COAG National Cancer Work Plan
Optimal Cancer Care Pathways Pilot Implementation 2016-17 – National Summary
1 Introduction

On 2 October 2015 the Australian Health Ministers Advisory Council (AHMAC) endorsed the Optimal Cancer Care Pathways (OCPs) for implementation by all states and territories. AHMAC endorsed the approach that Optimal Cancer Care Pathways will be implemented within existing jurisdictional health and cancer plans, supported and monitored by the National Cancer Expert Reference Group (NCERG) which will report back to AHMAC on 2016–17 progress.

This National Summary provided to AHMAC out of session provides an overview of the jurisdictional experiences in the early stages of adoption of OCPs in 2016-17 and identifies a number of key benefits and challenges derived from the use of the OCPs within health care systems. The Summary concludes with an outline of future directions proposed by NCERG.

2 Overview of the National Cancer Work Plan

2.1 Context and Background

In Australia one in two men and one in three women will develop cancer before the age of 85.\(^1\) New cancer cases will increase with an ageing population, putting pressure on health services and expenditure as well as people affected by cancer. Cancer survival rates in Australia are, on average, among the world’s best but outcomes differ by tumour type, remoteness, socioeconomic and Indigenous status and other features. These disparities compromise equitable survival, optimal quality of life and the efficient use of resources.

In 2010 COAG noted these disparities in cancer outcomes across different groups and recognised that unwarranted clinical variation could be addressed through more effective cancer diagnosis, treatment and referral protocols. The NCERG was formed to develop a National Cancer Work Plan to address these issues.

NCERG is jointly chaired by the Commonwealth and Victorian Government with representation from all jurisdictions, Cancer Australia, the Cancer Council Australia, the Clinical Oncological Society of Australia and consumer input. It is Australia’s only government endorsed, high-level, expert national cancer forum. A current membership list is provided at Attachment A.

2.2 The National Cancer Work Plan

In July 2012 COAG endorsed the National Cancer Work Plan. It is guided by the following three principles:

- focus on actions requiring national coordination; build on jurisdictional cancer plans and enhance current investments
- be underpinned by best-practice research and evidence-based treatment and supportive care
- recognition of the tight fiscal environment and the difficulty of funding significant new activity.

The National Cancer Work Plan includes initiatives to provide appropriate, efficient and well-coordinated care for people affected by cancer and their families - from diagnosis through treatment and support, to the management of follow-up care, survivorship or end-of-life care. A partnership approach underpins the plan with national,
jurisdictional and health professional leadership on specific priority projects, along with consumer involvement. More details on the National Cancer Work Plan is provided at Attachment B.

The Optimal Cancer Care Pathways are a key project under the National Cancer Work Plan and implementation was the focus of activity in all jurisdictions during 2016-17.

3 Optimal Cancer Care Pathways

3.1 What are Optimal Cancer Care Pathways (OCPs)?

In line with the intent of the National Cancer Work Plan, the OCPs are designed to address unwarranted clinical variation and disparities in outcomes by ensuring consistent treatment and outcomes for people affected by cancer, no matter where they live in Australia or who is treating them. Cancer treatment is complex and involves several specialists. Each tumour type has a different pathway.

Each pathway maps the key steps in a cancer patient’s journey from prevention to survivorship or end-of-life care and describes the key principles and expected standards of care at each stage.

OCPs have been developed for fifteen tumour streams including malignant glioma (a type of brain cancer), lung, colorectal, prostate, pancreatic, ovarian, head and neck, breast, oesophagogastric, endometrial cancers, basal cell and squamous cell carcinoma, melanoma, hepatocellular carcinoma, lymphoma, and acute myeloid leukaemia.

Each pathway has been developed by an expert group including clinicians specialising in treatment of the particular tumour, GPs and consumers, and in consultation with medical colleges and peak health groups.

There are three versions for each OCP – detailed clinical pathways designed for cancer specialists, quick reference guides designed for GPs and other primary health professionals, and guides designed for people affected by cancer. All three versions for each OCP are publicly available and can be accessed through the following links:

- view the detailed clinical pathways\(^2\) for cancer specialists, health professionals and health service administrators
- view the quick reference guides for GPs\(^3\) to familiarise GPs and other primary care providers with the cancer care pathways
- view the patient ‘what to expect’ guides\(^4\) to help people affected by cancer understand the cancer care pathway and what to expect at each stage.

