

**Timely Access to Health Care
Priority Area : Cancer**

A British Columbia Perspective

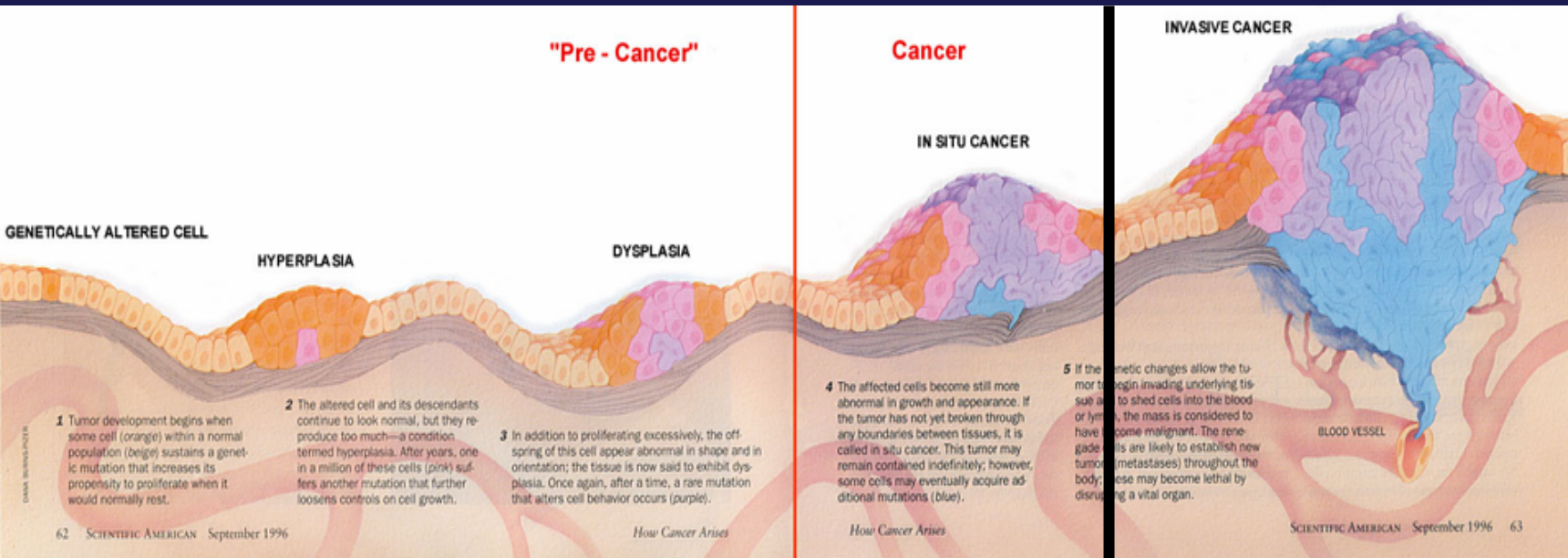
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Toronto : February 9th, 2007

Presentation Outline

- Cancer as a process – access and wait times.
- Understanding access, waiting times and ‘queues’
- BC as a cancer control system
- Access, quality and timeliness in relation to:
 - Radiation therapy
 - Screening mammography
 - Cervical cytology (PAP smears)
 - Colposcopy
- Other cancer control services – access and timeliness
- Going forward – sustaining and advancing BC’s cancer control program.

Cancer as a “Process”

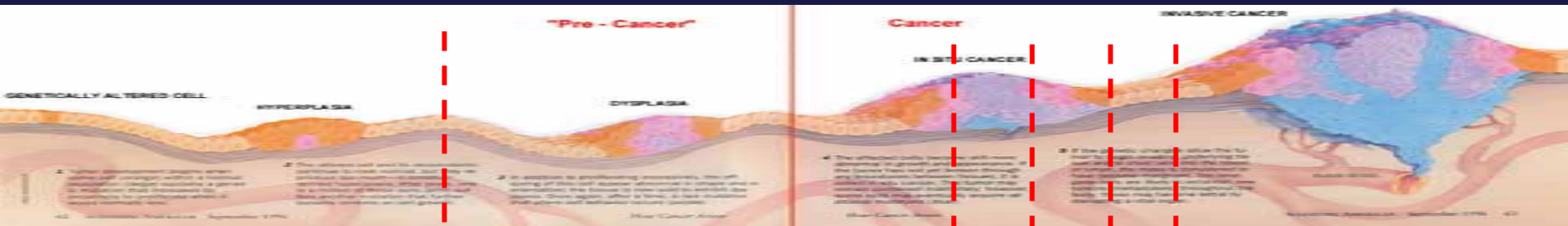


Pre-Clinical Cancer

Duration – decades (years)
 Progress – variable/?reversible
 Life-threat - none

Clinical Cancer

Duration – months (untreated)
 Progress – invariably progressive (influenced by therapy)
 Life-threat – potentially fatal



Cervical cytology

Colposcopy

Mammography

Radiotherapy (curative)

