

Canadian Institutes of Health Research (CIHR) Institute of Cancer Research (ICR)

Access to Quality Cancer Care

Timely access to high quality health care became a major government priority in 2004, when the First Ministers issued their *Ten-Year Plan to Strengthen Health Care*. In this plan the commitment was made to build on past efforts to reduce wait times and improve access by establishing “evidence-based benchmarks” for medically acceptable wait times in identified priority areas, including cancer. The objective was to enhance the body of clinical evidence that demonstrates how wait times affect patients’ health. Specifically, information and syntheses was sought on: the wait time benchmarks currently in use; the evidence on the relationships between clinical condition, wait times and health outcomes or quality of life; and the priority areas and questions for future research. In response to this emerging priority, the CIHR Institute of Cancer Research (ICR) added Access to Quality Cancer Care to its original list of strategic research priorities.

Toward Canadian Benchmarks for Health Services Wait Times - Evidence, Application and Research Priorities

To inform the work of the Provincial/Territorial Deputy Ministers of Health in meeting their commitments, CIHR, through the Institute of Health Services and Policy Research (IHSPR), launched a rapid response Request for Applications - *Toward Canadian Benchmarks for Health Services Wait Times - Evidence, Application and Research Priorities* in March 2005, and again in December 2005. ICR was a partner on the launches of this initiative and provided funding to support four successful applications related to cancer.

Cancer related projects supported through the Toward Canadian Benchmarks for Health Services Wait Times - Evidence, Application and Research Priorities initiative.

Principal Investigator	Institution Name	Project Title
Mackillop, William	Queen’s University	Toward Canadian benchmarks for waiting times for radiotherapy for cancer: Synthesizing the evidence and establishing research priorities
Moayyedi, Paul	McMaster University	An evidence-based assessment of appropriate waiting times for gastrointestinal cancers
Taylor, Mark	CancerCare Manitoba	Determining Acceptable Waiting Times for the Surgical Treatment of Solid Organ Malignancies - A Systematic Review
Winget, Marcy	Alberta Cancer Board	Moving evidence to application: A three province cancer collaborative



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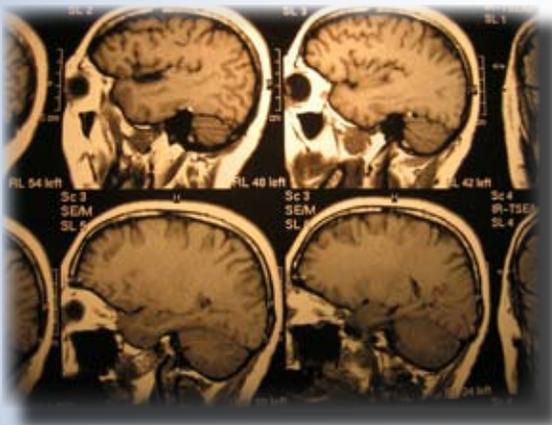
Results and Outcomes

The reports from these four teams were delivered to the First Ministers prior to their December 2005 milestone for establishing national benchmarks. The researchers examined the evidence from the available research studies that focused on the relationship between wait times and the health of individuals while waiting for cancer treatment or after treatment. They also reviewed national and international benchmarks for wait times for cancer treatment. Results obtained were considered preliminary and were issued with a caveat warning against making generalizations for all cancers based on the experiences for any one specific cancer. As cancer is not one disease, but many, the effect of wait times may be highly variable across the entire cancer spectrum. Examples of the research findings include:



- In the case of lung cancer, once initial treatment begins (surgery, chemotherapy, radiotherapy) wait times for subsequent treatments should be minimized
- Studies on breast, head and neck cancer indicated that a delay in beginning radiotherapy after surgery may be associated with an increased risk of the cancer recurring at the primary tumour site
- The available scientific evidence suggests that wait times for initial radiotherapy for all types of cancer should be as short as possible
- For gastrointestinal cancer, no currently available evidence would indicate an association between common diagnostic delays and poorer health outcomes

Access to Quality Cancer Care: Part of CIHR's Initiative on Access to Care



In order to develop a strategic plan to address the broader issue of access to quality cancer care, ICR hosted an invitational consultation workshop in June 2005. ICR invited health services researchers, clinicians, health system managers, and policy makers to contribute to the discussion at this workshop (see workshop report, under "Resources" at: <http://www.cihr-irsc.gc.ca/e/12483.html>). In all, eighteen organizations with an interest in access to cancer care and prevention services were represented at the meeting. The goals of the workshop were to identify research priorities and obtain

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stakeholders' advice regarding actions ICR might take to promote research in those priority areas. The research questions identified at this workshop informed the development and launch of the *Access to Quality Cancer Care* RFA.

The initiative was launched in collaboration with thirteen partners who shared an interest in access to cancer care issues. A key objective was to promote capacity building in cancer-related health services research through the formation of collaborative research teams involving researchers, health care professionals, health system managers and policy makers.

