

Topic Overview

Enhancing Patient Transitions from Treatment in Regional Cancer Centres to Survivorship in the Hamilton Niagara Haldimand Brant Community

Stakeholder Dialogue 5 April 2011

The McMaster Health Forum convened a stakeholder dialogue on the subject of enhancing patient transitions from treatment in regional cancer centres to survivorship in the Hamilton Niagara Haldimand Brant Community. With the support of the Ontario Ministry of Health and Long-term Care, the dialogue brought together participants – one policymaker, six managers, nine healthcare providers, three patients and patient supporters, and four researchers – from the region and the province to examine the problem, options for addressing it, and key implementation considerations.



The Ontario Ministry of Health and Long-Term Care funded the dialogue through the Academic Health Science Centre (AHSC) Alternative Funding Plan (AFP) Innovation Fund. The views expressed in the evidence brief and dialogue summary are the views of the authors and should not be taken to represent the views of the Ministry or the AHSC AFP Innovation Fund.

Deliberation about the problem

Dialogue participants tended to come at this problem in one of two ways. One large group generally agreed with how the problem was framed in the evidence brief, namely that the cancer care sub-system lacks a sustained approach to supporting cancer patients in the transition from receiving treatment in a regional cancer centre to survivorship in the community. A second, smaller group framed the problem in a different way, namely that all patients are not living well after treatment, either because of gaps in the system (particularly in terms of psychosocial care and self-management supports), or because of the lack of a comprehensive, organized approach to supporting patients to live well after treatment.

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Participants representing policy, managerial, provider and patient perspectives gather during a McMaster Health Forum event on 5 April 2011

Deliberation about options

Dialogue participants generally agreed that the regional cancer centre should play a leadership role in building a more comprehensive strategy for supporting patients to live well after treatment and ensuring the optimal use of existing resources. They also agreed that Cancer Care Ontario's Program in Evidence-Based Care should accelerate its development of a range of disease site-sensitive and setting-appropriate cancer survivorship support plans, albeit using a participatory approach (and hence one ideally nested at least partially within what the regional cancer centre does) and with an expanded remit that includes a more holistic (physical *and* psychosocial) orientation.

Deliberation about implementation

Dialogue participants identified a number of factors that would facilitate implementation: 1) emergence of a compelling argument for change; 2) rapid growth in the use of electronic health records in the primary healthcare subsector; 3) Cancer Care Ontario's nascent capacity to generate lists of cancer patients; and 4) the possibility of funding and an evaluation framework coming from at least two sources. Dialogue participants also noted a number of processes that would facilitate implementation, most of which were participatory processes, and specifically an approach that engages patients and their families, primary care groups/teams, community resources and regional cancer centre staff.

Deliberation about next steps

If the regional cancer centre has the will to take on this challenge now, decision points include:

- 1) establishing the goal – better support, enhanced transitions, or both?
- 2) clarifying the messages – patient experience, the 'burning platform,' comparable safety and effectiveness, or a combination?
- 3) deciding on task sequencing – support plans first, community resources first, provider engagement first, or all three simultaneously?
- 4) choosing a good process - engaging patients and their families, community resources and providers in some or all of these tasks?
- 5) seeking funding from one or more sources; and
- 6) deciding whether to take on bigger issues as well, such as disincentives to efficient care.

Dialogue deliverables

To learn more about this topic, consult the [evidence brief](#) that was presented to participants before the dialogue, the [summary](#) of the dialogue, or the [video interviews](#) with dialogue participants. For an electronic copy of the evidence brief or dialogue summary, or to view the video interviews, visit our website (www.mcmasterhealthforum.com) and click on 'Products' along the sidebar.

McMaster Health Forum

1280 Main Street West, MML-417, Hamilton, ON Canada L8S 4L6
Tel: +1.905.525.9140 ext 22121 E-mail: mhf@mcmaster.ca