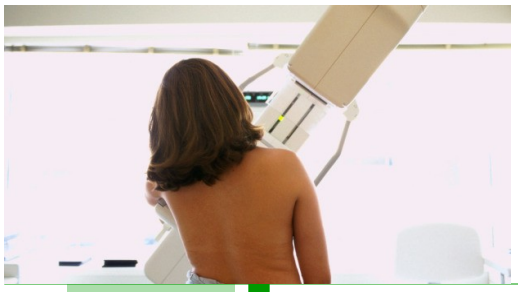
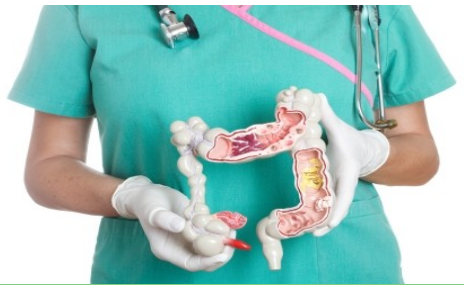


REGIONAL INTEGRATED CANCER SCREENING PROGRAM, CENTRAL LHIN

The Quarterly—Regional ICS Newsletter

April 2013
Issue 4

A message from Dr. Karim Kurji…

Dr. Karim Kurji
Medical Officer of Health, The Regional Municipality of York

On behalf of York Region Community and Health Services, I am delighted to introduce this edition of the Integrated Cancer Screening (ICS) Program newsletter.

York Region Community and Health Services is committed to ensuring the health and well-being of residents. Our Public Health branch does this by promoting cancer-prevention strategies to encourage residents to make healthy food choices, be physically active and get screened for cancer.

York Region's health-promoting policies have also led to smoke-free spaces and strategies to reduce tobacco and alcohol consumption.

But creating a healthy community can't be done without your help. By collaborating with primary care providers in the community, we can leverage our impacts and build a healthier, more resilient community. Our resources can support you in your patient dealings, including:

- Print and web-based resources, in a variety of languages, on cancer prevention and screening, smoking cessation, healthy eating, alcohol use and active living
- Consultation and training opportunities to enhance smoking-cessation services
- Information about community-based cancer prevention and screening campaigns, workshops and events
- Immunizations for hepatitis B and human papillomavirus (HPV)

According to the *Ontario Cancer Plan (2011-2015),* "prevention strategies work in helping Ontarians reduce their risk of developing cancer." By implementing health-promoting policies and by encouraging residents to be active, eat well and participate in cancer-screening programs, the risk of developing cancer drops by approximately 50 per cent.

For more information, contact York Region *Health Connection* at 1-800-361-5653, TTY 1-866-252-9933 or visit www.york.ca/health.

Sincerely,

Karim Kurji

Dr. Karim Kurji, MBBS, MSc, FFPHM, FRCRP
Medical Officer of Health
The Regional Municipality of York

Would You Be Surprised if This Person Died in the Next Twelve Months?

This is the simple question that we use to help determine the time for a palliative approach. Using this simple reflective question, it becomes possible to open the discussion with patients and families, and other treating professionals, about what the goals of care are. It is applicable to all chronic, progressive conditions including cardiovascular disease, cancer, dementia, neuromuscular degenerative diseases like ALS and MS, renal disease, respiratory disease, and frailty.

Continued on page 3…

Inside this issue:

Diagnostic Assessment Programs

WHAT IS A DAP?

In 2007, Cancer Care Ontario (CCO) began the Diagnostic Assessment Program (DAP) initiative recognizing that the pre-diagnostic phase could be a time of avoidable delays, lack of coordination, and often be accompanied by tremendous anxiety and stress for the patient. CCO acknowledged the opportunity to significantly improve the patient journey. As the journey for patients who might have breast cancer is well established via the callback and other mechanisms of the Ontario Breast Screening Program (OBSP), the CCO DAPs currently encompass patients who might have Lung, Prostate, and Colorectal Cancer.

DAPs offer:
A single point of access for all required diagnostic workup.

DAPs offer a coordinated approach to work-up needed to arrive at a definitive diagnosis, when there is a concern that a given person may have malignancy.

