

nemⁱcs
North Eastern Melbourne Integrated Cancer Service

annual report

2016 – 2017





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Overview

Message from the Chair

On behalf of the partners of the North Eastern Melbourne Integrated Cancer Service (NEMICS), I am pleased to present the 2016–17 annual report.

Meeting our responsibilities under the Victorian Cancer Plan 2016-20 and the implementation of the optimal cancer care pathways has been the overarching focus of the year. Lung and colorectal cancer are the first pathways selected for implementation in Victoria.

NEMICS is pleased to be the lead ICS for the statewide Tumour Summits program. Prostate and oesophagogastric summits were held in 2016, and these tumour types have been selected as the next optimal care pathways for implementation in 2017–18.

The formation of Safer Care Victoria to oversee the quality and safety of the Victorian health system has provided new mechanisms for clinical engagement through the establishment of the Clinical Council and the renewal of the statewide clinical networks.

The membership of the Governance Committee has been refreshed as result of changes to the executive teams at the health services; David Plunckett and Shannon Lang for

(Eastern Health) and Sue Shillbury and Cherie Cheshire for (Austin Health) . GP Patricia Hough and consumer Ray Kelly also joined the Governance Committee.

It is with great sadness that we mark the tragic and premature death of surgeon Patrick Pritzwald – Stegman following an assault at Box Hill Hospital. Patrick was a member of all three Lung cancer multidisciplinary teams in the NEMICS region. His surgical skill and commitment to high quality care for people with lung cancer will be sorely missed.

I would like to thank the consumers and clinicians who provide their insight and expertise to the activities of the network, as well as the members of the network and project committees and the secretariat.

**Adjunct Professor
Linda Mellors**
Chair



About us

Regional profile

The NEMICS region covers the local government areas of Banyule, Boroondara, Darebin, Knox, Manningham, Maroondah, Nillumbik, Whitehorse, Whittlesea and Yarra Ranges, and is home to approximately 1.4 million people (ABS 2016). The number of residents living in the NEMICS region diagnosed with cancer has increased from 6,766 in 2011 to 7,373 in 2015, representing an increase of 9.0%. In the corresponding time period, cancer mortality has fallen by 3.6% from 2,458 to 2,380.

The network partnership comprises Austin Health, Eastern Health, Northern Health and Mercy Hospital for Women. There are also many private hospitals within the region, of which Mitcham, Ringwood Private, Warringal Private and Epworth Eastern participate in network activities. Eastern Primary Health Network covers the same region.

In 2015–16, 8,500 patients had 33,025 admissions at NEMICS public health services. Since 2010–11, the number of cancer patients seen each year has increased by 9.7% and cancer admissions have increased by 18.2%.

Figure 1: Patient and admissions by tumour stream NEMICS public health services 2015–16

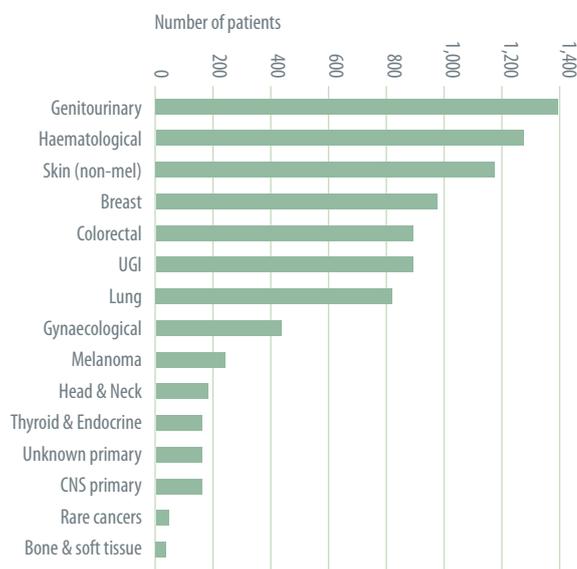


Table 1: Number of patients admitted to NEMICS public health services.

NEMICS public health services – numbers of patients	Austin patients 2015-16	Eastern patients 2015-16	Mercy patients 2015-16	Northern patients 2015-16	NEMICS public patients 2015-16	Victoria public patients 2015-16	Victoria public and private patients 2015-16
Breast	338	433	18	207	979	4,464	8,136
CNS Primary	120	25	0	10	148	912	1,191
Colorectal	320	367	4	210	885	4,349	6,952
Genitourinary	618	574	0	210	1,387	6,264	12,881
Gynaecological	46	108	252	46	433	1,771	2,666
Haematological	603	560	3	179	1,280	6,535	8,991
Head and Neck	119	42	0	11	169	1,272	1,538
Lung	420	283	2	140	815	3,832	5,039
Melanoma	136	87	1	16	236	1,649	3,410
Upper gastro-intestinal	488	293	0	131	884	3,473	4,969
Skin (non-melanoma)	414	517	0	234	1,164	6,925	23,540
Rare cancers	16	13	4	9	40	341	513
Bone & soft tissue	16	13	0	5	34	440	591
Thyroid & other endocrine glands	122	23	0	17	158	684	913
Unknown primary site	60	63	1	31	154	1,009	1,379



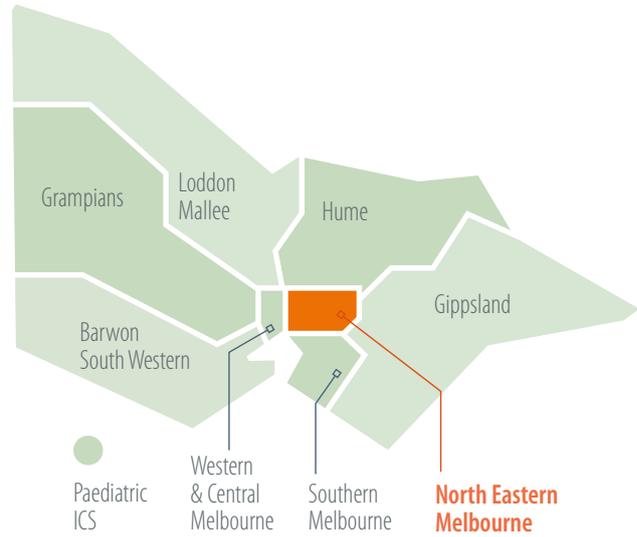
ICS structure

NEMICS is one of nine population-based cancer networks that collectively support the consistent provision of high quality cancer care for all Victorians. Hosted by Austin Health, the NEMICS partners form the Governance Committee and oversee the implementation of the cancer reform priorities of optimal cancer care and components of the state's cancer plan.

