

PAN-CANADIAN ACTION PLAN

Optimizing Cancer Surgical Care in Canada

SEPTEMBER 2020

MEMBER ASSOCIATIONS OF

CANSACC

CANADIAN NETWORK
OF SURGICAL ASSOCIATIONS
FOR CANCER CARE



CANADIAN PARTNERSHIP
AGAINST CANCER



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CONTRE LE CANCER

ABOUT THE CANADIAN NETWORK OF SURGICAL ASSOCIATIONS FOR CANCER CARE

CANSACC represents 11 pan-Canadian surgical associations. Its mission is to facilitate and empower its member organizations to share best practices among surgeons from across the country regarding innovative research, education and data-driven quality initiatives.

ABOUT THE CANADIAN PARTNERSHIP AGAINST CANCER

The Canadian Partnership Against Cancer was created by the federal government with funding through Health Canada. Since opening our doors in 2007, our sole mandate has been to move Canada's cancer strategy into action and help it succeed.

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Foreword

Canada has achieved substantial reductions in the burden of cancer. However, the cancer landscape will continue to evolve over the next 10 years—and significant efforts will need to be made to continue to improve the outcomes for people affected by cancer in Canada. Recognizing the role of surgical care in reducing mortality and morbidity, this document presents the unified vision of pan-Canadian surgical associations: to implement a pan-Canadian action plan to achieve best outcomes through world-class surgical care for all patients with cancer.¹

The seminal 2015 report, *Approaches to high-risk, resource-intensive cancer surgical care in Canada*,² highlighted disparities across the country in the delivery of patient cancer care and outcomes. We, the Canadian Network of Surgical Associations for Cancer Care (CANSACC), believe a concerted effort is needed to address these disparities through partnership and collaboration across diverse stakeholders.

We recognize that contemporary cancer care requires a team approach, and innovations in comprehensive surgical management will accelerate progress and improve patient care. That is why we are calling on all governments to work with us, our members and all health-care systems to achieve comprehensive, accountable, high-quality surgical cancer care.

This document presents calls to action centered on five strategic priorities:

- 1. Deliver high-quality surgical oncology care**
- 2. Eliminate barriers to surgical cancer care for vulnerable and underserved populations**
- 3. Establish pan-Canadian benchmarking and data-driven quality improvement to cancer surgeries**
- 4. Integrate surgical care and medical services to improve outcomes**
- 5. Support research and innovation in surgical cancer care**

These strategic priorities align with the *2019–2029 Canadian Strategy for Cancer Control*, a 10-year roadmap to improve equity in the Canadian cancer system.³ Among the Strategy's eight priorities is a focus on delivering high-quality care in a sustainable, world-class system, including establishing standards for care delivery. As the steward of the Strategy, the Canadian Partnership Against Cancer established CANSACC to catalyze strong pan-Canadian leadership to improve the delivery of surgical cancer care.

CANSACC's focus is facilitating and empowering its 11 pan-Canadian member associations to share best practices among surgeons from across the country regarding innovative research, education and data-driven quality initiatives. Together, CANSACC members have identified the factors associated with achieving optimal outcomes in cancer surgery. We have taken this opportunity to develop a document to identify key partners and provide guidance on the coordinated and urgent efforts needed to deliver high-quality surgical cancer care.



The current cancer surgery landscape in Canada

The total number of people with cancer continues to rise due to a growing and aging population. Globally, cancer is a major cause of death, accounting for as many as 21 per cent of deaths worldwide.⁴ In Canada, it is the leading cause of all deaths (30 per cent)⁵ and greatly affects population morbidity and economic burden.

While cancer prevention, early detection and screening are important to reduce these burdens, surgery is often the only way to cure cancer and prevent a cancer-related death. According to the Lancet Oncology Commission, more than 80 per cent of people diagnosed with cancer will need a surgical procedure. High-quality surgery, along with pathology and imaging, is estimated to contribute to 30–55 per cent of survivals.¹ Cancer surgery requires significant support from a multidisciplinary group of health-care providers, as well as appropriate equipment and facilities.

The combination of these factors ensures patients undergoing cancer surgery receive safe, timely and high-quality care.