DAPs offer:
Streamlined diagnostic scheduling and coordination of testing[1].

GOALS OF A DAP[1]:

- ☑ Improve coordination of care
- ☑ Decrease wait times
- ☑ Optimize the patient and healthcare provider experience

WHY SHOULD A PRIMARY CARE PROVIDER REFER TO A DAP?

Patients referred to a DAP may have signs and/or symptoms of concern for possible malignancy, or they may have had an abnormal screening test. Simply stated, the end result of a patient's journey through a DAP is smooth, efficient, and supportive care. For example, a patient who presents with an abnormal FOBT result would be fast-tracked to colonoscopy by referral to a Colorectal DAP. If colon cancer is diagnosed, rapid and coordinated referral will occur to expedite appropriate imaging and surgical consultation.

The cornerstone of DAPs is patient-centered care, with a Nurse Navigator playing a pivotal role.
A Nurse Navigator:

1) Is the primary patient contact, connecting with the patient and family answering any questions or concerns they have.
2) Organizes, coordinates, and expedites appointments and tests.
3) Acts as a liaison between the patient, the specialists, and the primary care provider.
4) Assesses the patient's emotional supportive care needs and if required, connects them with the appropriate service.

DAPs offer:
Relevant and timely information and support for patients throughout the process[1].

THE DAPs IN THE CENTRAL LHIN (LHIN 8) ARE:

Hospital and program information (including referral process)	DAPs Offered	Fax Number
Southlake Regional Health Centre www.southlakeregional.org/Default.aspx?cid=814	Colorectal DAP (expedited colonoscopy)	(905) 954-3884
	Lung DAP (part of the Regional Thoracic Program)	(905) 853-5865
	Breast DAP	(905) 952-2819
	Prostate DAP	(905) 952-2819
North York General Hospital www.nygh.on.ca/Default.aspx?cid=1048&lang=1	BMO Financial Group Breast Diagnostic Centre	(416) 756-5986
	Gail and Graham Wright Prostate Centre	(416) 635-2499
	Colorectal DAP (patients with symptoms suggestive of colon cancer, positive FOBT, or family history)	(416) 756-6926
	Colorectal DAP (patients with biopsy proven colon or rectal cancer)	(416) 480-7818
Markham Stouffville Hospital www.msh.on.ca/	Breast Health Centre	(905) 472-7607
	Colorectal DAP (expedited colonoscopy)	(905) 472-7598
Mackenzie Health - www.mackenziehealth.ca	Breast Health Centre	(905) 883-2488

Submitted by:
Catherine Mahut, MD, FRCS(C)
Surgical Oncology Lead,
Cancer Care Ontario, Central LHIN
Southlake Regional Health Centre

Joanne Blyth, M.R.T.(R), CBI
Manager of Diagnostic Assessment and
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Southlake Regional Health Centre

1. Cancer Care Ontario www.cancercare.on.ca/pcs/diagnosis/diagprograms/

Would You Be Surprised if This Person Died in the Next Twelve Months? *Continued from page 1…*

A palliative approach is an integral part of the overall disease care plan. There is no line between "active" and "palliative".

The palliative approach is just good patient care!

Every primary care practitioner has the core competencies that are required to stay on the journey with their patients who are facing any life limiting condition. Pain and symptom management tools are readily available.

Assisting patients and families with establishing goals of care is a key interaction for primary care.

- Start a conversation with your patients about the progress of their disease, and about what kinds of things are most important to them as they face the future.
- Ask them if their affairs are in order.
- Help them think through the realities of death and the legacy to their loved ones of a good death.

The Palliative Approach for Chronic Progressive Conditions

1. Pain & Symptom Management
2. Goals of Care
3. Advance Care Planning
4. A team approach to treat the person and family in physical, emotional, spiritual and social domains of care

The relationship with the trusted primary care practitioner is foundational during the difficult transitions that occur when facing the end of life. Being able to talk through choices about treatment, and make decisions about care at the end of life can be well done in the comfort of the familiar office practice.

