Target Setting for Palliative Care Wait Times at Ontario Regional Cancer Centres

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About Cancer Care Ontario

- Oversees $1.8 billion in healthcare
- Translates new evidence into clinical practice
- Focuses on quality improvements and standards
- Implements healthcare IM/IT
Access to Care: A Key Dimension of Quality

Ontario’s cancer system is assessed for seven dimensions of quality:

- Safety
- Effectiveness
- **Accessibility**
- Responsiveness
- Equity
- Integration
- Efficiency

**Accessibility**: the extent to which a healthcare system is “making health services available in the most suitable setting in a *reasonable time* and distance” (CQCO 2012)

Source: http://www.csqi.on.ca/cms/one.aspx
Wait Times as a Measure of Access

Currently reported for:
- Cancer Surgery
- Diagnostic Imaging
- Systemic Treatment
- Radiation Therapy

https://www.cancercare.on.ca/cms/one.aspx?pageId=37799
Palliative Care Clinics at the Regional Cancer Centres (RCCs)

- Outpatient services include:
  - Symptom management
  - Care planning
  - Linking to community care

- ~25,000 clinic visits in 2014-15

Source: CCO Activity Level Reporting
This is a small piece of the palliative care delivery system
Palliative Care Wait Time Definition

Date of Referral → First Consult

WAIT TIME
(# OF DAYS)
Building a Wait Time Indicator for Palliative Care

Wait Time Indicator: the % of patients referred for a service who are seen within an acceptable wait time

• Key Questions
  • What is an “acceptable” wait time?
  • What should be our target percentage?
Palliative Care Wait Times Consensus Panel

- **To identify:**
  - a maximum acceptable wait time
  - and an ultimate provincial target

- **Membership:**
  - Clinicians
  - Administrators
  - Patient/Family advisors
Conceptualizing an “Acceptable” Wait Time

• **Maximum acceptable wait time** = a wait time that would not be associated with a higher incidence of negative health outcomes

• Represents a cutoff that draws the line between acceptable and unacceptable service

• Some patients will need to be seen sooner; others could wait longer
Conceptualizing Wait Time Targets

**Ultimate Target**

- Clinically informed
- Represents the ideal state
- Stays the same over time

**Improvement Target**

- Based on the current state
- To encourage incremental improvement
- Changes each year
Reviewing the Evidence

Literature Search
- To identify existing benchmarks for palliative care wait times
- **Results:** 3 relevant papers

Jurisdictional Scan
- To identify existing benchmarks for palliative care wait times
- **Results:** No existing benchmarks

Collection of Local Triage Tools
- **Results:** 4 triage tools collected from Ontario settings
• 2007 study by the Canadian Pain Society Wait Times Task Force

• Systematic review and survey to find existing wait time benchmarks for outpatient treatment of chronic pain

• Key finding:
  • “…there are no established benchmarks or guidelines for acceptable wait time for the treatment of chronic pain in the world”
Canadian Anesthesiologists’ Society (2012)

Developed benchmarks based on literature and expert consultations to identify maximum acceptable wait times for chronic pain treatment in community

Max acceptable wait time for cancer pain = 2 weeks
• International Association for the Study of Pain (2012)

• convened a task force to identify wait time benchmarks for treatment of chronic pain

• **Wait time cutoff for cancer pain:** 1 week
• Contacted cancer agencies/health authorities in 11 Canadian jurisdictions

• No existing jurisdiction-wide wait time standards were identified
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Maximum Wait Times</th>
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</table>
| Dalhousie Division of Palliative Medicine | Urgent: within 48 hours  
Non-Urgent: within 1 week |
| Odette Cancer Centre            | General standard: 2 weeks or less  
Urgent Need: within 1 week |
| Grand River Cancer Centre       | ESAS scores 7-10: within 1 week  
ESAS scores 4-6: within 2 weeks  
ESAS scores 0-3: within 4-6 weeks |
| Southlake Cancer Centre         | Urgent: < 1 week  
Non-Urgent: < 2 weeks |
Issues Considered by Consensus Panel

- Regional variation in referral patterns and practice
- Business days vs. calendar/patient-days
- Various circumstances can delay care:
  - Patient preference
  - Patient hospitalization/change in health status
### Palliative Care Benchmark and Ultimate Target

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<table>
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<tbody>
<tr>
<td><strong>Benchmark (Max Acceptable Wait Time)</strong></td>
<td>14 days</td>
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<tr>
<td><strong>Ultimate Target</strong></td>
<td>80 %</td>
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</table>
80% of patients should be seen within 14 days

- Clinically appropriate delays
- Patient-driven delays
- Delays due to patient hospitalization
- Early Referrals
Identifying an Improvement Target

• High variation between cancer centres
  • Lowest: 20%
  • Highest: 97%

• Provincial average after removing outliers was 57%

• Improvement target is 65%
Current Performance

<table>
<thead>
<tr>
<th>14 Regional Cancer Centres</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
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<td>23%</td>
<td>44%</td>
<td>51%</td>
<td>54%</td>
<td>56%</td>
<td>69%</td>
<td>70%</td>
<td>72%</td>
<td>73%</td>
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Data Source: CCO Activity Level Reporting
Next Steps

• Identify best practices from high performing sites

• Investigate causes for poor performance

• Continue to monitor and improve data quality

• Develop additional measures of access to palliative care for cancer and beyond
How this work can be leveraged

• This process can be leveraged by others seeking to develop a standard wait time measure for a health care service

• The wait time standard of 14 days could be considered for similar outpatient palliative care services
Discussion

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## Wait Time Indicator Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Example</th>
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<tbody>
<tr>
<td>Wait time definition</td>
<td>Ex. # of days between date of referral and date of first consult</td>
</tr>
<tr>
<td>Benchmark/Max Wait Time</td>
<td>Ex. 14 calendar days</td>
</tr>
<tr>
<td>Ultimate/’Blue Sky’ Target</td>
<td>Ex. 80 % of patients should be seen within 14 days of referral</td>
</tr>
<tr>
<td>Improvement Target</td>
<td>Ex. 65 % of patients should be seen within 14 days of referral by this time next year</td>
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