The role of an ICS is to:

- build relationships between providers, health services and settings to plan cancer services across a geographic area based on access, appropriateness and effectiveness
- implement best practice models of cancer care
- improve the effectiveness of cancer care through system coordination and integration
- systematically monitor processes and outcomes of cancer care to improve system-wide.

The nine Victorian population-based cancer networks



North Eastern Melbourne region





Strategic priorities

The ICS share the same vision, mission and strategic goals. In addition they have common responsibilities for local implementation of key areas of the Victorian Cancer Plan 2016-20 and the state wide adoption of the optimal cancer care pathways.

Vision

Improving patient experiences and outcomes by connecting cancer care and driving best practice

Mission

The ICS will achieve the vision by:

- understanding the needs of people affected by cancer
- building and supporting collaboration between health professionals, health services and consumers
- driving quality improvement in cancer care
- supporting development of the cancer workforce
- facilitating system-wide engagement in cancer research.

Strategic goals

1. A networked cancer care system

- 1.1 Link services involved in cancer care (across all sectors, including cancer centres, health services, community organisations), and work with these services and health professionals to align priorities.
- 1.2 Strengthen linkages between metropolitan and regional cancer service providers.
- 1.3 Engage consumers and communities in the work of the ICS.

2. High-quality cancer care

- 2.1 Implement the Optimal Cancer Care Pathways, including improvements to multidisciplinary care, supportive care and care coordination.
- 2.2 Analyse available data and information of relevant clinical evidence/innovation and disseminate it to drive quality improvement.
- 2.3 Support providers to apply cost-benefit considerations to care/service planning and delivery.
- 2.4 Continue statewide tumour summits to drive consistent cancer care across tumour streams.
- 2.5 Continue to drive improvements in the patient experience of cancer care.
- 2.6 Continue to support workforce development initiatives.

3. A research-informed cancer care system

- 3.1 Encourage providers to participate in clinical trial programs.
- 3.2 Support health services research.
- 3.3 Foster robust evaluation of cancer programs, models of care and ICS initiatives.



Committees

Governance Committee

The activities and budget of the network are overseen by a Governance Committee. Membership of the Governance Committee includes the CEO and senior operational and clinical leaders from each health service; primary care; and consumers. This year the Committee welcomed Sue Shilbury (Austin Health), replacing Brendan Murphy, and David Plunkett (Eastern Health) replacing Alan Lilly. Jacky Close from the Eastern Primary Care Partnership stepped down after five years and Dr. Patricia Hough, a local GP has joined the group.

The NEMICS Governance Committee held a workshop in February to identify additional activities that would support the health services to respond to the recommendations of the *Targeting zero* report.

The four priorities identified are: closer collaboration with Hume RICS to support patients who need care in both regions; developing a strategy for managing low volume, high complexity surgery in the region; reviewing and reporting care against the optimal care pathways; and monitoring participation in research trials.

The Governance Committee is supported by clinical and consumer sub-committees and the secretariat team.

Consumer Reference Group

Over the past year members of the Consumer Reference Group have again contributed to multiple committees and different project activities. They have also been pleased to see the outcome of many of their own project ideas including; commencement of the second *My Cancer Care Record* pilot, development of the patient information videos and an expansion of the Community Ambassador program.

The Group has eight members and Ray Kelly is the Chair and Janine Rossely the Deputy Chair.

Janine Rossely stepped down as Chair after more than four years in the role. Thanks to Janine for her commitment and hard work over this period.

Thanks also to Patricia Jankus who had been a consumer group member since 2009 and resigned last year.

In 2016–2017, consumers have participated in numerous NEMICS activities including:

- evaluating grant applications for consumer impact
- involvement in steering groups for the patient information videos, patient experience survey and *My Cancer Care Record* projects
- contributed to the development of the *Pathways to Wellness: shared care after colorectal cancer project*
- contributed to the development and review of the Optimal Care Pathways
- delivery of the community ambassador program presentations to community groups and support to other ICS
- review of patient information and surveys
- attendance at various conferences and educational events.

We thank all our consumers for their hard work and invaluable contribution in assisting us in our service improvement initiatives.



Consumer Reference Group members: Ray Kelly – Chair, Janine Rossely – Deputy Chair, James Armstrong, Fay Frazer, Anne Kay, Sam Kershaw, Cindy Schultz-Ferguson, Max Shub (not pictured)

Highlights

A common path – cancer support and advice



This suite of videos – *A Common Path* – is an initiative of the NEMICS Consumer Reference Group. These short videos present useful strategies on issues such as getting the information you need, finding support, managing during treatment and decision-making, described by people with similar experiences.

Videos for 14 cancer types have been completed and are hosted on their own YouTube channel, *A Common Path: Cancer support and advice*

More than 40 people from across Victoria shared their experiences to assist others who have recently been diagnosed with cancer with the confidence and knowledge to become an active participant in their cancer care.

Videos in the following cancer types have been completed:

- acute myeloid leukaemia
- breast cancer
- colorectal cancer
- endometrial cancer
- head and neck cancers
- high-grade glioma
- liver cancer
- lung cancer
- lymphoma
- melanoma
- oesophagogastric cancer
- ovarian cancer
- pancreatic cancer
- prostate cancer.

Two additional videos are underway; one on survivorship and another on being an older person with cancer.

NEMICS would like to thank all participants for generously sharing their experiences in order to help others.

NEMICS also acknowledges the support of the Victorian Government.

Annual Forum 2016

NEMICS was pleased to welcome to the 2016 Annual Forum Stephen Duckett who presented the key-note address. Dr Duckett's presentation provided an indication of the new focus on quality and safety in Victoria's health system that was set out in his *Targeting Zero* report. Another feature of the event was a panel discussion. Panel members were drawn from NEMICS community and health services. Dr Duckett prompted a lively discussion on what optimal care looks like by using a scenario that examined issues all along the pathway of care.

Sixty-nine people attended from across the region.



A networked cancer system

A number of projects are being undertaken at a statewide level involving and funded by all Integrated Cancer Services (ICS) in collaboration with the Cancer Strategy and Development section of the Department of Health and Human Services (DHHS). A statewide approach is adopted when common outcomes are required, to support widespread engagement and spread of successful initiatives.

Tumour summits

The tumour summits are a series of tumour-based forums of cancer clinicians from across Victoria. Available data sources are used to create a broad picture of common themes, variations and outcomes for the tumour type, in line with the optimal care pathway. These data are analysed under the guidance of an expert clinical working party for each cancer type.

This three-year program is a key deliverable of the Victorian Cancer Plan 2016-20. Funded by the ICS and the DHHS this program is linked to implementation of the Optimal Care Pathways. The continuous improvement loop of, data – dialogue – agreement – action, supports clinical engagement in reducing variations in access and delivery of care. The areas prioritised at the summits form the basis of local activities to align care with the relevant optimal care pathway.

