

Provincial primary care and cancer engagement strategy

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ABSTRACT

PROBLEM ADDRESSED To improve integration of cancer care, Cancer Care Ontario—a provincial agency responsible for planning, advising on, implementing, and monitoring initiatives to improve cancer outcomes—proposed a primary care and cancer engagement strategy in its *Ontario Cancer Plan 2008–2011*.

OBJECTIVE OF PROGRAM The strategy was designed to focus initially on improving screening for colorectal cancer in primary care settings and would expand to improving primary care integration, early detection, decreased mortality, and better patient experiences throughout the whole cancer journey.

PROGRAM DESCRIPTION Following a symposium on integrating family practice and cancer care, leaders from Cancer Care Ontario and the Ontario College of Family Physicians developed an action plan. A Provincial Primary Care Lead and 13 Regional Primary Care Leads (RPCLs) were identified. Broad provincial, national, and international consultations and environmental scanning resulted in the development of a strategic conceptual framework guiding the integration initiatives of the primary care and cancer strategy. It includes 3 key domains of interest (vertical, clinical, and functional integration) surrounded by 2 broad and encompassing activities (knowledge transfer and exchange; measurement and monitoring). The RPCLs are the local contacts for primary care providers and regional cancer programs in Ontario.

CONCLUSION It is early days, but the RPCLs are already busy participating in key organizational governance structures as decision makers; acting as key contacts for primary care providers who need information about the cancer system; and helping to organize educational events. Together they are developing a strategic plan with long- and short-term goals and are advocating for the resources required to improve integration and engagement of the primary care and cancer system.

RÉSUMÉ

PROBLÈME À L'ÉTUDE Afin d'améliorer l'intégration des soins aux cancéreux, Action Cancer Ontario, une agence provinciale responsable de planifier, conseiller, mettre en place et faire le suivi de projets pour améliorer les issues du cancer, a proposé une stratégie pour associer soins primaires et cancer dans le Plan de lutte ontarien contre le cancer de 2008–2011.

OBJECTIF DU PROGRAMME La stratégie, initialement centrée sur l'amélioration du dépistage du cancer colorectal en contexte de soins primaires, devait ensuite viser l'amélioration de l'intégration des soins primaires, la détection précoce, la baisse de la mortalité et un meilleur vécu des patients tout au long de l'évolution du cancer.

DESCRIPTION DU PROGRAMME À la suite d'un symposium sur l'intégration de la médecine familiale aux soins des cancéreux, les leaders d'Action Cancer Ontario et du Collège des médecins de famille de l'Ontario ont élaboré un plan d'action. On a identifié un leader pour les soins primaires au niveau provincial et 13 aux niveaux régionaux (LSPR). Des consultations aux niveaux provincial, national et international et une consultation du milieu ont permis de développer un cadre conceptuel stratégique pour encadrer le plan d'intégration des stratégies visant le cancer et les soins primaires. Ce plan inclut 3 domaines principaux d'intérêt (intégration verticale, clinique et fonctionnelle) accompagnés de 2 activités larges et exigeantes (transfert et échange de connaissances; mesure et monitoring). Les LSPR sont les contacts locaux pour les soignants de première ligne et les programmes régionaux ontariens pour le cancer.

CONCLUSION Il est encore tôt, mais les LSPR participent déjà activement à des agences gouvernementales en tant que décideurs; en étant des contacts privilégiés pour les soignants de première ligne qui ont besoin d'information sur le système du cancer; et en aidant à organiser les activités de formation. Ensemble, ils élaborent un plan d'action assorti d'objectifs à court et à long terme, et recommandent les ressources nécessaires à l'amélioration de l'intégration des soins primaires au système du cancer.

Cancer Care Ontario (CCO)¹ is a provincial agency responsible for planning, advising on, and implementing initiatives to improve cancer outcomes and patients' experiences throughout the whole cancer journey, from prevention and screening to end-of-life care and survivorship. One way in which CCO promotes quality outcomes is through improved integration of clinical disciplines. Surgical, medical, radiation, pathology, and palliative care specialists have developed provincial networks and regional representation. The *Ontario Cancer Plan 2008–2011*² proposed a primary care engagement strategy as a key new initiative to reduce the burden of cancer.

