

Using Canadian Administrative Data to Assess Primary and Oncology Care for Breast Cancer Patients during Pre-diagnosis, Treatment and Survivorship: A CanIMPACT Study

Patti Groome representing:

Marcy Winget, Li Jiang, Kathleen Decker, Cynthia Kendell,
Monika Krzyzanowska, Dongdong Li, Aisha Lofters, Mary
McBride, Nicole Mittmann, Rahim Moineddin, Geoff Porter,
Donna Turner, Robin Urquhart, Yang Zhang and Eva Grunfeld
for the CanIMPACT Team



CIHR IRSC

Canadian Institutes of Health Research
Institut de recherche en santé du Canada

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Admin Group Membership

Name	Role
Patti Groome	Admin co-lead, Ontario admin PI, diagnosis method rep
Marcy Winget	Admin co-lead, Alberta admin PI, diagnosis team member
Eva Grunfeld	PI CanIMPACT, Treatment PCP lead, survivorship team member
Monika Krzyzanowska	Treatment specialist lead
Aisha Lofters	Immigration data specialist, diagnosis team member
Mary McBride	BC admin PI, survivorship method rep
Nicole Mittman	Healthcare costing specialist
Rahim Moineddin	Deprivation Index developer, treatment method rep,
Donna Turner	Manitoba treatment decision maker, Manitoba admin data rep
Kathleen Decker	Manitoba admin data rep
Margaret Jorgensen	Nova Scotia admin data rep
Cynthia Kendall	Nova Scotia admin data rep
Geoff Porter	Nova Scotia admin PI, diagnosis specialist lead, treatment team member
Colleen Webber	PhD student, diagnosis team member
Alyson Mahar	PhD student, diagnosis team member
Marlo Whitehead	Ontario programmer/analyst
Li Jiang	Ontario admin data rep and dataset coordinator
Robin Urquhart	Nova Scotia admin data rep, survivorship team member
Dongdong Li	BC biostatistician
Yang Zhang	BC programmer/analyst
Yan Yuan	Alberta admin rep
Emma Shu	Manitoba programmer/analyst
Sharon Mathias	CanIMPACT patient advisory committee co-chair
Dawn Powell	CanIMPACT patient advisory committee rep
Bonnie Vick	CanIMPACT patient advisory committee rep

Disclosures

- No disclosures to report

Purpose and Strategy

To understand the interplay between primary and oncology care of breast cancer patients to inform the intervention development.