Healthy living; health awareness & promotion

Curative therapies

Early detection

Healthy living; health awareness, promotion

Curative therapies

Early detection

1° care to 3° care

Diagnostic Procedure

Oncologist access

Oncology Referral

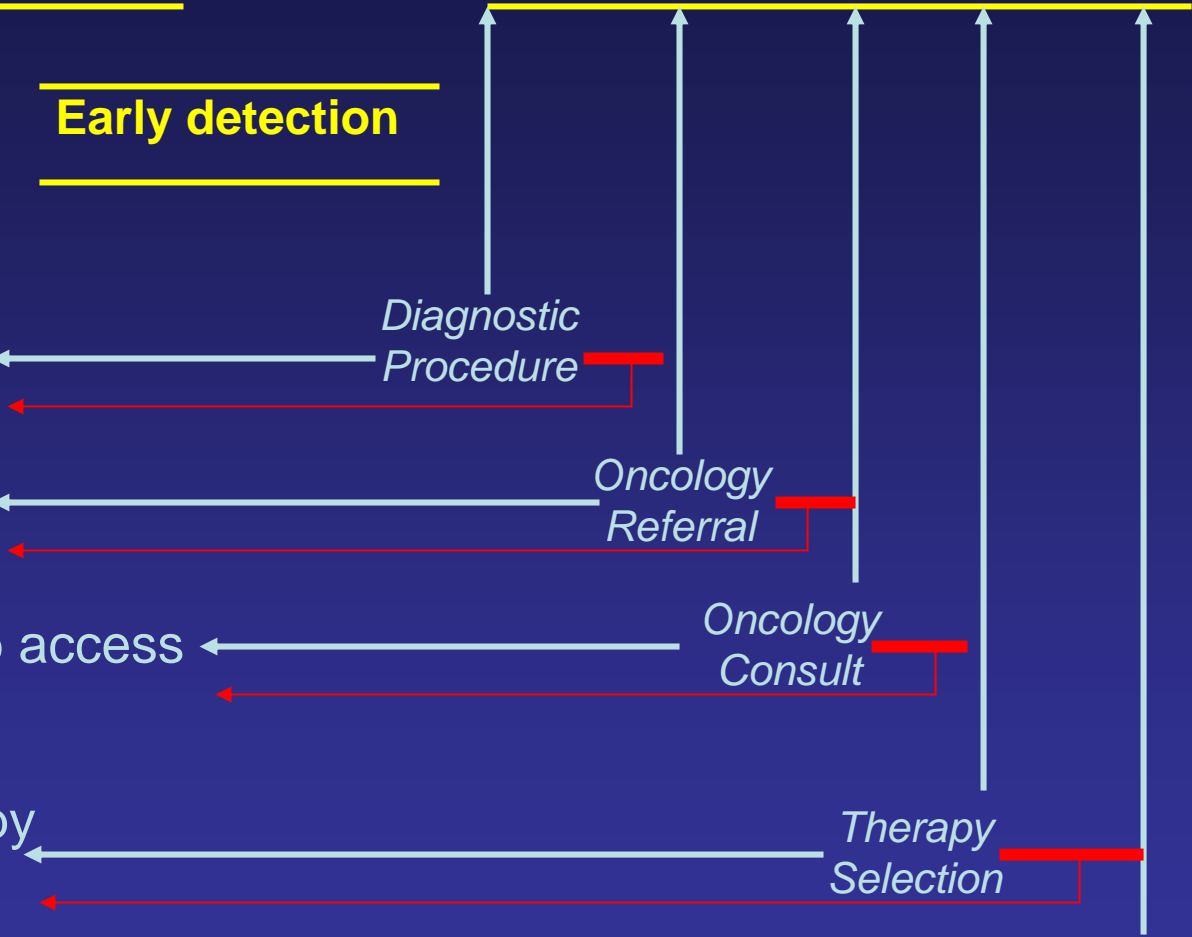
Imaging/path & lab access

Oncology Consult

Capacity for therapy
(SO, RT, ST)

