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Cancer System Performance Management at CCO

How does CCO ensure high quality cancer care without having direct operational control over the system?

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Clinical Programs
Cancer Care Ontario
3rd Annual Meeting of Decision-Making Partners
Toronto, Ontario
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Overview

1. About Cancer Care Ontario (CCO)
2. How do we drive change?
   - CCO's performance improvement cycle
   - Integrated clinical accountability model
   - Performance measurement and reporting tools: Internal and public reporting

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Mission: To improve the ***performance*** of the cancer system by driving ***quality, accountability and innovation*** in all cancer-related services

Cancer System Organization

- 14 Regional Delivery Systems
- Designated Cancer Leadership (14)
- Dedicated Cancer Funding Envelope

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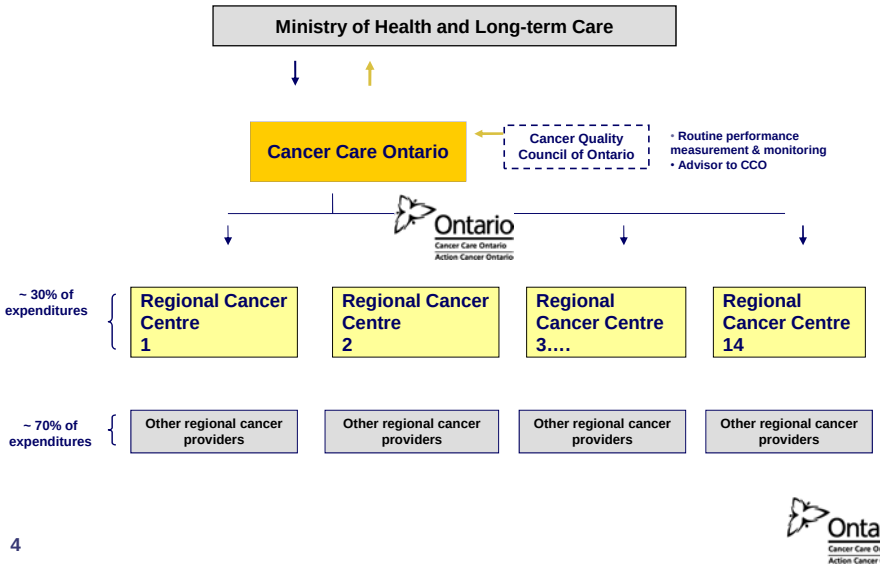
Ontario Cancer Care Delivery at a Glance



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The Ontario Cancer Plan III (2011-2015)

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CCO's Evolution

2003 Cancer services restructured in Ontario

2004 CCO's mandate changed from direct service provider to purchaser of services and manager of system quality

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Challenge: how to drive accountability and quality improvement without direct operational authority

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Solution: Two Key Components

Performance improvement cycle

&

Clinical accountability framework

Extensive clinical engagement and joint clinical/administrative accountability for quality at provincial and regional levels

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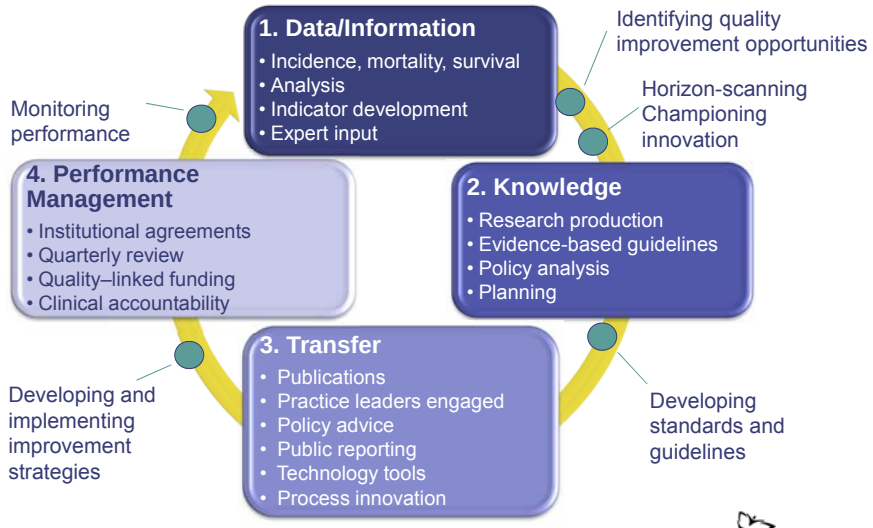
The Performance Improvement Cycle



