Cancer System Quality Index - 2006

Launched in 2005 and updated annually, the Cancer System Quality Index (CSQI or Index) serves as a valuable system-wide monitor that tracks the quality and consistency of key services delivered across the spectrum of Ontario's cancer system, from prevention through to end-of-life care.

The Index presents a rolling snapshot of activity in 25 key indicators (e.g., radiation treatment wait times, rates of new cancer cases, patient satisfaction). However, as the presented data often requires one or two year to be validated, this report does not show same-year activity. Rather, the Index serves as a valuable tool for cancer service providers and managers to identify long-term trends and to plan and implement long-term change.

What's new this year?

25 Indicators
This online index presents, for the most part, new data for each of 25 key indicators. (Data for some indicators have not been changed but will be updated once finalized.)

LHIN-Based Analysis
With the creation of local health integration networks (LHINs), CSQI 2006 data for applicable indicators, are now drawn by 14 LHINs versus the previous categorization of 11 regional cancer centres (CSQI 2005).

What does the CSQI 2006 Show?

Wait times for cancer treatment are generally improving with the greatest improvement being seen for radiation therapy. However, fewer people are being screened than should be for breast, colorectal, and cervical cancers).

1. Access
Wait times for cancer treatment are generally improving (radiation treatment significantly and surgery wait times are in good shape) however, fewer people than should are being screened for cancers for which there is sufficient evidence for population-based screening - breast cancer, colorectal cancer and cervical cancer. Too many people are not dying in the location of their choice.

- In 2005 the average wait for radiation treatment was 4.7 weeks, down from 7.0 in 2002. Radiation treatment wait times have steadily improved due to better planning and increased resources.
- Chemotherapy treatment wait times remain largely unchanged in 2005. At the same time, the projected demand for services means that innovative approaches and increased efforts are needed.
- As seen in past years, in 2005, far fewer people, than should be, are being screened for cancer — particularly for colorectal cancer. CCO is working with the Ontario government with the view to rolling out a colorectal screening program later this year. This disease kills over 3,000 people in Ontario each year. The probability of curing colorectal cancer is 90% if detected early.
The percentage of Ontario women being screened for breast cancer in 2005 has increased to 56.4% (27.8% OBSP and 28.6% other). This is up from 52.5% in 2004 (22.8% OBSP and 29.7% other).

Cervical cancer screening is also now being captured and reported in this Index. Cancer Care Ontario is working with the Ministry of Health and Long-Term Care towards developing a comprehensive cervical screening registry so that we can better understand rates of screening trends.

Currently, 56% of cancer patients die in hospital. According to research 80-90% of cancer patients would prefer to die outside of the acute hospital setting.

2. Improving Outcome
With an aging population and continued risks from lifestyle factors, the rate of cancer continues to rise. More needs to be done to reduce cancer risk and incidence.

- Five year relative survival rates for patients with of the four most common cancers is increasing. Survival for lung cancer remains low.
- Too many people in Ontario smoke or are obese — increasing the likelihood that they will get cancer.

3. Evidence
CCO is working to make the best cancer evidence and knowledge available to providers so that they can improve patient outcomes. Cancer providers across the province are using this information to prevent cancer and deliver better care.

- In 2005, CCO introduced many new and updated cancer treatment guidelines. Research shows, that putting these into the hands of providers and organizations leads to better outcomes and lower mortality.
- In 2005, 10,000 more or a total of 90,000 drug orders were made through Ontario’s computerized cancer drug ordering system (the only one of its kind in Canada). Research shows that such systems help reduce drug prescriptions errors.

4. Efficiency
CCO is working to identify the best way to match resources with need so that providers can improve quality of care, reduce wait times, and prepare to meet growing needs arising from increased cancer incidence.

- We are in our second year of monitoring the use of hospital resources for each phase of cancer care. Cumulating data over the next few years will help us ensure that hospitals and other providers have the right facilities, technology, equipment, and health professionals to meet the growing need to allocate limited resources, wisely.

5. Measurement
CCO is collecting more data, and more accurate data, so that improvements can be continually made to all aspects of cancer care — from individual patient care through to system-wide improvements in treatment activity and performance.

- In 2005, the percentage of patients for which cancer stage data at diagnosis was reported (in cancer centres) rose to 89% in 2005 (up from 67% in 2001).
- Ontario is the first North American jurisdiction to have a cancer pathology reporting system. This system allows us to monitor how thoroughly pathologists report information and supports timelier diagnosis and treatment planning.
- CCO also continued to increase its holdings of province-wide cancer data in 2005. By improving what and how we measure the cancer system, we will be better able to monitor
patient care and the performance and quality of services offered at the local and provincial levels.

What is the Cancer System Quality Index?

- The Index serves as a valuable, system-wide monitor that allows us to track the quality and consistency of all key services delivered across the spectrum of Ontario's cancer system, from prevention through to end-of-life care.
- A North American first, the Index was launched in 2005 by the Cancer Quality Council of Ontario, in partnership with Cancer Care Ontario.
- The Index is made up of 25 indicators that cancer service providers and managers use to determine where improvements will have the greatest impact so that we can prevent cancer, diagnose it sooner and treat people faster and better.
- Regular updates to the Index allows us to chart our progress and identify areas for further improvement.
- Each indicator is a specific measurement of progress against one of five goals — each established to help us focus our efforts in improving the cancer system:
  1. Improved **access** to services
  2. Better **outcomes**
  3. Use of **evidence** when treating cancer
  4. Greater **efficiency**
  5. Improved **measurement**

Contributors

- The Cancer System Quality Index has been developed by the active collaboration of many experts from across Ontario's cancer care system.

  This not only includes the efforts of the Cancer Quality Council of Ontario and Cancer Care Ontario but also includes significant contributions from the following partner organizations:
  - **Institute for Clinical Evaluative Sciences**
  - **Ontario Cancer Research Network**
  - **Ontario Women's Health Council**
  - **Division of Cancer Care Epidemiology, Queens Cancer Research Institute**
  - **Department of Health Policy Management and Evaluation, University of Toronto**
  - **The Centre for Global eHealth Innovation**

- Parts of this report are based on data and information compiled and provided by the Canadian Institute for Health Information CIHI. However, the opinions and statements expressed on the website are those of the report’s authors, and not necessarily those of the Canadian Institute for Health Information.