Just as cancer has an enormous personal and financial impact on all Canadians, cancer care is a dominant burden on limited health-care system resources. Increasingly, cancers are identified at earlier stages, positioning surgery as the optimal chance for cure or disease management. It also reduces the need for other costly treatments, such as chemotherapy and radiation.^{2,6} While many patients fare well after surgery with no complications and are discharged within expected timelines, some experience more complex post-surgical courses. These can lead to extended lengths of stay and adverse events that require additional care or re-admission to hospital. They may even result in death.

International studies on the relationship between surgical treatment and survival have found that poor access to and delivery of cancer surgery is associated with much of the survival deficit.^{7,8} A study by the International Cancer Benchmarking Partnership (a partnership of clinicians, academics and policymakers from around the world) found overall cancer survival to be relatively higher in Canada, compared to its peers, across four disease sites. However, the study also found that Canada's performance was 20 per cent lower than that of high-performing countries—and that there was a difference in five-year cancer survival rates of as much as a 10 per cent between provinces.⁹

Increasing equity in Canada

The differences in cancer survival rates and costs from province to province are due in part to the variability in the quality of and access to surgical care, which emphasizes the need for the pan-Canadian adoption of better organized systems to optimize patient outcomes and reduce costs.⁹

Those variations in both delivery of care and patient outcomes were also noted in a 2015 report, *Approaches to high-risk, resource-intensive cancer surgical care in Canada*.² One of the recommendations to address these variations was to standardize surgical care across Canada. In response, the Partnership, in collaboration with clinical leaders and cancer programs across the country, led the development of a suite of pan-Canadian standards of practice to improve the organization and delivery of cancer surgeries. Standards across four disease sites have since been published: rectal cancer, breast cancer, thoracic surgery and gynecologic oncology.

In addition, the Partnership convened 11 pan-Canadian associations to establish CANSACC, with the goal being to catalyze strong pan-Canadian leadership to implement these standards, present a shared vision and pave a roadmap to delivering high-quality cancer surgery. CANSACC's mission is to work with its member associations as well as health-care systems and leaders to achieve the best outcomes through world-class surgical care for all patients with cancer.

Many jurisdictions have made significant strides in addressing gaps in surgical care by, for example, aligning cancer surgery within the organized cancer system and developing appropriate services and benchmarks to ensure high-quality outcomes. While this has led to improved system management and patient outcomes, many gaps continue to exist in promoting cross-jurisdictional successes and learnings.

By representing all surgical societies in Canada, CANSACC provides all surgeons in Canada with a shared voice, creating the impetus to work together, create new partnerships, identify innovative opportunities for improvement, and scale and spread successes across Canada.

Partnership and collaboration with diverse multidisciplinary stakeholders are essential for Canada to become a world leader in cancer surgery. To this end, CANSACC seeks to work with the many players in the Canadian cancer ecosystem to ensure equitable care and improve surgical outcomes of cancer patients.

This document presents calls to action centred on the five strategic priorities CANSACC has determined to be the cornerstones to high-quality cancer care for all Canadians:



1. Deliver high-quality surgical oncology care



2. Eliminate barriers to surgical cancer care for vulnerable and underserved populations



3. Establish pan-Canadian benchmarking and data-driven quality improvement to cancer surgeries



4. Integrate surgical care and medical services to improve outcomes



5. Support research and innovation in surgical cancer care



COVID-19 and the changing landscape in the management of cancer surgeries

The COVID-19 pandemic has posed significant challenges to the Canadian health care system. Efforts to build capacity to manage the pandemic, combined with patient, physician, and system-specific factors have resulted in disruptions in the delivery of cancer care in particular those dependent on diagnostic and therapeutic procedures. Recognizing the impact on cancer surgeries varies among jurisdictions in Canada, it is evident that commonalities exist across the country. Many quantitative and qualitative assessments have shown profound impacts on case volumes, decrease in incidental and screen detected cancers and slower throughput for patients.

As we emerge from the pandemic, the Canadian health care system will be faced with a challenging recovery and a multitude of factors and solutions to address. The resumption of surgeries and addressing backlogs in a chronically stressed health system will present unprecedented challenges for the overall management of cancer surgeries.¹⁰

The pandemic presents new challenges and opportunities for us to consider as we collectively implement the calls to action. There may be novel opportunities to drive innovation and shift towards models of care (including virtual care) that support continuous care delivery.

