

Hamilton Niagara Haldimand Brant Regional Cancer Program

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Cancer Care Ontario

Action Cancer Ontario



Topics Identified

- **Variation in cancer screening**
- **Anti-cancer drug funding policies**
- **Implications of the HNHB RCP**

Background

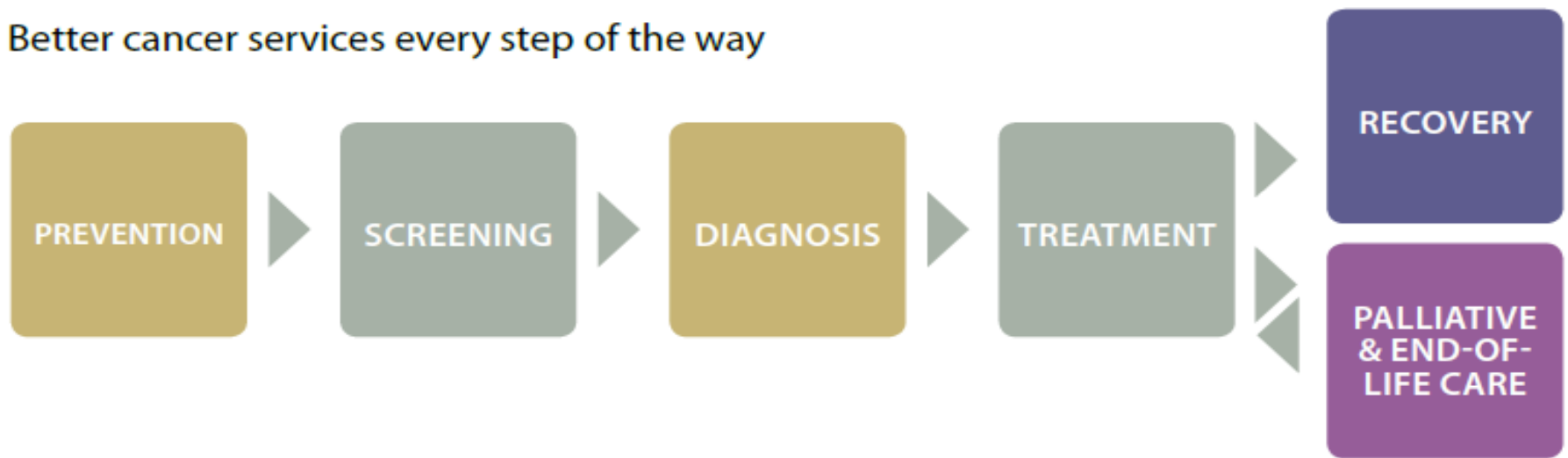
- **The Ontario Cancer Act 1943: OCTRF**
- **OCTRF becomes Cancer Care Ontario: 1997**
- **CCO transfers operations of cancer centres: 2004**

**The HNHB RCP is funded by CCO through the
Integrated Cancer Program with Hamilton Health
Sciences**

Cancer Journey

The cancer journey

Better cancer services every step of the way



Ontario Cancer Plan 2011 - 2015
<https://www.cancercare.on.ca/about/initiatives/ocp/>



Variation in Cancer Screening

Cancer Screening

Principles

- **Common cancer with high morbidity or mortality;**
- **Effective treatment is available;**
- **Test procedures are acceptable, safe, and affordable**

Cancers Associated with Effective Screening Strategies

- **Breast cancer (CCO since 1990)**
- **Cervical cancer (CCO since 2000)**
- **Colorectal cancer (CCO since 2008)**

Cancer Screening in HNHB

HNHB is a region rich in screening resources

- **18 OBSP screening and 9 OBSP assessment sites**
- **3 High Risk OBSP screening sites**
- **9 Hospitals with signed CCC colonoscopy agreements**

Despite these services, important gaps exist

These are attributed to disparity in access

Cancer Screening and Access Disparity

Common associations with disparity:

- **Socioeconomic status**
- **Race and ethnicity**
- **Age / gender**
- **Educational attainment**
- **Geography**