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Clinical Accountability Structures

Clinical Council

- Prevention
- Screening
- Primary Care
- Path/Lab Medicine
- Imaging
- Surgical Oncology
- Radiation Therapy
- Systemic Therapy
- Oncology Nursing
- Psychosocial Oncology
- Patient Education
- Palliative Care

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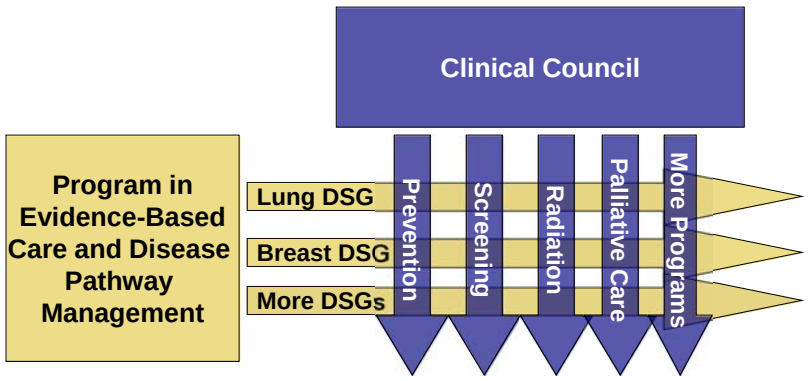
Clinical accountability structures (cont.)



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Clinical Engagement Structures

Communities of Practice

- Informal
- Problems identified
- Common drive to solve problems

Expert Panels

- Time limited
- Specific topic to be addressed
- Incorporates best evidence and consensus

Provincial and Regional Clinical Leads

- Joint-accountability: CCO and Regional Cancer Program
- Local issues inform provincial quality agenda
- Local champions for implementing quality improvement

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Clinical Accountability Structures

Provincial Leadership Council

- ✓ Regional policy forum
- ✓ Executive Team, plus 14 Regional Vice Presidents
- ✓ Cross-Representation from Clinical Council

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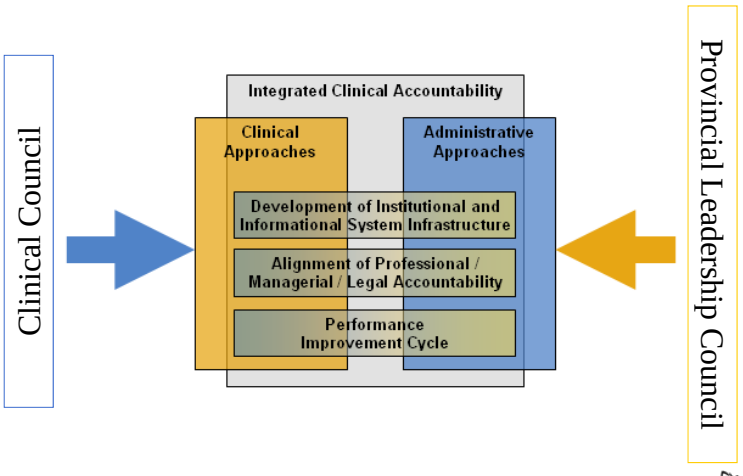
Integrated Approach to Clinical Accountability



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Setting the performance priorities

- Meant to drive performance in the cancer system in areas that need improvement
- Priorities are determined annually
  - Access/Wait times
  - Evidence-based clinical priorities (e.g.: thoracic surgery guidelines, pathology reporting)
  - Provincial priorities (e.g.: colorectal cancer screening program)
- Proposed/approved by:
  - clinical expert panels
  - programs at CCO
  - Regional Cancer Programs

