True Dialogue

North Eastern Melbourne Integrated Cancer Services

– Regional planning workshop report

Submitted 28 October 2019

For further information regarding this document please contact:

Veronica Strachan

Phone: 0432 094 743

Email: veronica@truedialogue.com.au

Contents

Purpose

True Dialogue facilitated a regional planning workshop on 11 October 2019 for North Eastern Melbourne Integrated Cancer Services (NEMICS). This report is a summary of the key outcomes and recommended actions for the facilitated groups discussions held on the day.

The purpose of the regional planning workshop was to explore strategic opportunities through collaboration to improve the patient experience and self-sufficiency in the NEMICS region. Relevant opportunities identified would contribute to the NEMICS workplan for the next 12-18 months.

Objectives

The objectives of this workshop were to:

- understand the current state of cancer services across the NEMICS region from the perspective of health services, health care professionals and consumers
- understand the broader context in which cancer services are delivered, and
- identify opportunities to improve care for people with cancer in the region and determine priorities for action.

Background

NEMICS supports a regional approach to the planning and delivery of health services, activities including service mapping, service capability assessments, and audits of pathways of care for specialist services.

The previous NEMICS regional planning workshop was held in 2015. The 2019 workshop aimed to improve a persistent lower than expected self-sufficiency for the NEMICS region. NEMICS self-sufficiency is currently the lowest in the metropolitan ICS with a stable rate of 66-67% over the last five years.

For the purposes of the workshop, "*self-sufficiency*" was defined as a patient with cancer receiving all of their care from health services within the geographic NEMICS region. So, the region was seeking a lessening of the outflow of patients leaving the region for cancer services in other regions.

Other considerations at the workshop included:

- health service challenges such as a long term sustainable strategy for health services
- a focus on increasing value added care and decreasing non-value added care
- greater utilisation of home based care when safe to do so, and
- access to specialised services such as mutation testing, MRI linac state-wide service, and CAR-T therapy.

Additionally, the workshop would provide an opportunity for NEMICS health services to contribute to regional service planning, identify priorities, identify gaps in services, and where referral pathways could be developed and formalised.

From 2012-15, the three generalist health services (Austin Health, Eastern Health and Northern Health) developed a plan for cancer services. These plans took different forms and are all preparing for some review either as they approach the final year, develop operational plans or in light of a new health service strategic plan. The plans are:

- a clinical services plan
- a cancer strategic plan, and
- a cancer business-unit plan.

Methodology

Public and private health services were invited to the half-day event from across the NEMICS region.

There were 41 attendees at the workshop from the following organisations: Austin Health, Eastern Health, Northern Health, Mercy Hospital for Women, Warringal Private Hospital, Genesis Care, Peter Mac Box Hill, Eastern Melbourne Primary Health Network, Eastern Melbourne Palliative Care Consortia as well as NEMICS consumers, and NEMICS directorate staff.

The methodology for the facilitation included:

1. setting the scene - preparation of a briefing presentation from NEMICS, a consumer representative, and the four public health services.
2. then a series of facilitated discussions to assist with:
    - identifying ideas and opportunities to improve self-sufficiency in the NEMICS region
    - prioritising ideas considering the effort to implement and the impact of implementation on consumers, staff, and organisation
    - preparing a high level execution strategy for one of the prioritised ideas, and
3. finally, issuing a call to action for NEMICS and healthcare staff to take the next steps.

Pre-workshop preparation

The NEMICS presentation aimed to highlight why the event was being held, define the region, collaborative relationships, and significant achievements, what the current state of services and self-sufficiency was, and outline possible future directions and opportunities.

The consumer representative was asked to share the consumer perspective on self-sufficiency and the challenges and opportunities identified by consumers.

The four public health service were asked to reflect on the following (prior to the workshop) and present at the workshop:

Their current state:

- changes in service capability since the last workshop (2015)
- changes in models of care have impacted on cancer services activity since 2015, and
- clinical treatments and modalities that may impact on future service planning and delivery.

Their desired future state:

- Top 3 challenges going forward - service planning imperatives
- Benefits and opportunities of regional service planning.