Therapy Selection

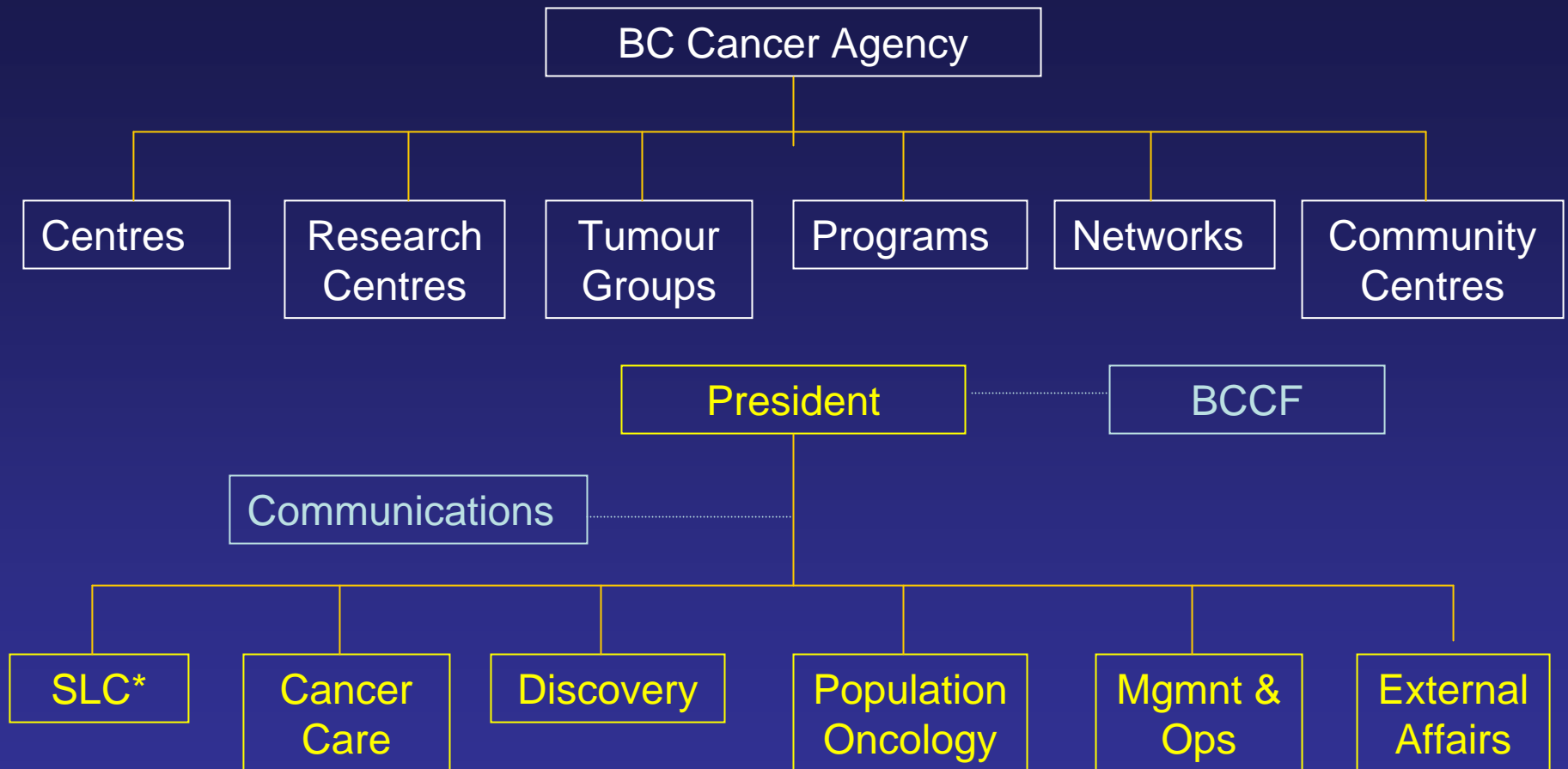
Therapy Commencement



Cancer – Understanding Access, Wait-Times and ‘Queues’

- Determining and balancing ‘need’ and capacity’
- Common definitions of wait-times
- Correlating wait-times with appropriate service limitation
- Standards, guidelines, quality and safety of services
- Correlating ‘waiting times’ with outcomes

Cancer – the BC Cancer Control System



**SLC – Strategic Leadership Council*

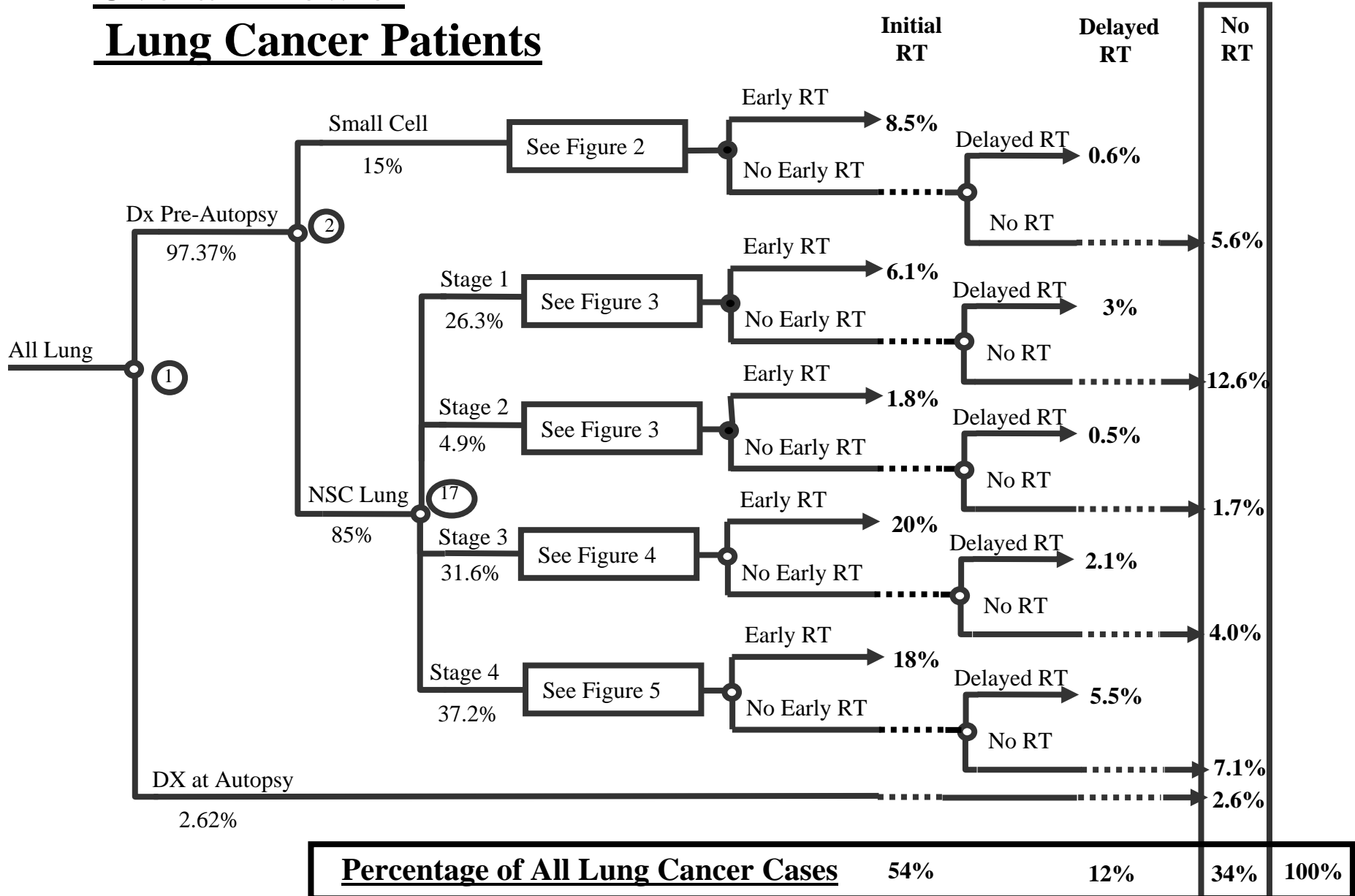
- Integrate science and medicine*
- Integrate inter-disciplinary care*
- Integrate inter-sectoral care*
- Accountability for performance and management*