Primary care and cancer system engagement

A number of studies have demonstrated how primary

care providers are providing care to patients with cancer and how improvements in engagement could benefit early detection and outcomes:

- Studies have demonstrated that those countries that have more family physicians have earlier detection of cancer and decreased mortality.^{3,4}
- Ontario administrative data sets show that approximately 25% of all encounters in family physician offices are related to cancer at some stage in the journey from prevention and screening to palliative care.⁵
- People with increased contact with family physicians are more likely than those without contact to report a history of up-to-date colorectal cancer screening.⁶
- Improvement in colorectal cancer screening rates largely depends on the efforts of primary care practices to implement effective systems and procedures for

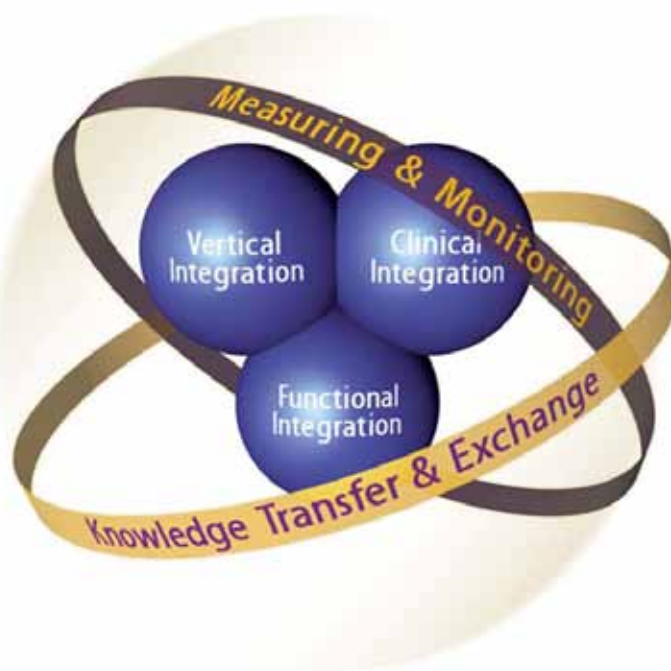
Primary care and cancer engagement conceptual framework

The conceptual framework consists of 3 key domains of interest surrounded by 2 broad-based initiatives. These concepts are described graphically in the primary care and cancer atom (Figure 1). The metaphor of an atom evokes a number of images—many small entities working individually and forming a whole, energy created by atoms colliding and interacting, magnetic fields, strength in numbers, etc. The centre of the atom has 3 spheres, which are the 3 key domains of interest of the new enterprise, and the integration activities include ...

- **Vertical integration**—a process of actively seeking out and engaging with decision makers, committees, and organizations responsible for the cancer system; bringing the voice of primary care to the cancer system. In CCO, this involves the primary care leaders meeting and linking with all the key program leaders, the vice presidents, regional vice presidents, and clinical leads in traditional governance meeting settings. This is the first time that primary care leaders are formally included in these committees. Regionally, this would involve joining key regional cancer program committees and linking with regional program leaders and clinical leaders. Other linkages include connecting with key stakeholders and decision makers in the cancer advocacy system; primary care and medical organizations; elected government officials, ministers, and staff members in the Ministry of Health and Long-Term Care; and Local Health Integration Networks.
- **Clinical integration**—a process of developing solutions to key challenges facing the primary care community in the province. Providers include family physicians, nurse practitioners, nurses, and pharmacists in a variety of geographic locations, types of practices, and cultural communities. A gap analysis and needs assessment will help focus the primary care and cancer strategy to address the issues that could improve the primary care and cancer system (regional cancer programs, cancer specialists, and laboratories).
- **Functional integration** (the foundation)—a process of helping at the practice level, which involves among many activities discovering what works and what does not work on a day-to-day basis. Navigation tools, decision aids for providers and patients, and helpful, quick responses to questions raised are some of the provincial support systems envisaged. For colorectal cancer screening, for example, there is a complex series of issues to explore. These include but are not limited to how to overcome provider resistance to screening; how to assist with complex billing incentives; how to help practices navigate the many screening issues; how to assist the provincial pilot program to invite patients to participate in screening; and how to streamline the referral of unattached patients.