Prostate cancer

Seventy-one delegates participated in the prostate cancer summit held in May 2016. A/Prof Jeremy Millar, co-chair of the clinical working party, presented data on incidence, survival, disease characteristics and treatment planning of men with prostate cancer in Victoria. Addressing quality of life needs for men with prostate cancer and consistency in early diagnosis and management of localised prostate cancer were highlighted as priorities for action following the summit. Improving access to quality data to inform service improvement also featured high on the priority agenda.

Oesophagogastric cancer

The oesophagogastric cancer summit was held in August 2016, gathering 80 multidisciplinary clinicians from across Victoria to identify practical actions that will positively impact patients' experience and outcomes. Based on summit discussion, the following three goals were recommended for collective action:

1. Increase multidisciplinary meeting capture rate from 70% to 100%

2. Align time from diagnosis to treatment to within the recommended timeframe of 28 days
3. Improve 5-year survival for regional patients

Priorities from 2016 summits pave the way for focused collective action under the optimal care pathways. All post-summit activities are aimed at preparing the sector for successful translation of priorities into specific local projects. This includes documenting current levels of care across the state, designing data collection tools and ongoing communication with the sector.

VICS Conference – Optimal Care in Cancer

The third Victorian Integrated Cancer Services conference was held 11 – 12 May 2017 at the Melbourne Convention and Exhibition Centre. A total of 290 delegates attended the conference over the two days; 257 from Victoria, 16 from interstate and 17 international attendees. There were two invited speakers from Canada. Professor Eva Grunfeld who spoke about the need to integrate patient care between primary and specialist care in order to improve the quality and outcomes of care. Her presentation focused on the work that is underway in Canada to identify gaps in care and develop and test strategies to improve integration and coordination from diagnosis to survivorship. The second invited speaker was Professor Geoff Porter. Geoff spoke about the importance of health services research to ensure quality and cost effective cancer care. Using the Canadian experience he explored how health services research can be used to improve the quality of cancer care for patients and some of the challenges in using this research to advance the quality agenda in cancer.

NEMICS presentations included:

Optimising consumer access to lymphoma clinical trials: a network approach that works. (*Mirela Matthews for Dr Eliza Hawkes*)

From the road less travelled to 'a common path': production of patient information videos. (*Melissa Shand*)

The community ambassador program: a peer to peer approach. (*Anna Mascitti*)

Investigating the characteristics of oesophagogastric cancer patients who do not have treatment planning through a multidisciplinary meeting: informing service improvement. (*Amy Sutherland*)

Overall, delegates reported they were happy with the program quality and content with 70% of respondents rating the invited speakers to be very good or excellent. The next VICS conference will be held in 2019.

My Cancer Care Record

A patient-held cancer information resource, *My Cancer Care Record*, helps patients and their families keep their medical and health-related information in one place, supporting people affected by cancer to be more informed and in control of their care.

Currently 2000 copies are being rolled out across NEMICS and Grampians ICS. Participating health services include public and private day oncology services, radiation oncology units and a mix of other inpatient and outpatient areas. A concurrent evaluation is part of the project.



Patient experience

The experiences of patients and their families are the most informative and effective way of understanding how well the cancer service system works. While all cancer treatment aims to increase survival and decrease suffering, understanding the experiences and outcomes of those affected by cancer helps to create a values-based cancer service system.

Day oncology survey

Short surveys targeting people at points of care, such as during chemotherapy, have been undertaken across

NEMICS. These surveys provide prompt data on the care provided by unit.

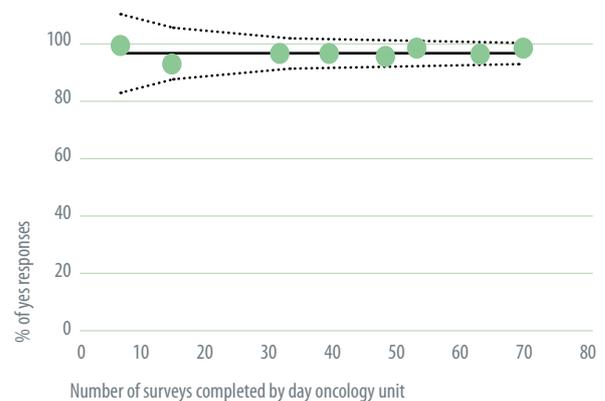
The day oncology units collaborated to develop the survey questions. Eight of the nine day oncology units used the survey over a one week in 2016. In total 324 surveys were completed.

Survey findings include the following:

Overall, survey participants were very happy with the way that staff worked together to give them the best possible care while receiving their cancer treatment. Positive experiences were strongest in areas that had established mechanisms to ensure patients understanding and physical comfort. These included:

- understanding their cancer treatment prior to starting
- being provided with information on how to manage side-effects
- being provided with contact details if they were unable to manage side-effects at home
- staff checking with patients if they were experiencing any side effects while they were attending the day oncology unit, and
- patients feeling that staff were doing everything they could to help to manage any side-effects of their cancer treatment.

Figure 2: Staff checked if survey respondents had any side-effects or symptoms while having treatment.



The survey identified meeting patients' supportive care needs as the area requiring greatest improvement. This is growing area of cancer care and one that is not fully established within routine clinical practice. The greatest areas identified for improvement included:

- 7 out of 10 said they were not asked if they needed assistance with managing finances
- 2 out of 5 said they were not asked if they needed assistance with managing home or work commitments

- 1 in 4 said they were not asked if they needed any emotional support
- 1 in 2 said they were not asked if they needed assistance with car parking costs.

It is worth noting that once people were asked the majority reported that their needs had either been met, or that support had not been required. This suggests that the conversations and / or interventions being provided by clinicians are meeting patients' needs.

Victorian Cancer Patient Experience Survey

The *Victorian Cancer Patient Experience Survey* is also available both as a whole-care survey or treatment specific modules. This survey will be used in 2017 to monitor alignment of care with the optimal care pathways and the experiences of that care.

Community ambassador program

The community ambassador program is a peer to peer education program that informs the broader community about the information and supports that are available to help people affected by cancer.

Trained volunteers (the ambassadors) provide information and support to local community groups, by drawing on their personal experiences of cancer. They are people with a cancer experience, who enjoy public speaking, have an interest in engaging with the local community and are happy to share their own experience to inform others.

With one in three people expected to be diagnosed with cancer by age 75, coupled with improving survival rates, most people can expect to know someone with cancer or experience it themselves. The program seeks to support increased health literacy of the general community.

The *Coping with cancer: what to know and where to get help* presentation has been given to over 1200 people across 27 different groups. Community groups have included Men's Sheds, Probus clubs and Older Men: New Ideas groups.

