

Optimal Care Pathways National Workshop

Hosted by Department of Health and Human Services (Vic)

Melbourne Convention Centre

Wednesday 8 May 2019

Workshop summary at a glance

The Workshop held on the 8 May 2019 was hosted by Department of Health and Human Services (DHHS) and co-ordinated by a national working group of representatives implementing Optimal Care Pathways (OCPs). It brought together 35 key stakeholders across Australia responsible and co-ordinating implementation of the Optimal Care Pathways.

It was important to reflect on the significant progress and efforts made to embed the OCPs in practice. The OCPs remain a living document continuing to guide best practice in cancer care across Australia.

The Workshop participants were highly engaged and participated in building a shared understanding of:

- progress and best practice from each of the jurisdictions
- implementation insights and progress of the OCP for Aboriginal and Torres Strait Islander people with cancer
- implementation activity and ideas in Primary Care
- identifying opportunities to collaborate and address challenges and priorities in progressing OCP uptake in practice.

This Workshop summary report provides a national snapshot of activities, progress and themes in implementation of the OCPs.

- OCPs have been a tool to enable and engage key stakeholders and focus on the cancer care pathway components, tumour specific requirements and areas for improvement
- each Jurisdictional approach has been different, based on local needs in specific tumour groups
- data driven system improvements has underpinned all implementation activities with a mix of approaches for data collection including retrospective audit, use of clinical data bases and data linkage of administered data sets
- the OCP for Aboriginal and Torres Strait Islander people with cancer requires local engagement with hospital CEOs and Aboriginal community leaders and health services to progress implementation
- primary care initiatives including HealthPathways and engagement of PHNs play an important role in the uptake of the OCPs in practice
- clinical engagement requires a clear structure for feedback and use of data to drive changes in clinical practice

Ongoing challenges remain in resourcing the initiatives and embedding sustainable change to drive consistent and co-ordinated cancer care.

Next steps

Participants identified priority areas for national engagement and collaboration and welcomed the opportunity to meet on a 12-monthly basis. There was an interest from other jurisdictions to host future Workshops. Insights from the workshop will inform updates to the OCPs and discussions at the next National Cancer Expert Reference Group (NCERG) meeting this year.

Workshop overview

Background

The Optimal Care Pathways (OCPs) developed in 2012, are now implemented nationally, to support the uptake and co-ordination of best practice cancer care across the cancer care continuum to improve cancer outcomes. Nineteen pathways have been developed for different tumour groups and one population-based pathway for Aboriginal and Torres Strait Islander people. The OCP implementation has been part of the plan of NCERG appointed by COAG to address and improve cancer outcomes across Australia.

In 2016, *A Framework for Optimal Cancer Care Pathways in Practice*¹ was launched by Department of Health to support early uptake of the OCP. In 2017, NCERG's OCP progress report identified a need for continued cooperation and sharing across the jurisdictions. The DHHS supported the continued collaboration with jurisdictions and peak groups and hosted the forum in May 2019 to collaborate and share implementation successes, challenges and opportunities.

Purpose

The Workshop approach was planned by a working group with representatives from each of the jurisdictions, integrated cancer services in Victoria, and Cancer Australia. Sue Sinclair (SSH Consulting) was appointed to develop and plan an interactive and dynamic workshop and facilitate the day. Thirty-five participants attended the Workshop, representing each of the jurisdictions, Department of Health, Cancer Australia, Cancer Council Victoria, clinical leaders, consumers, service and project managers responsible for implementing OCPs across Australia.

Video and illustration experts were engaged to record and illustrate the workshop to produce other resources for jurisdictions to use locally and share discussions with relevant key stakeholders.

Aims

The workshop focussed on building the network and sharing opportunities for people coordinating the implementation of optimal care pathways (OCP) at a strategic and systems level. Highlighting current activity among each of the jurisdictions including acute, primary care and specific Aboriginal and Torres Strait Islander initiatives and provide an opportunity to identify areas for future collaboration.