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Internal Reporting

- Provincial targets set by Provincial Programs for each yearly priority.
- Regional targets negotiated through the RVP.
- Performance against targets monitored through the CCO Regional Scorecard and quarterly performance reviews.
- Regional Scorecard is a central component of regional leadership performance review.
- Progress against mature metrics and targets is reported publicly

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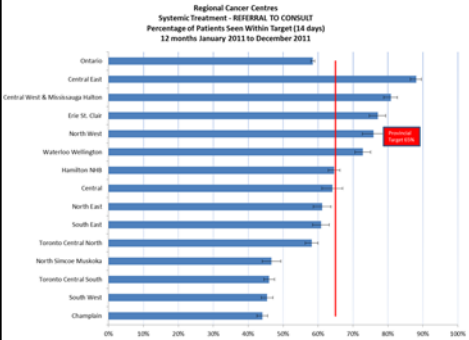
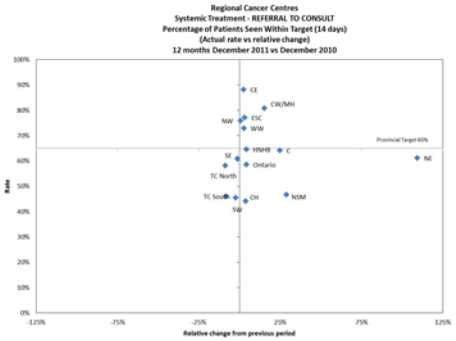
Example of a priority indicator
Systemic Treatment – Referral to Consult (RCC)





- one target for all
- Confidence intervals
- Rank order

Shows relative position against target and change from previous period

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Measurement driving focus for regional quality improvement

Regional Scorecard Tool

Region	RADIATION Apr-Jun 10/11				SYSTEMIC Apr-Jun 10/11				SURGERY Apr-Jun 10/11			COLONOSCOPY Apr-Jun 10/11				STAGE Rate = Apr-Jul 2009 % Hosp = Mar 10, 10		PATHOLOGY % hosp = May 27, 10 % Complete = Oct-Mar 09/10		SYMPTOM MGMT Apr-Jun 10/11		THORACIC Apr-Dec 09 *	HPB Apr-Dec 09 *	MCC Q1 10/11	RSTP Safe Handling as of April 2010 *	IMRT Q4 09/10 *	Overall Provincial Rank	Change from Previous Rank
	WT Ref-Con (% w/in 14 days)	WT RTT-Tr (% w/in target)	Vol (C18)	% of Budgeted Vol in the Province	WT Ref-Con (% w/in 14 days)	WT Con-Tr (% w/in 14 days)	Vol (C15)	% of Budgeted Vol in the Province	WT (% w/in target)	Vol (cases)	% of Budgeted Vol in the Province	WT (FOBT+)	WT (Family History)	Vol	% of Budgeted Vol in the Province	Combined Rate *	% Hosp-Collaborative Staging *	% Hospital Discrete Path Report *	% Completeness *	Lung	All Other							
PROVINCE	▲	▲	▼	100%	▲	▼	▲	100%	▲	▲	100%	▲	▲	▲	100%	▼		▲	▼	▲	▲	▲		—	▼			
Waterloo Wellington	▼	▲	▼	4%	▲	▼	▼	6%	▲	▲	4%	▲	▲	▲	8%	▲		—	▼	▲	▲	▲		▼	—		1	0
North Simcoe Muskoka	▼	▼	▲	1%	▼	▼	▲	6%	▲	▲	1%	▲	▼	▲	2%	▼		—	n/a	▼	▼	—		▼	▲	n/a	2	0
Central	▲	n/a	▲	0.2%	▲	▲	▲	2%	▼	▼	11%	▲	▲	▲	6%	▼		▲	▼	▲	▲	▲		▼	—	n/a	3	1
South East	▲	▲	▼	4%	▲	▼	▼	5%	▲	▼	4%	▲	▲	▲	7%	▼		▲		▼	▼	—		▼	—		4	3
Toronto Central South	▼	▲	▼	23%	▲	▲	▼	16%	▼	▲	20%	▼	▲	▲	3%	▼		▲	▼	n/a	▲	—		▼	—		5	0
North West	▲	▼	▼	2%	▼	▼	▼	4%	▲	▼	2%	▲	▲	▼	4%	▲		—	▼	▼	▼	—		▲	▼		6	-3
Central East	▲	▲	▼	5%	▲	▲	▼	7%	▲	▼	3%	▼	▲	▲	15%	▲		▲	▼	▲	▼	▲		—	▲		7	-1
South West	▲	▲	▼	9%	▲	▼	▼	10%	▲	▲	11%	▼	▲	▼	6%	▲		—	n/a	▲	▲	▲		▲	▼		8	6
Central West & Miss. Halton	▲	▲	▲	4%	▲	▲	▲	5%	▲	▲	12%	n/a	n/a	n/a	6%	▼		▲	n/a	▲	▲	▲		▲	▼		9	3
Toronto Central North	▲	▲	▼	16%	▲	▼	▲	11%	▲	▼	8%	▲	▲	▼	2%	▼		—	▲	▼	▼	▲		—	▼		10	0
Champlain	▲	▼	▲	10%	▲	▼	▲	11%	▲	▲	10%	▲	▲	▲	13%	▼		▲	n/a	▲	▼	—		▲	—		11	-3
Erie St. Clair	▲	▼	▲	3%	▲	▼	▲	4%	▲	▼	3%	▲	▲	▲	8%	▼		▲	▼	▼	▼	—		▼	—		12	-1
North East	▲	▼	▼	5%	▼	▲	▲	4%	▼	▼	3%	▲	▼	▼	4%	▼		▼	▼	▲	▲	▲		▲	—		12	0
Hamilton NHB	▲	▼	▲	12%	▼	▼	▲	8%	▲	▲	9%	▲	▲	▲	16%	—		▲		▲	▲	▲		▼	▲		14	-5