Disparities are evident in the HNHB LHIN

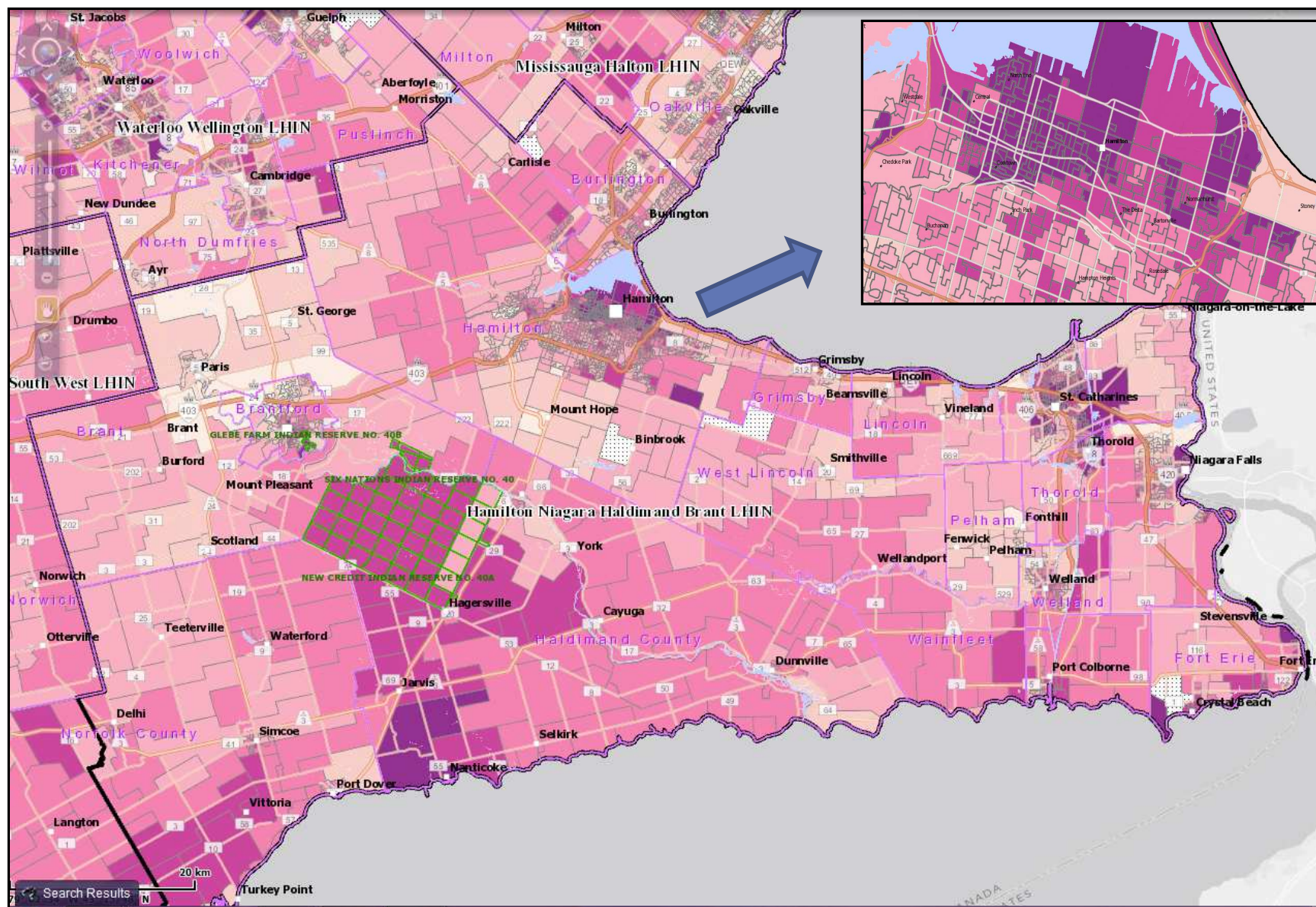


Figure: Smoothed breast screening (OHIP or Ontario Breast Screening Program (OBSP)) mammography rate per 100 eligible females 50-74 years of age by 2006 dissemination area (2011, Hamilton Niagara Haldimand Brant Local Health Integration Network)

Source: Cancer Care Ontario, Cancer Screening Geographic Information System Tool, Accessed: May 16, 2014