Workshop sessions

Setting the Scene

Sue Shilbury, CEO Austin Health welcomed the group, defined the workshop purpose, and reminded attendees to address *high value* versus *non-value care*, and shifting care from acute health services to community and the patient's home for better outcomes and quality of care.

Kathy Simons, Manager, NEMICS presented relevant regional data, NEMICS collaborative relationships, and significant achievements since 2015. She informed the attendees of the role of NEMICS in building relationships between providers, health services and settings to plan and implement best practice models of cancer care, and future directions and opportunities.

NEMICS regional statistics

The NEMICS region consists of:

- 1.5M people (Australian Bureau of Statistics estimate 2018)
- 4 public health services (Austin Health, Eastern Health, Northern Health and Mercy Hospital for Women)
- 5 private hospitals with significant cancer activity (Epworth Eastern Hospital (Epworth Healthcare), John Fawkner Private Hospital and Ringwood Private Hospital (Healthscope), Mitcham Private Hospital and Warringal Private Hospital (Ramsay Health)
- 4 radiotherapy services (2 public, 2 private)
- 2 Primary Health Care Networks (PHNs)
- 2 palliative care consortia
- 20% of Victorian cancer patients live in NEMICS
- 23% of Victorian cancer patients are treated in NEMICS
- 66% of patients treated in NEMICS (public and private) also live in NEMICS.

NEMICS collaborative relationships and achievements since 2015

Since 2015, examples of the network working together to improve patients experience and cancer services in the regions NEMICS include:

- a network approach to Lymphoma clinical trials – demonstration project
- malignant spinal cord compression
- state-wide focus and projects:
    - Victorian Tumour Summits
    - Optimal Care Pathways – redesign projects (Oesophagogastric, Lung)
    - Multidisciplinary Meeting quality framework
- *Pathways to Wellness* for colorectal cancer (with SMICS)
- My Cancer Care Record
- NEMICS service map update.

Consumer perspective

Graeme Down, a consumer from the NEMICS consumer representative reference group, spoke of his own complex journey with cancer and encouraged the attendees to consider the consumer perspective alongside the economic and clinical data. He included a summary of points that reflected the views and experiences of over 1,000 people who completed the Cancer Experience of Care survey undertaken by Austin, Eastern and Northern Health in 2018.

According to consumers, value added care includes:

- communication and interpersonal skills
- integrated and coordinated care
- information and support, and
- guidance and navigation.

Some of the inefficiencies consumers see in their care system include long waiting times, repetition, no designated point of contact and poor coordination of care. Some consumer perspectives on self-sufficiency are noted in table 1 below.

Table 1. Consumer perspectives on regional self-sufficiency

Reasons consumers go locally for care	*Reasons consumers seek care beyond NEMICS*
▪ Based on referral/guidance from GP/clinician ▪ Reduced travel times ▪ Prior use & familiarity with the hospital & co-located services ▪ Familiarity with transport & parking ▪ Assists with other aspects of life - *family, kids, school, work*	▪ Based on referral/guidance from GP/clinician ▪ Own choice ▪ Expert clinician works out of region ▪ Not our expectation ▪ Related to waiting times ▪ To access private services ▪ Access to services not available in local area

In summary, consumers need to be informed of their choices, to be told if there are options, and to have time and support to make decisions on what, where and with whom.

Health service presentations

The four major public health services presented their current services and progress on cancer service provision since 2015. Their challenges and top three opportunities to improve self-sufficiency are noted in tables 2 and 3 below.

Note: Austin Health combined their challenges and opportunities, so these are repeated in both tables. All bar one health service presented more than three opportunities; all are noted.