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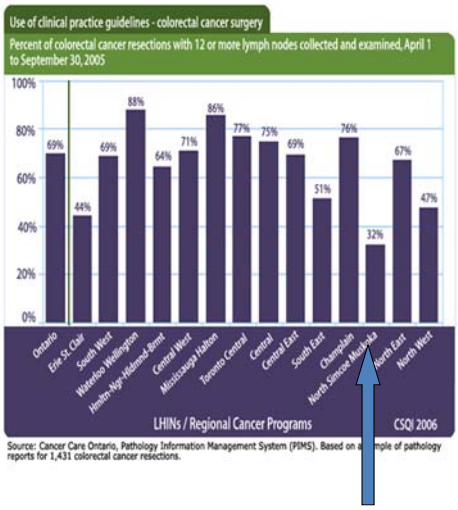
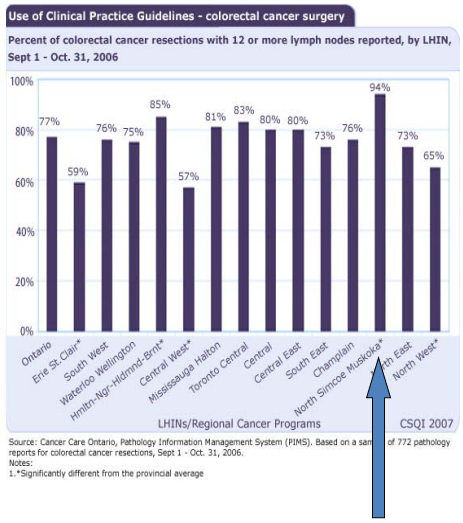
Motivate with data - comparative reporting





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Public reporting (CSQI) within our quality framework