BC – Access, Quality and Timeliness Radiation Services

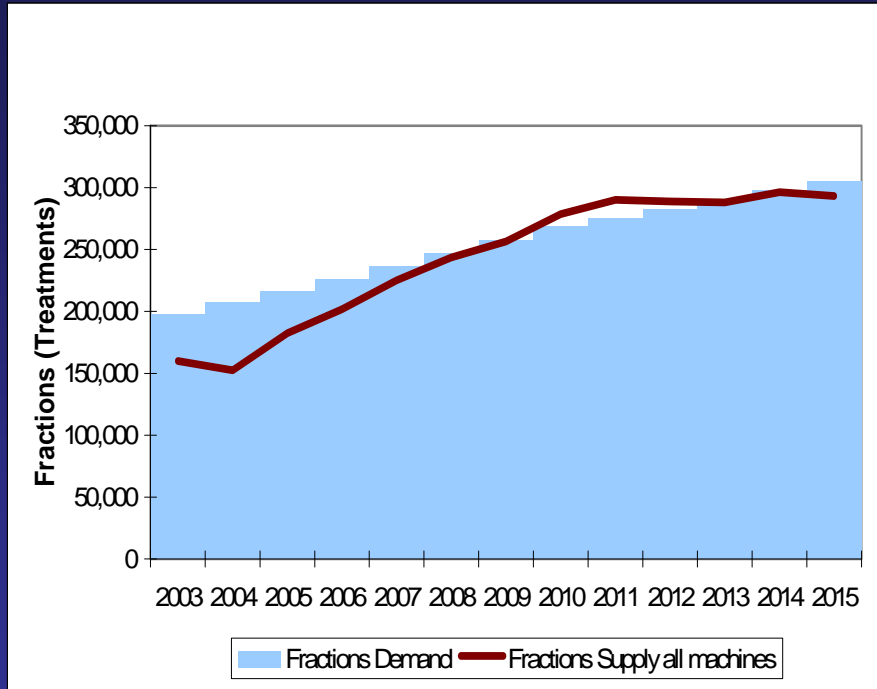
- Integrated RT system:
 - Provincial policy and plans; regional implementation
 - All services within one program
 - Linked CAIS and RIS (paperless information systems))
 - Common IS, standards and portability (networks)
 - Continuous monitoring and reporting
 - ‘In-house’ maintenance
- Provincial determination of ‘need’ (demand):
 - Incidence (projected)
 - Utilization rate
 - Fractions per course
- Provincial determination of capacity (supply)
 - Number of fractions required
 - Operating assumptions applied
 - Equipment supply (replacement/life-span; new)

