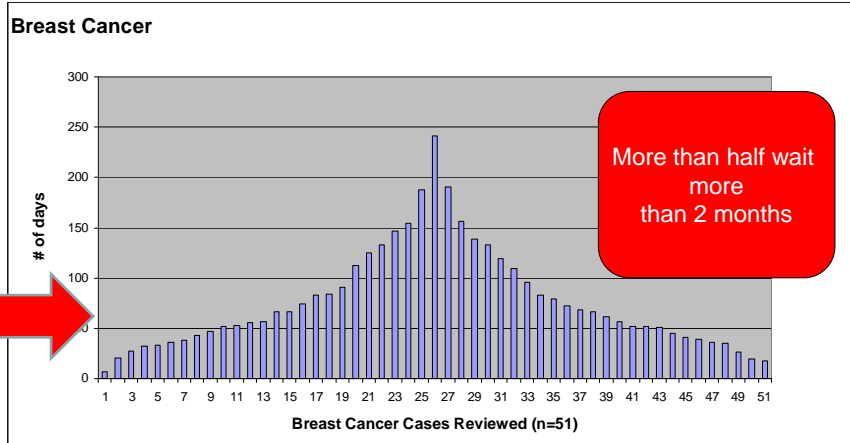
- Low uptake of screening- 53% of 50-69 year olds
- Women receive mixed messages
- Delays in resolution of abnormal mammograms

BC Screening Mammography

- 300,000 screens each year
- 7.3% are abnormal = 21,737 women
- 5 weeks to diagnosis
 - 94% of women with an abnormal screen do NOT have cancer
 - 67.9%
- 7 weeks to diagnosis approx 3,600
 - 39.6%

100% of those women think they may have cancer until diagnostic results

BC Breast Cancer Waits

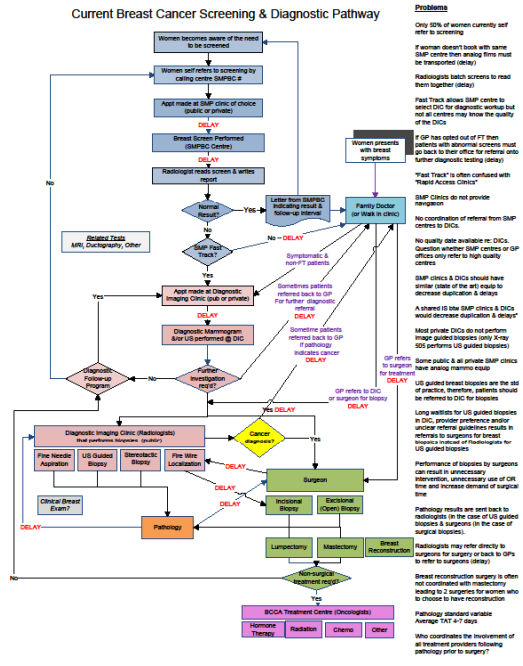


In BC healthcare appears

- Not patient focussed
- Long waits
- Difficult to navigate



Current pathway



Pathway?



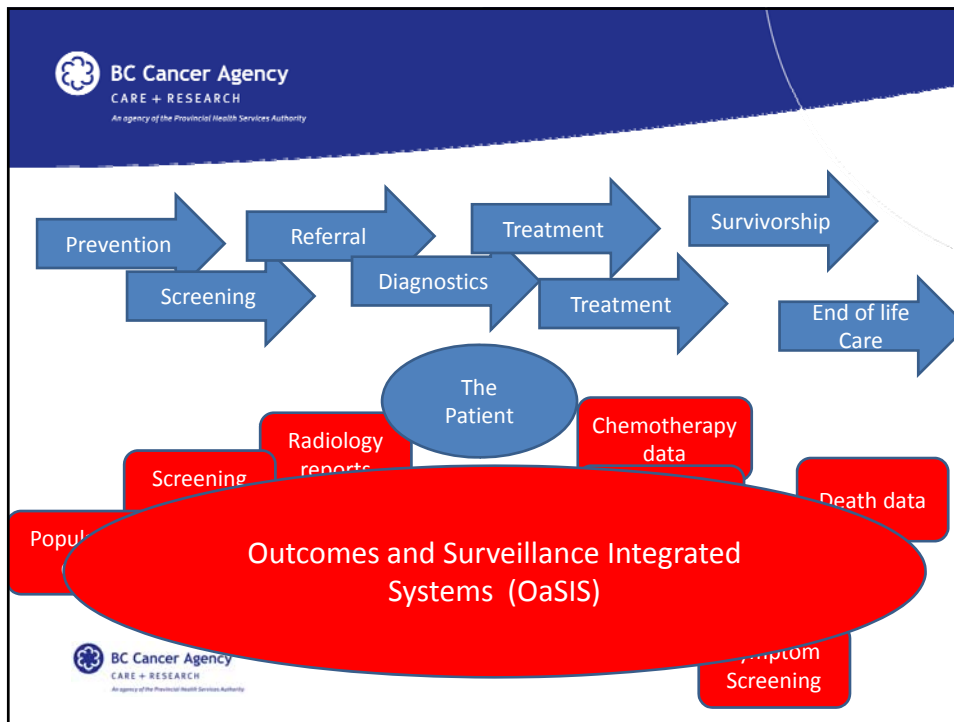
Pathway design

- What needs to happen
- The skills needed
- Metrics for quality, timeliness, experience
- Funding follows the patient