Table 2. Top challenges for health services

Austin Health	*Eastern Health*
▪ Victorian State MRI Linear Accelerator ▪ Enhanced gynaecological oncology across region ▪ Bone marrow transplant services ▪ Collaboration between services for clinical care pathways ▪ Collaboration between services for education and research ▪ Collaboration with other genetic services for training and education of clinical geneticists ▪ Survivorship program models ▪ Shared care with GP models ▪ Cancer rehabilitation models	▪ Timely access to gene mutation testing for targeted therapy ▪ Coordination of supportive care, allied health services and wellness programs ▪ Digital health and informatics – integration into practice, links to internal audits, clinical registries and patient outcomes
Northern Health	*Mercy Hospital for Women*
▪ Unique cancer service structure – early phase of planning ▪ Care coordination risks v budget constraints ▪ Survivorship – breast cancer patients ▪ Growing haematology demand and self-sufficiency challenges ▪ Access to clinical trials ▪ Timely access to mutation testing/molecular gene mutation pathology testing and molecular based treatment ▪ Growing geriatric oncology demand	▪ Current budget issues ▪ Data collection ▪ Patients, MDMs and Trials management ▪ Chemotherapy services and Trials ▪ PARPi 1stline? All ovarian cancers? ▪ Equipment updates ▪ Sentinel nodes for laparoscopic management of Endometrial cancer ▪ Palliative Care ▪ Formal links with ONJ

Table 3. Top 3 opportunities for regional service planning

Austin Health	*Eastern Health*
▪ Victorian State MRI Linear Accelerator ▪ Enhanced gynaecological oncology across region ▪ Bone marrow transplant services ▪ Collaboration between services for clinical care pathways ▪ Collaboration between services for education and research ▪ Collaboration with other genetic services for training and education of clinical geneticists ▪ Survivorship program models ▪ Shared care with GP models ▪ Cancer rehabilitation models	▪ Disease specific gene mutation profiling/testing within NEMICS ▪ Planning to provide best care close to home ▪ Centralisation of expertise – e.g. H&N., Allograft services at Austin Health
Northern Health	*Mercy Hospital for Women*
▪ Work with NEMICs on data integration for electronic audit reports against OCP timelines (i.e.: VCR, CANMAP, VAED, VEMD, Radiation oncology) ▪ Workforce training and development strategy across NEMICs ▪ Regional clinical trials registry and patient access to clinical trials ▪ Access to contemporary improvements in cancer diagnostics and therapies ▪ Survivorship community health – health service collaboration	▪ Palliative Care ▪ Currently links with all community services ▪ MHW runs a palliative care clinic, as well as inpatient management ▪ Formal links with ONJ would be beneficial for all parties ▪ Regional Services ▪ Currently Bendigo, Albury Wodonga, Wangaratta, Sale (up to 40% of referrals) ▪ Expanding services – Ballarat, Warrnambool, Werribee ▪ Planning ▪ Recruitment of staff ▪ Genetics

Identifying opportunities for improvement

Discussion 1

The first small group exercise aimed to generate ideas around opportunities for improving self-sufficiency within and across the region that would improve the patient's experience. The exercise also asked the participants consider their sphere of influence; where they may be most influential in leading change and where they may need to build collaborative relationships to ensure a successful and sustainable implementation.

Opportunities were identified that could be managed by:

- the health service alone,
- done in collaboration with one or two others, or
- would benefit from NEMICS assistance with a region-wide approach.

The identified opportunities are noted in tables 4a-c below.

Tables at the workshop were populated with a majority of attendees from an acute public health service and a mix of staff from other organisations. Some overlap of ideas may be noted in tables 4a-c.

Table 4a. Table generated opportunities for improvement Austin Health & Mercy Hospital for Women

Single service	*Collaboration*	*Region-wide*
▪ Marketing of services locally (public and GPs) ▪ MR linac/UMA etc ▪ Haplo BMT/Car-T etc ▪ Ambulatory oncology growth from inpatient to home based cancer care ▪ Cancer care coordination/roles ▪ Community and GP promotion ▪ MHW to Eastern (gynae-onc surgery) ▪ Radiotherapy ▪ Pal Care ▪ Clinical Trials ▪ Chemo	▪ Molecular pathology ▪ BMT services + haem gen ▪ Palliative care (specialist) services ▪ Hepatoma ▪ MDMs ▪ Raise awareness of NEMICS region to GPs / health services ▪ Defined pathways to specific health services for rarer/complex cancers (e.g. complex colorectal) ▪ Faster communication and more accessible for consumers	▪ GP referral pathways ▪ Health pathway information ▪ Marketing within local community ▪ Cancer rehabilitation services ▪ Lymphoedema services ▪ Data for activity and performance ▪ Info for consumers ▪ Reduce fragmentation ▪ Clinical trials collaboration ▪ Enhancing collaboration within NEMICS – specialists move between health services ▪ More frequent regional planning workshops ▪ Offer exemplary service