Access to Quality Cancer RFA Partners

Alberta Cancer Board	CIHR Institute of Health Services and Policy Research
British Columbia Cancer Agency	Direction de la lutte contre le cancer du Québec
CancerCare Manitoba	Health Canada
Cancer Care Nova Scotia	National Cancer Institute of Canada
Cancer Care Ontario	New Brunswick Cancer Network
CIHR Institute of Aboriginal Peoples' Health	Saskatchewan Cancer Agency
CIHR Institute of Gender and Health	

Of primary importance was the partnership with the eight provincial cancer agencies, as a major goal of the initiative was to promote knowledge translation by encouraging applications directly linked to provincial priorities. Through this mechanism it was hoped that inter-provincial networking opportunities would arise in the future. Funding pools for each of the participating provinces were established to facilitate multi-province funding. ICR and partners committed to funding, at a minimum, the top ranked application in each of the eight funding pools. The hope was to be able to fund a research team in each province. Following peer review, however, some highly committed provinces were unable to participate in the initiative as the research teams they were supporting were not among the highest ranked. Nevertheless, seven outstanding teams, from across the country, were funded under this initiative.



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Access to Quality Cancer Care New Emerging Teams

Principal Investigator	Institution Name	Project Title
Doll, Richard	B.C. Cancer Research Centre	CIHR Team in Supportive Cancer Care
Elias, Brenda	University of Manitoba	CIHR/CCMB Team in First Nations Cancer Research
Grunfeld, Eva	Dalhousie University	CIHR/CCNS Team in Access to Colorectal Cancer Services in Nova Scotia
Katz, Alan	University of Manitoba	CIHR/CCMB Team in Primary Care Oncology Research
Mackillop, William	Queen's University	CIHR Team in Access to Quality Radiotherapy
Menon, Devidas	University of Alberta	CIHR Team in Cancer Technology Decision Making
Tyldesley, Scott	University of British Columbia	CIHR Team in Operations Research for Improved Cancer Care

These seven teams will each receive up to \$300,000 per year for five years for a total financial investment from ICR and partners of over \$10 million.

Partners Contributing Funds to the Successful Teams Funded Under the Access to Quality Cancer Care Initiative

CancerCare Manitoba
 Cancer Care Nova Scotia
 CIHR Institute of Aboriginal Peoples' Health
 CIHR Institute of Gender and Health
 CIHR Institute of Health Services and Policy Research

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Results and Outcomes

The successful teams received their funding in April 2007 so it is, therefore, too soon to expect results. There are, however, some early achievements including:

- The CIHR Team in *Operations Research for Improved Cancer Care* has established strong links between the BC Cancer Agency and the Centre for Health Care Management at the Sauder School of Business. Two Sauder graduates in operations research have joined the researchers at BCCA. Preliminary results from this team have already been presented at several major conferences. The current focus is an in depth review of patient and staff flow and resource utilization at the Vancouver ambulatory care department, the primary contact point for all cancer patients in the Vancouver area.
- The *CIHR/CCMB Team in First Nations Cancer Research* is in the early stages of developing a *First Nations Analytical Knowledge Translation Framework for Cancer Care and Control* to meet tribal, provincial and national information and decision-making needs. This multidisciplinary team is comprised of a combination of researchers, health care delivery personnel, community members and health system managers.



Additional ICR-funded initiatives related to Access to Quality Cancer Care

Partnerships for Health System Improvements (PHSI) Access to Quality Care Project		
Principal Investigator	Institution Name	Project Title
Peacock, Stuart	B.C. Cancer Research Centre	Priority setting methods in cancer: Evidence-based marginal analysis

ICR also included a special call for research in access to quality cancer care in the October 2005 launch of the CIHR Partnerships for Health System Improvements (PHSI) program. This program supports research teams conducting applied health research that is likely to yield useful results for health system managers and policy makers. Dr. Stuart Peacock's project *Priority setting methods in cancer: Evidence-based marginal analysis* received three year funding through this competition. The aim of the study is to develop evidence-based methods for setting priorities in cancer control and care in British Columbia.



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Reducing Health Disparities & Promoting Equity for Vulnerable Populations Interdisciplinary Capacity Enhancement (ICE) Grant

Principal Investigator	Institution Name	Project Title
Williams, Allison; Wilson, Donna	McMaster University	Timely access & seamless transitions in rural palliative/end-of-life care



ICR also provided funding, in 2006, to McMaster University's Dr. Allison Williams and University of Alberta's Dr. Donna Wilson's five-year grant entitled *Timely access & seamless transitions in rural palliative/end-of-life care*, that was funded as part of the Institute of Gender and Health's *Reducing Health Disparities & Promoting Equity for Vulnerable Populations Initiative - Interdisciplinary Capacity Enhancement (ICE) Teams*. This grant focuses on timely access to palliative care in rural communities, encompassing two of ICR's priority areas (Palliative and End-of-Life Care and Access to Quality Cancer Care). The team plans to:

- Foster capacity in rural palliative and end-of-life care;
- Create an enriched multidisciplinary environment to develop junior researchers; and
- Establish a team that will be successful beyond the 5-year program of research.



Ten projects are planned to address access or transition issues, and to develop interventions that will assist (a) rural communities to build palliative and end-of-life capacity and (b) rural residents better navigate the health system.

In all, ICR alone has committed more than \$8 million to support research into Access to Quality Cancer Care, with considerable additional funds provided by partners. It is anticipated that this funding will significantly increase cancer-related health services research capacity and provide information that will improve access to high quality cancer care for all Canadians.