The aims were to:

- *Provide networking opportunities for people who are coordinating the implementation of OCPs*
- *Share progress and best practice from the jurisdictions*
- *Share implementation activity/thinking of the OCP for Aboriginal and Torres Strait Islander people with cancer*
- *Explore implementation activity and ideas in Primary Care*

¹ Department of health. (2017) *A Framework for Optimal Cancer Care Pathways in Practice* <https://www.health.gov.au/Framework> accessed 21 May 2019

Overview of national OCP implementation

Each jurisdiction presented implementation progress, areas of focus, successes and priorities. Below is a snapshot summary of activities. The national snapshot highlights key themes, examples from each jurisdictions of activities to support implementation. A summary of each presentation and activities is provided in Appendix 3 including state-wide strategy, tumour stream/jurisdiction, data driven initiatives, evaluation progress, outputs/outcomes and partnerships.,

National snapshot

- OCPs have been a tool to engage key stakeholders and focus on the cancer care pathway components, tumour specific requirements and areas for improvement
- jurisdictions have focussed on specific tumour streams and less focus on the survivorship phase of the pathway
- implementation and priorities have been driven by local jurisdictional priorities and initiatives. The focus on specific groups has varied from each state
- implementation has been underpinned by audit, data collection and analysis to drive implementation focus based on gaps in care delivery and variance to OCP benchmarks
- there has been Investment in Infrastructure, data linkage and using existing data sets to measure and monitor OCP pathway implementation
- resourcing has been variable and has impacted on progress in some jurisdictions
- strong partnerships have been established between acute care and primary care embedding OCPs in practice; and integration with HealthPathways
- information hubs and portals have been implemented to support health providers and patients navigate the optimal care pathway.

Implementation initiatives

A range of innovative approaches were showcased at the workshop including:

NT	QLD	WA	TAS
Cancer Care Course	'One-stop-shop' + Telehealth model	Epimaps	New website for cancer service
Accreditation of an education course for health practitioners of chronic disease, Aboriginal health professionals, and Aboriginal health workers to support health literacy and understanding of cancer care.	Developing a 'One-stop-shop' for lung cancer regional and rural patients has facilitated rapid lung cancer assessment, diagnosis and management reducing travel time for patients.	The launch of Epimaps has assisted patients to better navigate and co-ordinate care along the OCP including information about treatment modalities, MDTs, CNC contact, OCP links and OCP patient linkages.	The of a new cancer service website has supported navigation, maximised multiple access points for patients and health providers to streamline information.

Implementation initiatives cont.

NSW	VIC	SA	ACT
Data linkage and change	Unwarranted Variation	Engagement model	OCP for Aboriginal and Torres Strait Islander people
The Cancer Institute NSW data linkage initiative has integrated whole of system data to drive clinical engagement and system improvement including a feedback loop, driving focused initiatives across the pathway.	State system-wide program, reviewing unwarranted variation through Tumour Summits, identifying clinical problems to inform service improvement initiatives for tumour groups.	Early adoption strategy and resourcing implementation through a flexible approach, including awareness, education, generating ideas and audit with clinical groups to measure outputs and outcomes through quality improvement activities.	Review of gaps and current outcomes informing implementation with a focus on early referral to ALO during key steps of OCP; and supportive care initiatives.

Tools/resources supporting implementation

The list below is not comprehensive however highlights a range of tools/resources which have been developed and used for implementation:

- Redesign methodology (VIC)
- Audit tools - in most jurisdictions
- Post treatment co-ordination plans
- Cancer care course for health workers (NT)
- Model of care – lung cancer mapping (ACT)
- Rapid access model (QLD)
- Epimap (WA)
- Data linkage sets (WA and NSW)
- Health pathways (VIC and NSW)
- Mapping, dissemination tool kit (NSW)
- Clinical prioritisation tool
- Cancer service website
- Supportive care needs assessment tool for Indigenous people with cancer² for Aboriginal people
- All.Can patient experience survey (WA)
- PROMs (NSW)

² Gail Garvey et al. The development of a supportive care needs assessment tool for Indigenous people with cancer BMC Cancer 2012;12: 300.

Communication mechanisms established to support OCP uptake

The list below is not comprehensive however highlights a range of communication mechanisms that have been implemented to support better co-ordination and delivery of patient care

- T/C with primary care in MDTs
- investment in IT systems
- website development for better access to information and services
- roadshows to engage with health care providers across acute, primary and community care delivery
- Tumour Summits and Think Tanks driving system improvement
- building relationships through forums
- telemedicine for rural and remote patient management

Challenges

Key challenges and common themes identified were:

- initial buy-in from policy makers to engage with OCPs as a priority with competing priorities at a policy level
- data infrastructure to measure and monitor OCP implementation and outcomes
- dedicated workforce, loss of corporate knowledge and key individuals and resourcing to drive implementation across health services
- measuring OCP across borders along the care pathway is an identified gap in information and evidence
- access to data sets, manual data collection and using meaningful measures for data to measure outcomes
- engagement with clinical staff and buy-in to OCPs, importance of initiatives and their priorities
- resistance from clinicians and appetite for change in a busy clinical environment
- shared data sources, patient record systems, Information sharing with GPs across the cancer care pathway
- marketing OCPs to consumers and health care professionals on an ongoing basis
- managing suspicions and building trust around data, monitoring, review and performance.