Clinical Pathway: A Highway





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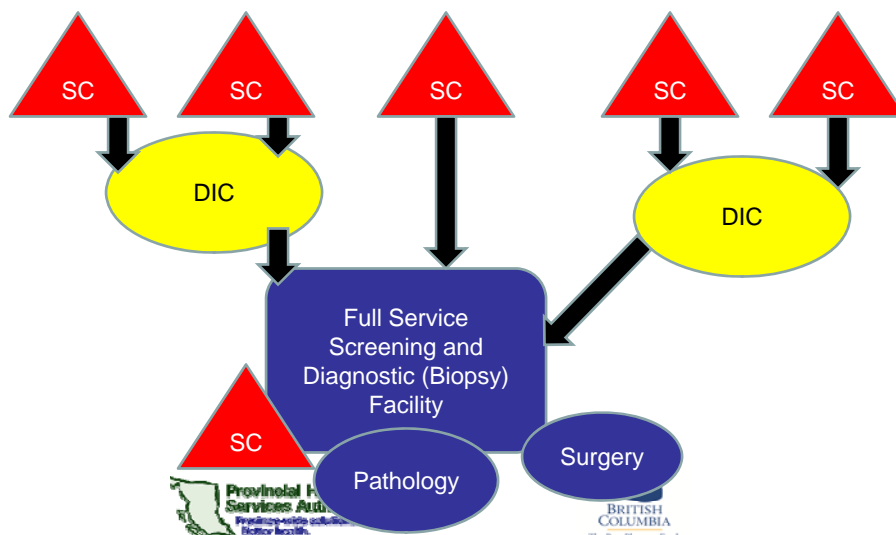
In conclusion

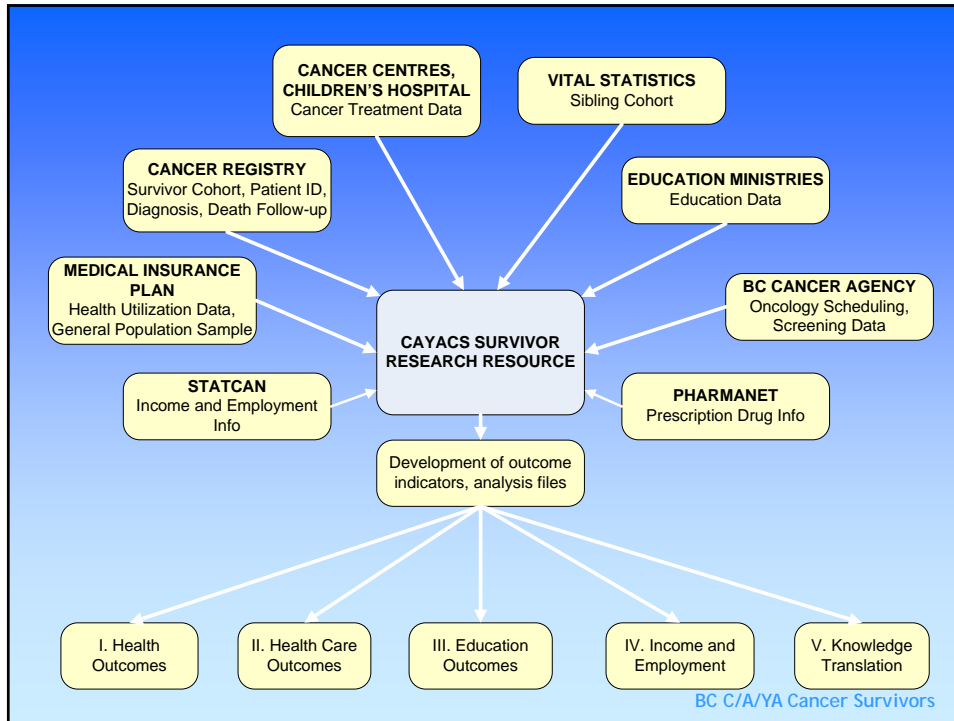
- Sustainable cancer control:
 - Will be driven by protocolized care
 - Patient experience of healthcare is now more important, as good clinical outcomes are assured, and must be measured
 - Clinicians need to change delivery models of healthcare to focus on improving experience

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Thank you

Hub and Spoke Model for delivery of care





Childhood, Adolescent, and Young Adult (CAYACS) Research Program

70% of childhood survivors are over age of 20

For all five-year survivors diagnosed under age 25 years in British Columbia in 1970, using population registers and linked data, the CAYACS Program aims to:

- After 25 years, 5.2% have developed a second cancer
- Survivors, one third less likely to marry
- 40% have problems needing hospitalization

BC C/A/YA Cancer Survivors