Advancing the Quality of Cancer Care: The Ontario Experience

KT08: Forum for the Future

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Program in Evidence-based Care (PEBC): Context

How can we help health care providers make better cancer care decisions with their patients?

How can we help administrators make better decisions regarding how the cancer care system is organized in their center, hospital or region?

How can we help government make better decisions that will ensure the most effective cancer care strategies are available in Ontario?

How can measure our success?



Foundations and Influences

Psychological Influences

- Theories of social influence.
- Theories of social norms.
- Theories of persuasion.
- Attitude-intention-behavior frameworks.
- Cognitive dissonance theories.

KT-KTE influences

- Diffusion of innovation.
- Knowledge to action cycle (and precursors)



PEBC: Model and Action

creating cultures, fostering communities of practice, and enhancing capacity

.... receptive

..... understand

..... apply

PEBC action-oriented

evidence-based advice documents are the points around which the culture can evolve and be sustained

..... clinical practice guidelines (CPGs)

..... organizational & professional practice guidelines and standards

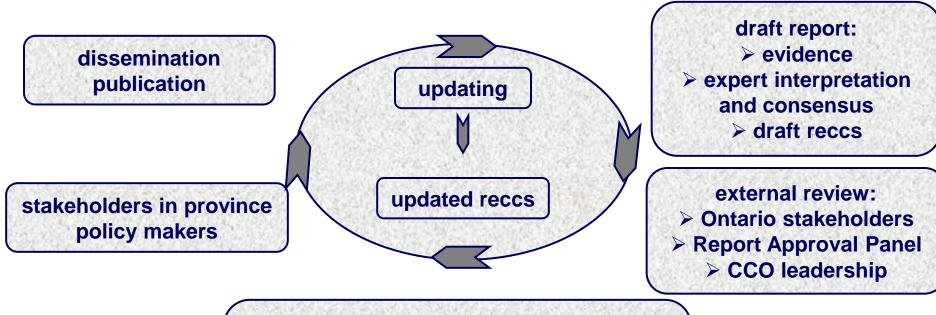


Program in Evidence-based Care Evidence-based Advice Cycle

Evidence-based Advice Panel

topic selection: explicit question

method selection: systematic review, environmental scan, adaptation, consensus



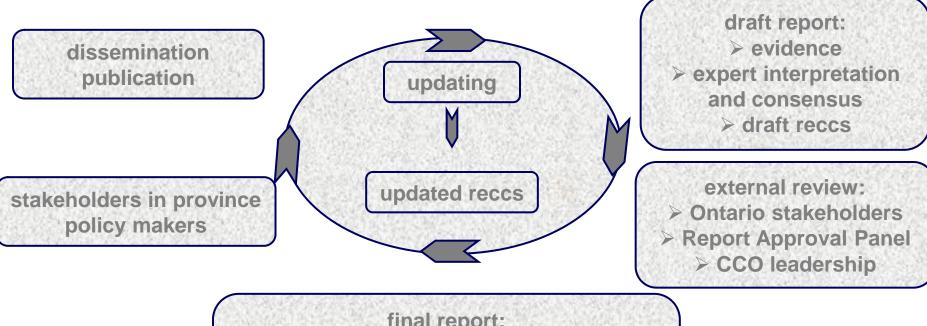
final report:

- > evidence
- > expert interpretation and consensus
 - description of external review
 - > final reccs

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Stakeholder Engagement: Guideline Panels

Disease Site Groups and Clinical Program Groups

- multidisciplinary team = clinicians/content + methodologists + administrators + patients
- standing committees or project specific committees
- regional representation

250+ individuals involved, 18+ panels question, evidence appraisal, synthesis, recommendations

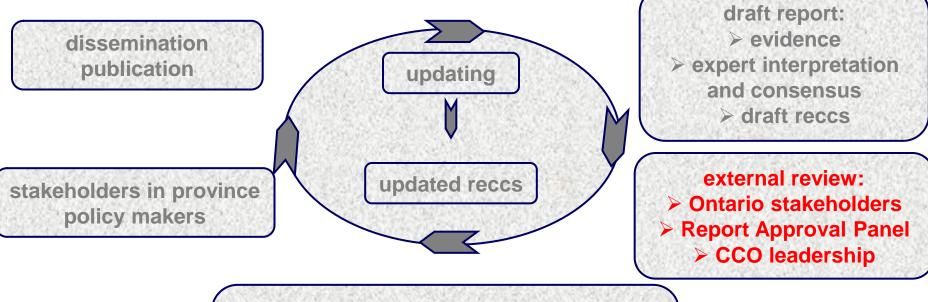
developers of knowledge AND users of knowledge evidence-based or evidence-informed decisions = norm



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Stakeholder Engagement: External Review

Ratings are high.

