



Optimal Care Pathways (OCPs) and Colorectal cancer in the Grampians Region update

September 2016

Background

People living in the Grampians region have lower life expectancies and have worse health measures including socio economic disadvantage, and modifiable health risk factors such as, increased alcohol intake, lower activity levels, poor nutrition, increased obesity, and high smoking rates. There is an increased incidence of chronic disease and comorbidities and later stage for cancer diagnosis compared to the whole of Victoria.

Whilst people living in the Grampians region have greater uptake of the National Bowel Screening Program (NBSP) they experience an increased incidence of colorectal cancer and increased incidence of late diagnosis. People in the region attend the GP less frequently, present to the emergency department more often, and experience longer admission times than their urban counterparts. Public transport is more difficult to access.

Cancer is the leading cause of life lost through premature death in the Grampians region, and cancer care represents a significant proportion of all healthcare deliveredⁱ. The rate of new malignancy diagnosis for colorectal cancer is approximately 200 annuallyⁱⁱ.

Colorectal Cancer Incidence

New malignant colorectal diagnoses/yr = ~200

- 75% Colon, 25% Rectal ca
- 60% male; 40% female
- 22.6% BMI > 30.0
- 8.5% current smokers
- 69.4% aged over 70 yrs

Source: *Improving Cancer Outcomes Project Audit (ICOP) data, GICS, 2014*

| Colorectal cancer 5 year survival. Source VCR 2016 | | | |
|--|-----------|--------------------------|-----------|
| Grampians 5 year Survival | | Victoria 5 year Survival | |
| 63% | CI 58-66% | 68% | CI 67-69% |

Source: *Victorian Cancer Registry (VCR), June 2016*

Bowel cancer screening rates for Grampians region (41%) are slightly higher than the Victorian average (37.4%).

| Local Government Area (LGA) | BowelScreen Participation Rates | FOBT positive (% of those tested) |
|-----------------------------|---------------------------------|-----------------------------------|
| Ararat | 35.9 | 8.3 |
| Ballarat | 38.6 | 7.1 |
| Golden Plains | 35.4 | 9.9 |
| Hepburn | 34.2 | 5.6 |
| Hindmarsh | 35.8 | 8.3 |
| Horsham | 38.8 | 6.3 |
| Moorabool | 32.9 | 7.8 |
| Northern Grampians | 32.5 | 4.9 |
| Pyrenees | 34.5 | 4.8 |
| West Wimmera | 38.7 | 11.8 |
| Yarriambiack | 31.7 | 9.2 |

Source: Bowel Cancer Atlas 2012/13 (Accessed 30/8/2016)

About Optimal Care Pathways OCPs

[The Optimal Care Pathways \(OCPs\)](#) were developed to guide the delivery of timely, consistent, safe, high-quality and evidence based care for people with cancerⁱⁱⁱ. The OCPs also aim to promote consumer centred, coordinated care to improve the experience of people with cancer.