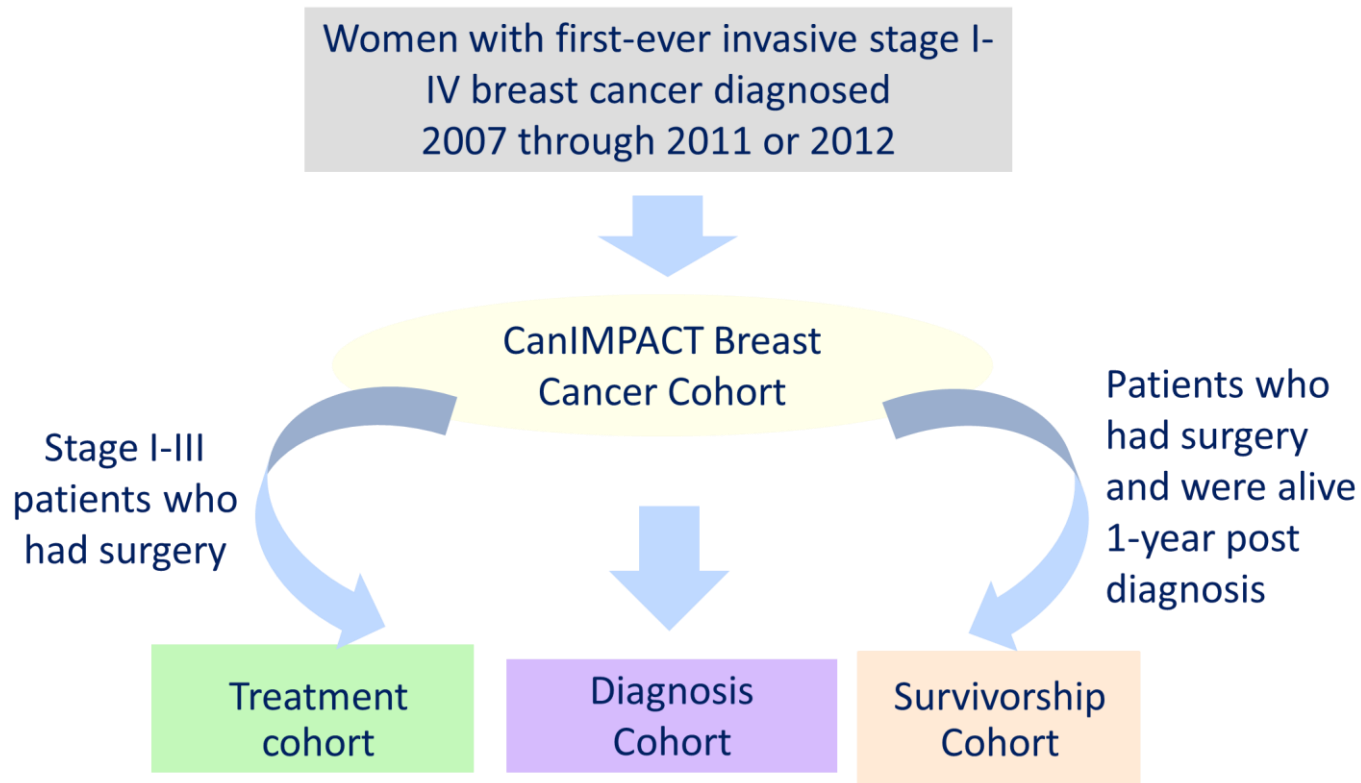
We are providing an overall assessment of the diagnostic, treatment and survivorship phases across five Canadian provinces.

Aims

- Conduct inter- and intra-provincial comparisons of the breast cancer diagnosis, treatment and survivorship phases of care
- Focus on aspects that might be influenced by primary care
- Identify subgroups of patients at risk of sub-optimal access/outcomes

Study Populations

- Population-level
- British Columbia, Alberta (diagnosis-phase only), Manitoba, Ontario, and Nova Scotia
- Diagnosed 2007-2011 (or latest available), and followed to end of 2013 (or latest available)
- Vulnerable subgroups:
 - elderly
 - living in rural/remote areas
 - immigrants
 - living in materially deprived / low income areas
 - high comorbidity



Cohort Size	BC	AB	MB	ON	NS
Diagnosis Phase	13423	12373	4216	44437	3802
Treatment Phase	11419	NA	3736	31575	TBD
Survivorship Phase*	9338	NA	2688	23700	TBD

* Survivors from subset diagnosed 2007-2010 (2011 for MB)