Ambassadors deliver the information via a presentation that combines facts, statistics and their own personal tips.

"Don't be afraid to ask questions and especially don't be afraid to ask the same question again if you don't understand the first time"

"No one else knows your body like you, so speak up if something doesn't feel right or is worrying you"

Feedback provided by attendees is consistently positive and the peer perspective highly regarded.

"This type of information is valuable to have at hand prior to a need"

"You have persuaded me to have the colonoscopy my doctor ordered last year"

In 2016-17 the program is being extended into five other ICS; Grampians, Hume, Gippsland, Loddon Mallee and Southern Melbourne. A filmed presentation has been developed for training purposes. NEMICS is supporting the other ICS with information sessions and shared resources. An education session for consumers and staff of the participating ICS is planned for August 2017.

The community ambassador program is useful and empowering to those receiving the information but also to the ambassadors sharing the information with their peers.

"Hopefully it helps someone else to become more proactive, confident and brave to seek a second opinion"



Ambassador Ray Kelly (centre) and members of the Wendouree Men's Shed

High quality cancer care

Optimal cancer care pathways

The nationally endorsed Optimal Cancer Care Pathways (OCPs) describe the optimal cancer care for specific tumour types. They map the patient journey, aiming to foster an understanding of the whole pathway and its distinct components to promote quality cancer care and patient experiences. The OCPs are available in a detailed clinical version with a quick-reference guide and consumer versions available in plain English and six other languages.

The OCPs outline key principles for evidence-based and best-practice care at key points along the patient journey and provide a framework to assess and improve cancer care throughout the health system. The statewide focus in 2016-17 has been on lung, colorectal and ovarian cancers and prostate and oesophagogastric cancers are prioritised for 2017-18. The ICS in collaboration with the Primary Health Networks are driving activities that support care in line with the OCPs in both primary care and hospitals.

Lung cancer

The state wide focus for lung cancer is on timeliness of care, in particular the time from referral through diagnosis to first treatment.

Lung cancer redesign projects

Variation in the timeliness of lung cancer care remains a significant problem in Victoria, with a recent analysis of the Victorian Lung Cancer Registry data revealing that only 66% of patients met the referral to diagnosis target of ≤ 28 days, and 56% met the diagnosis to first treatment target of ≤ 14 days. Similarly, evidence suggests that there is significant variation across Victoria in whether patients are presented to a lung multidisciplinary team meeting.

Improving the timeliness of care for new lung cancer patients, in particular from receipt of referral to first specialist appointment, confirmation of diagnosis, treatment planning and commencement has been the focus of work across the region.

Eastern Health commenced their project in July 2016 and have achieved and implemented solutions from March 2017. Local data for patients referred from March to May 2017 show that 80% of patients meet the referral to diagnosis target of ≤ 28 days, 71% of patients meet the diagnosis to first treatment target of ≤ 14 days and 84%

of patients meet the referral to first treatment target of ≤ 42 days.

Similar projects at Austin Health and Northern Health have just commenced.

Colorectal cancer

Priority areas in colorectal cancer build on areas identified in the Colorectal Summit in 2014. The main areas of focus were determined following examination of local data and consultations with local GPs, clinicians and consumers.

Activities undertaken include:

- studying access and utilisation of chemotherapy after surgery
- monitoring emergency presentation leading to colorectal cancer surgery
- focusing on improving access to colonoscopies
- implementing shared-care follow-up and survivorship care for patients after treatment for bowel cancer.

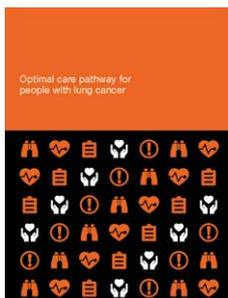
Chemotherapy access and utilisation is confirmed as generally meeting the recommended utilisation level and timeliness target.

Pathways to wellness – colorectal shared-care follow-up

The project is implementing a new model of after-treatment follow-up for people with colorectal cancer. This three-year project is being implemented at Eastern Health – Box Hill and Monash Health – Dandenong, supported by both NEMICS and the Southern Melbourne Integrated Cancer Service (SMICS).

In Victoria, five-year survival for colorectal cancer increased to 68% in 2010–14 and 70% in NEMICS and SMICS. Follow-up guidelines recommend three-monthly surveillance in the initial years after treatment, and then six-monthly surveillance up to five years. This follow-up will now alternate between hospitals and general practice and will be integrated with community chronic disease management frameworks.

Recruitment to the project commenced in May 2017 with 12 people commencing shared care so far. The target number of participants is 100. Supported by a shared – care coordinator, participants will have:



- follow-up visits shared between hospital specialists and GPs and integrated with general practice chronic disease management frameworks
- assessment for needs following cancer treatment, self-management and carer support
- targeted referral to diet, exercise, smoking cessation and health coaching interventions to optimise health and assist in reducing risk of cancer recurrence.