Overall Flow of Lung Cancer Patients

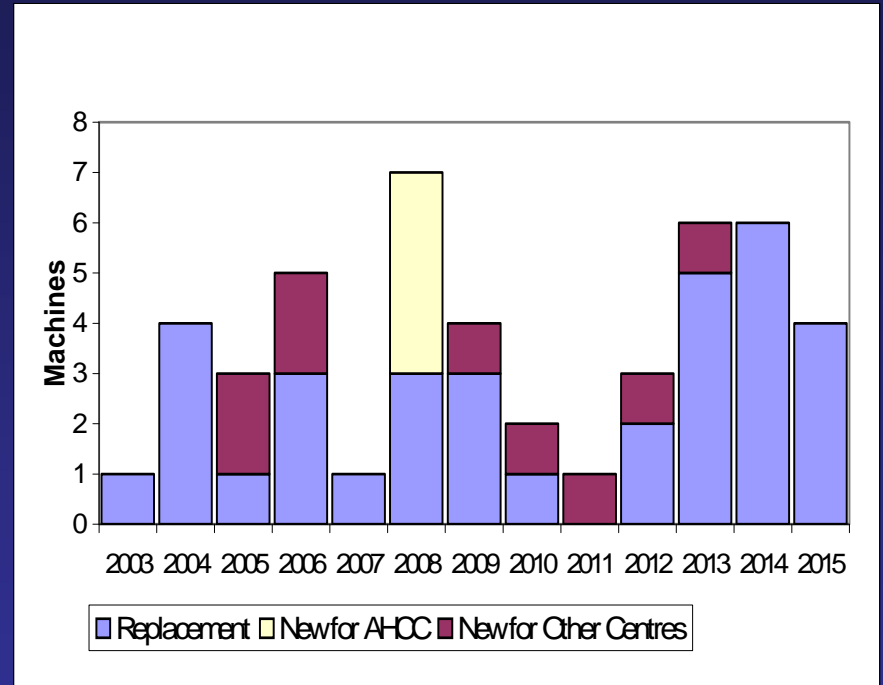
Percentage of All Lung Cancer Cases

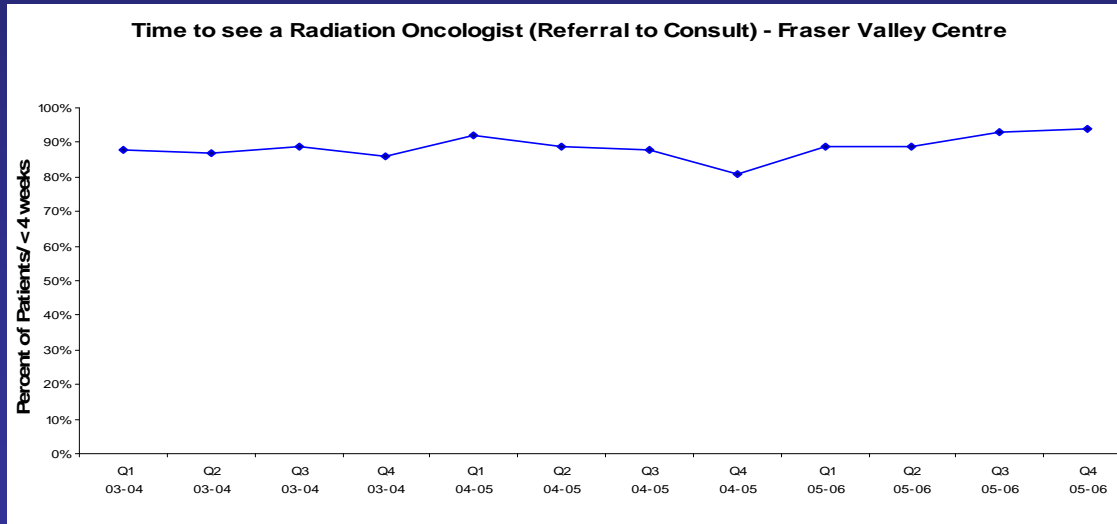
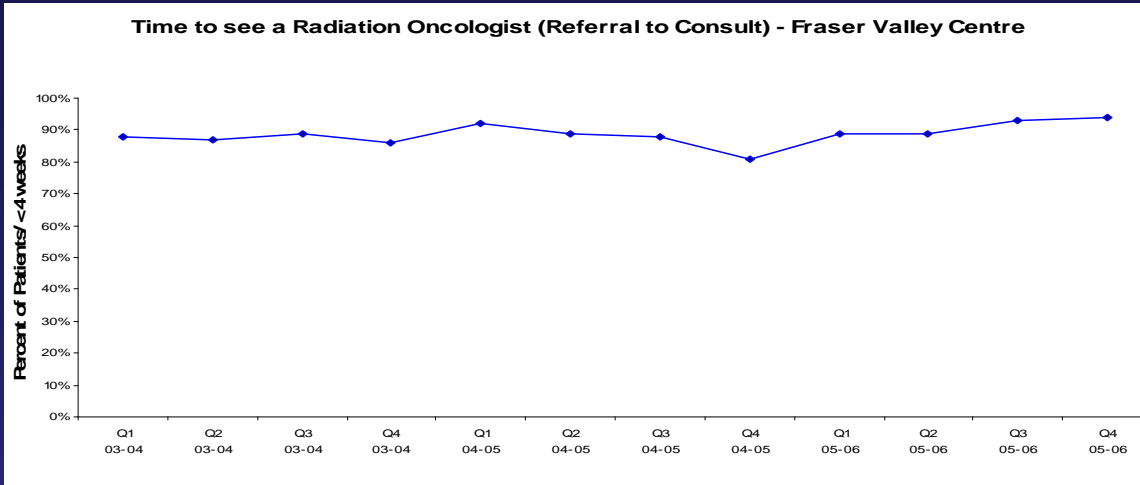