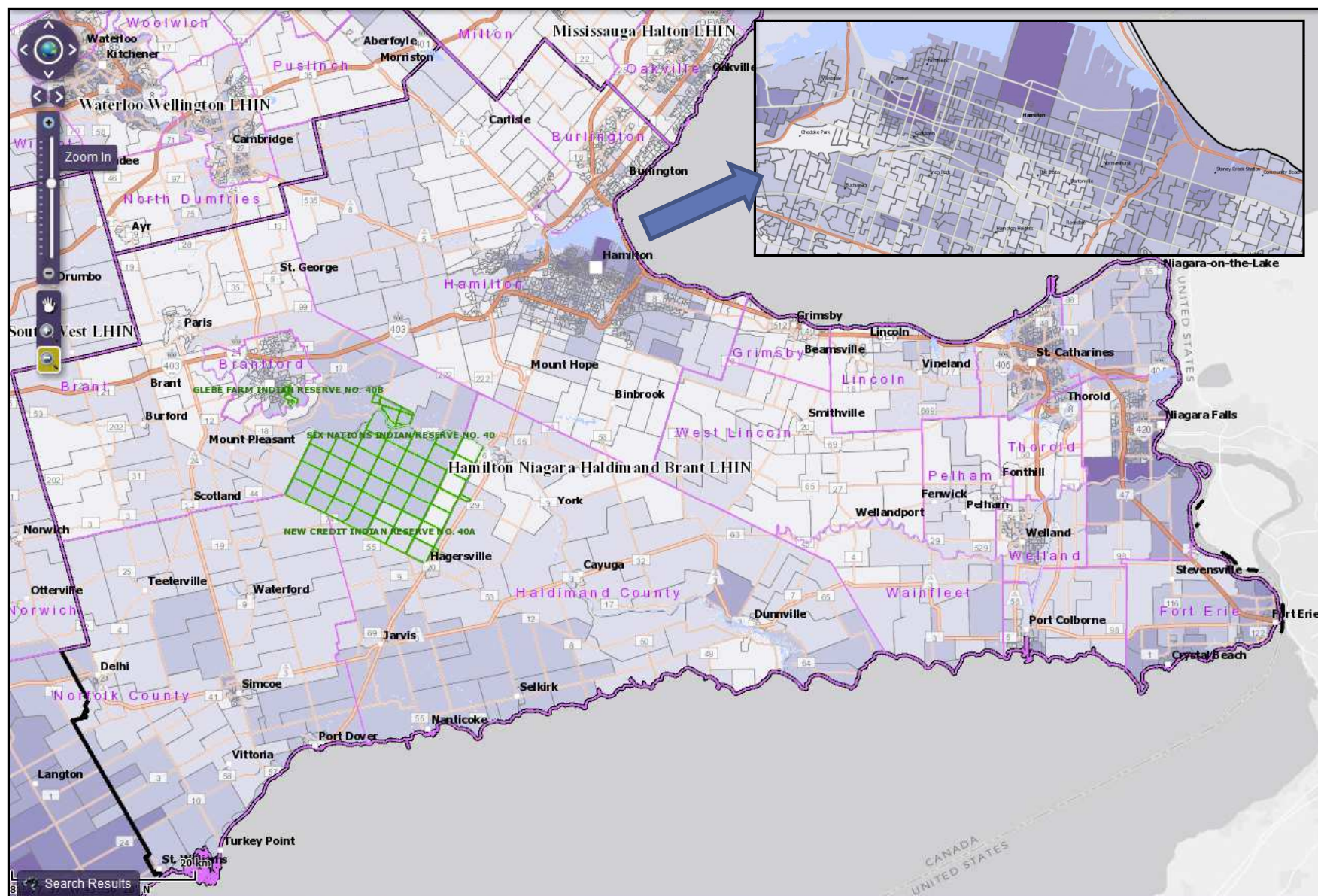


Figure: Smoothed cervical screening rate per 100 eligible females 20-69 years of age by 2006 dissemination area (2011, Hamilton Niagara Haldimand Brant Local Health Integration Network)

Source: Cancer Care Ontario, Cancer Screening Geographic Information System Tool, Accessed: May 16, 2014

