

Enhancing research capacity towards studying colorectal cancer services

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Team ACCESS

- Five years
- Multi-disciplinary team
 - Researchers, decision-makers, trainees
- Access, quality, & equity across continuum of colorectal cancer (CRC) care
- Nine areas of study
 - Including two potential vulnerable populations

Focus

- Examine care at the points when patients move across health care sectors
- Transition points have been associated with problems of access and quality

Why CRC?

- High incidence and prevalence
- Affects males and females in ~ equal proportions
- Strong evidence of improved outcomes from access to timely and appropriate health services along the disease trajectory

Overall Objectives

1. Develop tools to measure and improve timely and equitable **access** to CRC services
2. Develop tools to measure and improve **quality** of CRC services
3. Explore methods to integrate access and quality relevant to CRC services, and measure the impact on **outcomes**

Measuring Access

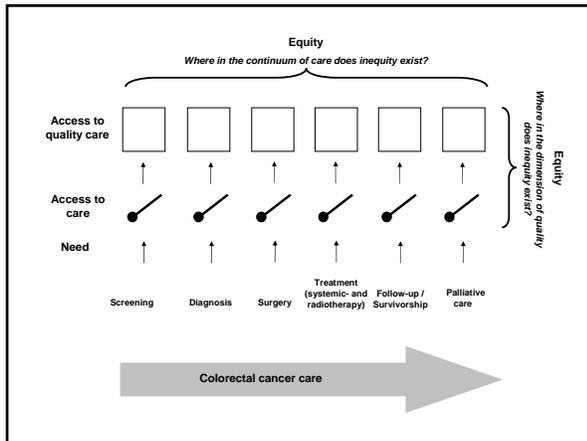
- Timeliness
 - Wait times
 - Impact of how access at one point in the continuum affects access/outcomes later

Measuring Quality

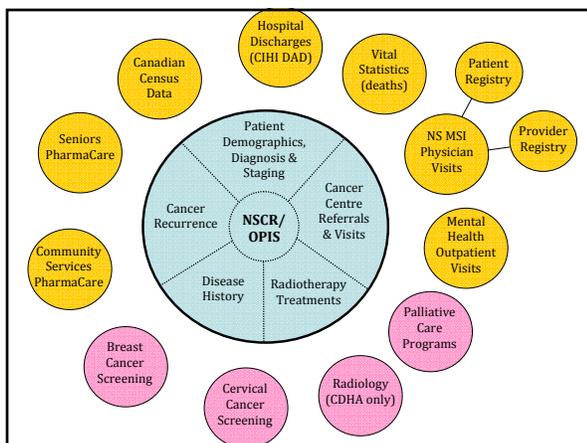
- Quality indicators (QIs)
 - 12+ lymph nodes examined
- Adherence to clinical practice guidelines (CPGs)
 - Where CPG adherence is low, reasons for non-adherence will be explored

Measuring Equity

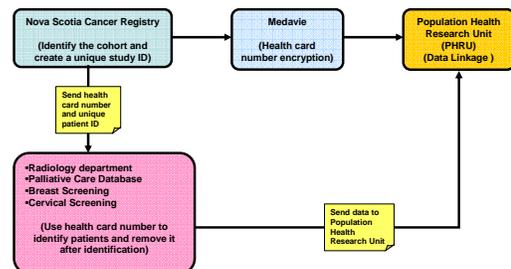
- Equality: all get equal access to care and do not account for need
- Equity: patients with same need get equal access; patients with higher need get greater access
- Concentration Index

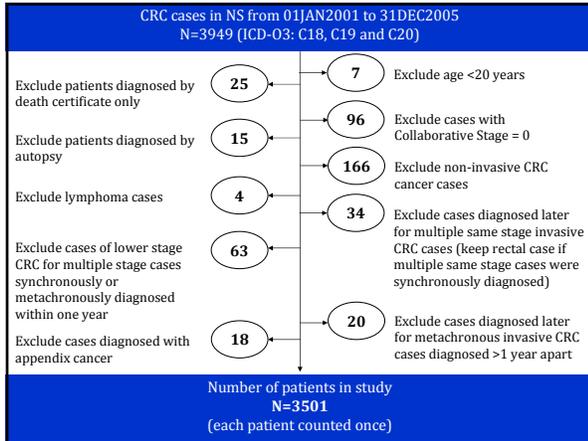


Data holdings



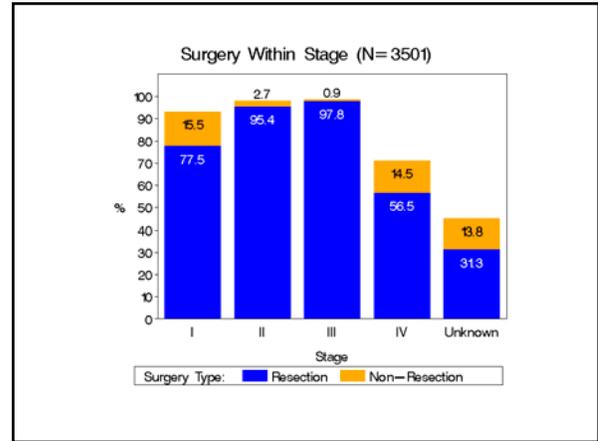
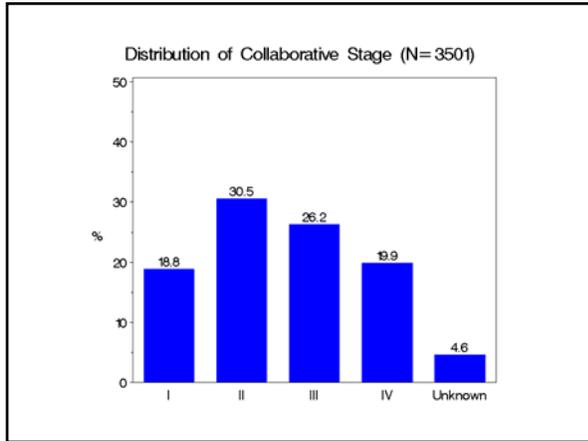
Data Linkage





Description of cohort

Characteristic	Median (range)
Age at diagnosis	71 (21-101) yr
	n (%)
Disease site	
Colon	2385 (68.1)
Rectum	1116 (31.9)
Sex	
Male	1867 (53.3)
Female	1634 (46.7)
Area of residence	
Rural	1424 (40.7)
Urban	2077 (59.3)
Comorbidity	
0	2031 (58.0)
1	701 (20.0)
2+	769 (22.0)



- ## Ongoing work
- Measurement of access, quality, and inequity
 - Examining variations in access, quality, and outcomes over time and between subpopulations (e.g., age, sex, geography, SES, and vulnerable populations)
 - Chart reviews to validate administrative data, specifically chemotherapy data
 - Evaluation of specific KT strategies to improve CRC care
- CIHR/CCNS TEAM:**
ACCESS
Access to Colorectal Cancer Services in Nova Scotia

- ## Challenges
- Limitations of data (chemotherapy, lab data (e.g. CEA (blood test), FOBT))
 - Developing reasonable algorithms for presentation, recurrence, clinical diagnosis
 - One of DHAs, patients travelled to NB for treatment
- CIHR/CCNS TEAM:**
ACCESS
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Funding partners



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