

Poster Session

HRT1311 – Improving follow-up
care and wellness for cancer
patients



5th and 6th Sept 2013 Melbourne

McKinsey Colorectal Cancer

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Hospital Code Name: X

KEY PROBLEM

- ▶ In 2011, colorectal cancer (CRC) was the third most common cancer diagnosed in Victoria (13% of all cancers). It was the second ranked site for mortality from cancer (12.3% of all cancers)
- ▶ In the context of this high burden, it was noted that we have:
 - ▶ Little understanding of state-wide activity relating to the diagnosis, treatment and follow-up of CRC
 - ▶ Little understanding of the impact on CRC in Victoria of the National Bowel Cancer Screening Program
 - ▶ No real understanding on how Victoria's activity and performance compares to other 'peer' jurisdictions

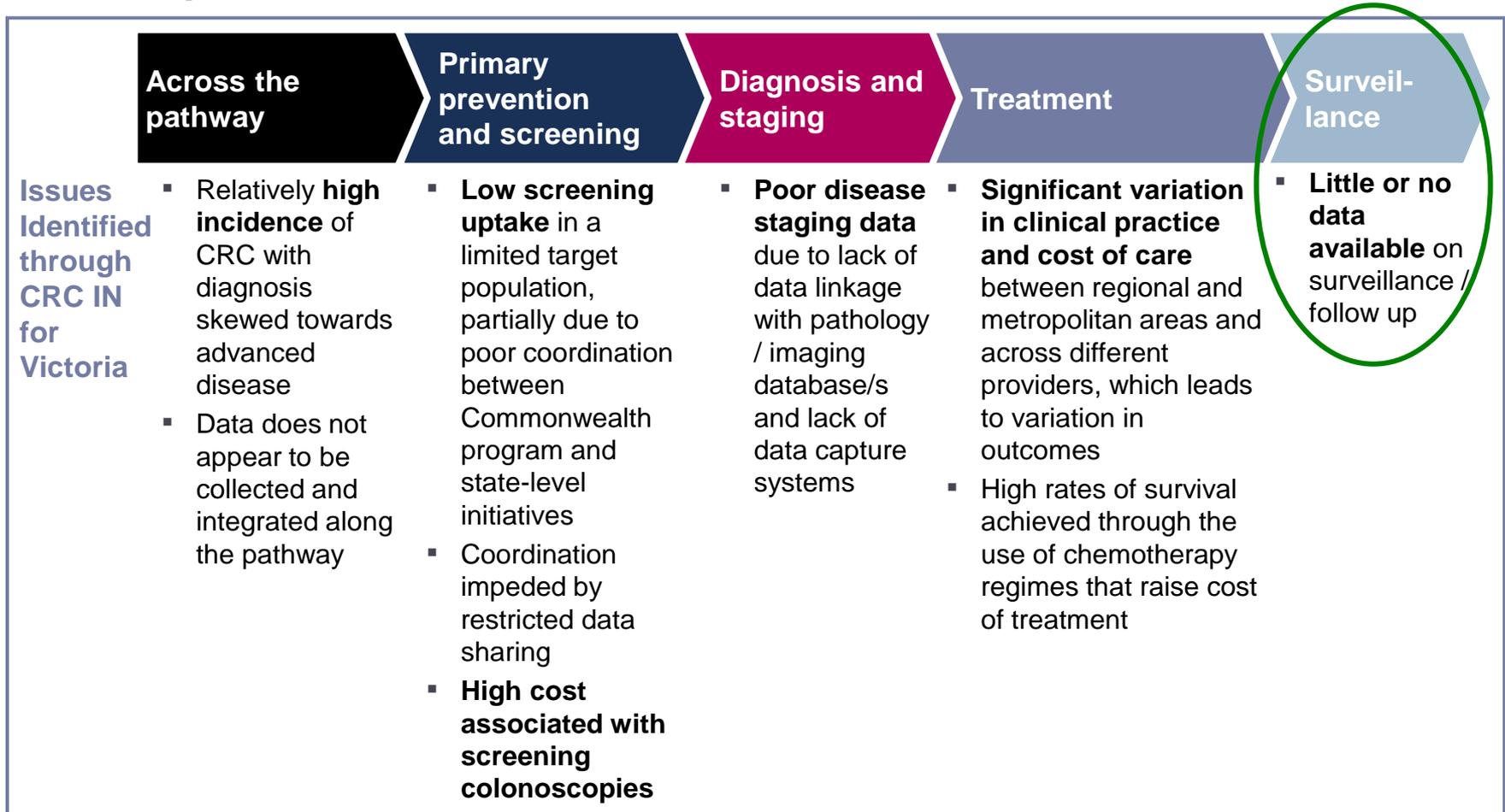
AIM OF THIS INNOVATION

- ▶ Key improvement aim was to increase our understanding of CRC impact, activity and outcomes benchmarked against peer jurisdictions
- ▶ Opportunity presented via participation in the development of the McKinsey CRC Improvement Network (IN).
- ▶ Partner jurisdictions included: Qld Health, Aust.; Singapore Health Ministry; NHS Central South Coast Cancer Network, UK; NHS Lothian, Scotland & DH Victoria, Aust.
- ▶ McKinsey CRC IN based on a pathway approach with evidence based indicators identified across the pathway

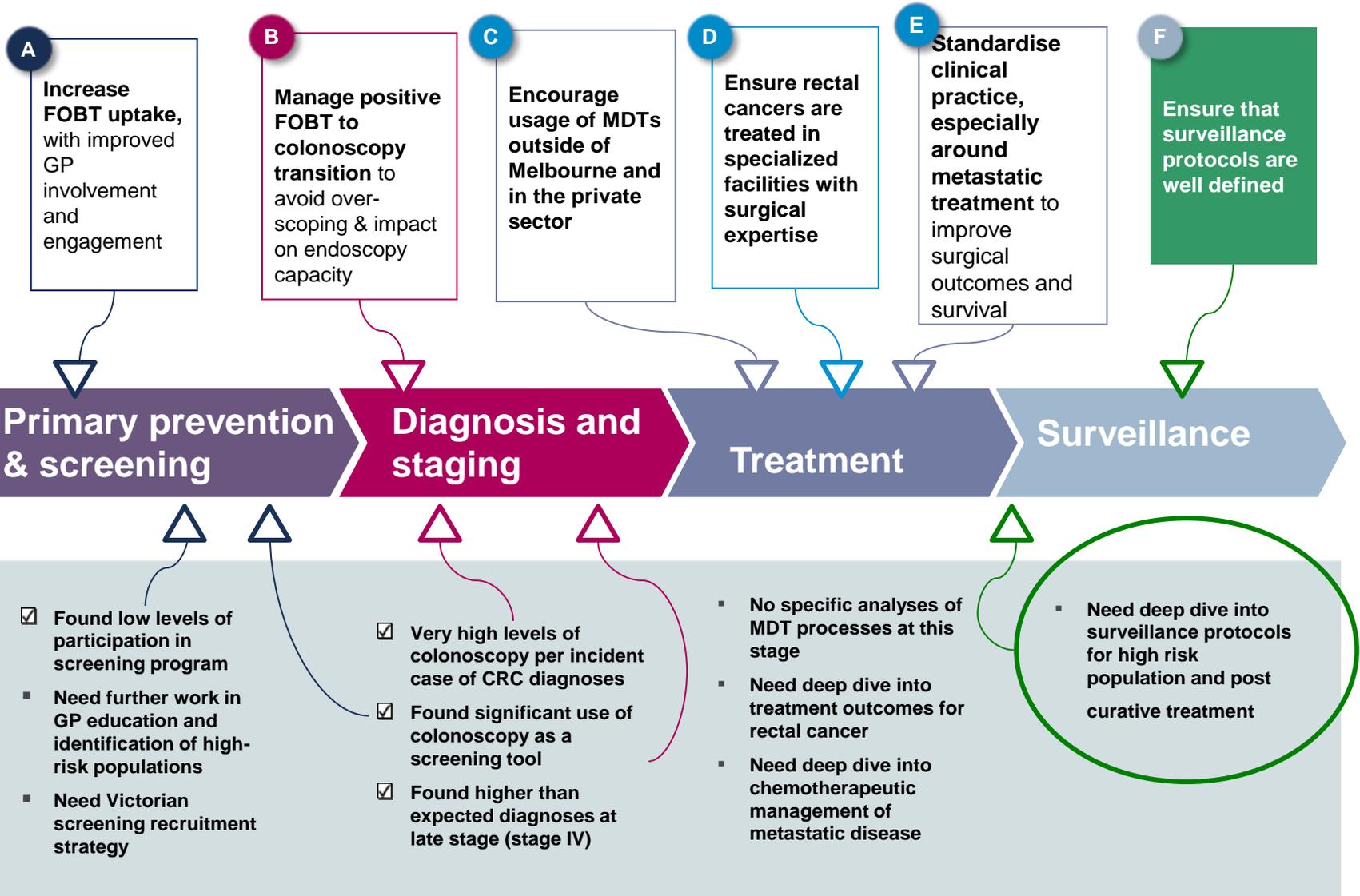


BASELINE DATA

- ▶ ‘Diagnostic Phase’ assessed practice (v. best practice) and local systems, measured clinical outcomes and related costs