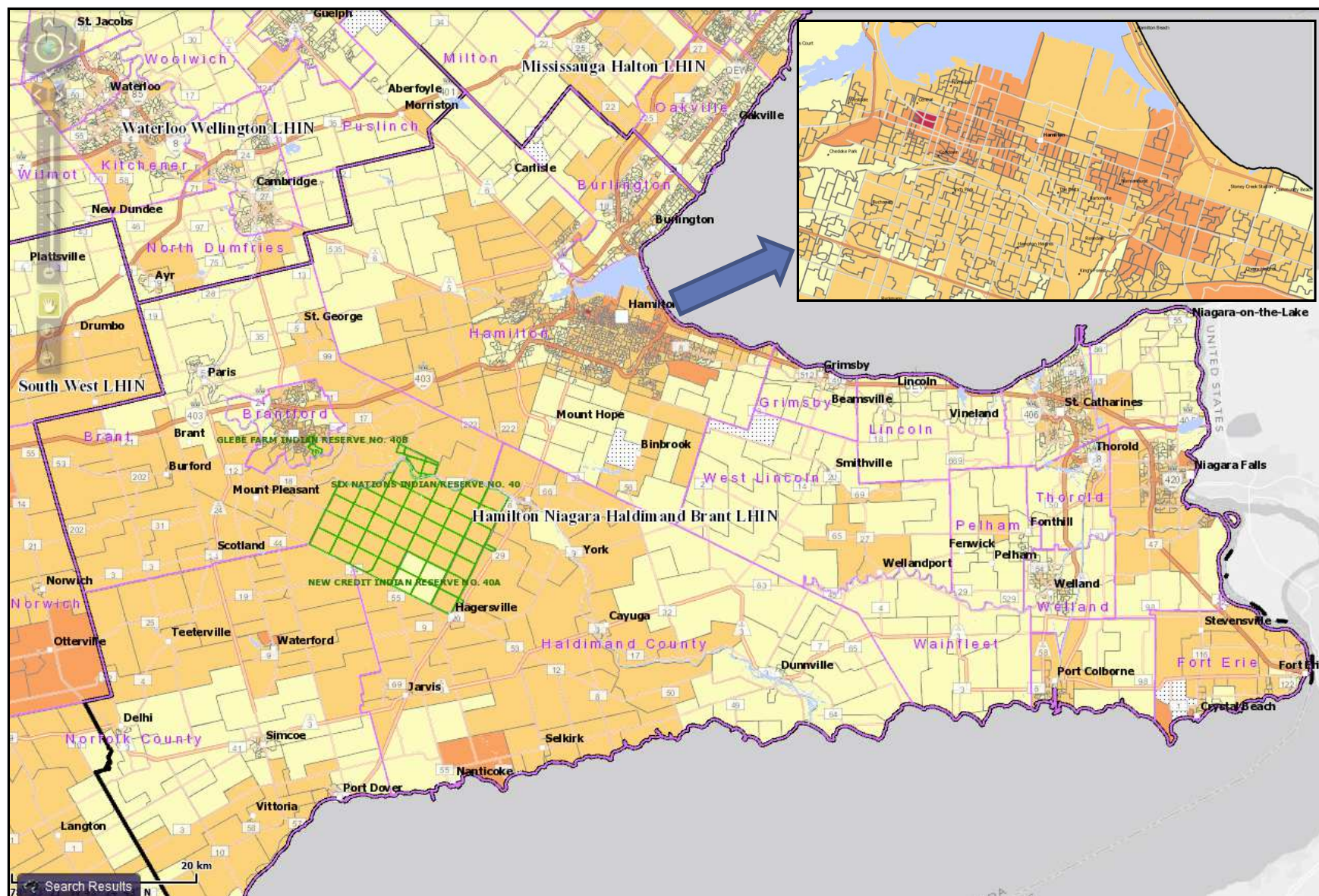


Figure: Smoothed colon (FOBT or endoscopy) screening rate per 100 eligible females 50-74 years of age by 2006 dissemination area (2011, Hamilton Niagara Haldimand Brant Local Health Integration Network)

Source: Cancer Care Ontario, Cancer Screening Geographic Information System Tool, Accessed: May 16, 2014

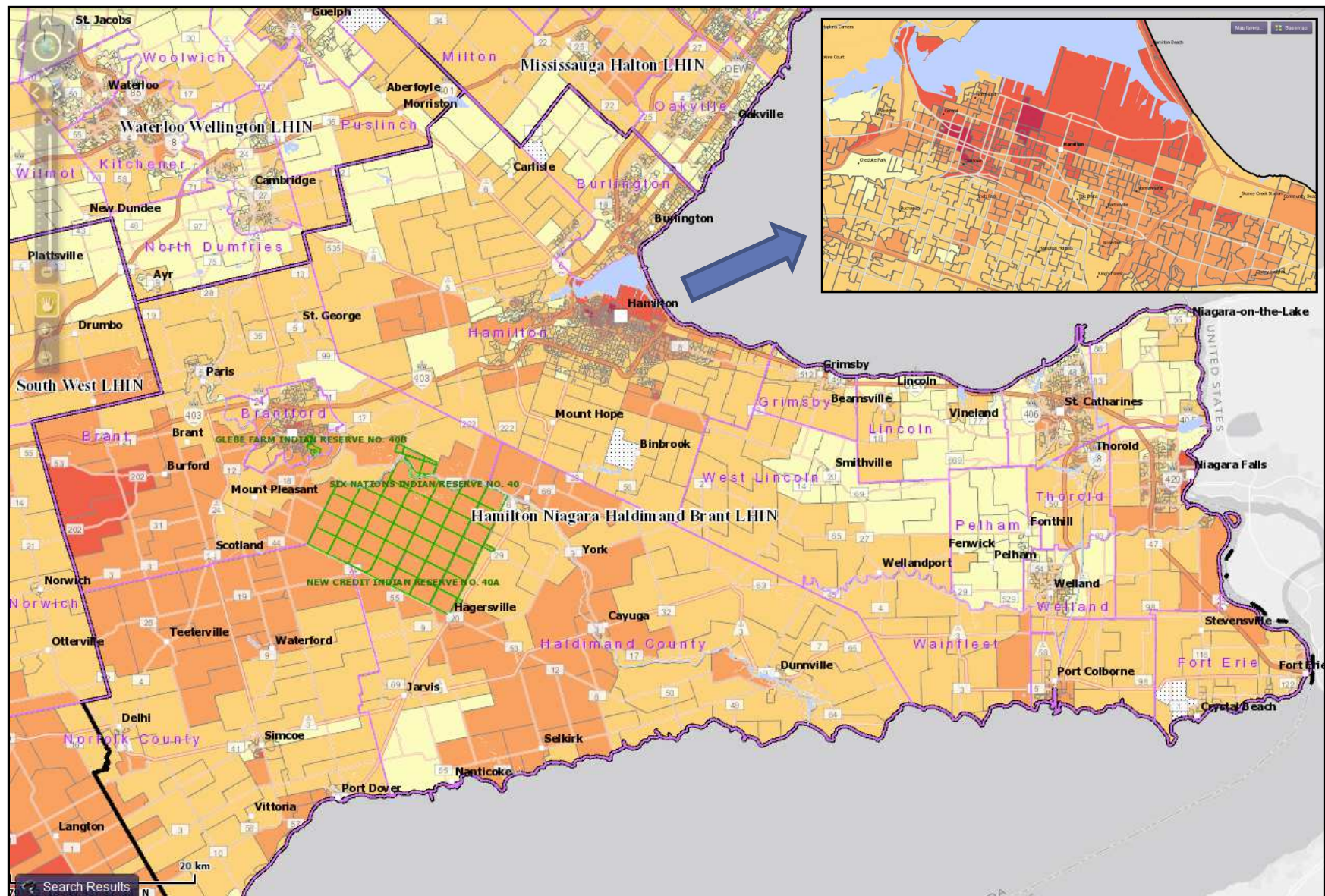


Figure: Smoothed colon (FOBT or endoscopy) screening rate per 100 eligible males 50-74 years of age by 2006 dissemination area (2011, Hamilton Niagara Haldimand Brant Local Health Integration Network)