Demand & Supply : Replacement Plus New Machines



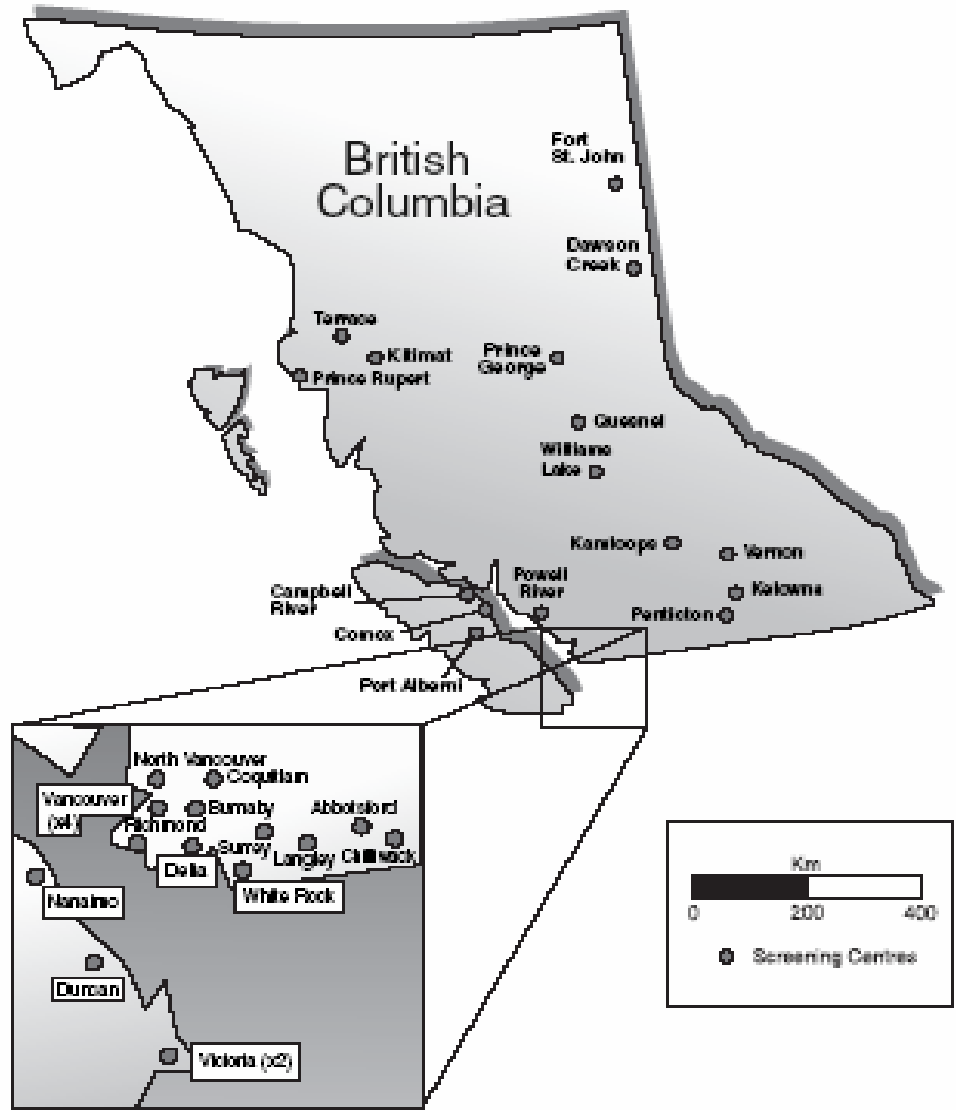
Linear Accelerator Requirements





NB: Patient diversions 'out of province' - 0

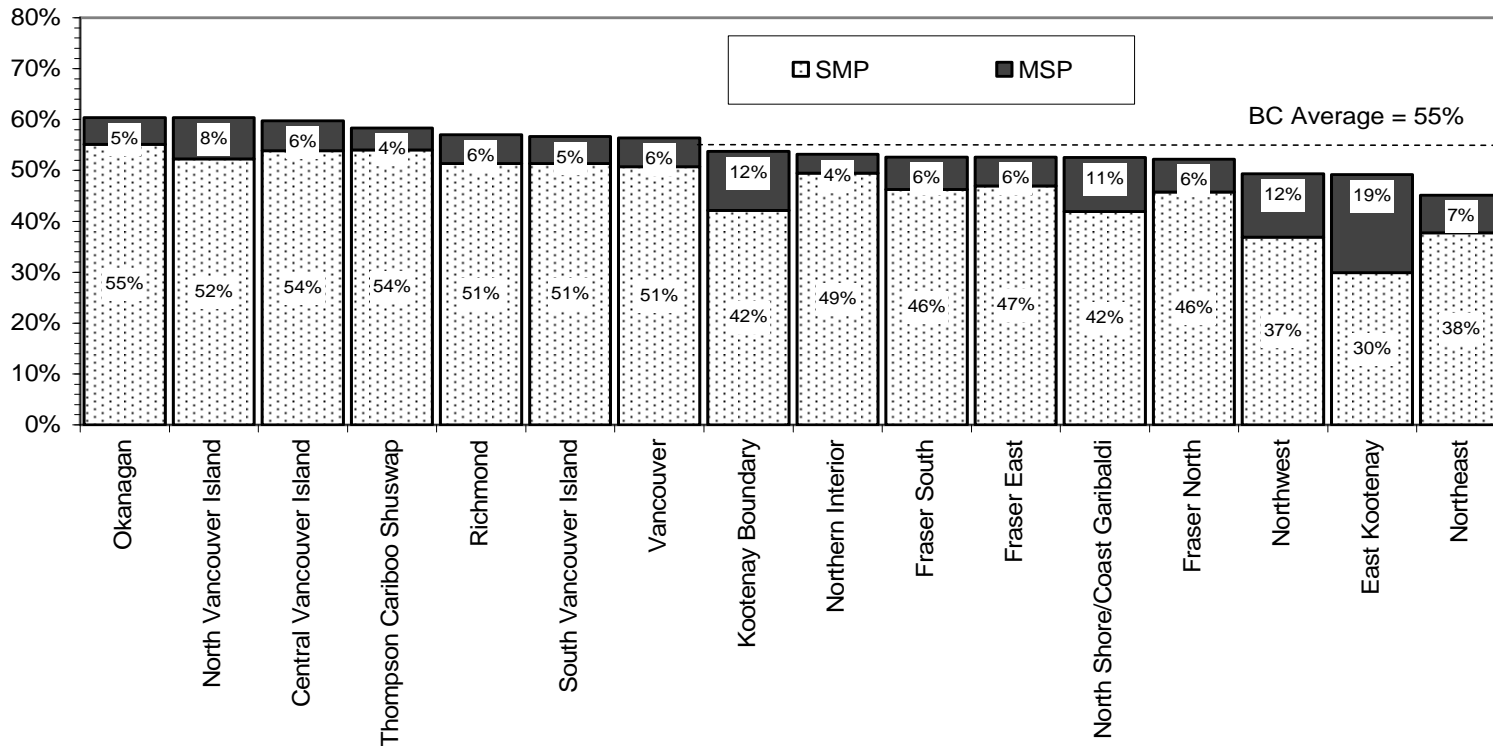
Fixed Screening Centres



Cancer – Screening Mammography Program of BC

- The screening process:
 - Identification and invitation to the target group (50-69 years)
 - Provision of screening mammograms
 - Investigation of abnormalities
 - Re-screen reminders at appropriate interval
- Promotion, recruitment and recall – return rate by calendar year.
- Facilitated process to diagnostic investigation (*Fast Track*)
- Program QA and QC (personnel, process, equipment, reporting)
- Program evaluation and public reporting (Annual Report and web-site)

Figure 2
Bilateral Mammography Utilization by Women Age 50-69 in BC
between 2004 and 2005 inclusive



NOTES:

1. MSP data includes only MSP FFS item 8611 on female patients only; all out of province claims are excluded
2. MSP data contains payment data to August 17, 2006 for services provided within years 2004 and 2005, excluding women who came for the service more than once in 2 years.
3. SMP data includes single screen per woman provided in calendar years 2003 and 2004.