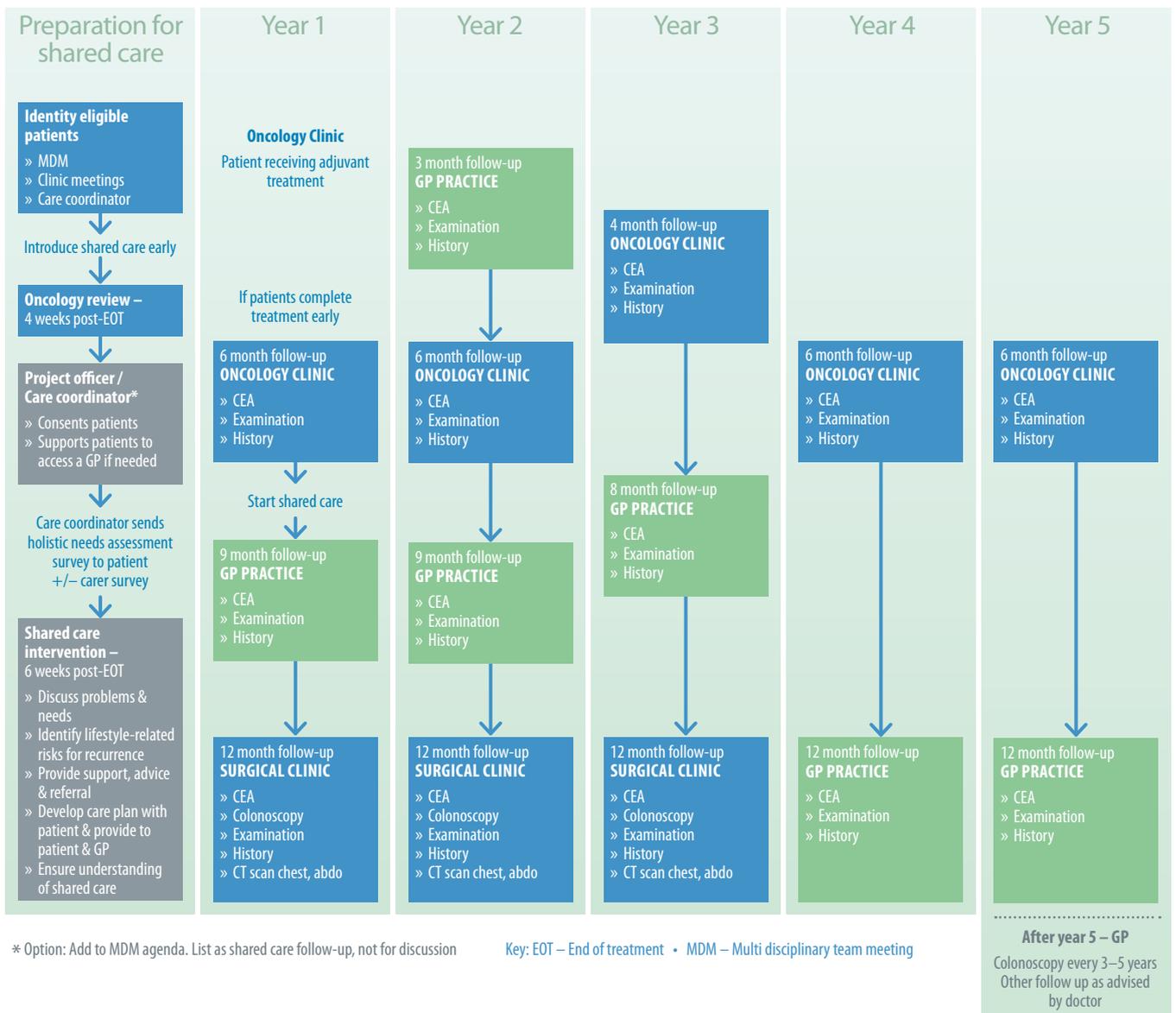
This model aims to address the longer term supportive care impacts of colorectal cancer and treatments,

including bowel/bladder changes, fatigue, nutritional problems, peripheral neuropathy, sexual dysfunction, return-to-work challenges and psycho-social issues, through holistic needs assessment and linkage with community services.



Yvette Vonier
Care Coordinator:
Colorectal Cancer Shared Care

Figure 3: Pathways to wellness-shared care after colorectal cancer.
Risk stratified follow-up pathway for patients receiving adjuvant treatment for colon cancer



Towards optimal care – ovarian cancer

This project took a state wide approach to collect, measure and review data about the care of women with ovarian cancer in Victoria. An expert steering committee reviewed information showing current referral, diagnostic and treatment activities.

Ovarian cancer affects about 440 women in Victoria each year, and is frequently diagnosed when well advanced. Better outcomes are achieved when surgery is performed in high volume specialist centres. In Victoria nearly 70% of women have their surgery in the four highest volume hospitals. Public and private hospitals play an important role in providing surgical and chemotherapy treatments. There were high rates of multidisciplinary treatment planning for women treated in the public hospitals. Where information was available, analysis showed that treatment was timely.

A state wide services map was produced that gathers service information from the public and private metropolitan hospitals and the regional cancer centres. Both treatment related and supportive care services are included. Information about genetic testing, clinical trials and support groups is also covered. This is the first time a comprehensive system-wide description of ovarian cancer care has been made available.

Information about further work with this OCP will be available in the coming months.

Cancer care performance monitoring framework

A framework and a suite of measures to monitor performance and outcomes of cancer care in Victoria are being developed. Existing and potential indicators were identified from the literature and clinical field. Criteria for identifying and selecting appropriate indicators were developed and tested.

The focus of the framework is to develop measures that are useful to clinicians, hospitals, ICS and the Department of Health and Human Services to measure the cancer care system across the patient pathway and to drive service improvement. This project is led by the Barwon South Western Regional Integrated Cancer Service.

Two indicators for bowel cancer identified at the colorectal summit are presented.

Figure 4: Examination of 12 or more lymph nodes

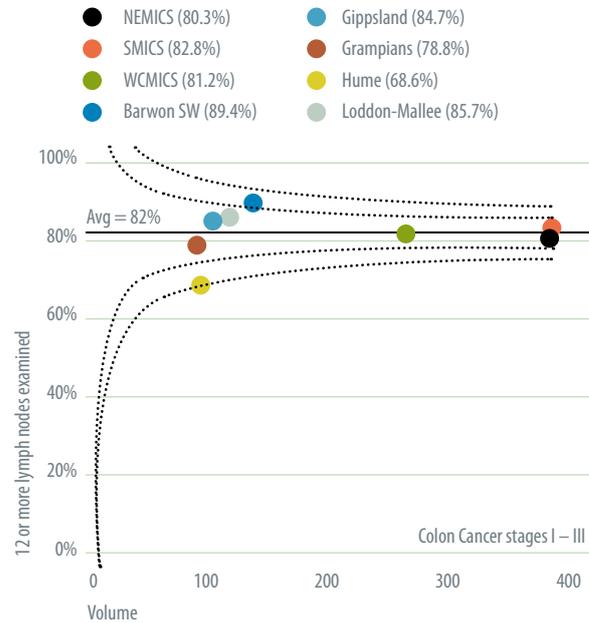
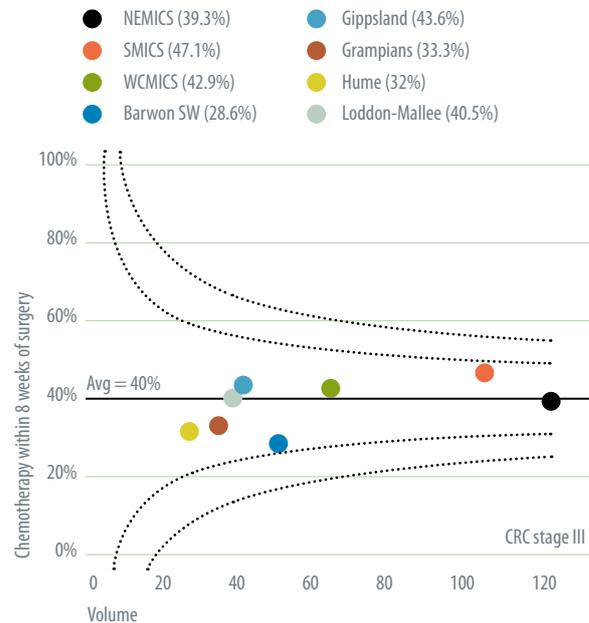


Figure 5: Chemotherapy within 8 weeks of surgery



Multidisciplinary care

Multidisciplinary care is a key component of best practice cancer care, encompassing a collaborative, decision-making approach to treatment planning. Multidisciplinary meetings (MDM) are a central tenet of multidisciplinary cancer care articulated within the nationally endorsed Optimal Cancer Care Pathways. MDM activity and quality is monitored by the Department of Health and Human Services (DHHS) and the ICS.