Table 4b. Table generated opportunities for improvement Eastern Health

Single service	*Collaboration*	*Region-wide*
▪ Haem transplant patients go to Austin – registrars do Austin rotations and Austin registrars to Eastern. Nursing staff and allied health spec roles – share across health services ▪ GP information – know where to refer to and specialties offered – could include PMCC Rad Onc (can get assistance from NEMICS with this) ▪ Profile of treating physician ▪ Waiting times especially diagnosis ▪ Optimisation of current services e.g. wayfinding ▪ Better info dissemination e.g. website	▪ Home based cancer care capability - locally as well as across health services – share knowledge gained and support others ▪ Care Co-ordinator for every cancer type @ every cancer service (funding model & clinical model) – oncology nurse practitioner @ Northern ▪ Community health centres – involvement required for input achieved (consistent approach across NEMICS) ▪ Centralisation within NEMICS e.g. genetics ▪ Better GP education ▪ Increasing services – gynae with Mercy	▪ Data information systems integration ▪ My health record – federal ▪ Advertising of all available services within NEMICS

Table 4c. Table generated opportunities for improvement Northern Health

Single service	*Collaboration*	*Region-wide*
▪ GP Education and information sessions ▪ Shared care / survivorship (set up) ▪ Models of care (access and coordination) ▪ EBUS	▪ Hepatoma cancer service (coordinate care between services / between NH and Austin ▪ Workforce capability development (Austin Haem) ▪ Community health partnerships (pre-habilitation and rehabilitation) ▪ EBUS	▪ Data ▪ Molecular Gene Mutation ▪ Clinical Trials ▪ Communication skills (health literacy)

Following the individual table exercise, each small group reported their top ideas on self-sufficiency improvement opportunities to the plenary. These are noted in table 5 below.

Table 5. Top opportunities for improvement reported to the plenary

Plenary – top opportunities for improving self-sufficiency		
Single service	***Collaboration***	***Region-wide***
▪ GP awareness raising about the services NEMICS has on offer(3 services) ▪ Care Co-ordinators ▪ Increase home-based care capability ▪ Haem/Bone marrow transplants	▪ Workforce capability for medical, nursing, and allied health staff ▪ Hepatoma service ▪ Mercy/Eastern gynae ▪ Centralised mutation testing ▪ Share specialist palliative care consulting service	▪ Access to clinical trials and data ▪ Information for consumers to be more rapid and include results all along the pathway ▪ Data integration systems ▪ GP referral pathways, increase knowledge ▪ Cancer rehabilitation services ▪ Lymphoedema services ▪ Interaction with community health services ▪ More regional planning meetings

Setting priorities and first steps

Discussion 2

The second small group exercise aimed to assist participants to prioritise their ideas, to begin considering the effort required to implement, and how much positive impact their change may have on consumers and the goal of improving regional self-sufficiency.

The tables discussed each generated idea and plotted them on a Johari four quadrant diagram. The diagram used increasing effort as the X-axis and increasing impact (on consumers and the goal of self-sufficiency) as the Y-axis.

Discussion around clarifying the ideas formed part of this exercise, and further supported consideration of the *high value* versus *non-value care* concept.

A plenary summation gathered the high impact ideas, those located in the high impact quadrants. Only the top two quadrants were shared to emphasise the importance of efficiently using resources on ideas that have the greatest potential for a high positive impact on consumers and the goal of improving regional self-sufficiency. These are noted in table 6 below.

Table 6. Johari plenary summary

Quick wins (high impact-low effort)	*Major projects (high impact-high effort)*
▪ Build medical and nursing workforce capability Austin and Northern ▪ Share palliative care resources and services, especially Austin Health specialty palliative care consulting services ▪ Build hepatoma services between Northern and Austin Health ▪ Better collaboration on clinical trials ▪ More frequent regional planning events ▪ Clearer marketing and information to raise awareness of existing (and new) services for consumers and general practitioners ▪ Develop a more consistent approach for involving community health services in care planning and provision across the region ▪ Visible communication and information about clinic wait times and concurrent clinics to better inform patients	▪ Home-based cancer care ▪ Cancer care coordinators ▪ Better partnering of services such as molecular pathology services ▪ Reduce waiting time to diagnosis ▪ Consumers see who they wish to see in clinic ▪ Map data performance in OCP and data information ▪ Streamline communication to consumers around results ▪ Identify specialist program and define pathways to that service ▪ Reduce fragmentation for consumers ▪ Improve health literacy for consumers(and communication skills for staff) ▪ Better access to clinical trials ▪ Better community health service partnerships ▪ Marketing to GPs