The ever-evolving landscape provided by the pandemic points to the increasing importance of a pan-Canadian strategy. Hence, addressing the strategic priorities outlined in this document will be of the utmost importance to ensure the continued delivery of high-quality surgical oncology care.





Strategic Priorities

1. Deliver high-quality surgical oncology care

Delivering high-quality care relies on a well-trained workforce and the adoption of pan-Canadian, disease-specific standards to ensure patient access to high-quality services and care. As a result of the pandemic, the adoption of virtual care has increased, creating the opportunity to improve the efficiency of patient care delivery. Virtual care should continue to be leveraged to support the resumption of surgical services, such as timely consultations and follow-up care.

Access to primary preventative measures is fundamental to a comprehensive cancer surgery plan. As such:

- Institutions providing surgical care must provide ready access to prevention programs including smoking cessation,¹¹ obesity, genetic predisposition screening and lifestyle counselling.
- Surgeons and their teams should actively encourage or refer cancer patients to prevention programs such as smoking cessation programs.¹² Cancer programs across Canada are finding new ways to support cancer patients in receiving virtual access to smoking cessation aids and counselling during the pandemic.

A well-trained and supported workforce is essential to the delivery of high-quality surgical care. As such:

- Comprehensive oncologic surgical training is fundamental to the safe and effective delivery of surgical services.
- Delivering high-quality care requires all surgeons to be trained, and disease-specific pan-Canadian standards to be developed or adopted to improve the delivery of care.
- The latest data suggests 17 per cent of surgical specialists are trained outside Canada. While many have exemplary training, Canadians need to be assured of the consistency of the care they are receiving.¹³

CANSACC will work with its members and partners to confirm pan-Canadian commitment to the delivery of high-quality, equitable care.

✓ We call on **surgeons** to ask cancer patients about modifiable risk factors and refer them to prevention programs as part of their care.

✓ We call on the **Royal College of Physicians and Surgeons of Canada (RCPSC)** to continue to hold surgeons accountable to maintain and improve their proficiency by pursuing self-assessment and quality improvement. Where necessary, surgeons should also be encouraged to pursue formal training and maintenance of certification, and to seek mentorship to improve outcomes.

✓ We call on ourselves, the **Partnership** and the **Canadian Association of Provincial Cancer Agencies** to continue to support the development and facilitate the adoption of disease-specific pan-Canadian standards.

✓ We call on **Health Standards Organization** and **Accreditation Canada** to explore the development and implementation of pan-Canadian integrated people-centred cancer care standards and assessment to ensure quality and patient safety across the cancer care continuum.

✓ We call on the **provincial/territorial ministries of health, cancer programs** and the **Partnership** to work with Health Standards Organization and Accreditation Canada in development and implementation of pan-Canadian integrated people-centred cancer care standards and assessment to ensure accountability for their adoption across Canada.



2. Eliminate barriers to surgical cancer care for vulnerable and underserved populations

Improving access to care includes providing better services and care to underserved populations in a timely fashion. This involves identifying vulnerable and underserved populations and providing culturally appropriate care. Respectful and responsive surgical care will meet the needs of vulnerable and underserved populations and mitigate variations in cancer care and outcomes in the Canadian context.

- Geographic isolation can restrict the delivery of accessible high-quality surgical care to vulnerable populations. Access to surgeons and a functional network of care, including virtual health, telehealth and other technological solutions, can help mitigate the deficiencies and provide care closer to home.¹⁴

Where regionalization of specialized surgical services is necessary, patient safety, choice and the distance they are willing to travel should be taken into consideration, as patients with cancer often need ongoing health-care services, some of which can be managed virtually.¹¹

- Older patients may be less likely than younger patients to receive cancer surgery.^{15, 16} More patient data on cancer-related surgical treatment in aging populations is needed to understand this difference.

Timely access to appropriate surgical care can minimize wait times and ultimately improve patient outcomes. To improve timely access to care, CANSACC will work with its members and the Canadian Institute for Health Information (CIHI) to develop clear, comparable pan-Canadian wait-time data and to monitor improvement of key indicators over time. CANSACC believes a special focus on underserved populations is needed for better access to care—and the following calls to action require the active support of the Partnership and other stakeholders:

✓ We call on **cancer programs** to partner with provincial/territorial ministries of health and organizations responsible for health-care providers (e.g., College of Family Physicians of Canada) to create a strategy to eliminate barriers to timely, quality cancer surgery for vulnerable and underserved populations.