In 2015 Victoria used AHMAC cost shared funding to produce collateral for the OCPs and translate the OCPs into 5 other languages and a plain/simple English version.

The OCPs have been endorsed by Cancer Australia, Cancer Council Australia, the Australian Health Minister Advisory Council and the COAG Health Council.

3.2 How are the OCPs being implemented?

In October 2015 AHMAC endorsed a pilot implementation within each jurisdiction in 2016-17. AHMAC allocated $198,150 from the cost shared budget to support this pilot implementation.

In order to maximise relevancy to each jurisdiction in this pilot phase, jurisdictions approached implementation to reflect relevant priorities under their jurisdictional cancer plan, their cancer service delivery approach, recognised gaps in cancer care, recognised inequalities in cancer outcomes from national and local data and current priorities for service improvement.

A summary of the tumour type and stages of the pathway that each jurisdiction focussed on during the early adoption phase is summarised in Table 2.

| Table 1: Project scope - Development of OCPs by Tumour Stream - assisting services to provide safe and effective care |
|---|---|
| **OCP/s** | **Steps Implemented** |
| Victoria | Lung and Colorectal OCPs be prioritised by all eight adult Integrated Cancer Services. | Steps 2: Patient presentation through to and including Step 5: Care after initial treatment |
| VIC | Ovarian - state wide initiative | |
| NSW | Lung - across NSW | Step 2: Patient presentation, initial investigations and referral, and Step 3: Diagnosis, staging and treatment planning |
| NSW | Ovarian – Localised pilot | Step 1: Prevention and early detection, through to and including, Step 7: End-of-life care |
| Northern Territory | Head and Neck cancers | Step 2: Presentation  
Step 3: Initial Investigation and Referral through to Diagnosis and Staging  
Step 4: Treatment Planning to Treatment |
| South Australia | Oesophagogastric cancer and colorectal cancer | Focussed on data collection and reporting relating to recommended timeline benchmarks |
| Queensland | Lung cancer, Head and Neck cancer | Step 2: Presentation, initial investigations and referral  
Step 3: Diagnosis, staging and treatment planning  
Step 4: Treatment |
| Tasmania | Lung cancer | Step 3 and Step 4 |
| | High grade glioma (HGG) | Considered the pathway using retrospective data including:  
Multidisciplinary diagnosis, staging and treatment planning and implementation  
Clinical trial enrolment  
Referral to palliative care services, identifying |
<table>
<thead>
<tr>
<th>OCP/s</th>
<th>Steps Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Australia</td>
<td>referrals to allied health services</td>
</tr>
<tr>
<td>All OCPs</td>
<td>All steps</td>
</tr>
<tr>
<td>ACT</td>
<td>Step 3: Diagnosis and treatment planning and</td>
</tr>
<tr>
<td>Lung cancer and Acute Myeloid Leukaemia (AML) OCPs</td>
<td>Step 4: Treatment</td>
</tr>
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In 2016 the Commonwealth engaged Zest to develop a *Framework for Optimal Cancer Care Pathways in Practice* and a Communications Strategy to guide jurisdictions in the early stages of adoption of the OCPs. Jurisdictions were then responsible for implementation of the OCPs. In July 2017, each jurisdiction provided a report on their early adoption approach and achievements for OCPs in 2016-17. As the implementation in 2016-17 was an early adoption pilot the jurisdictional reports focus on the lessons learned for broader, ongoing implementation and it is these issues that this Summary focuses on.

**Stakeholder engagement**

A significant part of the early focus for all jurisdictions has been engagement with the range of stakeholders involved in the relevant pathways. As each pathway maps the key stages in a cancer patient’s journey, from prevention to survivorship or end-of-life care, this process requires engagement with a diverse range of health professionals and health services, consumer and community groups.