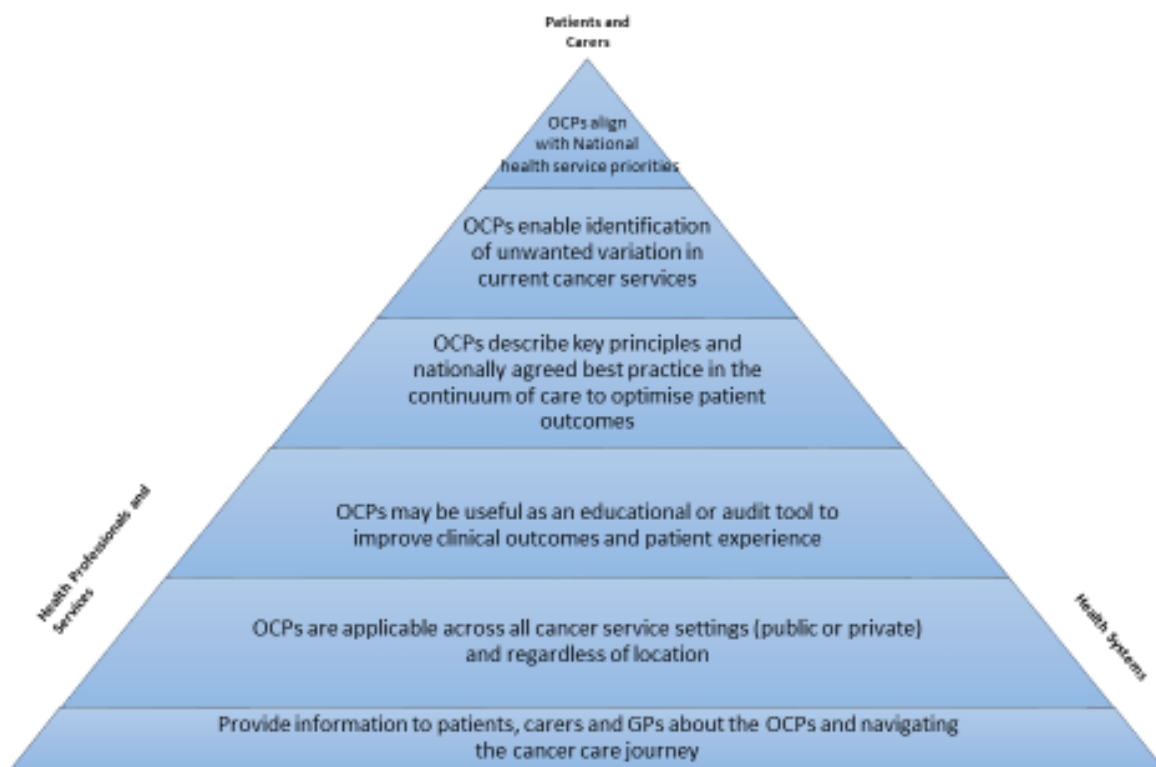
GICS is committed to implementing the OCPs in the Grampians region. Lung and Colorectal OCPs are being implemented in the first instance. This work is part of a broader Victorian health initiative to improve standards of cancer care.

The Grampians OCPs project is:

- Raising awareness of the OCPs among health professionals and health services at system, organisation and individual level
- Raising awareness of the OCPs among consumers and the broader community to support decision making and asking the right questions. Incorporating consumer consultation and participation in the OCP Project Steering Committee.
- Fostering an environment which supports the aims and objectives of the OCP project
- Identifying opportunities for service system CQI and redesign
- Supporting the BHS Lung Redesign Project
- Building stakeholder relationships to optimise innovative solutions to the implementation of the Lung and Colorectal OCPs
- Supporting implementation and monitoring of project initiatives to optimise access to treatment, health outcomes and the experience of healthcare for patients with lung or colorectal cancer including vulnerable groups
- Optimising timelines from diagnosis to treatment incorporating OCP principles
- Improving access to diagnostic services and care
- Providing approved resources and supporting CPD to promote OCPs
- Medical record auditing and data collection of key diagnostic, supportive care and treatment timelines
- Developing and documenting initiatives to implement and embed the OCPs as core business in the Grampians region



Source www.cancer.org.au/ocp



Implementing and adopting Optimal Care Pathways

| Audit measures for colorectal cancer | Grampians region | Cancer Service Performance Indicator Targets | OCP guidelines |
|--|-------------------------|---|--|
| Patients seen within 14 days of referral from the GP | 41.7% | | 100% |
| Colonoscopy prior to other treatment | 84% | | If symptoms are suggestive of colorectal cancer – 100% |
| MDM treatment plan in patient's medical record | 53% | 80% | 100% |
| MDM discussions prospective | 61% | | 100% |
| Medical records showed communication to the GP | 66% | 100% | 100% |
| Evidence of supportive care screening | 18.5% | 50% | 100% |

The OCPs provide a guide for timeliness of care. There are known regional delays to accessing diagnostic testing and care in the Grampians region. Ideally all patients would see a surgeon within 14 days of referral, investigations completed within two weeks and if symptoms are suggestive of colorectal cancer, access to colonoscopy should occur within 4 weeks.

Resources

[Consumer resources for the OCPs](#) are also available.

[Colorectal OCP information](#)

[Cancer Council helpline](#) Ph 131120

(Summary stats-Sources: VAED, VCR, ABS)

ⁱ Facts and Figures, Cancer Council Australia, 2016, viewed August 2016, <http://www.cancer.org.au/about-cancer/what-is-cancer/facts-and-figures.html>

ⁱⁱ Improving Cancer Outcomes Project Audit (ICOP) data, GICS, 2014

ⁱⁱⁱ Optimal Care Pathways, State of Victoria, 2015, Cancer Council Victoria website <http://www.cancervic.org.au/for-health-professionals/optimal-care-pathways>