✓ We call on **provincial/territorial ministries of health and cancer programs** to work with the Partnership and CIHI to identify vulnerable patients at risk for negative outcomes, and to continue to develop and adopt appropriate patient surgical pathways and monitor compliance.

✓ We call on **provincial/territorial ministries of health** to fund and support rapid diagnostic programs with transparent pathways and timeframes to minimize surgical delays due to the length of cancer-specific diagnostic work-ups and to mitigate care variation.

✓ We call on the **RCPSC** to further enhance training to maintain certification for surgeons to provide equitable, culturally appropriate care.

✓ We call on **provincial/territorial ministries of health to work with the Society of Rural Physicians** to offer training and education to address the delivery of rural care, and to support the Rural Road Map for Action, which provides a framework for a pan-Canadian approach to rural health-care planning. The goal is to build capacity, to strengthen physician workforce with the competencies and skills to provide high-quality and culturally safe care, enhance networks of care and ensure appropriate supports are in place to provide care closer to home.

3. Establish pan-Canadian benchmarking and data-driven quality improvement

There is a tremendous need for pan-Canadian integrated, systematic benchmarking and data-driven quality improvement across cancer surgeries.

- Recognizing that surgical oncology care is highly specialized with few surgeons per centre, pan-Canadian collaboration is required for effective learning, research collaboration and data-driven quality improvement of surgical oncology care.
- Quality processes, such as routine data collection and participation in a pan-Canadian or international database, should be thoughtfully embedded into existing health-care processes to catalyze self-evaluation and continuous quality improvement. Routine data collection on process and outcomes should be systematically and prospectively captured and benchmarked against pan-Canadian and international standards. This includes systematic classification of adverse events, regular review of morbidity and mortality rounds, and periodic review of data to allow for self-evaluation and to promote continuous cyclical improvement (through audit and feedback).
- There is a unique opportunity to leverage the momentum established by the federal health data strategy (as part of the Safe Restart federal response to COVID-19) to help advance these goals in the short and medium term.

CANSACC will facilitate the identification of disease-specific indicators and benchmarks with relevant partners. Because pan-Canadian benchmarking and quality improvement are essential, and acknowledging the opportunity presented by the current federal health data strategy:

✓ We call on **all governments** with a mandate to provide leadership in implementation of data-driven approaches to implement existing surgical standards and deliver best practice surgical care within a pan-Canadian context. This includes alignment of databases with a variety of synoptic registries (e.g., joint registry, organ registry).

✓ We call on **CIHI** to work collaboratively with jurisdictions to assist with data capture and management, including contemporary (within six months), stage-specific, treatment-level data to facilitate quality improvement, strategic planning and a responsive system. Pan-Canadian survival data suggests that the ability of the health-care system to deliver early diagnosis and treatment for aggressive cancers drives overall survival. In addition, there should be a minimum data set to measure progress against surgical outcomes consistently across the country.

✓ We call on **regional health authorities and their hospitals**, in collaboration with cancer programs and cancer surgeons, to collect disease-site-specific quality indicator data for audit, feedback and intervention, which should be coordinated with pan-Canadian efforts. This data should be distributed to key decision makers within months of collection.



4. Integrate surgical care and medical services to improve outcomes

System (external) and internal integration of surgical cancer care and medical services are essential to a coordinated, highly organized system, affecting care and patient outcomes.¹⁷ This integration is an urgent and necessary area of action considering access to diagnostics and surgery was severely compromised as a result of the pandemic.

- In much of the country, cancer surgery does not have a central role within cancer programs and is therefore largely uncoordinated with other parts of a patient's care. Additionally, there is no explicit systematic oversight of the provision, evaluation and regulation of cancer surgery. Such oversight, evaluation and regulation would improve accountability and enable change through a formal process to track and evaluate outcomes.¹⁸
- Better system integration with a focus on care transitions would prevent unnecessary patient stress and treatment delays. Currently, there is a heavy reliance on individual practitioners to coordinate pathology, diagnostic imaging, radiotherapy, chemotherapy, surgery and other ancillary recovery and survivorship services, while resource allocation and governance fall to the region and institution. Clarity in pathways and referral processes are essential for integrated systems.
- Knowledge sharing of successful programs is essential for a high-performing system. Often, the structure of Canadian health systems create barriers to the successful scaling and spread of best practices across jurisdictions. To optimize scale and spread, the pan-Canadian associations, CANSACC members and partners need to make concerted efforts to share successes and address how to overcome challenges.
- It is the central role of CANSACC and other pan-Canadian health organizations to promote knowledge sharing and adoption through educational meetings and research.