During 2016-17 jurisdictions engaged with a range of stakeholders including: health service providers such as specialist medical officers, surgeons, medical oncologists, radiation oncologists, radiologists, palliative care specialists, specialist nurses and allied health professionals; jurisdictional cancer networks and associated clinical networks; primary health care providers; consumers; Aboriginal Community Controlled Health Organisations; Indigenous liaison managers; Cancer Councils; Primary Health Networks; local Canterbury Pathways teams; multidisciplinary teams; clinical schools, and cancer screening services.

A range of communication and promotion activities were undertaken to reflect the roles of the stakeholders and promote awareness of the OCPs. These include stakeholder workshops/forums, a state-wide survey of health professionals, patients and administrators, regional presentations, a staff newsletter, one-on-one meetings with key staff, discussions with key nursing groups and multidisciplinary teams, incorporating and localising the pathway on the HealthPathways platform and website developments that support access to OCP resources and referral processes.
Table 2: Examples

| NSW utilised their Cancer System Innovation Managers within Local Health Districts. This group provides expertise in project management and local cancer system and engages through Community of Practice meetings to ensure common understanding of OCPs and local adoption and share lessons learned. | ACT engaged with Health Pathways Coordinator and Clinical Lead, Capital Health Network ACT, to develop localised pathways for patients with lung cancer & AML. The aim of this work is to provide general practitioners with information about referral processes, appropriate diagnostic testing and improve linkages between GP’s and specialist services. | TAS enhanced partnership between the Northern Cancer Service (NCS) and Cancer Council Tasmania in promotion of OCP’s to local support groups and has pursued emerging IT solutions to better connect with our patients and other health care providers across Tasmanian public cancer services. | VIC partnered with Integrated Cancer Services and the Primary Health Networks (PHN). This alliance has fostered more productive communication across the primary care / acute care interface. OCP information is getting to those operating in the early steps (apart from screening) i.e. general practice through to specialist care and, where appropriate, back to general practice. | QLD undertook a statewide survey marketed towards health professionals in Queensland. |

The impetus generated by the need to engage and collaborate with stakeholders in relation to the early adoption of the OCPs has assisted jurisdictions in developing relationships and understanding the roles, needs and challenges of service providers across the continuum of the cancer pathway.

3.3 What has been learned during the early adoption phase?

Embedding OCPs into policy and strategy

OCPs have been embedded into policy and strategy at a number of levels across the jurisdictions – from state/territory wide to individual organisation levels.

Most jurisdictions have included, or are planning to include in upcoming revisions, a commitment to implementation of the OCPs in their Cancer Plans or other key strategic documents. Northern Territory Health acknowledges that the recognition of OCPs in its Cancer Plan and other strategies will be an important step in embedding the approach.

Underneath these plans, various other documents reflect the commitment to OCP implementation for example, in Victoria the commitment to the focus on OCPs in the Victorian Cancer Plan 2016-2020 was supported by the commitment of 13 metropolitan and regional/rural health services to implement the OCPs through their annual 2016-17 Statement of Priorities.

Data Collection and Monitoring

Data collection was recognised as a key driver of change and all jurisdictions undertook audits of relevant stages of the pathways which were their focus of implementation. Information was sourced from a variety of systems (electronic and paper). The information collected provided critical information, identifying areas where change was needed and influencing stakeholders to address change.

In most cases, the current systems were not able to produce the specific details required at all times and much of the work had to be done manually which was resource intensive. This work also required clinical expertise to
discern relevant information. Lack of consistent documentation about certain details such as appointments, referrals and multidisciplinary team discussions were identified as challenges.

The lack of well-established processes for data sharing across services, particularly public and private, was identified as a weakness in a number of jurisdictions. In addition, the ACT had to deal with issues regarding data availability for patients who undergo treatment in NSW and then return to ACT. South Australia identified that future work is required to improve the completeness and standardisation of data entered into electronic systems to enable accurate reporting for all patients with specific cancer types and for the full range of key performance indicators. South Australia, Northern Territory, Victoria and Tasmania are also investigating the HealthPathways Portal as an opportunity to align OCPs with clinical pathways.

Given these challenges it is of note that Queensland is considering the configuration of a state-wide cancer information technology system and the measurement of OCPs is being considered in its design.