4. 2004 and 2005 Estimated Population Data Source: P.E.O.P.L.E. 30, BC Ministry of Health Planning
5. SMP data extraction date: July 26, 2006

Cancer – Access, Wait-Times Screening Mammography Program of BC

- Key Issues:
 - Setting and achieving accrual targets
 - ‘hard to reach’ populations
 - Under 40’s, and over 70’s
 - Capital replacement, expansion, new technology
 - HR training and retention
- Key Enabling Factor:
 - Fund program by accrual target

Cancer – Cervical Cytology Screening Program of BC

- The screening process:
 - Receives smears from BC health professionals according to guidelines and standards
 - Provincial program; centralized lab (PHSA)
 - Program collaboration with Gynecologic Oncology Tumour Group
- Promotion recruitment and retention – rescreen rates by recommended interval
- Slide interpretation and recommendation to GP
- Program QA and QC
- Program evaluation and public reporting (Annual Report and web-site)

Cancer – Cervical Cytology Screening Program

Participation rates (%) by age group (2002-2004)

	Age (years)							Age 20 - 69
	<20	20-29	30-39	40-49	50-59	60-69	70+	
British Columbia Overall	8.6	64.5	72.1	63.6	51.8	39.0	7.0	60.1
Adjusted for Hysterectomy	8.6	64.5	78.4	80.5	77.4	62.9	10.8	73.9