CANSACC will work with its members and partners to optimize delivery of integrated care:

- ✓ We call on the **provincial/territorial ministries of health and cancer programs** to embed surgical cancer care planning and delivery into provincial/territorial cancer program planning and delivery. This includes having a comprehensive cancer surgery plan that is integrated with before- and after-care, with details on accountability structure, communities of practice (for surgeons), analytical capacity, quality improvement and follow-up care. It also requires leadership from ministries, cancer programs and surgeons to create a framework for joint responsibility and accountability, including financial support.
- ✓ We call on the **provincial/territorial ministries of health** to integrate services to respond to the unique needs of patients and improve transitions to care. Home care should be coordinated with surgeons and hospitals to provide 24-hour on-call services. This would help address the substantive issue of emergency and hospital re-admissions.
- ✓ We call on **provincial/territorial ministries of health** to lead and collaborate with hospitals and CIHI to facilitate shared informatics and systems between clinical service providers, and to collaborate with primary care to develop sufficient capacity for integrated systems. We recognize that primary care physicians play a key role in managing comorbid conditions and treating psycho-social symptoms, which are highly common among patients undergoing cancer treatment and survivors.
- ✓ We call on **ourselves** to work with our member associations and pan-Canadian partners, as well as health-care systems and leaders, to support pan-Canadian collaborative networks that will enable surgeons and surgical centres to learn from each other based on data, helping to standardize and improve care.



5. Support research and innovation in surgical cancer care

Pan-Canadian leadership is needed to oversee and prioritize research and innovation. Canada has fallen behind its international peers in research and innovation.¹⁷

- Over time, the amount of money devoted to cancer research and innovation has decreased.¹⁹ The Naylor report highlights that the approximately \$3.5 billion spent on scientific research should be increased to \$4.8 billion to be competitive with other countries.¹⁷ Cancer research, focused on surgery, has been significantly underfunded over the years and thus, equitable allocation to support innovative surgical projects is warranted.
- There is an expectation that techniques and processes of care will change over time, including surgical techniques and processes. New technologies should be adopted in a systematic manner to support standardized implementation with credentialing where significant changes in technologies and approaches are introduced.
- There is a paucity of pan-Canadian data on many aspects of surgical cancer care that impedes improvement in high-quality patient care.

CANSACC will work with its members and partners to support research and innovation:

- ✓ We call on **academic institutions and research organizations (including members of the Canadian Cancer Research Alliance)** that are funding cancer research to prioritize research and innovation in cancer surgery.
- ✓ We call on the **Government of Canada** to establish a dedicated surgical funding pool to support innovative, team-based surgical projects. A dedicated funding pool of \$5-million investment in surgical cancer care research innovation can significantly support the advancement of innovative Canadian surgical research.
- ✓ We call on the **Canadian Foundation for Healthcare Improvement** to support acceleration of the identification, spread and scale of proven health-care innovations, including active tracking of adverse events and outcomes.

Future Direction

Although Canada has seen substantial improvements in reducing the burden of cancer, there remain significant disparities in outcomes across the country. Given the importance of surgical care in improving cancer survival, many of the disparities can be attributed to differing standards among provinces and territories.

One of the priorities set out in the Canadian strategy for cancer control calls for the establishment of national standards to support the delivery of high-quality cancer care within a world-class system. To achieve that goal, we at CANSACC have established our own set of five strategic priorities. This document outlines those priorities and will be widely disseminated to current and future partners as a tangible step forward to improve cancer surgery in Canada. By engaging and partnering with diverse stakeholders from across the country, we will ensure all Canadians in every province and territory have access to the high-quality surgical cancer care that will help them survive and thrive.

As the next step, CANSACC will collaborate with the Partnership, and the partners named in this document, to explore strategies to translate the calls to action into meaningful, on-the-ground change. Over the upcoming months, we will continue to work with champions across jurisdictions and national organizations to generate awareness and prioritize key calls to action for implementation.



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