YOU CAN’T MANAGE WHAT YOU DON’T MEASURE:
Setting the stage for measuring the Manitoba Cancer Patient Journey Initiative

Dr. Jane Griffith
CancerCare Manitoba
NAACCR meeting, Ottawa
June 24th, 2014

O Bucher, D Turner, S Buchan, C Metge, A Katz, D Malazdrewicz, M Pitz, J Griffith, G Noonan, E Shu, M Lu
Outline – Setting the stage for measuring the CPJI: the Breast Cancer story...

- What is CPJI?
- PEMWG – measuring for management decisions
- Manitoba Cancer Registry
  - Measuring the CPJI
  - Key data sources
- Findings: How long does the Journey take?
  .... The Breast Cancer Story
- Work in progress...
WHAT IS ...

The Cancer Patient Journey Initiative? (CPJI)

access

quality

efficiency
Cancer Patient Journey Initiative or ‘IN SIXTY’

- Deliverables
IN SIXTY: Initiative Structure and Working Groups
Program Evaluation and Monitoring Working Group (PEMWG)
Manitoba Cancer Registry
Measuring the Cancer Patient Journey
Manitoba Cancer Registry

Information Flow

Provincial Hospital Abstracting System
Vital Statistics
Cancer Registry
Inter-provincial & Territorial Exchange of Information
Letters and Reports of Malignant Neoplasms

Health Records

Annual Statistics
Education / Research Studies
Canadian Cancer Registry
Epidemiology / Biostatistics
Screening program
Statistics Canada
Quality Assurance
Patient Care
Public Interest

World Health Organization
International Agency on Cancer Control
North American Association of Central Cancer Registries
Health Care Planning & Delivery
Public Interest
Manitoba Cancer Patient Journey Initiative – Journey Flow Diagram

1. Visit
   - Patient Visit
   - Suspicion of cancer
     - Tests, Pathology Imaging
     - More Tests?
       - No
       - Diagnosis Results
         - Path to Cancer Treatment
           - Referral to Oncologist
           - Referral to Surgery
         - Treatment
           - Chemo Therapy?
           - Radiation Therapy?
           - Surgery?
           - Stem Cell or Bone Marrow Transplant?

   - Personal decision or provider direction to return
     - No
     - “Cancer Free”
     - Recurrence?
       - No
       - Supportive/Palliative Care Path

   - No Suspicion or Low Suspicion of Cancer
     - Personal decision or provider direction to return

2. Diagnosis and Treatment Decisions
   - Throughout the journey, preventative measures, watchful waiting and/or medical, surgical, lifestyle interventions may be applicable

3. Treatment
   - Clinical Trials could form part of a journey but are not explicitly tracked as part of this journey flow

4. Follow-up
   - Further treatment? Consider:
     - Risk
     - Side effects
     - Quality of life
     - Financial
   - Treatment not sufficient
     - Treatment sufficient
     - Results
     - More tests, pathology, imaging
     - Recovery

Supportive/Palliative Care Path could be entered from multiple points along the journey.

Visit includes primary care, emergency, urgent care, routine screening, walk in clinic, hospital, etc.
Key Data Sources

3 approaches to data collection or monitoring

- Patient Surveys
- Chart Review
- Admin Data
### Defining “suspicion”

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Suspicion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is there a Screening Mammogram within 6 months prior to diagnosis?</strong></td>
<td><strong>YES</strong></td>
<td>Select screening mammogram date</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td><strong>YES</strong></td>
<td>Look back from the first diagnostic test date; select date of last visit with referring physician</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td><strong>YES</strong></td>
<td>Look back from the BHC visit date; select the closest physician/specialist visit</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td><strong>NO</strong></td>
<td>Look back from the diagnosis date; select the closest physician/specialist visit</td>
</tr>
</tbody>
</table>

**Suspicion Date**

- **YES**: Select screening mammogram date
- **NO**: Look back from the first diagnostic test date; select date of last visit with referring physician
- **NO**: Look back from the BHC visit date; select the closest physician/specialist visit
- **NO**: Look back from the diagnosis date; select the closest physician/specialist visit
The Cancer Patient Journey

1st Diagnostic Test

Suspicition

31 days

Diagnosis

31 days

1st Treatment

31 days
FINDINGS

So...

How long does the Cancer Patient Journey Take??
The Breast Cancer Story: What we’ve done so far...

• **Methods**
  – pilot & chart reviews
  – algorithm
  – data sources
  – codes used
• **Results**
  
  – suspicion to treatment
  
  • table
  
  • graphs
  
  • graphs by subcategory – stage/screening/31 day intervals)
28% of Manitoba’s breast patients moved from suspicion of cancer to treatment in 60 days or less (2010)
90% of Manitoba’s breast patients moved from suspicion of cancer to treatment in 165 days or less (2010)
Suspicion to 1\textsuperscript{st} Treatment

Suspicion to First Treatment for Typical Breast Cancers, 2010 to 2012
(N=2005)

Cumulative Percent

Suspicion to First Treatment (Days)

- 28\% at 60 days
- 26\% at 60 days
- 18\% at 60 days
Suspicion to 1\textsuperscript{st} Treatment

Suspicion to First Treatment for Typical Breast Cancers, 2010 to 2012
(N=2005)

- 80% at 60 days
- 28% at 60 days
- 26% at 60 days
- 18% at 60 days
It can be done…

Suspicion to First Treatment for Typical Breast Cancers, 2010 to 2012 by Stage (N=1996)

Note: Unknown/Missing stage excluded
Summary of 2012

The percentage of breast cancer patients in 2012:

• Who went from suspicion to first treatment in 60 days or less was 26%

• Who went from suspicion to diagnosis in 31 days or less was 53%

• Who went from diagnosis to first treatment in 31 days or less was 24%
Year | Suspicion to Treatment in 60 days or less
---|---
| **Breast** | **Colon** | **Rectum** |
| 2010 | 28% | | |
| 2011 | 18% | | |
| 2012 | 26% | | |

What’s your guess?

*Q ... Better or worse than breast?*
### Summary Between Sites

<table>
<thead>
<tr>
<th>Year</th>
<th>Breast</th>
<th>Colon</th>
<th>Rectum</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>28%</td>
<td>39%</td>
<td>23%</td>
</tr>
<tr>
<td>2011</td>
<td>18%</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>2012</td>
<td>26%</td>
<td>34%</td>
<td>27%</td>
</tr>
</tbody>
</table>
• Evaluation: RE-AIM framework
  
  (Reach, Effectiveness, Adoption, Implementation, Maintenance)

• Rapid Improvement Events

• LEAN

• Continue the journey with other disease site groups
Thank you