The establishment of nationally agreed indicators and data standards that will drive improved data collection against pathways has been identified as an important area of future work. NCERG is intending to explore key performance indicators for OCPs drawing on existing jurisdictional measures already in place.

Patient experience
The OCPs are designed to reflect patient-centric care and provide people affected by cancer with a tool for engaging with health care providers. Changes introduced under the OCPs are expected to improve timely access to services for patients thereby improving coordination of care and outcomes, including reducing stress related to delay in diagnosis.

Tools are being developed to capture feedback on patient experience which will assist in assessing the impact of the OCPs at a point in time (e.g. surgery, chemotherapy or radiation therapy) as well as providing data for the examination of patient experience over time.

The North Eastern Melbourne Integrated Cancer Service has produced ‘A common path’ suite of cancer support and advice videos for people who have been newly diagnosed with cancer. They provide people with an opportunity to learn from others who have already experienced a cancer diagnosis and treatment, highlighting how they made decisions, the things they learned along the way, the things that helped, and the things they wish they had known or done better. The videos are tumour-specific and draw on the information and the steps outlined in the OCPs.

The majority of jurisdictional effort during the initial pilot period has been engagement with clinicians and health services to assess and change practices. The need to promote awareness and use of OCPs by people affected by cancer has been identified as a priority in the next phase of implementation.

The gaps between current practice and the OCPs
In general, the analysis of current practice against the OCPs during the early adoption phase identified variations in alignment from the OCP at different stages and to differing extents. Some variations were identified across services but others differed by location. The outcomes of the analysis and audits provided valuable information that formed the basis for change management processes and reviews of specific points along the pathway.

Enablers and Challenges
While implementation approaches have varied between jurisdictions, there have been a number of common enablers and challenges identified. These are a valuable contribution from the cross-jurisdictional nature of the project where some issues can be addressed on a national basis where appropriate and other issues can be
explored and discussed where relevant between affected jurisdictions. A list of some of the enablers and challenges identified in the early adoption phase are presented below.

**Enablers**
- national endorsement of the OCPs from NCERG and high-level support within the jurisdictional hierarchy demonstrated through inclusion in policy and strategic documents
- using data that identified areas of need and prioritising areas for action
- effective engagement with clinical workforce through established mechanisms and/or new forums including Multidisciplinary Teams (MDTs)
- adequate resourcing for grants and project officers
- support and engagement from other organisations such as Primary Health Networks, Cancer Councils, Non-Government Organisations and education providers to improve cancer care across the continuum under the umbrella of the OCP framework
- appropriate governance structures
- utilising/modifying existing programs and projects to achieve implementation of OCPs with limited resources
- ongoing communication within the sector.

**Challenges**
- obtaining buy-in from stakeholders who are instrumental in driving and participating in the pathway work, e.g. multidisciplinary team members, general practices, having access to key clinical staff to inform mapping of existing pathways and gaining agreement from different specialities around redesign of clinical pathways
- current ability and processes to collect and analyse data relating to service provision and current standards
- identifying gaps in service provision outside sphere of influence
- overstretching resources and clinical goodwill (change fatigue)
- low awareness of OCPs amongst some stakeholders.

**Resource Implications**
While jurisdictions adopted a range of implementation strategies, the commitment of dedicated resources to drive the project were considered essential in most cases.

NSW and Victoria provided grants to support implementation. Dedicated project officers or resources were seen as a critical element to how well and the level of adoption jurisdictions were able to achieve during 2016-17. Queensland indicated that additional resources would be required to accelerate implementation and ensure system wide sustainability.

While the benefits of change were acknowledged anecdotally, the cost benefit of the OCP changes had not yet been analysed in any of the jurisdictions.

**Sustainability**
Ongoing implementation of OCPs to a point where they are embedded in the cancer sector nationally will build on the work undertaken, support structures developed and partnerships established during 2016-17.

Long-term sustainability will need to be assessed in future evaluations. Key elements of sustainability were seen as: endorsement within the jurisdictional policy frameworks and endorsement by the Health Ministers, resourcing, medical engagement and continued promotion of the pathways and embedding OCPs in software systems.