The primary care practitioner can help patients to address needs, hopes, fears, and expectations in physical, psychosocial, spiritual, and practical issues, to prepare for and manage life closure and the dying process, to cope with loss and grief during the illness and bereavement.

The role of the primary care practitioner holds great value and should be preserved throughout the chronic progressive illness trajectory.

Singer[1] found that dying patients have these goals:	
1. Pain/symptom management	2. Avoiding prolongation of dying
3. Achieving a sense of control	4. Relieving burden on others
5. Strengthening relationships with loved ones	

Back[2] found that patients can experience abandonment at the end of life due to loss of continuity of physician care, and that physicians report a lack of closure when they are distanced from their patients who are dying.

A Successful Death

The patient's wishes were known and respected. The family's needs were understood and met. Symptoms were well controlled. Survivors can look back on the experience with sadness and a feeling that things were handled as well as possible.

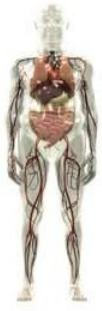
Tools and resources to support professionals in this meaningful work:

Pain and symptom management	www.cancercare.on.ca/toolbox/symptools/
Guide discussions and get families talking	www.advancecareplanning.ca/
Expert palliative medicine consultations	www.southlakeregional.org/Default.aspx?cid=544&lang=1
Hospice Palliative Care Teams for CLHIN	www.centralhpcnetwork.ca/hpc/hpcteams.html
Each of the LHIN hospitals has specified palliative services as well as skilled interprofessional teams.	

Submitted by:
Dr. Nancy M. Merrow, MD, CCFP, FCFP, CCPE, Cancer Care Ontario Palliative Lead for Central LHIN

Colorectal Cancer Awareness Month

Did you or your patients *Make the Pledge*?



The Regional Integrated Cancer Screening Program, in partnership with Cancer Care Ontario travelled throughout the Central LHIN in a provincial campaign promoting the importance of colon cancer screening and urging residents to *Make the Pledge!*

The interactive photo booth visited Markham, North York, Richmond Hill, Vaughan, and Newmarket encouraging residents to *Make the Pledge* to talk to their healthcare provider about colon cancer screening. Those who participated in *Make the Pledge* joined thousands of Ontarians' online at

facebook.com/CancerCareOntario

Colon Cancer Check

1. Singer PA et al Quality end-of-life care: Patients' perspectives JAMA 1999;281:163-8
2. Back, A et al Abandonment at the end of life from patient and clinician perspectives Arch Intern Med. 2009 March 9; 169(5): 474–479.

Physicians Corner - ONE®ID

ColonCancerCheck Screening Activity Report (SAR) is available through ONE®ID!

Registering for ONE®ID gives you access to your SAR online so you can easily access information regarding the colorectal screening status of your patients. Please ensure you access your SAR and take special note of patients who have had a positive fecal occult blood test (FOBT) result with no known follow-up colonoscopy after 120 days.

To register for your ONE®ID account, please e-mail eHealth Ontario at ONEIDBusinessSupport@ehealthontario.on.ca

Registering for your ONE®ID will also enable you to access future versions of the SAR which will be integrated with colorectal, breast, and cervical screening data.

Physician Regional Consultations

Thank you to those physicians who participated in the Regional ICS focus groups in March. The participants provided great insight into not only the gaps and barriers to cancer screening but also highlighted many successes from across the region.

The data collected has been summarized and will be submitted to Cancer Care Ontario. Outcomes and next steps will be shared once they become available. Please ensure you've signed up to receive your electronic version of this newsletter to be the first to hear!

Stay tuned...

The July issue will feature:

1) Smoking Cessation - What resources are available for your patients.
2) October is Breast Cancer Awareness month - Campaign ideas!
3) Call for patient experience stories in screening.

Newsletter Submissions

The Quarterly newsletter is published by the Regional Integrated Cancer Screening Program for primary care providers within the Central LHIN. Story ideas and feedback are welcome. Please forward your ideas or submissions to ICSRegional@southlakeregional.org

E-mail list

If you would like to be added to the ICS e-mail list for future issues of The Quarterly as well as ICS updates please e-mail ICSRegional@southlakeregional.org

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