Summary of priority areas

Jurisdictions identified areas for discussion at the workshop that were explored through group work. A summary of discussion is outlined in the table below:

Facilitating cross border / inter and intra state transfers	Marketing OCPs at a national level	Managing suspicion and fear of data	Clinical engagement
<ul style="list-style-type: none"> • national identifier • co-ordination vs navigation and equity of access • considerations when updating OCPs: <ul style="list-style-type: none"> ◦ use of telehealth ◦ role of volunteers in support meeting patients 	<ul style="list-style-type: none"> • target national strategy • multifaceted approach required to get the message out: <ul style="list-style-type: none"> ◦ involving CEOs ◦ national campaign to community ◦ role of cancer councils in supporting consistent message 	<ul style="list-style-type: none"> • engage early and problem + solution approach • clear mechanism for escalating and addressing clinical problems/issues – top down and bottom up approach. • model for data driven improvement defined and documented • opportunity focussed and not criticism of performance • open and transparent communication 	<ul style="list-style-type: none"> • involve consumers • comparison should be same data of like facilities to ensure trust • practice tools, data and benchmarking • ensure data is relevant, practical and timely • feedback loop so that clinical questions can be driven by clinicians • ensure ownership by clinicians

Other priorities identified during the group discussions were:

- building a business case and national approach for dedicated resources for care co-ordination and positions as essential members of the cancer care team; and the need for care coordination to be everyone's business
- mechanisms to support the uptake of clinical trials through OCP implementation initiatives
- engagement of the private sector in data collection, monitoring and reporting
- state-wide benchmarking to drive system improvements.

OCP for Aboriginal and Torres Strait Islander people with cancer

Cancer Australia presented an overview of disparities in outcomes of Aboriginal and Torres Strait Islander people with cancer and initiatives being progressed to improve outcomes in this population group.

The increasing age-standardised mortality rates for Indigenous people, and the further gap between the mortality rates for all cancers combined between Indigenous and non-Indigenous people, highlights the importance of a population based OCP to support improvements in health care delivery.

Initiatives include:

- OCP for Aboriginal and Torres Strait Island people with cancer which guides the delivery of safe, evidence based, culturally safe and responsible cancer care³.
- supportive Care Assessment Tool for Indigenous People
- OCP launch of campaign to support uptake of the OCP for health care providers⁴
- 'Yarn for Life' campaign to raise awareness in the communication to increase knowledge and attitudes about cancer for release in June 2019.

NCERG supported Cancer Australia to develop and lead a national strategy and framework for the implementation of the OCP which is in development following broad consultation with health services, health professionals, consumers and peak groups.

National approach for implementation of the OCP for Aboriginal and Torres Strait Islander people is an ongoing focus for Cancer Australia. There will be ongoing engagement of key stakeholders and targeted areas identified.

A panel and open discussion explored key themes:

- it is fundamental to have Aboriginal people involved in the development of activities that aim to benefit them
- hearing a personal story of the impact cancer has on an individual, family and community from an Aboriginal women's perspective.
- OCPs role in improving cancer outcomes
- mechanisms for effective engagement of community and the important role of ACCHOs and peak community led groups.