**Transferability**
A number of the processes established during this early adoption phase were considered to be transferable to future OCP implementation and potentially to broader health systems. The data, audit and assessment for
alignment processes and the local adoption methodology are transferable to other settings. The process to redesign and improve clinical practice was considered more challenging as it requires engagement by key clinical decision makers and a significant investment of time to drive change.

Western Australia will be using an approach that has worked previously and meets the needs of their context. It is based on a combination of vertical and horizontal communication interfaces which are persistent over a period of time.

Tasmania indicated that the strong focus on utilising IT solutions to enhance patient engagement in care and to better coordinate care with the primary health care team is also transferable to like services where workflow and resource allocation are similar.

**Future Requirements**
Based on the early adoption experience, jurisdictions were able to identify areas of importance for effective ongoing implementation:

- ongoing commitment for resources by jurisdictions (project officers and grants)
- commitment to OCPs in policy and continuous improvement processes
- ongoing senior commitment to support change
- continued collaboration between jurisdictions regarding lessons learned and opportunities to share resources
- timely access to data
- continued support from medical specialists
- nationally consistent messaging and advocacy for investment in change, strong national agreement on commitment to OCPs, national promotion of OCPS within the primary care sector, consumers and clinicians
- continued investment in the workforce including building capacity and capability to be change agents and the ongoing focus on strategies to promote uptake by clinicians and consumers
- investment of tools for cost benefit analysis
- investment in clinical software
- investment in a nationally consistent evaluation strategy spanning both public and private sectors.
4 Future Directions

The OCP project has been a very cooperative and successful cross-jurisdictional project of NCERG. By establishing the OCPs for tumour types based on evidence and led by expert practitioners and consumers, the OCPs provide a valuable tool to assess services against and identify areas in need of review. The jurisdictional experience during 2016-17 has demonstrated that OCPs can be used in a variety of ways to improve coordination of cancer care.

While continuous improvement is a core element of most health services, the implementation of OCPs during 2016-17 has shown that the analysis of current processes and enacting subsequent change requires high level support, dedicated resources, persistence and engagement with a broad range of stakeholders at each stage.

The difficulty of accessing consistent and adequately detailed data is a recognised and ongoing challenge.

There is a high level of commitment to using the OCPs to improve cancer care and patient experience and reduce unwarranted variation in all jurisdictions. Continued momentum relies on the commitment of the jurisdictions and increasing engagement with the cancer clinical community and consumer networks.

With the support of the COAG Health Council and AHMAC, under the auspices of the National Cancer Work Plan, NCERG is proposing to continue work on OCPs in the following areas:

- develop OCPs for more tumours and cohorts to support the reduction of unwarranted variation (e.g. OCPs for cancer of unknown primary and for Aboriginal and Torres Strait Islander peoples are being developed and work will begin on developing new OCPs for sarcoma and cervical cancer OCPs in 2017-18)
- review existing OCPs in light of new clinical developments
- continue to implement and evaluate OCPs at the jurisdictional level
- build greater awareness of the OCPs amongst cancer clinicians and consumers to support implementation (including through the promotion of the OCPs to key stakeholder groups at an official launch of the OCPs in 2018)
- pilot methods to monitor and evaluate best practice pathway compliance (including through linked data projects) and embedding best practice to ensure cancer treatment is provided at the right time and place based on cancer services capability across the entire cancer pathways from primary care to survivorship or end of life care
- develop opportunities to engage clinical specialists in the implementation of the OCPs and develop datasets that enable evaluation of cancer care pathways which drive change and improve outcomes
- develop a framework to support OCP sustainability in the future.
## Attachment A

National Cancer Expert Reference Group (NCERG) participants (as at September 2017)