Surrounding the 3 key domains are 2 broad encompassing initiatives, depicted as ribbons wrapping the 3 spheres and revolving around them:

- A culture of **knowledge transfer and exchange** that involves systematic outreach to providers with innovative education and decision tools, a wide-reaching communication plan, and research initiatives that will help better explain the challenges to success or help explore new ways of improving engagement.
- A culture of accountability and **measurement and monitoring** through the development of tools to assist in measuring and monitoring the effectiveness of this primary care and cancer engagement strategy, including the development of standards for primary care and cancer and quality improvement targets.

Figure 1. The primary care and cancer engagement conceptual framework

screening delivery. Active engagement and support of practices are essential for the enormous potential of colorectal cancer screening to be realized.⁷

ColonCancerCheck

In Canada, in 2008, colorectal cancer was the second leading cause of cancer-related deaths.⁸ There were an estimated 20000 newly diagnosed cases and it was anticipated 8500 people would die from colorectal cancer that year. Although several randomized controlled trials and observational studies have demonstrated mortality reductions associated with early detection of invasive disease by fecal occult blood testing⁹⁻¹¹ and by flexible sigmoidoscopy,¹² and the Canadian Task Force on Preventive Health Care has recommended population screening for colorectal cancer since 2001, only 24% of Ontarians were screened during 2006 and 2007.¹³

In 2007, the Ontario Ministry of Health and Long-Term Care announced a new \$193 million ColonCancerCheck program with 2 objectives: first, to reduce mortality from colorectal cancer through an organized screening program; and second, to improve the capacity of primary care providers to participate in comprehensive colorectal screening.¹⁴

Promoting these objectives and its own keen interest to better integrate and engage the primary care and cancer systems, CCO leveraged the opportunity of this program to implement the new primary care and cancer strategy.

Primary care and cancer symposium

In 2007, CCO and the Ontario College of Family Physicians held a symposium on the Integration of Family Practices and the Cancer Care System. Leaders from both organizations met together to develop an action plan on how to improve primary care and cancer integration.¹⁵

The first recommendation was to recruit family physician leadership at the regional level. A report from the United Kingdom provided additional support for this regional leadership concept, as that country's work in progress on a network of primary care and cancer leaders has had some successes and challenges.¹⁶

Preliminary engagement strategies

Building on these opportunities and recommendations, in April 2008 CCO recruited a family physician Provincial Primary Care Lead, Dr Cheryl Levitt, to develop the new primary care and cancer engagement strategy. In September, Dr Doina Lupea, also a family doctor, was recruited to manage the new program.

Like with betrothal, an engagement is a pledge, a promise, a commitment to work together and in the future. Similarly, the engagement of primary care and cancer care connects both partners with the promise of a better result if they work closely together. No individual partner alone understands the culture of the other, and only by working together in a mutually respectful manner will effective changes be implemented.

Initial responsibilities of the primary care and cancer strategy included drafting a strategic plan, recruiting a Regional Primary Care Lead (RPCL) family physician for each of the 13 regional cancer programs, and focusing activities on improving screening for colorectal cancer.

Framework for strategic planning

Working with a steering committee of executive team leaders at CCO, an advisory committee of primary care providers, and a team of consultants, Dr Levitt developed a conceptual framework that would help primary care providers and the cancer system better understand what could be done to improve integration both at the provincial and regional levels. The conceptual framework was developed following an extensive international jurisdictional review, a literature review, key informant interviews, in-depth discussions with the steering committee, and focus group discussions with primary care providers who formed an advisory committee. The framework evolved from the summary deck of 126 slides that formed the long report of the early strategic planning.

Recruiting Regional Primary Care Leads

A systematic approach was followed to recruit the RPCLs. A generic role statement was developed and formed the basis for each regional recruitment invitation letter. The RPCLs report to the regional vice presidents of their regional cancer programs and work closely with the Provincial Primary Care Lead. Efforts were made to inform all family physicians in the regions about the opportunity to apply for the position. A search committee was established in each region, which included the CCO Regional Vice President, the CCO Provincial Primary Care Lead, and other key stakeholders including respected lead family physicians from the region. There were good responses and many applicants in most regions. Candidates were interviewed, and 13 RPCLs were recruited. Cancer Care Ontario signed an agreement with each regional hospital that oversees the regional cancer program to provide financial support for an RPCL working 1 day a week.