Surveillance: incidence, mortality, survival prevalence

Population Studies: risk factors & socio-demographic factors

Gaps guide future work

Quality Dimensions

Patient Journey

	Safe	Effective	Accessible/ Timely	Patient Centred/ Responsive	Equitable	Integrated	Efficient
Prevention		MRFs: Smoking (adult), susceptibility (teens), alcohol consumption, physical inactivity, obesity, inadequate vegetable and fruit consumption			Lung surveillance by SES Modifiable Risk Factors (MRFs) by SES		
Screening		Breast screening: Follow-up of Abnormal Results Cervical screening : Follow-up of Abnormal Results Colorectal Screening: Follow-up of Abnormal Results	Breast Screening Cervical Screening Colorectal Screening *(FOBT, Colonoscopy and Flex.Sig.)*		Integrated Cancer Screen Participation (women & income) Breast (income, age) Cervix (income, age) Colorectal (Income)	Integrated Cancer Screening Participation	
Diagnosis		Synoptic pathology reporting Reporting stage at diagnosis Lymph node sampling (colon)	Wait times for breast cancer assessment Colonoscopy wait time (positive FOBT)				
Treatment	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	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	Wait times for cancer surgery Wait times for radiation treatment Wait times for systemic treatment	Patient experience (satisfaction) Symptom assessment (and symptom management)	*Treating Colon Cancer by Guidelines (Age, sex)* *Consultation with Medical Oncologist (Age)*	Wait Times from diagnosis to chemo (breast, colon, lung) Wait Times Surgery to chemo interval (colon)	Radiation Machine Efficiency
Recovery							
End-of-Life Care				Deaths in acute care hospital	*Chemo in last 2 weeks of life (Age)*		ED visits, ICU stay and chemotherapy in last 2 weeks of life LOS in last 6 months

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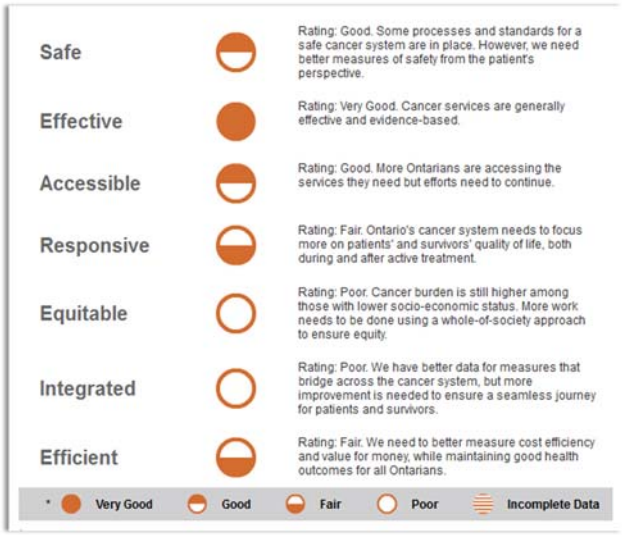
CQCO's Cancer System Quality Index (CSQI) is reported publicly on an annual basis www.csqi.on.ca

Overall CSQI 2012 Summary



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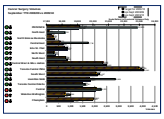
Cancer Quality Council of Ontario

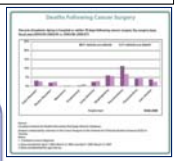
Example: Thoracic surgery organizational standards

- Designated centres
- Cancer Surgery Agreement funding



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

- 30-day mortality for thoracic surgery patients



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

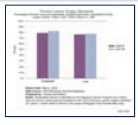
3. Transfer
- Publications
- Practice leaders engaged
- Policy advice
- Public reporting
- Technology tools
- Process innovation

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

program in evidence-based care | programme de soins fondé sur des preuves

Thoracic Surgical Oncology Standards
S. Sundaresan, B Langer, T Oliver, F Schwartz, M Brouwers, H Stern and the Expert Panel on Thoracic Surgical Oncology
September 9, 2005

- Regional & clinical engagement
- CSQI reporting through the implementation process
- CSQI reporting linked over time to mortality
- Publication in *Annals of Thoracic Surgery*



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For more information go to:

www.cancercare.on.ca
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