Discussion 3

The third exercise asked participants to choose one collaborative idea and to explore a high-level execution strategy for implementation; that is, to take the first steps towards planning the implementation of the idea.

This execution strategy exercise provides a high-level plan for a logical approach to activities designed to reach an agreed goal. A completed document forms the basis for early conversations around preparation of business cases and project workplans. The exercise asked attendees to identify:

- Top 3 important things about the idea
- Who has a role and what is it?
- What action is required to produce a lead measure (noting that measurement of region-wide self-sufficiency is a lag measure)
- Who has accountability and how often do they follow up?

Each table was asked to present one idea and execution strategy to the plenary.

The strategies chosen included:

- Providing Austin Health Specialist Palliative Care Consultancy Services to other Health Services – Mercy Hospital for Women and Warringal Private Hospital.
- Medical workforce capability improvement
- Northern Health clinical trials accessibility and awareness of trials
- Northern Health data mapping to the OCP
- Mutation testing and centralisation with NEMICS

Call to action and close

For the final session Kathy Simons thanked the attendees and noted that a report of the proceedings would be provided for the NEMICS Governance Committee on 7 November 2019.

NEMICS would develop a workplan for action in the new year. The workplan will include:

- priorities identified as region-wide niche services that NEMICS could lead and coordinate

- collaborative priorities that NEMICS could broker for the participating parties, and
- individual service improvement priorities that may be eligible for grants in 2020.

Facilitator observations

- There was a great deal of enthusiasm in the room and attendees exhibited a high level of engagement, with both presentations and small group discussions demonstrating the commitment of people to improving cancer service provision and improving self-sufficiency as a priority.
- Networking as a region-wide group was appreciated by all with several new introductions achieved and contact details exchanged. This was also noted as a positive in feedback received from the post-workshop survey.
- The inclusion of a consumer perspective presentation ensured the consumer perspective was a strong theme during discussions and planning exercises throughout the workshop.
- People support what they help to create, and the participants enjoyed the small group discussions with their colleagues. The opportunity for participants to reflect on and share successful achievements and progress will contribute to motivating them for the next round of planning and improvements. If they can see a part for themselves in the idea implementation, where they can make a difference, they are more likely to continue to be engaged in future workshops/activities.
- Using the JOHARI window and introducing the concept of focusing on the high impact ideas was well received and participants made the connection to high value care. Given the resource constrained healthcare environment, success is more likely if the work is something that people feel is achievable and likely to make a difference to their consumers and staff.
- The lack of executive decision-makers and key clinicians/managers limited the ability for the prioritising and planning of activities, and execution strategies for most major health services. This will potentially decrease momentum and enthusiasm for the progress of identified activities. Without formal organisational leadership present, there was potential that some groups were identifying opportunities with little chance of approval or action, or that lacked alignment with existing organisational priorities.
- A lack of experience with strategic planning on major projects was obvious in some participant groups. Working through execution strategies to consider what and who would be involved, how improvement could be achieved, and particularly lead measures to steer the work proved difficult for some. This exercise aimed to identify accountability and offer immediate actions. Some groups began on ideas but identified them as ‘too hard’. This is not necessarily a poor outcome of the exercise itself; some ideas may be unmanageable or unachievable in the current environment or require collaboration with strategic partners. It could also reflect the lack of executive decision makers, or relevant stakeholders, and experienced strategic planners at the table.

Transition workplan

The regional planning workshop is an important first step in the establishment of the future NEMICS workplan. Further exploration of the ideas by the NEMICS team first, and then with key stakeholders within the health service organisations is required before an idea is considered for inclusion and resourcing.