³Cancer Australia (2018) Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer <https://canceraustralia.gov.au/publications-and-resources/>

⁴ Cancer Australia (2018) Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer viewed 22 May 2019 <https://www.youtube.com/watch?v=nfPaZYTe4yI>

- role of Aboriginal health services and improving access for patients to cancer services, building understanding of cultural safety, environments and responsiveness
- success stories of staged approach at St Vincent's Hospital Melbourne to improving culturally safe care in the hospital setting and benefits of AHLO focusing on oncology, specific tumour-streams and palliative care.
 - use of quilts, dilly bags and use of bush medicine has opened discussions on culture with health care professionals
- using local elders and community leaders to communicate key messages related to the OCPs
- NT success story of improving relationships that help to improve coordination between cancer service and primary care
- understanding further where existing alignment of tumour-specific OCP and this OCP opportunities reflecting on the Victorian experience.
- demonstrating mutual benefits for ACCHOs and non-Indigenous sector
- success of having designated staff to training non-Indigenous staff
- first steps require engagement and leadership at a local level with CEOs, health service providers and local Aboriginal Community Controlled Health Services; and development of a local framework to support implementation of this OCP
- gathering people's experiences positive and negative and sharing stories and use of social media to communicate key messages for OCP uptake
- co-design with consumers the implementation of the pathway.

Engaging with primary care and PHNs

This session focussed on the role of HealthPathways to embed OCPs in practice. Victoria has 14 pathways written for cancer. At a national level, they have been developed in partnership with PHNs across every state and territory in Australia⁵. Through HealthPathways there have been improvements in communication and referral for COPD, Cardiac, Obstetrics – shared care models, breast cancer care. Leveraging off key learnings in other disease groups may strengthen implementation approaches for the uptake of OCPs.

HealthPathways aim to:

- web-based program written by GPs for GPs designed for use at the point of care
- reduce ‘unwarranted variation’ supporting good care and practice
- more transparent, and to accelerate evidence into practice

Case study of HealthPathways for colorectal cancer

Health Pathways Melbourne have recently published the management of colorectal symptoms – suspected colorectal cancer. Other important information on Health Pathways include symptoms, risk factors, family history and investigations.

Links to resources are provided including:

- OCPs for Oesophagogastric Cancer
- colonoscopy referral information

Other examples highlighted were radiation therapy and radiation oncology referral.

Challenges for primary care sector is the communication and navigation to specialist services and advice for assessment and diagnosis. Streamlining this process remains a priority to ensure optimal timeframes for care delivery.

Engaging with PHNs

Representatives from the Primary Care and Mental Health Division outlined the PHN program and opportunities for health services to build strong relationships with the PHN including:

- engage locally through Local Health Networks and PHN governance mechanisms
- understand PHN's priorities and identify opportunities to integrate cancer into the chronic disease portfolios

⁵ <http://www.healthpathwayscommunity.org/>

- tap into the 'Integrated Team Care' (ITC) funding which is funded by the Department of Health and Indigenous Australians' Health Program.

The ITC contributes to:

- contributes to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care; and
- contributes to closing the gap in life expectancy by improved access to culturally appropriate mainstream primary care services for Aboriginal and Torres Strait Islander people.

Supporting implementation nationally

The workshop was evaluated with a positive response to the approach, content and opportunities for collaboration.

Feedback from participants

- *Interesting to hear initiatives being undertaken in different regions/services/organisations*
- *Collaboration on related areas of focus and established themes e.g. data, measurement, benchmarking, online special interest group to share learning*
- *Workshop participant/s*
- *participants would value future OCP National Workshops on a 12-monthly basis*
- *more time for problem solving and discussion of issues/challenges and solutions*
- *interest for a broader mix of stakeholders to add to the discussions*
- *coming together to share ideas & collaborate to extend implementation.*

Appendix 1: Agenda

9.30 – 10.00 REGISTRATION and morning tea		
10.00 10.05	- Welcome and acknowledgement of country	Sue Sinclair, Principal Consultant, SSH Consulting (Facilitator)
10.05 10.15	- Welcome and purpose	Professor Robert Thomas, Special Advisor on Health DHHS Professorial Fellow, University of Melbourne, Chair Cancer Australia's Advisory Council
10.15 10.30	- Northern Territory	Anne Weir, Optimal Care Pathways in Practice Project Officer, Clinical Quality and Patient Safety, Public Health Division, Department of Health, Northern Territory Government
10.30 10.45	- Australian Capital Territory	Paul Craft, Medical Oncologist, The Canberra Hospital. Associate Professor Medical Oncology, ANU Medical School. Clinical Director, Cancer Ambulatory Support
10.45 11.00	- Tasmania	Sarah Coulson, Coordinator Oncology Clinical Trials, Projects & Research
11.00 11.15	- Victoria	Karen Botting, Manager Cancer Reform, Department of Health and Human Services
11.15 – 11.30 BREAK		
11.30 11.45	- Western Australia	Violet Platt, Co-Director & Director of Nursing to the WA Cancer & Palliative Care Network – Clinical Implementation Unit
11.45 12.00	- Queensland	Melanie Hollan, Lung Lesion Diagnostic Nurse, Queensland Health
12.00 12.15	- South Australia	Gabby Vigar, Nurse Consultant, South Australian Cancer Service
12.15 12.30	- NSW	Shelley Rushton, Director Cancer Services & Information – Cancer Institute NSW
12.30 1.00	- Summary – questions raised from presentations, group discussion, highlights from state overviews (Sue Sinclair)	
1.00 – 1.45 LUNCH		
1.45 – 3.15	OCP for Aboriginal and Torres Strait Islander people with cancer, short presentation and panel discussion	Jenny Chynoweth and Caroline Nehill Cancer Australia Panel: Colleen Marian (consumer), Andrew Morrison, Aboriginal Health Services Coordinator, St Vincent's Hospital, Melbourne, Anne Weir (DoH, NT), Marital Reed (DHHS, Victoria), Jenny Chynoweth