There are 33 multidisciplinary teams across NEMICS that meet regularly, with approximately 100 meetings a month or 45 a fortnight. In 2016–17, there were 10,108 multidisciplinary case discussions recorded in CANMAP (NEMICS electronic MDM database). Note the Austin Breast MDM and the Mercy Gynaecology MDM do not use CANMAP so are not included in these figures.

Figure 6: Number of cancer multidisciplinary meetings in CANMAP

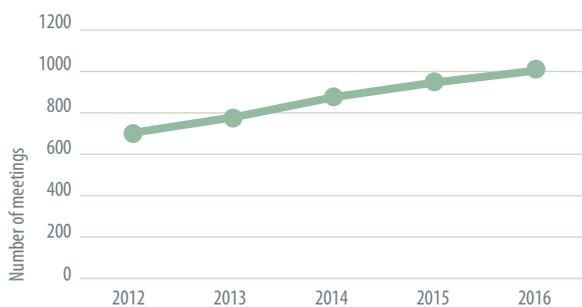


Figure 7: Number of multidisciplinary case discussions in CANMAP

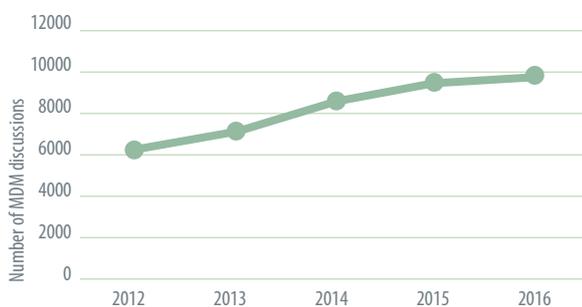


Figure 8: Multidisciplinary treatment plan in the patient record



Figure 9: Evidence of staging in the multidisciplinary treatment plan



Sustaining multidisciplinary care

Cancer MDMs are a recognised, yet costly, component of quality cancer care due to the range of medical specialists involved. MDMs facilitate a collaborative team approach to treatment planning for individual cancer patients and are the forum for consideration and referral for clinical trials. For people who receive treatment in more than one hospital or centre, test results need to be available to the team and external specialists may be linked in.

NEMICS health services expressed interest in understanding the overall quality and sustainability of cancer MDMs in their health services. An extensive review of the cancer MDMs at Austin Health was conducted, covering quality, activity, costs and benefits of MDMs to cancer care. This work was commenced prior to a state wide project to develop quality standards for MDMs and comprised: detailed analysis of activity; numbers of meetings and patients discussed; staff time in preparation and attendance; leadership and team dynamics; attendance and length of discussion and meeting processes including errors. MDM team members were surveyed about benefits of participating in an MDM and for their suggestions for improving their MDM.

Figure 10: Median ranking of benefits of participating in MDMs – consultants versus registrars/fellows

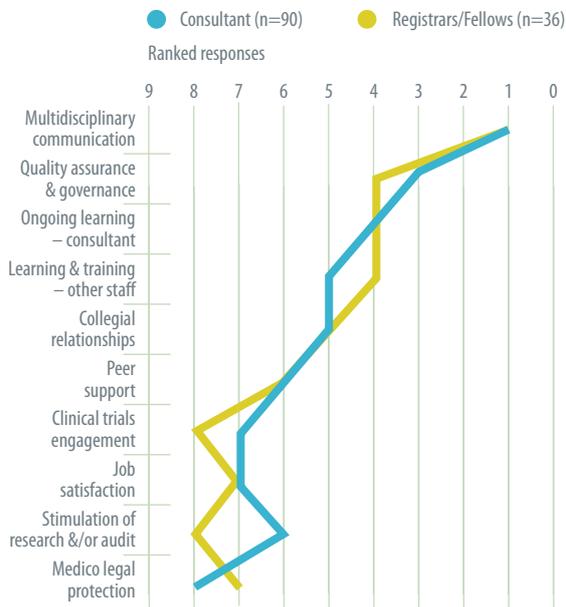
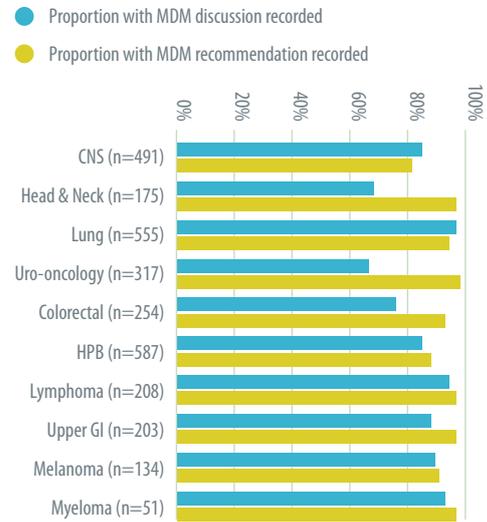


Figure 11: Word cloud displaying improvements desired by MDT members in documentation and chairing



Figure 12: Proportion of case discussions held in 2015–16 where discussion and recommended management was recorded (CANMAP meeting software)



Accessing MBS funding

Work commenced in 2015 towards establishing processes to access dedicated Medicare rebates for multidisciplinary cancer case discussion in the NEMICS region. Health services have taken a network-wide approach to designing and implementing the billing model and allocating the revenue to help sustain MDMs and improve multidisciplinary care for cancer patients.

The first four MDMs have commenced billing at Austin Health, two are about to start at Eastern Health and one established and one about to commence at Northern Health.

NEMICS will continue to support health services to improve the sustainability and quality of multidisciplinary cancer care.

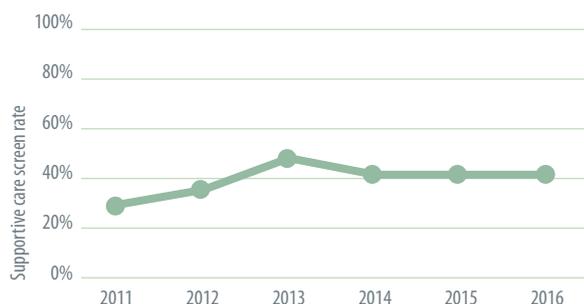
Supportive care

Our health services began systematically identifying and managing the supportive care needs of cancer patients in 2010. This process provides an opportunity for patients to report on what concerns are troubling them most during cancer treatment and to be provided with information and support to assist them to manage these concerns and recover. Supportive care includes the need for information and the physical, emotional, social and spiritual responses to being diagnosed and treated for cancer. All members of the multidisciplinary team provide supportive care for patients at NEMICS health services.