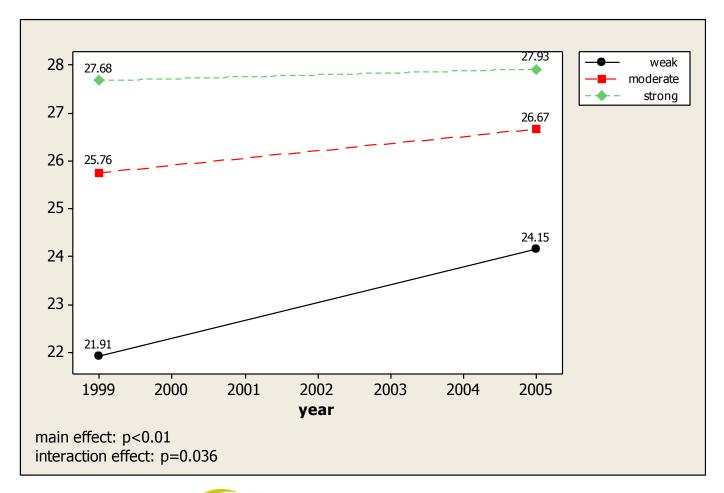
- small significant annual net gains in measures of rigour, acceptability, comparative value, and endorsement.
- small significant annual let looses in applicability and intentions to use.

Variance in ratings (up to 38%) can be attributed to differences among the stakeholders.

Clinician beliefs and attitudes play an important role in predicting quality, endorsement and intention ratings.



Example: CPG Rigour Ratings: Time X Beliefs

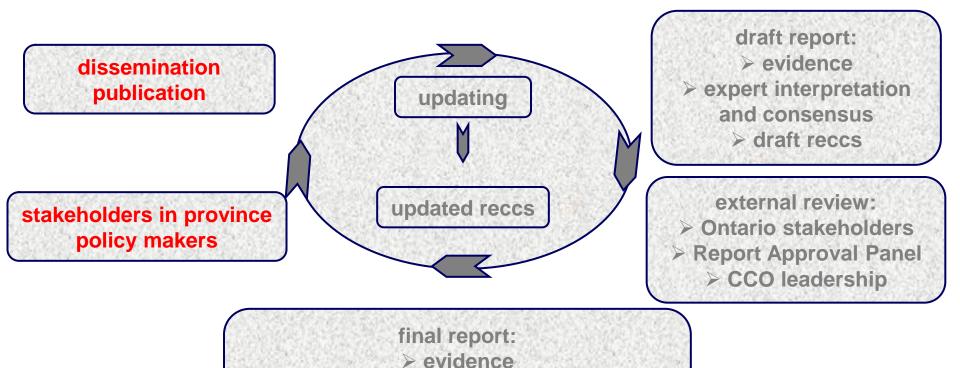




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CCO Model for Driving Performance Improvement

1. Data/Information

- Incidence, mortality, survival
- analysis
- indicator development
- expert input

2. Knowledge

- research production
- evidence-based guidelines
- policy analysis
- planning

4. Performance Management

- institutional agreements
- quarterly review
- quality linked funding
- clinical accountability

3. Transfer

- publications
- practice leaders engaged
- policy advice
- public reporting
- technology tools
- process innovation

Reducing Barriers to Action: Funding and Access

Reimbursement programs

- Prostate Brachytherapy
- New Drug Funding Program

Service delivery programs

Diagnostic Assessment Program Standards

Purchased services agreements

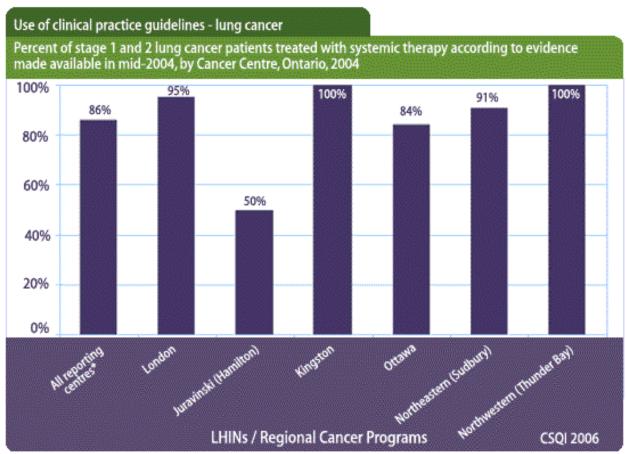
Surgery, systemic, radiation

Physician service agreements

Palliative, surgical oncology



Audit and Feedback: Cancer System Quality Index



Source: Cancer Care Ontario, Activity Level Reporting



Conclusion

Social Engagement

- comprehensive participation in evidence production and review
- application of evidence becomes the professional norm
- accountability among professional colleagues

CPGs recommendations linked to

- varied KT strategies
- indicator development for reporting and evaluation
- funding and access decisions



Thank You

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