Source: Cancer Care Ontario, Cancer Screening Geographic Information System Tool, Accessed: May 16, 2014

Strategies of Address Cancer Screening Disparity

- Engage primary care networks and agencies
- Enhance standard processes, including:
 - Link those with +’ve screens to organized assessment
- Implement special strategies: mobile coach
 - Bring access to specific communities



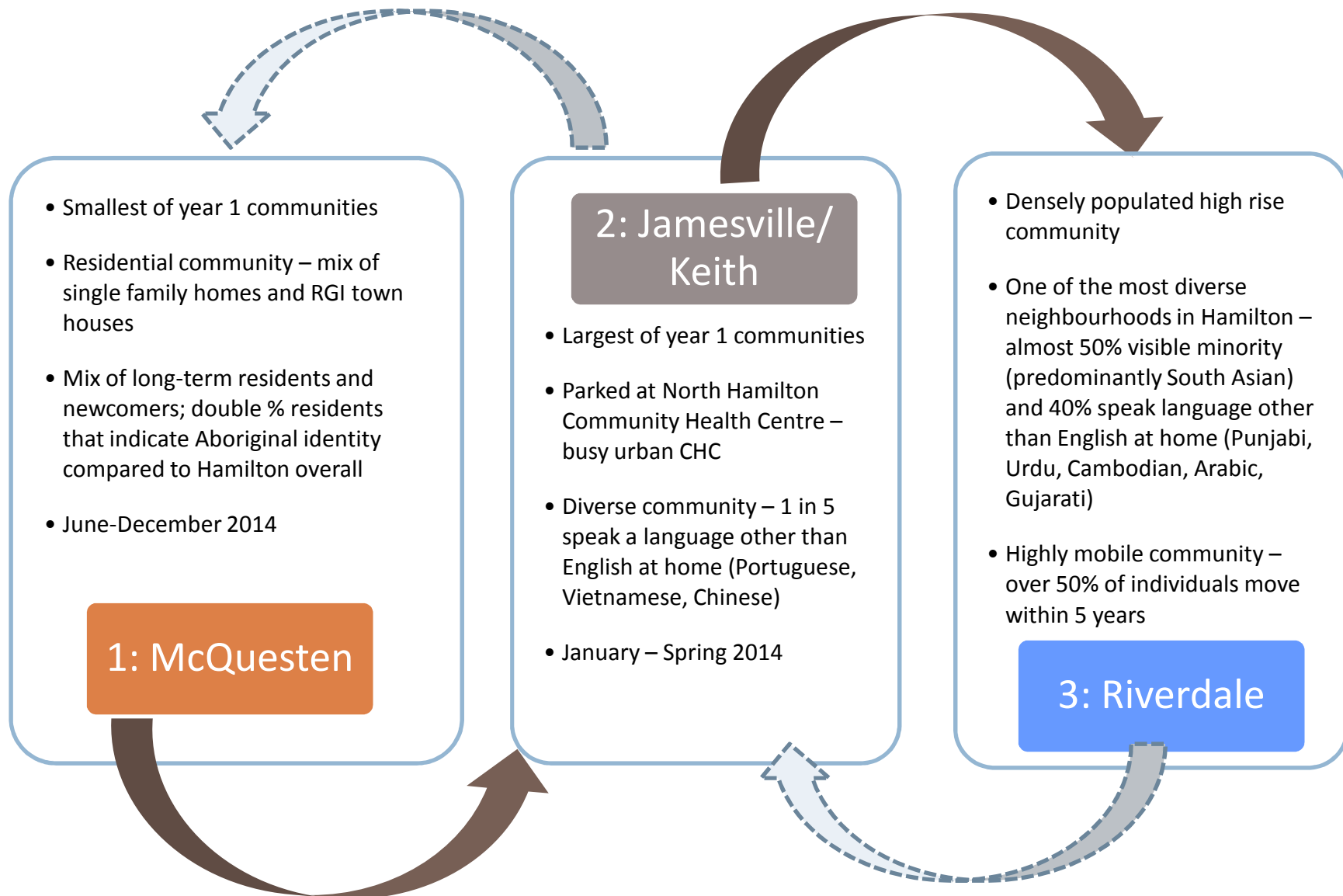




Planning

- **Identify priority communities and processes:**
 - Public Health Services partnership
 - Community partnerships (Action Groups)
 - Current screening rates
 - Existing primary care / screening / assessment services
 - Socio-demographic characteristics
- **Areas of opportunity identified by the SWOT analysis:**
 - North Hamilton
 - Stoney Creek/ East Hamilton Mountain
 - Norfolk and Haldimand Counties
 - Pockets in Niagara