The proportion of patients who undertake a screen to document their supportive care needs has been monitored since 2008. The rate across NEMICS health services decreased in 2014 and has not yet recovered. NEMICS staff continue to work with health services to build supportive care screening and services.

Figure 13: Evidence of screening for supportive care needs in the patient record



Communication skills

Integral to good supportive care is a cancer workforce that is highly skilled in focusing on what is important to the person with cancer and that is able to have effective conversations about distressing supportive care problems/needs, support self-management approaches, provide effective triage and referral in response to identified problems, and manage personal impacts of providing supportive care for people with cancer and their families.

NEMICS funds a program of regionally based, communication-skills workshops in partnership with Cancer Council Victoria to support key health professionals to perform supportive care mentoring and debriefing roles. The workshops are open to staff from the public and private hospitals within the region.

VCCCP Workshops

- Eliciting and Responding to Emotional Cues
- Transition to Palliative Care
- Discussing Death and Dying
- Discussing Sexuality

In 2016, seven workshops were offered and attended by 47 staff. To date in 2017, three workshops have been offered attended by 26 staff.

Comments on the Eliciting and Responding to Emotional Cues workshop

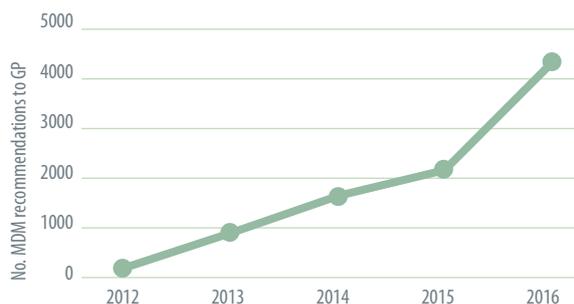
“Thanks again for a fabulous session today. It’s one of the best professional development opportunities I’ve attended in a long time and I hope to send as many of the staff working in day oncology and apheresis as possible.”

“What I enjoyed most was the opportunity to explore my practice and see others practice in a safe but very professional environment”

Care coordination

Good information flow between cancer services and treatment types underpins good coordination of care. Promoting information about a person’s cancer diagnosis and treatment to their GP remains the focus of coordination activities.

Figure 14: Evidence of communication of the treatment plan to a patient’s GP



A research informed cancer system

NEMICS grants programs

A range of grants are offered to support local projects to improve cancer care.

Scoping projects 2016

Scoping projects involve local review of patient groups to identify gaps that need to be addressed.

Early referral to palliative care in advanced lung cancer

Kathryn Tham – Austin Health

This scoping project involved a review of 264 individual patient episodes across Box Hill, Maroondah and Angliss hospitals for referral to palliative care. The results showed that over one third of patients with advanced lung cancer admitted to Eastern Health are not being referred to the palliative care team. This is despite evidence of a high disease and clinical burden in these patients. The evidence presented suggests that previous contact with a specialist palliative care service, either inpatient consult or domiciliary, is the strongest predictor of referral rather than symptoms or estimated prognosis.

Elderly patients living in residential care – smoothing transition to community palliative care

Kay Hose – Austin Health

This scoping project explores gaps in transition from hospital to home for cancer patients over the age of 65 who require specialist community palliative care. An audit of 30 patients referred to the inpatient palliative care consultancy team showed that 77% of patients required more than one admission. The group that were most vulnerable for readmission within 14 days of discharge were patients aged over 75 years. The main reasons for readmission within 14 days were infection, symptoms and functional decline. Of these patients 20% represented to hospital without a visit from community palliative care services.

Quality improvement projects

The following projects are current but not yet completed.

Oral chemotherapy patients – model of information provision and care coordination

Lesley Turner – Eastern Health

Laryngectomy safety and care; resource manual development

Rhonda Holmes – Austin Health

Prostate cancer survivorship clinic

Penelope Sanderson – Austin Health

Volunteer peer support project

Tracey O'Neill – Austin Health

Feasibility of phase 1 (acute) oncology rehabilitation program

Amy Dennett – Eastern Health

Physiotherapy breast cancer education and exercise program (BEEP) – in the outpatient setting

Kristen Capron – Austin Health

A pilot program of supervised exercise for patients undergoing chemotherapy treatment for colorectal cancer and multiple myeloma

Michael Cooney – Northern Health

Volunteer services model development within cancer services units at Eastern Health

Luellen Thek – Eastern Health

Establishing an urgent ad hoc symptom review clinic for cancer patients being treated within the medical oncology and haematology units at the Northern Hospital

Michael Cooney – Northern Health

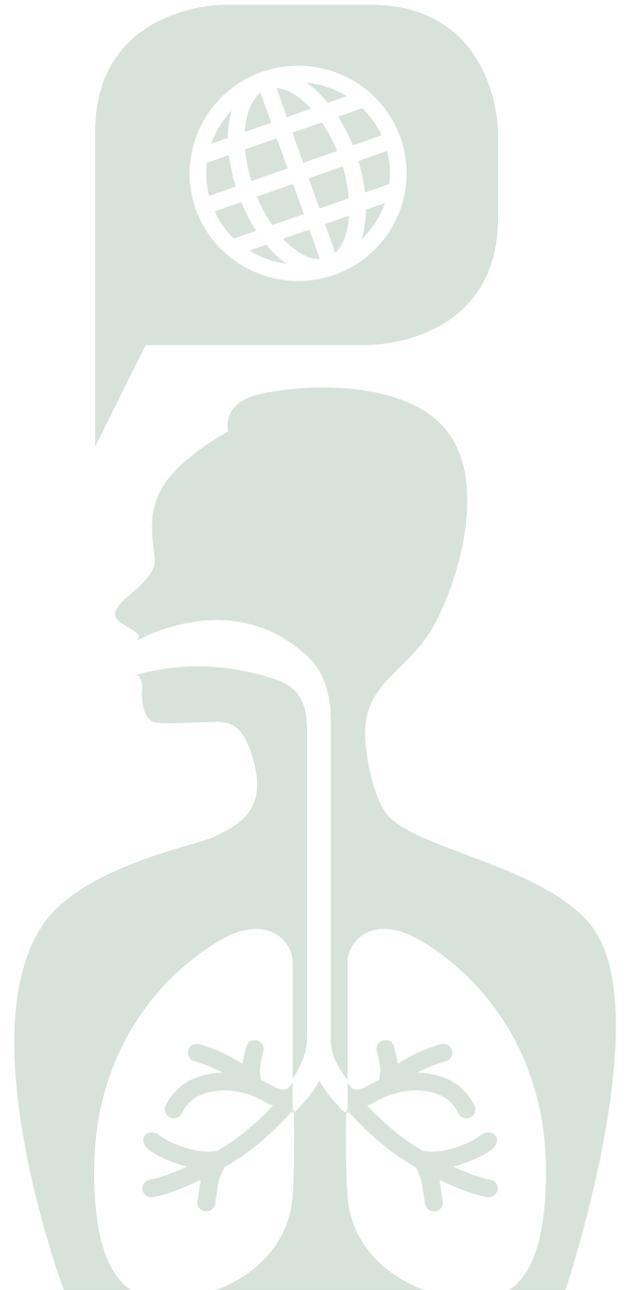
LEAD Study: lung cancer diagnostic and treatment pathways: a comparison between CALD and Anglo-Australian patients