Opportunities arising from the workshop should be considered in the context of other NEMICS work before they are incorporated into the workplan. Where possible, improvement activities that align with or which could be completed as part of existing or already planned work should be prioritised.

Once the early exploratory work has been completed, a NEMICS directorate planning session is required to prioritise ideas from the workshop, other existing or committed NEMICS work, and consideration of external factors that may impact resources and timelines.

The completed plan can then be presented to the NEMICS Governance Committee.

Activities and accountabilities

Three streams of improvement activities were identified during the workshop discussions.

1. Single organisation activities

Improvement opportunities identified as those that each organisation could action in-house. Some small assistance from NEMICS for data may be provided on request.

NEMICS ACTION: Include single opportunities in follow up conversations with the key stakeholders. Encourage action on one or more identified opportunities and ensure the ideas are anchored to each organisations governance through quality and change management processes. Request reporting of progress, outputs and outcome be shared with NEMICS to enable broader sharing of lessons learnt.

2. Collaborative activities

Collaborative improvement activities were opportunities for two or more organisations to work together to improve self-sufficiency in the region for their patients.

NEMICS ACTION: Follow up conversations to explore each organisations commitment to the opportunity and an initiation of project planning. NEMICS could assist with brokering collaboration between organisations through convening working groups, meetings, data and project resources. Some of these activities may have potential for a broader or region-wide implementation if successful.

3. Regional activities

Region-wide opportunities identified were primarily major projects.

NEMICS ACTION: Prioritise the ideas, undertake exploratory work (including discussions with key stakeholders), consider availability of internal resources and alignment with other NEMICS work. Choose one or two major projects to lead and coordinate the effort across the region in the next 12-18 months.

Recommendations

For the transition workplan

The workshop achieved its purpose – to explore strategic opportunities through collaboration to improve the patient experience and self-sufficiency in the NEMICS region. The following recommendations should be considered as part of the transition workplan.

1. NEMICS to use the information produced at the workshop to undertake individualised conversations with each cancer service provider. As part of the individualised conversations NEMICS may need to provide health services with data and information to assist with their improvement planning
2. NEMICS to request each health service organisation complete a future project document. The template for this document should use the key items in the execution strategy exercise as a base and include other items such as data that support the need for the project, the links to the organisation's governance anchors, and executive sign off. The information should clearly identify where NEMICS assistance may be required so that this can be included in the consideration of the NEMICS workplan.
3. NEMICS to undertake an internal planning session to explore and prioritise the opportunities identified as region-wide activities (major projects) and to consider the resources required for these in light of existing and planned NEMICS work.

4. NEMICS to develop and present a draft workplan based on health service support request, prioritised region-wide projects and existing work to the NEMICS Governance Committee for discussion, decision, and resource allocation.
5. NEMICS to inform all attendees of the outcome from the Governance Committee prioritisation and resource allocation process and include a tentative workplan schedule.
6. NEMICS to regularly (at least quarterly) share progress on single organisation, collaborative and region-wide activities via email newsletter and other communication channels.

For future regional planning workshops

The following recommendations are suggested to NEMICS for future regional planning workshops and take into consideration the facilitator's observations and feedback obtained from 13 of the 41 attendees in the post event survey.

1. Consider building the service planning and service review capability of cancer services prior to the next service planning process through mentoring of key contacts at each service.
2. Consider repeating the workshop annually and including:
    a. an overview of the current state of cancer services nationally, state and region-wide
    b. an expectation of stronger preparation on future opportunities by the health services; i.e.: health services to bring some ideas that have already been researched and received tentative or conditional executive support that could be further progressed at the workshop
    c. more time for networking amongst participants with mixed health service table discussions and a full-day or two half-day workshops
    d. more intact teams in the room, particularly more executive decision-makers, change and quality staff.
3. Consider a two-step approach:
    a. the first half-day workshop could include: achievements, lessons learnt, state of the sector, identification and prioritisation of new single service, collaborative and region-wide improvement ideas
    b. the second half-day would bring the attendees together again to work on one or two prioritised region-wide opportunities that would be led by NEMICS. NEMICS could then demonstrate best practice change and project management by engaging stakeholders early in planning, allocating accountability and identifying outputs, measures of success, pilot sites and evaluation steps.