3.15 – 3.25	BREAK	
3.25 – 3.40	Role of Primary Care in OCP implementation. Engaging effectively with Primary Care	Dr Debra Wilson General Practitioner, Grantham Street General Practice
3.40 – 4.00	Q&A Engaging with GPs and PHNs to support OCP implementation in Primary Care	Dr Debra Wilson and Matthew Short PHN Operations and Governance Section Primary Health Networks Branch Primary Care and Mental Health Division, Commonwealth Department of Health
4.00 – 4.30	Wrap up, visualisation of days discussion (graphic artist) Evaluation	Sue Sinclair
4.30 – 5.30	EVENING RECEPTION	

Appendix 2: Participant list

David	Larkin	Supportive Care Manager	ACT Health
Paul	Craft	Clinical Director	Canberra Region Cancer Centre
Caroline	Nehill	Senior Manager	Cancer Australia
Jenny	Chynoweth	General Manager, Cancer Care	Cancer Australia
Harleen	Basrai	Senior Project Officer	Cancer Australia
Susan	Hanson	Senior Manager	Cancer Australia
Colleen	Marion	Panel Representative	Cancer Australia
Professor Robert	Thomas	Chair of the Advisory Board	Cancer Australia
Kate	Whittaker	Manager, Cancer Care Policy	Cancer Council Australia
Danielle	Spence	Head of Division, Strategy and Support	Cancer Council Victoria
Joanna	Ong	Head of Optimal Care Pathways	Cancer Council Victoria
Mardi	Daddo	Equity Manager	Cancer Institute
Shelley	Rushton	Director, Cancer Services and Information	Cancer Institute NSW
Rob	Seawright	Assistant Director	Commonwealth Department of Health
Anne	Weir	Optimal Care Pathways in Practice Project Officer	Department of Health Northern Territory
Phillipa	Lowrey	Director Cancer Services Section	Department of Health
Karen	Botting	Manager Cancer Reform	DHHS
Marita	Reed	Program Manager Quality and Cancer Outcomes	DHHS Victoria
Joanne	Gell	Strategic Director	Grampians Integrated Cancer Services
Debra	Wilson	General Practitioner	Grantham Street General Practice
Elaine	Wood	Manager	GRICS
Robert	Blum	Clinical Director	Loddon Mallee Integrated Cancer Service
Paul	Mitchell	Clinical Director	North Eastern Melbourne Integrated Cancer Services

Anne	Weir	Optimal Care Pathway in Practice Project Officer	NT Department of Health
Amy	Shelly	Acting Program Manager	Paediatric Integrated Cancer Service (PICS)
Dorothy	Keefe	Interim Director, SA Cancer Service	SA Health
Gabrielle	Vigar	Nurse Consultant	South Australian Cancer Service
Seleena	Sherwell	Program Manager	Southern Melbourne Integrated Cancer Services
Sue	Sinclair	Principal Consultant	SSH Consulting
Sarah	Coulson	CNC, Coordinator Oncology Clinical Trials	Tasmanian Health Service
Melanie	Hollan	Clinical Nurse - Lung Lesion	The Prince Charles Hospital, QLD Health
Nadia	Corsini	Research Fellow	University of South Australia
Julie	Brock	Program Coordinator OCP Implementation	Victorian Integrated Cancer Services
Roxanne	Adams	Statewide Coordinator OCP HealthPathways Project	Victorian-Tasmanian PHN Alliance
Violet	Platt	Co-Director & Director of Nursing	WA Cancer & Palliative Care Network – Clinical Implementation Unit