Cancer – Access, Wait-Times

Cervical Cytology Screening Program

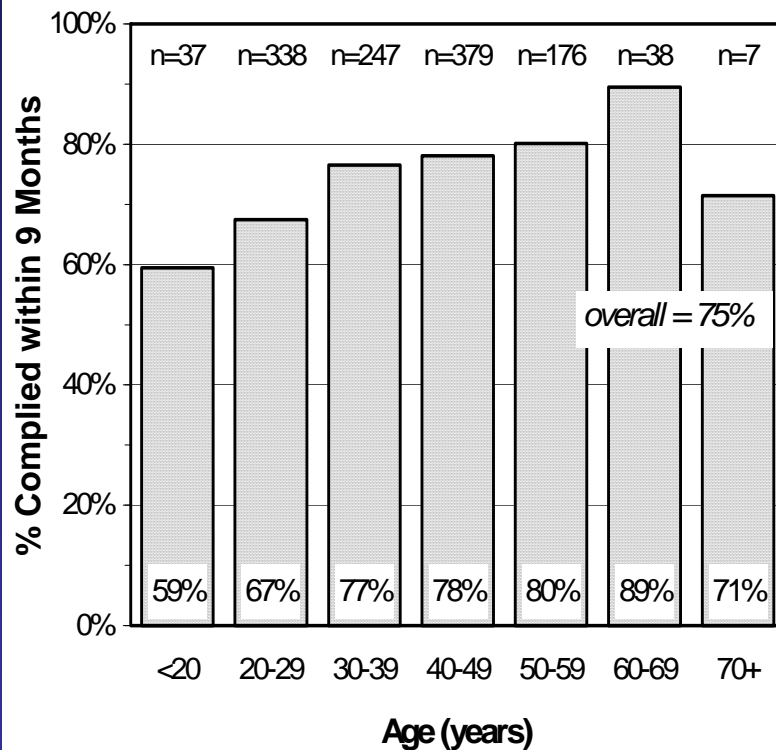
- Key issues:
 - Slowly declining participation (new screens) – all age groups
 - Hard to reach populations
 - New technology (HPV testing); HPV vaccination
- Key enabling factors:
 - Coordinated, integrated disease management program
 - Centralization and coordination through:
 - Cervical Cytology Screening Program
 - Laboratories
 - Gynecologic Oncology Tumour Group
 - Colposcopy Program

BC – Access, Quality and Wait-Times Colposcopy

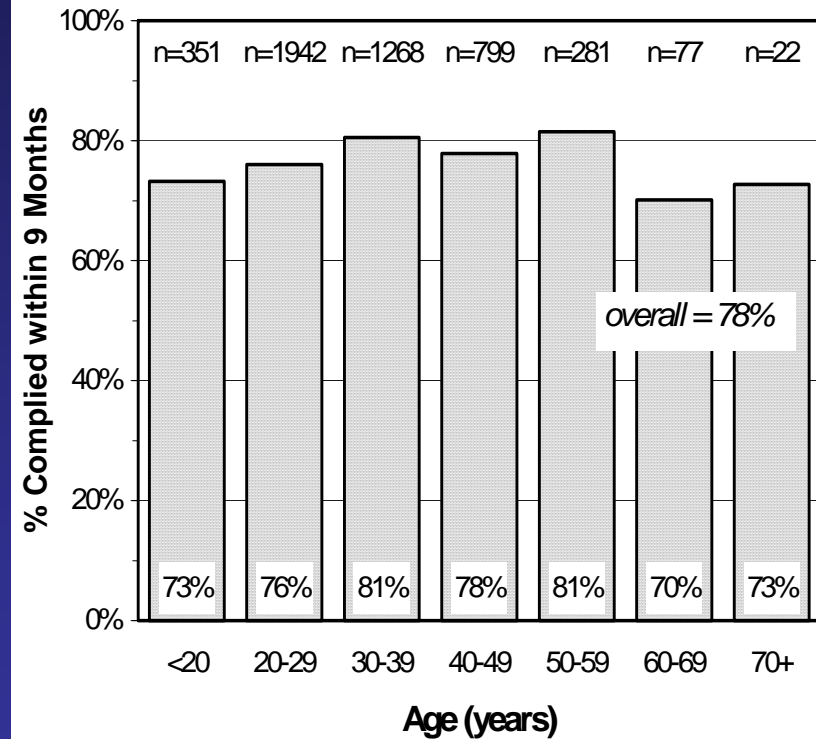
- Provincial program, complimentary to CCSP, aligned to Gynecologic Oncology Tumour Group
- Sessional payment for colposcopies through BCCA (total budget \$690K pa)
- 24 funded, hospital-based colposcopy clinics across BC
- 47 registered colposcopists:
 - Formal education and training requirements
 - Mandatory 12 supervised clinics for new colposcopist
 - Annual CME encouraged
 - Annual program update attendance mandatory q2yrs
- Defined procedure and care protocols – individual quality reports to colposcopist annually
- Compliance monitoring with colposcopy recommendations
- 75% of all cervical cancer therapeutic procedures performed by GO's

BC Level of Compliance to Colposcopy Recommendations by Age Group

Mild Atypia



Moderate or Higher Atypia



BC – Sustaining and Advancing Provincial Cancer Control

- Provincial population-based, cancer control planning and policy – regional implementation-based on evidence (multiple dimensions)
- Strategic framework for demand and supply projections with prioritization and funding commitment by target/benchmark
- Maintain access, quality and safety standards for all cancer control interventions according to ‘targets/benchmarks’
- Investment in, and integration of, science (research) and medicine to foster knowledge translation into best practice.
- System integration through common policies, guidelines and standards for cancer control to overcome outcome disparities
- Introduce new interventions according to evidence for effectiveness, eg colo-rectal cancer screening and approved funding
- Funding according to performance and accountability for cancer control process and outcomes