Launch of the Provincial Primary Care and Cancer Network¹⁷

Ninety people gathered in Toronto, Ont, on October 30 and 31, 2008, to launch the Provincial Primary Care and Cancer Network (PPCCN) and to welcome the new RPCLs who would be local contacts for primary care providers and regional cancer programs in Ontario. Participants included CCO executive leaders; provincial clinical leads and program directors; Regional Vice Presidents and regional directors of cancer programs; and representatives from the Ontario Medical Association, the Ontario College of Family Physicians, the Ontario Quality Council, the Ontario College of Physicians and Surgeons, the Ontario Nurse Practitioners Association, and the Ministry of Health and Long-Term Care.

EDITOR'S KEY POINTS

- One way to promote quality outcomes and improve patient experiences with cancer care is to improve integration of the clinical disciplines participating in that care. Surgical, medical, radiation, pathology, and palliative care specialists have developed provincial networks and regional representation; Cancer Care Ontario recently began implementing a strategy to engage primary care providers in the cancer care system.
- One provincial and 13 regional family physician leaders were recruited to act as resources to primary care providers in their regions and to bring the voice of primary care to the cancer system.
- Creating a culture of knowledge transfer and exchange, and measuring and monitoring the effectiveness of the engagement strategy are integral to this process of integration and engagement.

POINTS DE REPÈRE DU RÉDACTEUR

- On peut améliorer les issues et le vécu des patients cancéreux par une meilleure intégration des disciplines qui participent à leur traitement. Des chirurgiens, radiothérapeutes, pathologistes et spécialistes des soins palliatifs ont créé des réseaux provinciaux et régionaux; Action Cancer Ontario a récemment commencé à mettre en place une stratégie pour recruter des soignants de première ligne dans le système de soins aux cancéreux.
- On a recruté un médecin de famille au niveau provincial et 13 au niveau régional pour agir comme ressources auprès des soignants de première ligne de leurs régions et faire entendre la voix des soins primaires dans le système des soins aux cancéreux.
- La création d'une structure de partage et de transfert des connaissances, et l'évaluation et le suivi de l'efficacité de cette stratégie sont parties intégrantes de ce processus d'intégration et d'intervention.

The goals of the launch included the following:

- facilitate interaction and discussion between the RPCLs, CCO provincial and regional leadership, and other stakeholders;
- present the primary care and cancer engagement strategy and conceptual framework;
- share research and program information about family doctors and the cancer system;
- orient the RPCLs to the ColonCancerCheck program and the imperative for participation in colon cancer screening at the primary care level; and
- begin the process of planning for the PPCCN.

Participants left with a sense of excitement and an expectation that, although the initiative was just beginning and the newly recruited leads were only available 1 day a week, this was a profoundly important first step toward optimal integration of primary care with

the cancer system (and vice versa). Cancer screening, early detection, decreased mortality, and better patient experiences along the whole cancer journey could all be improved through this important new approach.

Next steps

Although it is early days for the PPCCN, its members are already very busy in their own regions. They are already participating in key organizational governance structures as decision makers and are the key contact people for primary care providers who need information about the cancer system. They are helping to organize educational events that highlight the importance of colorectal cancer screening. Provincially, the network meets face-to-face twice a year and by teleconference and webinars monthly. Together they are developing a strategic plan with long- and short-term goals and are advocating for the resources required to improve the integration and engagement of the primary care and cancer systems. 🍁

Dr Levitt is a family physician, the Provincial Primary Care Lead for Cancer Care Ontario, and a Professor in the Department of Family Medicine at McMaster University in Hamilton, Ont. **Dr Lupea** is a family physician and the Provincial Program Manager at Cancer Care Ontario in Toronto.

Contributors

Dr Levitt and **Dr Lupea** contributed to various aspects of concept, design, and implementation of the program and to preparing the manuscript for submission.

Competing interests

None declared

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