Data Sources

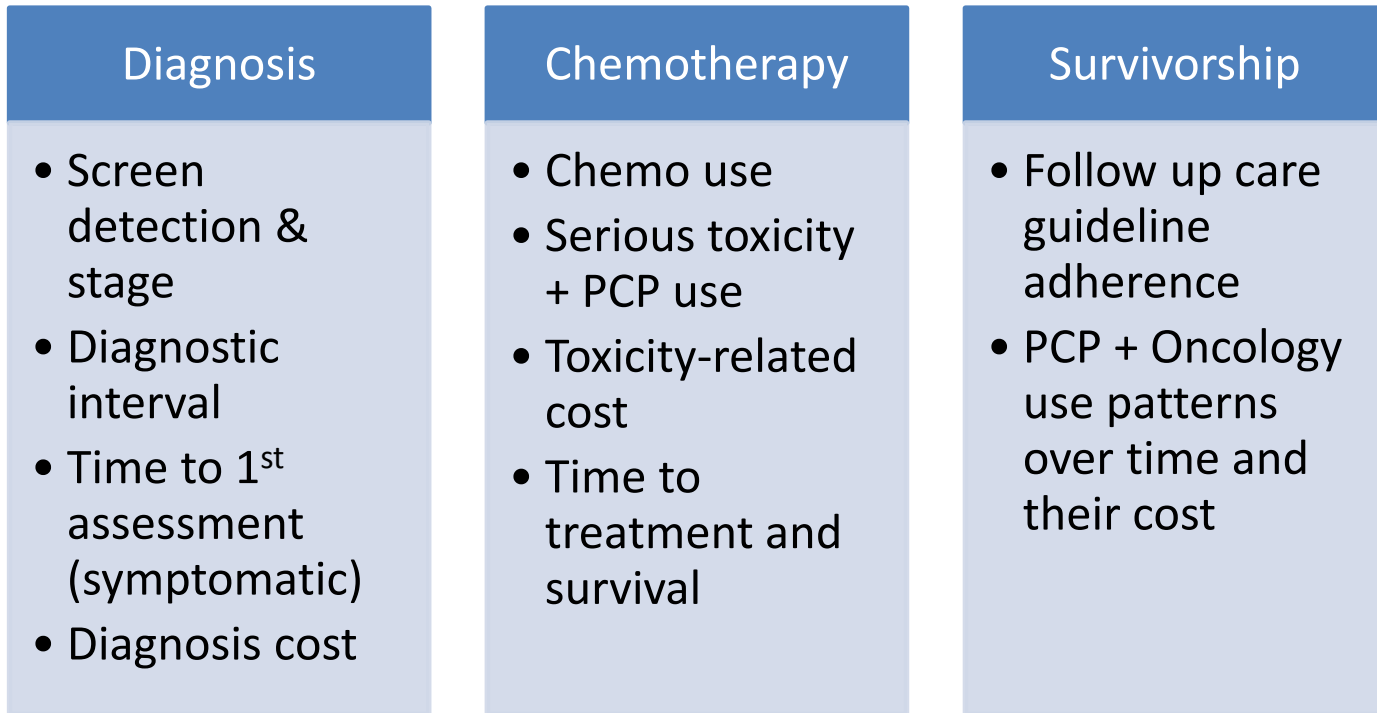
- Cancer registry
- Census
- Health insurance plan client registry
- Hospital inpatient
- Physician billing claims
- Provincial care provider registry
- Breast cancer screening data
- Radiotherapy data

Approach

- Building on work done by our members at the single province level
- Two year process to ensure data comparability and common variable algorithms and definitions
- Data remain in each province
- Analyses done in parallel

Regional Variation: Province; Regional Health Authority
Vulnerability: Age; Socioeconomic status; Immigration status;
Urban/rural/remote residence; Comorbidity

Methods and Cohort Descriptions



Primary Care Physician use; Change in PCP use

Oncologist use

Chronic, preventive care

Conclusion

- We are identifying care gaps at the interface between primary and oncology care
- We have developed common methods and variables that can be transferred to other cancer disease sites
- We have demonstrated the feasibility of cross-jurisdictional research using administrative data

BACKUP SLIDES

Study Variables

Diagnosis Phase	Treatment Phase	Survivorship Phase
Regional Variation: Inter-provincial; Intra-provincial (by Regional Health Authority)		
Vulnerability: Age at diagnosis; Socio-economic status; Immigration status; Urban /rural /remote residence; Comorbidity		
Covariates: Cancer stage; Receptor status; Grade, Treatment		
Outcomes		
Detection method Diagnostic interval Time to 1 st assessment 1 st assessment to diagnosis Various physician utilization variables Cost of diagnosis	Chemotherapy receipt ED use during chemo PCP use during chemo Febrile neutropenia Toxicity cost <i>(Time to treatment effect)</i> on Survival	PCP continuity Oncology continuity Guideline adherence for: Oncology follow up, Breast imaging, Metastatic disease testing Chronic and preventive disease management Cost of follow up care

ED: Emergency Department; PCP: Primary Care Physician