NEMICS has partnered with Monash University and the other metropolitan ICS to study the diagnostic and treatment pathways for lung cancer patients.

In Australia, lung cancer kills more people than breast, prostate and ovarian cancer combined. Current evidence shows that people from culturally and linguistically diverse (CALD) backgrounds are especially vulnerable with higher mortality rates than Anglo-Australian patients. The reasons for this are unclear as no Australian specific data that examines possible barriers along the lung cancer pathway exists. The LEAD study aims to measure, compare and contrast the time intervals to diagnosis and first treatment for CALD and Anglo-Australian lung cancer patients, as well as identifying patient, healthcare provider and health system factors that influence the pathways to care.

The project is the result of a grant awarded through the 2015 round of the Priority-driven Collaborative Cancer Research Scheme and is funded by Cancer Council Australia with the assistance of Cancer Australia. The study is being conducted over multiple sites in Melbourne, Sydney and Brisbane with all NEMICS member health services offering lung cancer treatment (Austin, Eastern and Northern Health) participating in the research.

The study has been designed to yield informative data and valuable insight into lung cancer care, essential to any future intervention to improve early diagnosis and treatment. Information gained through the study will be useful in shaping future lung cancer service delivery in the NEMICS region.



Future directions

Victorian Cancer Plan 2016–20

The *Victorian Cancer Plan 2016–20* was released in July 2016. This is the first of the four yearly plans required under the *Improving Cancer Outcomes Act 2014* and outlines the framework and basis for action in cancer care for the next four years. The plan establishes key areas for improvement in outcomes from prevention, early detection and treatment, with support and leading to recovery, underpinned by research.

The ICS move to a new phase under this plan to better deliver improvements in cancer care and are responsible for implementation of a number of actions in the plan. These include supporting health literacy and establishing new pathways of care as well as our current focus on Tumour Summits, implementing the optimal care pathways and monitoring the outcomes and experiences of care.



Investigating supportive care practices in Victorian health services

Across Victoria, the proportion of cancer patients who are screened for their supportive care needs is 39%. This is below the target of 50%. Variation exists between health services and across tumour types.

A prevalence survey is planned for late 2017 to identify the prevalence of supportive care screening and subsequent actions such as referral, assessment and outcomes. Eastern Health and Austin Health are participating in the survey.



Financial report

REVENUE

2016–17

DHHS – ICS Grant	\$ 1,818,874.00
DHHS – Service Improvement Grants	\$ 153,000.00
Tumour Summits – ICS and DHHS contributions	\$ 286,860.00
Salary recoveries	\$ 19,122.00
REVENUE TOTAL	\$ 2,277,856.00

EXPENDITURE

SALARIES AND WAGES

Administrative salaries	\$ 962,795.98
WorkCover	\$ 10,563.62
Long service leave	\$ 20,546.00
Superannuation	\$ 92,772.95
Clinical salaries	\$ 201,180.80
Contract/other agency staff	\$ 384,541.45
Salaries and Wages Subtotal	\$ 1,672,400.80

GENERAL EXPENSES

Computer software	\$ 11,929.52
Printing and stationery	\$ 5,013.14
Administration (general)	\$ 14,404.79
Food	\$ 17,754.30
Repairs and maintenance	\$ 54.00
Capital/asset purchases	–
Equipment < \$2500	\$ 6,639.36
Motor vehicles and travel	\$ 2,647.50
Corporate/management charge by host agency	\$ 182,049.00
Staff training and education	\$ 5,025.00
Conferences and travel	\$ 1,038.91
General Expenses Subtotal	\$ 246,555.52

PROJECT EXPENSES

Consultancy – General	\$ 18,147.27
Summits – Consultancy	\$ 21,843.20
A Common Path Videos – Production Consultancy	\$ 45,919.00
My CCR – Evaluation Consultancy	\$ 20,000.00
Lung Redesign Grants	\$ 20,908.00
Service Improvement Grants Program	\$ 172,379.60
VICS Conference	\$ 8,274.34
Other projects	\$ 21,396.00
Project Expenses Subtotal	\$ 328,867.41

EXPENDITURE TOTAL	\$ 2,247,823.73
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Balance	\$ 30,032.27
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Committee membership and staff

Governance Committee

Linda Mellors
Brendan Murphy (Retired)
Sue Shilbury
Siva Sivarajah
Alan Lilly (Retired)
David Plunkett
Phil Parente
Andrew Weickhardt
Shane White (Retired)
Frances Barnett
David Allen
Kate Whyman (Retired)
Shannon Lang
Jason Payne (Retired)
Cherie Cheshire
Megan Burgmann (Retired)
Gill Evans (Retired)
Naida Lumsden
Jacky Close (Retired)
Patricia Hough
Janine Rossely (Retired)
Anne Kay (Retired)
Paul Mitchell
Katherine Simons

Consumer Reference Group

Janine Rossely
Anne Kay
Fay Frazer
Cindy Schultz-Ferguson
Max Shub
Ray Kelly
Pat Jankus (Retired)
Sam Kershaw
James Armstrong

Staff

Nadia Ayres
Hugh Burch
Cathie Corrick
Megan Dendle
Paula Howell
Joanne Kenny
Anna Mascitti
Paul Mitchell
Melissa Shand
Katherine Simons
Charmaine Smith
Luellen Thek
Carmel Vermeltfoort
Alex Viner
Mirela Matthews
Melinda Williams
Amy Sutherland





NEMICS Directorate Office
c/o Austin Health
145 Studley Road
Heidelberg Victoria 3084
Telephone (03) 9496 3322
Facsimile (03) 9496 3898

www.nemics.org.au