Appendix 3: Snapshot of activities supporting implementation of Optimal Care Pathways

	NT	TAS	SA	ACT
<i>Strategy</i>	<ul style="list-style-type: none"> • embedded within the NT cancer care strategy 2018-2022 • focus on aboriginal and remote patients • informed clinicians' patients and carers • better data collection 	<ul style="list-style-type: none"> • focus on improving sharing, informing and collaboration with stakeholders • continuous quality improvement 	<ul style="list-style-type: none"> • early adoption strategy <ul style="list-style-type: none"> ◦ familiarisation, planning, communication and flexibility 	<ul style="list-style-type: none"> • acute myeloid leukaemia (AML) + lung • 2018 implementation of OCP for Aboriginal and Torres Strait Islander people
<i>Resourcing</i>	<ul style="list-style-type: none"> • sponsored by NT cancer care network • dedicated OCP project officer 		<ul style="list-style-type: none"> • dedicated project resource 2018 	<ul style="list-style-type: none"> • dedicated resource 2018 focus on AML pathway • lung cancer multidisciplinary committee
<i>Data driven initiatives</i>	<ul style="list-style-type: none"> • head & neck +, lung audits driving service improvement 	<ul style="list-style-type: none"> • lung, high grade glioma timely initiation of chemotherapy guidelines 	<ul style="list-style-type: none"> • upper GI and colorectal cancer audit and data collection and continuous improvement and qi projects, gaps 	<ul style="list-style-type: none"> • audit and KPIs across the pathway from diagnosis to end of life, • audit of Aboriginal Torres Strait Islander patient records
<i>Evaluation</i>	<ul style="list-style-type: none"> • promotion, adoption of OCPs • links PHCs, diagnostic and treatment 			<ul style="list-style-type: none"> • in progress May 2019
<i>Outputs/ Outcomes</i>	<ul style="list-style-type: none"> • accredited cancer care course for chronic disease coordinators, Aboriginal health practitioners and AHWs • resources and posters tailored to Aboriginal and Torres Strait Islander audiences • links to HealthPathways online 	<ul style="list-style-type: none"> • access to treatment – collaboration with VCCC – tele clinical trials • GP education and resources promotion of patient and quick reference guides • New cancer service website • tumour stream maps 	<ul style="list-style-type: none"> • implementation roadshow and engaging stakeholders (newsletters, video conferencing, hospitals) • quick reference guide to audit 	<ul style="list-style-type: none"> • process map and pathway for lung • urgent suspected lung cancer clinic – commenced 2019 • model of care for lung cancer • research publications • GP education sessions

	NT	TAS	SA	ACT
		<ul style="list-style-type: none"> MDT meeting software experience based co-design research 		<ul style="list-style-type: none"> early referral to Aboriginal liaison officers service at key stages of the pathway supportive care needs assessment
Primary Health and Acute service partnership	<ul style="list-style-type: none"> post treatment co-ordination plan teleconferencing and multidisciplinary transfer of care for remote patients ACCHO chronic disease coordinators in remote communities 	<ul style="list-style-type: none"> partner with NGOs for funding – CCTAS, Uni of Tas – survivorship design project PHNs – GP education VCCC – Tele-trials network 		
Challenges (opportunities for improvement)	<ul style="list-style-type: none"> initial buy-in from policy makers no central clinical cancer registry – measuring and monitoring outcomes resourcing measuring OCP for cross border care 	<ul style="list-style-type: none"> change fatigue changes to organisational structure loss of corporate knowledge and key individuals 	<ul style="list-style-type: none"> dedicated resources 2018 	<ul style="list-style-type: none"> dedicated resource medical engagement access to timely imaging /diagnostic services information sharing with GPs
Sustainability	<ul style="list-style-type: none"> alignment to NTs Model of Cancer Care 	<ul style="list-style-type: none"> use quality improvement approach value human resources have an long term documented plan share at every opportunity resource requirements and projections integrate community access information re OCPs across multiple touchpoints and modalities 	<ul style="list-style-type: none"> flexibility/adaptive approach enablement and ownership 	