Year 1 Communities



Coach Services

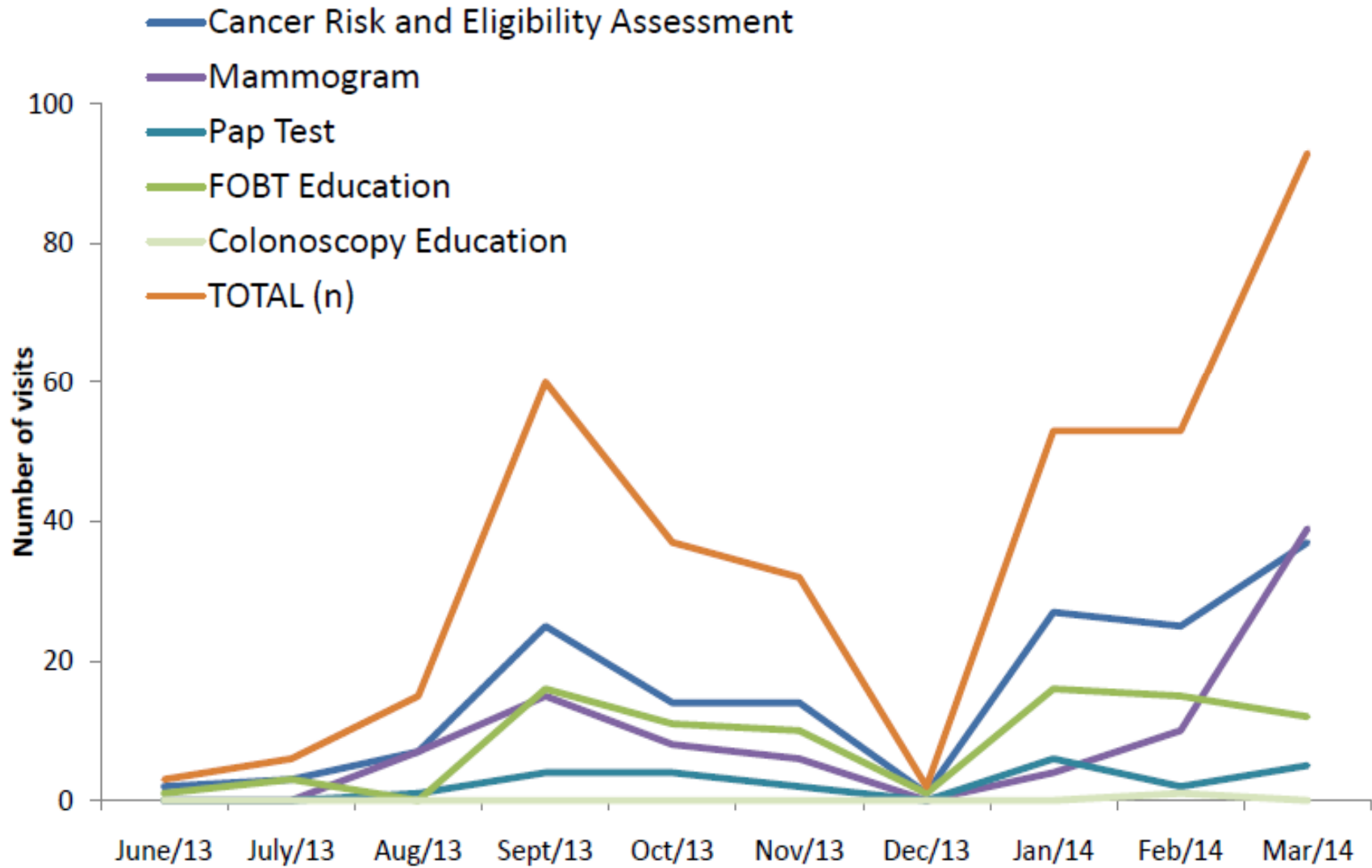
1. Cancer Risk and Eligibility Assessment (all clients)
 - Clinical history visit with RN
 - Plans include brief tobacco use intervention
2. Mammography (women 50-74)
3. Cervical Screening / Pap test (women 50-69)
4. Colorectal Screening Education (women / men 50-74)

Coach Activities June 28 1023 – March 31, 2014

Table I. YTD activity volumes by appointment type and sex of client

Coach Visit Type	Total # visits (n)		
	Females	Males	TOTAL (n)
Cancer Risk and Eligibility Assessment	124	31	155
Mammogram	89		89
Pap Test	24		24
FOBT Education	57	29	86
Colonoscopy Education	1		1
TOTAL (n)	295	60	355

Coach Activities June 28 1023 – March 31, 2014



Challenges

- 1. Technical Issues with Coach**
- 2. Care path development**
- 3. Information management systems**

