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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

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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

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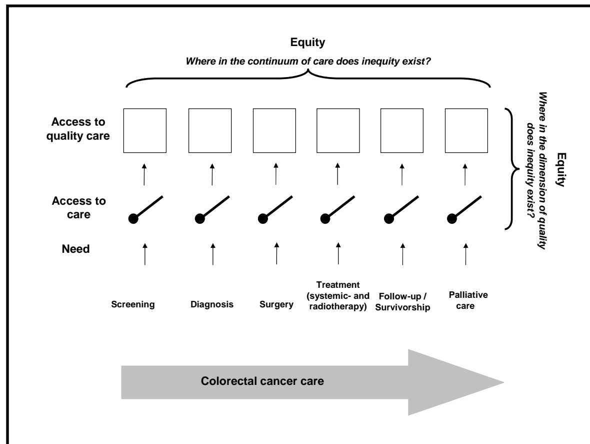

Data holdings

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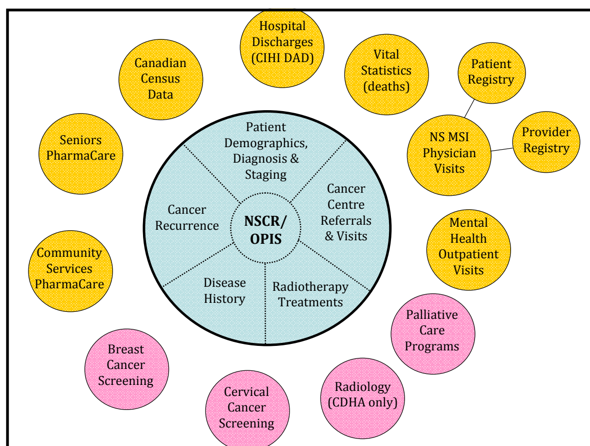
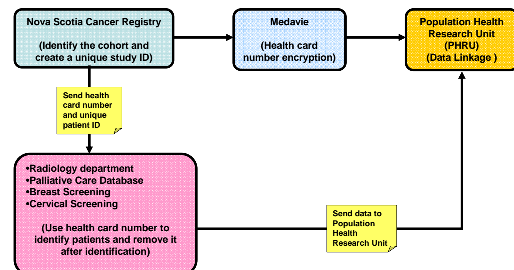
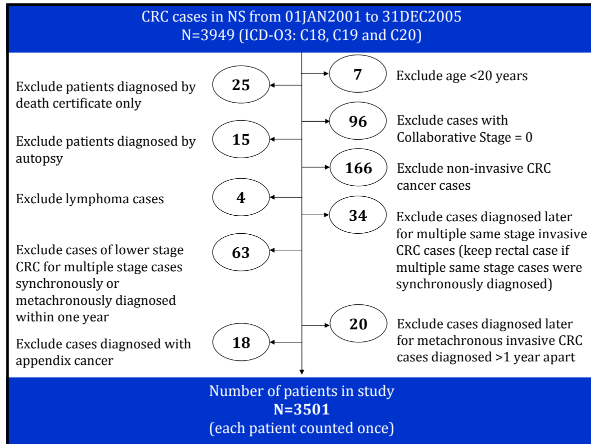


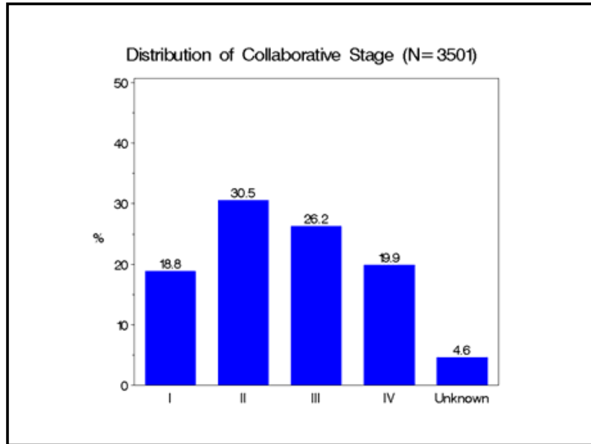
Data Linkage

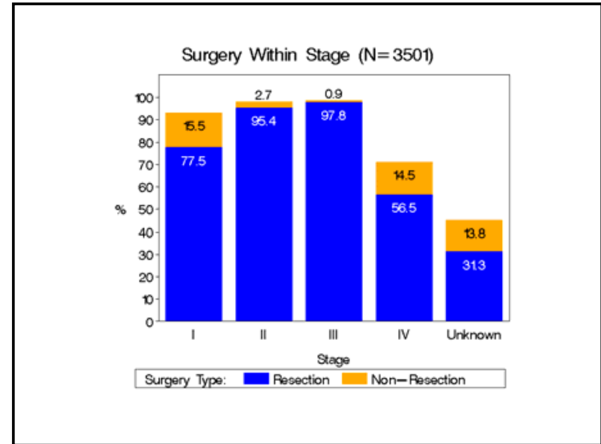




Description of cohort

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

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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

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Funding partners

Reference

- Urquhart R, Grunfeld E. Measuring the quality of care provided to patients with colorectal cancer. Oncology Exchange 2009; 8(4):6-10
- Urquhart R, Porter G, Bu J, Dewar R, Grunfeld E. Poor stage IIb survival in a population-based cohort of colorectal cancer patients. Canadian Digestive Diseases Week, Feb 27-Mar 2, 2010
- Porter G, Urquhart R, Bu J, McConnell Y, Grunfeld E. Timely access and quality of care in colorectal cancer: A population-based analysis. American Society of Clinical Oncology (ASCO) Gastrointestinal (GI) Cancer Symposium, Orlando, FL, Jan 22-24, 2010
- Grunfeld E, Urquhart R, Bu J, Maddison A, Asada Y. Building methods to measure and improve equitable access to quality colorectal cancer services in Nova Scotia. Canadian Association for Health Services and Policy Research Conference May 10 -13, 2010

Reference

- Urquhart R, Bu J, Porter G, Dewar R, Moineddin R, Grunfeld E. Relationship between survival and lymph node assessment from a population-based study of colorectal cancer patients. ASCO Annual Meeting, Chicago, IL, June 4-8, 2010
- Rayson D, Urquhart R, Colwell B, Grunfeld E. Limitations of chemotherapy data in administrative health databases: implications for measuring and improving quality of colorectal cancer care. Canadian Digestive Diseases Week, Feb 27-Mar 2, 2010