



July 2017

Recap

Based on summit discussion, the clinical working party recommended the following long term goals for collective action:

1. Increase multidisciplinary meeting capture rate from 70% to 100% by 2020
2. Align time from diagnosis to treatment to within the recommended timeframe of 28 days
3. Improve 5-year survival for regional patients

To achieve these ambitious goals, the Department of Health and Human Services (the department) is requesting that all Victorian Integrated Cancer Services focus on summit priorities in their oesophagogastric optimal care pathway implementation program.

What does this mean?

The optimal care pathways provide a common understanding of what care is to be expected at different points of the cancer journey. The pathways are part of the national commitment to delivering consistent cancer care.

In Victoria all care providers are expected to use the pathways as a standard against which to evaluate the way their cancer services are organised.

A clinical dialogue about important variations in care started at the summit and will continue with a renewed focus on the optimal care pathways.

[Oesophagogastric Cancer Optimal Care Pathway](#)



What does this mean for you?



Over the next year, you will be invited to participate in reviewing local data on multidisciplinary meetings and timeliness of care to create solutions to address gaps. Your participation is critical to designing care that will benefit your patients.

What has been done so far?

State-wide audit

The state-wide oesophagogastric cancer audit will capture all Victorians diagnosed with oesophagogastric cancer between 1 July and 31 December 2016 who were admitted to a Victorian public health service.

The audit aims to:

1. Calculate the percentage of patients who had a multidisciplinary meeting review.
2. Document key characteristics of both patients who had a multidisciplinary meeting review and those who did not.
3. Assess if timeliness of care aligns with the optimal care pathway recommendations.

This audit will inform implementation of the optimal care pathway for people with oesophagogastric cancer.

This audit will for the first time answer the question:

Do patients diagnosed in one particular Integrated Cancer Service have a multidisciplinary meeting anywhere else in the state?

All health services where a patient was admitted will be audited. A centralised data analysis method will allow for mapping patients' full pathway of multidisciplinary meeting care across multiple regions.

Interviews with clinicians showed there may be particular types of patients missing out on multidisciplinary meeting:

Palliative patients
Patients who were unfit for surgery or had unresectable disease are less likely to be discussed.

Metastatic disease
Patients with metastatic disease were mentioned frequently, particularly if following a treatment pathway for palliative chemotherapy.

Private patients
Patients may miss out if referral occurs directly to other private clinicians rather than through a multidisciplinary meeting.

Data from the state-wide audit will be used to further describe the characteristics of patients who miss out on a multidisciplinary meeting review.

Oesophagogastric Summit Newsletter

State-wide audit cont.

Summit data highlighted that the time between diagnosis and first treatment may be longer than the recommended optimal timeframes. The oesophagogastric audit will allow local analysis of the proportion of patients who receive care within optimal timeframes.

Figure 1. Non-metastatic oesophageal adenocarcinoma treatment within 1 year.

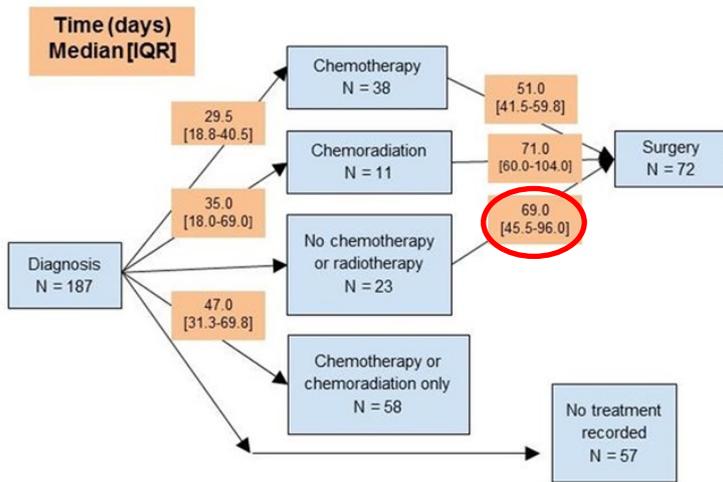
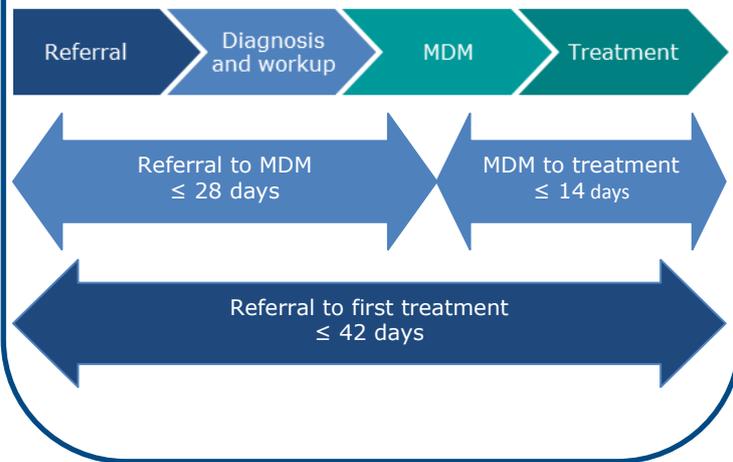


Figure 2. Recommended optimal timeframes for oesophagogastric cancer.



Other post summit actions

Patterns of care study

The summit highlighted that:

1. Patients in regional areas present with a higher proportion of metastatic disease at the time of diagnosis of oesophageal cancer compared with metropolitan areas. *Reasons for this are unclear and should be examined.*
2. Time from diagnosis to surgical intervention for non-metastatic oesophageal cancer was longer than optimal. *Factors that contribute to delayed surgical intervention should be identified.*

The department is commissioning researchers at Deakin University to investigate patterns of care and pathways to diagnosis of oesophageal cancer patients in Victoria.

The study will consist of two parts:

1. A patterns of care study that will collect population based data on treatment pathways of oesophageal cancer and reasons for treatment decisions.
2. Assessment of diagnostic pathways and description of: presentation symptoms, interval between symptom onset and attending GP, tests or investigations undertaken by GP, dates for tests, referral and dates for secondary care, and reasons for referral to specialist/treatment centre.

The study will complement the state-wide audit and provide valuable insights into the reasons why some patients present later in their disease or have delays in receiving treatment.

Multidisciplinary meeting software for Victoria

Development of a common multidisciplinary meeting software program is high on clinicians' priority list.

The department previously secured federal funding for the development and implementation of multidisciplinary meeting software for Victorian regional health services. After an unsuccessful commercial tender there was an opportunity to collaborate with the Queensland Government to enhance the Queensland Oncology On-Line (QOOL) product for use in Victoria.

The Summit clinical working party provided feedback about standardised oesophagogastric data fields, which data fields could be mandatory and types of treatment for inclusion.

The following improvements are expected from the implementation of QOOL software in Victoria:

- administrative efficiency of multidisciplinary meetings
- access to projected viewing of clinical information to aid decision making during meetings
- improved analysis, research and sharing of data through the use of agreed data fields
- access to meeting outcome information for relevant clinicians and patients
- web access to meeting information by authorised clinicians allowing access across different health services.



For more information on QOOL Victoria contact [Simon Phillips](#)

Have a question? Please contact [Amy Sutherland](#)