Successes

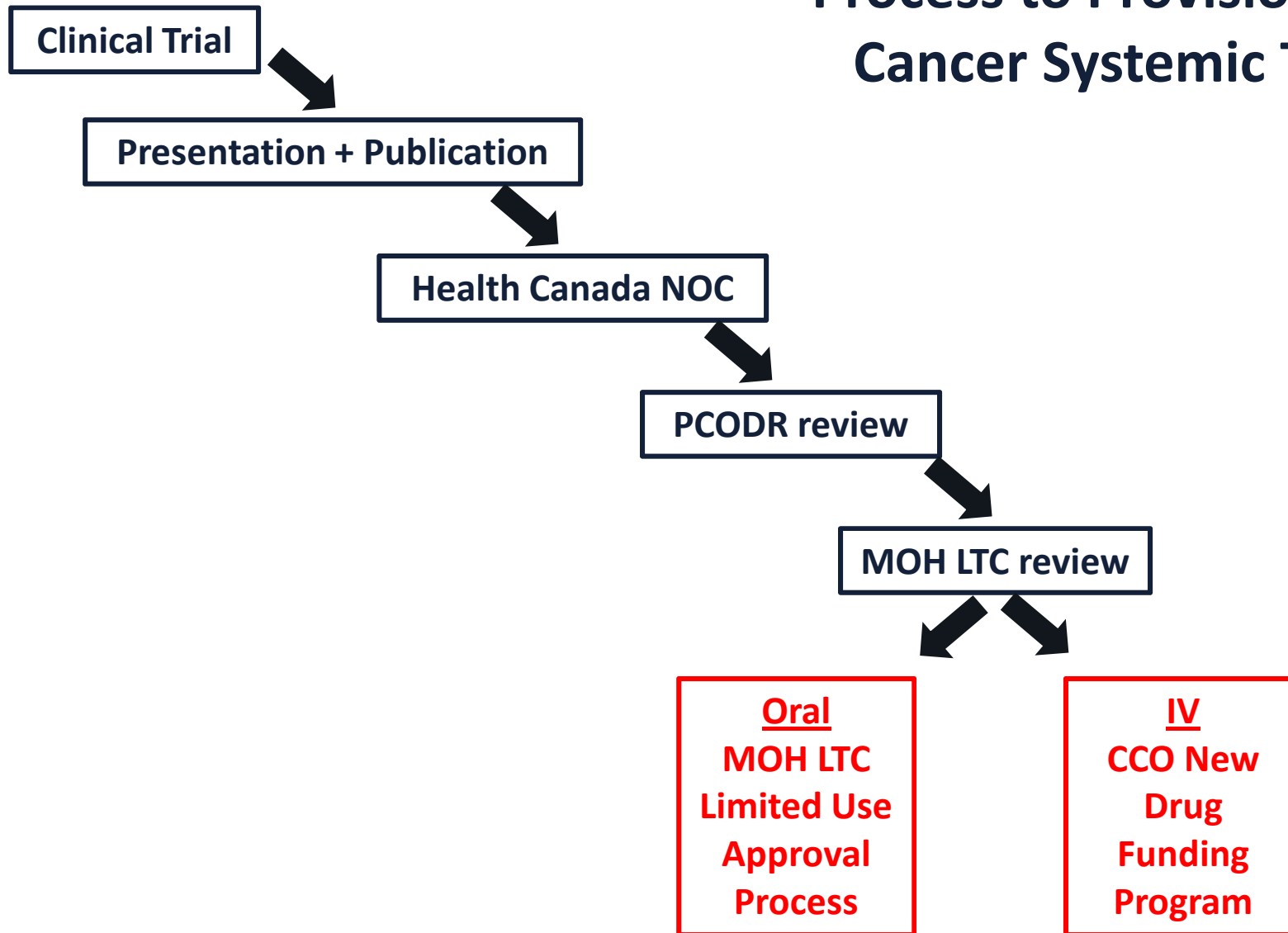
- 1. Community engagement + partnerships**
- 2. Provider engagement**
- 3. Expansion of services based on data / feasibility**
- 4. Colon Cancer Screening / FOBT participation rate**