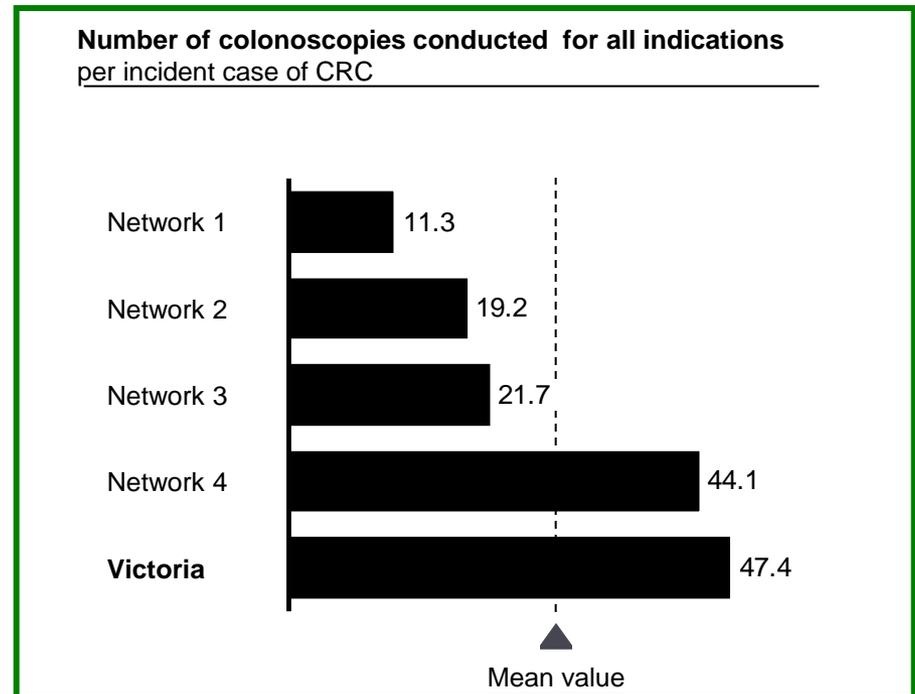


AREAS FOR CHANGE



KEY CHANGES IMPLEMENTED

- ▶ Process of participation in McKinsey CRC IN identified several areas where improvements could be made
- ▶ Demonstrated that despite gaps in our knowledge and information systems we were able to ‘shine a light’ on the majority of the pathway to identify issues (positive & negative)
- ▶ Presented cogent data to support the need for change, eg:



NEED DEEPER UNDERSTANDING OF PATTERN OF COLONOSCOPY

<u>Estimated share of all colonoscopies performed for different reasons</u> % of total number of colonoscopies	Total number of colonoscopies Number	Reason for investigation Not exhaustive
All colonoscopies	169,154	<ul style="list-style-type: none"> Colonoscopies With polypectomy
Non-CRC indications	67,622	<ul style="list-style-type: none"> For suspected inflammatory bowel disease
CRC indications	101,492	<ul style="list-style-type: none"> For suspected colorectal cancer
Screening	59,204	<ul style="list-style-type: none"> For asymptomatic patients at <ul style="list-style-type: none"> Average risk for colorectal cancer High risk for colorectal cancer (e.g., genetic conditions)
Diagnosis	25,373	<ul style="list-style-type: none"> For symptomatic patients referred from primary care For patients with a positive FOBT or flexible sigmoidoscopy (e.g., from screening)
Surveillance	16,915	<ul style="list-style-type: none"> For follow-up for patients exiting treatment pathway

We need to realign the % to better match resources to need & risk

OUTCOMES SO FAR

- ▶ Identification of priority areas for further work
 - ▶ Role for clinical registries
 - ▶ Maintaining a focus on best use of our data sources
 - ▶ Support for development of well defined risk-stratified follow-up protocols
 - ▶ Training for primary care to support pathway of care and role in shared care follow-up
- ▶ Development of the business case for further work

LESSONS LEARNT

- ▶ Need for data and a logic to underpin data analyses – way to identify gaps / negatives
- ▶ There will always be uncertainty so need to judge when there are enough ‘flags’ and when to stop ‘torturing’ the data and act including when to import findings
- ▶ Keep in mind the patient perspective
 - ▶ Overall outcomes
 - ▶ Risk
 - ▶ Cost
 - ▶ Convenience