	VIC	NSW	QLD	WA
Strategy	<ul style="list-style-type: none"> Victorian cancer plan 2016- 2020 address identified unwarranted variation from OCP recommendations 	<ul style="list-style-type: none"> embedding in the Cancer Plan including data strategy and gaps, unwarranted variation strategic framework for data to support early detection, rapid referral, MDT discussion, diagnosis and treatment right time, place and treatment 	Lung cancer initiatives <ul style="list-style-type: none"> presentation; initial investigation and referral, diagnosis, staging and treatment planning treatment 	<ul style="list-style-type: none"> alignment of Western Australia Cancer Plan 2012-2017, Cancer Australia national frameworks National Framework for Gynaecological Cancer Control National Aboriginal and Torres Strait Island Cancer Framework 2015
Resourcing	<ul style="list-style-type: none"> statewide Committees ICS governance structure 		<ul style="list-style-type: none"> lung Cancer MDT new roles and resources – Lung Lesion Diagnostic Nurse Care Co-ordination 	
Data driven initiatives	<ul style="list-style-type: none"> lung, colorectal; prostate and oesphagogastric: pancreatic and head & neck 3 tranches of activity (12-18 months each) multiple data sources time to diagnosis, time to treatment and unwarranted variation 	<ul style="list-style-type: none"> lung, bowel, ovarian, liver, upper GI, breast, head & neck, and gynaecological measure and monitor using existing data (where possible) optimising linked data sets data review and information across the Optimal care pathway stages prevention to care and after treatment 	<ul style="list-style-type: none"> connecting Care information Portal telehealth and 'One stop Shop' for lung cancer – monitoring and reporting framework and infrastructure track patients on the pathway statewide programs QOOL MDT module - QOOL 	<ul style="list-style-type: none"> strategic data projects high value health care, sustainable health review, QOOL project data linkage projects – cubes and cancer activity data – surgical outcomes audits of each tumour group All Can patient experience survey (cancer registry 2017) – in progress Tumor summit – Think tank – system improvement projects
Evaluation	<ul style="list-style-type: none"> in progress July 2019 		<ul style="list-style-type: none"> patient experience – positive, longer T/health appointments 	
Outputs/ Outcomes	<ul style="list-style-type: none"> implementation framework Victorian Tumour Summits 	<ul style="list-style-type: none"> reporting better outcomes program – engaging with CEOs, 	<ul style="list-style-type: none"> connected care information Portal 	<ul style="list-style-type: none"> new Cancer Plan 2020 – OCP integrated

	VIC	NSW	QLD	WA
	<ul style="list-style-type: none"> • three tranches of activities (12 -18 months apart) • service redesign methods for ICS • tailored lung and colorectal OCP resources for frontline GPs' • outcomes – deeper awareness; new models of care (service and processes) 	<ul style="list-style-type: none"> • regular interim reports and clinician forums • statewide implementation tool kit (Planning, Mapping, Dissemination, Evaluation) 	<ul style="list-style-type: none"> • telehealth and One Stop Shop for lung Cancer – fast track appointments • minimise no. of trips /amounts of time patients spend in metro • reduced travel for patients and streamline pathway 	<ul style="list-style-type: none"> • rural OCP Road Show • cancer services interactive map – Epimaps • OCP service improvement grants • data projects
Primary Health and Acute service partnership	<ul style="list-style-type: none"> • CCVIC/Uni of Melbourne • statewide focus on PHNs 	<ul style="list-style-type: none"> • engaging from frontline staff to executive level – reported outcomes • clinical engagement program • link between HealthPathways and OCPs 	<ul style="list-style-type: none"> • cross lung acute, regional and rural primary care 	<ul style="list-style-type: none"> • top 5 cancer pathways – meet health care professionals, Aboriginal Services and community groups
Challenges/O pportunities	<ul style="list-style-type: none"> • overstressing and/or underestimating of the resources required • clinicians and consumers actively participate in designing and owning solutions 	<ul style="list-style-type: none"> • statewide benchmarking potential against adherence to pathways • addressing the interstate referral pathways for our border cancer services 		<ul style="list-style-type: none"> • Saturating the market • Resourcing limitations • Busy work environment • Measure which measure are the right measures
Sustainability	<ul style="list-style-type: none"> • overseen by rigorous project governance arrangements • identifying and confirming programs with robust data • 	<ul style="list-style-type: none"> • annual grants – understanding variation and localizing pathways, • clinician engagement program • feedback loop 		