<table>
<thead>
<tr>
<th>Jurisdiction / Organisation</th>
<th>Participant(s)</th>
</tr>
</thead>
</table>
| **Joint Chairs**            | Dr Brendan Murphy, Chief Medical Officer, Department of Health  
                             | Professor Robert Thomas, Special Adviser Health, Department of Health and Human Services, VIC |
| **Commonwealth**            | Ms Alice Creelman, Assistant Secretary, Cancer and Palliative Care Branch |
| **Victoria**                | Ms Kathryn Whitfield, Assistant Director, Cancer Strategy and Development Unit, Department of Health and Human Services, VIC |
| **Western Australia**       | Adjunct Associate Professor Violet Platt, Director of Nursing, WA Cancer and Palliative Care Network |
| **Australian Capital Territory** | Associate Professor Paul Craft, Clinical Director, Canberra Region Cancer Services, ACT Health  
                                    | Ms Denise Lamb, Executive Director, Cancer, Ambulatory and Community Health Support, ACT Health |
| **South Australia**         | Mr Steve Morris, Interim Service Director SA Cancer Services, Executive Director SA Pharmacy, Chief Pharmacist SA Health  
                                    | Professor Dorothy Keefe, Clinical Ambassador, Transforming Health and Professor of Cancer Medicine, University of Adelaide |
| **Northern Territory**      | Ms Heather Malcolm, Senior Consultant Clinical Support Clinical Policy and Strategy Unit, Department of Health  
                                    | Dr Narayan Karanth, Medical Oncologist, Department of Health |
| **Tasmania**                | Dr Stan Gauden, Director, Holman Clinic, Launceston General Hospital  
                                    | Dr Rosemary Harrup, Staff Specialist, Head of Department, Medical Oncology & Clinical Haematology, Royal Hobart Hospital |
| **Queensland**              | Dr Liz Kenny, Medical Director, Central Integrated Regional Cancer Service, Queensland Health  
                                    | Mr Michael Zanco, Healthcare Innovation and Research Branch, Clinical Excellence Division, Queensland Health |
| **New South Wales**         | Professor David Currow, CEO, Cancer Institute NSW |
| **Cancer Australia**        | Professor Helen Zorbas, CEO |
| **Cancer Council Australia**| Professor Sanchia Aranda, CEO |
| **Clinical Oncology Society of Australia** | Associate Professor Phyllis Butow, President |
| **Consumer representatives**| Ms Rosanna Martinello  
                                 | Mr James Armstrong |
### National Cancer Work Plan Initiatives

#### Initiative 1 - Pathways of cancer care

Cancer is a complex disease with many different tumour types, requiring diagnostic and treatment services from a vast array of health professionals using different modalities across both the public and private sector. Patient-focused care can be improved with more efficient, nationally agreed cancer pathways, extending from suspicion of cancer to diagnosis, through to treatment and management, and then to follow-up care. This initiative addresses critical gaps in the patient journey and aims to achieve better integrated care through agreed evidence-based referral protocols and designated cancer patient management framework pathways. It will:

- **a)** establish best-practice pathways of cancer care with agreed referral protocols (including post-treatment and survivorship) between GPs, cancer specialists and other allied health professionals
- **b)** improve the practical support available to patients, their carers and families so that they can better navigate the complex cancer journey.

#### Initiative 2 - Efficient and effective cancer services

This initiative develops cancer service capability frameworks and effective health professional role delineation within networked services to maximise efficiencies and reduce unwarranted variations in cancer outcomes. This will be achieved by working with consumers, jurisdictions and peak health professional bodies to establish:

- **a)** the piloting of innovative use of the cancer workforce including service efficiencies, scope of practice, and new models of shared care for cancer treatment
- **b)** agreed capability frameworks for cancer services with defined linkages to primary care, regional cancer services and specialist tertiary teaching hospitals, and the promotion of safe, high quality cancer care by agreed role delineation for cancer services, specific tumours and sub-specialties to optimise outcomes.

#### Initiative 3 - Evidence-based cancer treatment

Implementing new research findings and best-practice treatment protocols substantially improves cancer outcomes. This initiative will support consistent, evidence-based care for all people affected by cancer. It will promote:

- **a)** better use of multidisciplinary initial assessment and treatment planning cancer teams across both the public and private sector. Tele-health technology will be used to support multidisciplinary care in regional areas where feasible
- **b)** the implementation of new research findings, evidence-based treatment and care, commencing with the national adoption of the NSW Cancer Institute’s eviQ database as an easily accessible, consistent, on-line, point-of-care treatment resource for cancer health professionals.