Next Steps

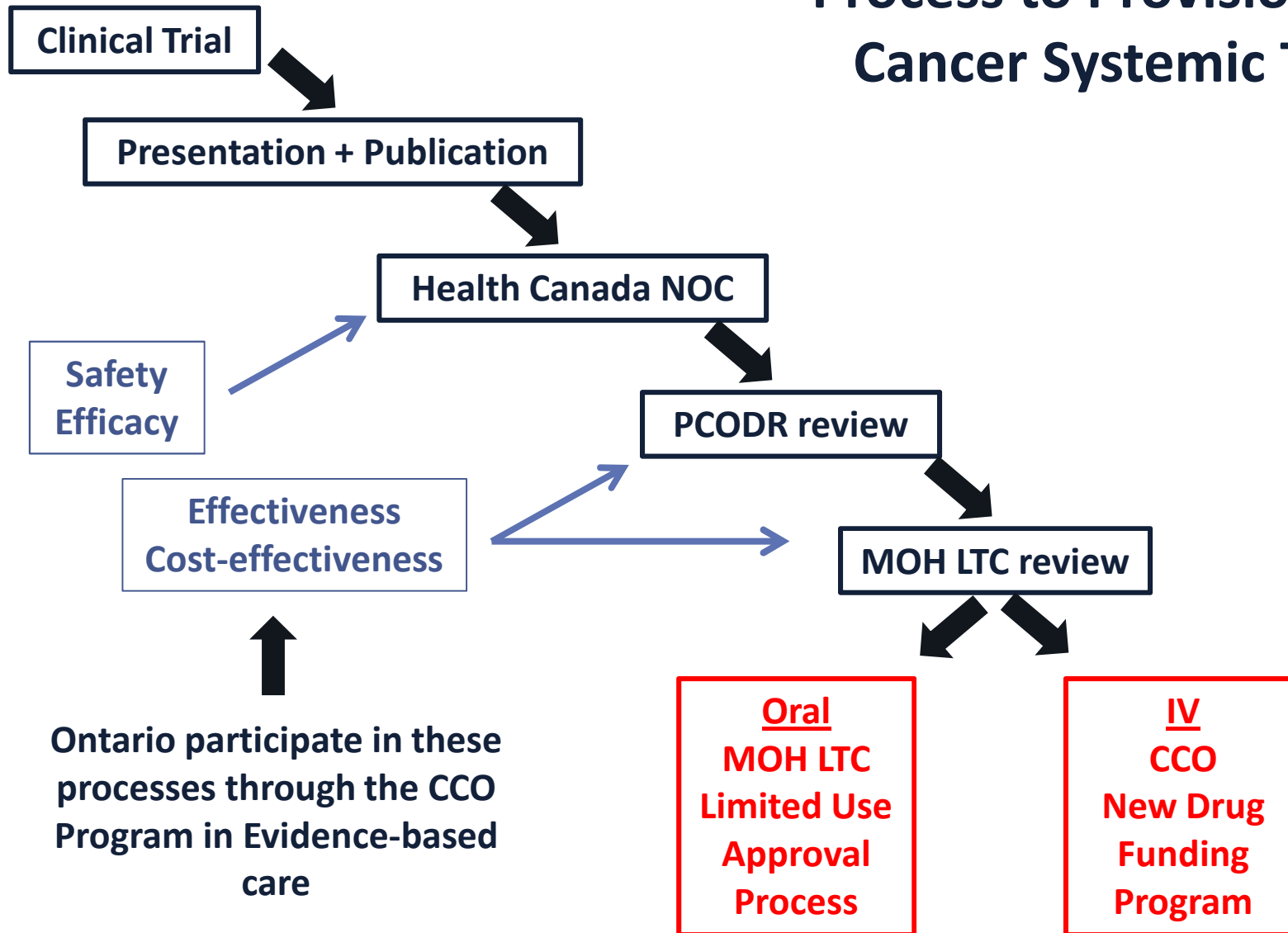
- 1. Enhance Family Dr.-related recruitment**
- 2. Circle back to Year 1 communities**
- 3. Evaluate**
- 4. Planning for regional model**

Anti-cancer Drug Funding Policies

Process to Provision of Anti-Cancer Systemic Therapy



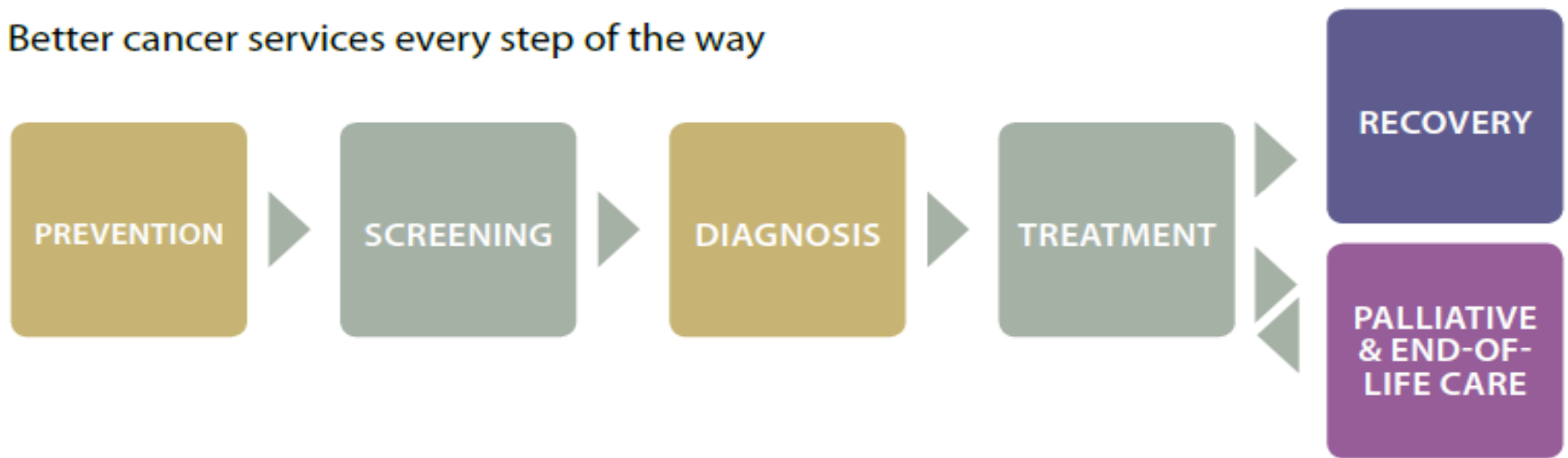
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