



Réseau de
cancérologie
Rossey

Rossey
Cancer
Network

Rossey Cancer Network

Promoting excellence.
Uniting care.

Wilson Miller
RCN Clinical Lead



Centre universitaire
de santé McGill



McGill University
Health Centre



Hôpital général juif
Jewish General Hospital



Centre hospitalier de St. Mary
St. Mary's Hospital Center

Rossy Cancer Network

ROSSY FAMILY
FOUNDATION

McGill



MUHC

JGH

(now part of CIUSSS du
Centre Ouest-de-l'Île-
de-Montréal)

SMHC

(now part of CIUSSS de
l'Ouest-de-l'Île-de-Montréal)

Mission: to improve the quality of cancer care received by the population served by the McGill Academic Health Network.



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Crisis in cancer care: Why we need the RCN

- **Aging population**
 - Expect a 30% increase in the number of cancer survivors and a 45% increase in cancer incidence by 2030
 - Cancer drug costs increase
- **Workforce shortages**
 - Family caregivers and direct care workers provide care with limited training and support
- **Quality improvement failures**
 - Quality metrics, clinical guidelines, and IT – not widely used and all have limitations
- **Explosion of new effective treatments**
 - Rapidly changing indications, novel adverse events and rising expectations
- **Knowledge and cognitive overload**
 - Explosive increase in the amount of information a clinician must master

Slide credit: Dr Eric Schneider – The Commonwealth Fund

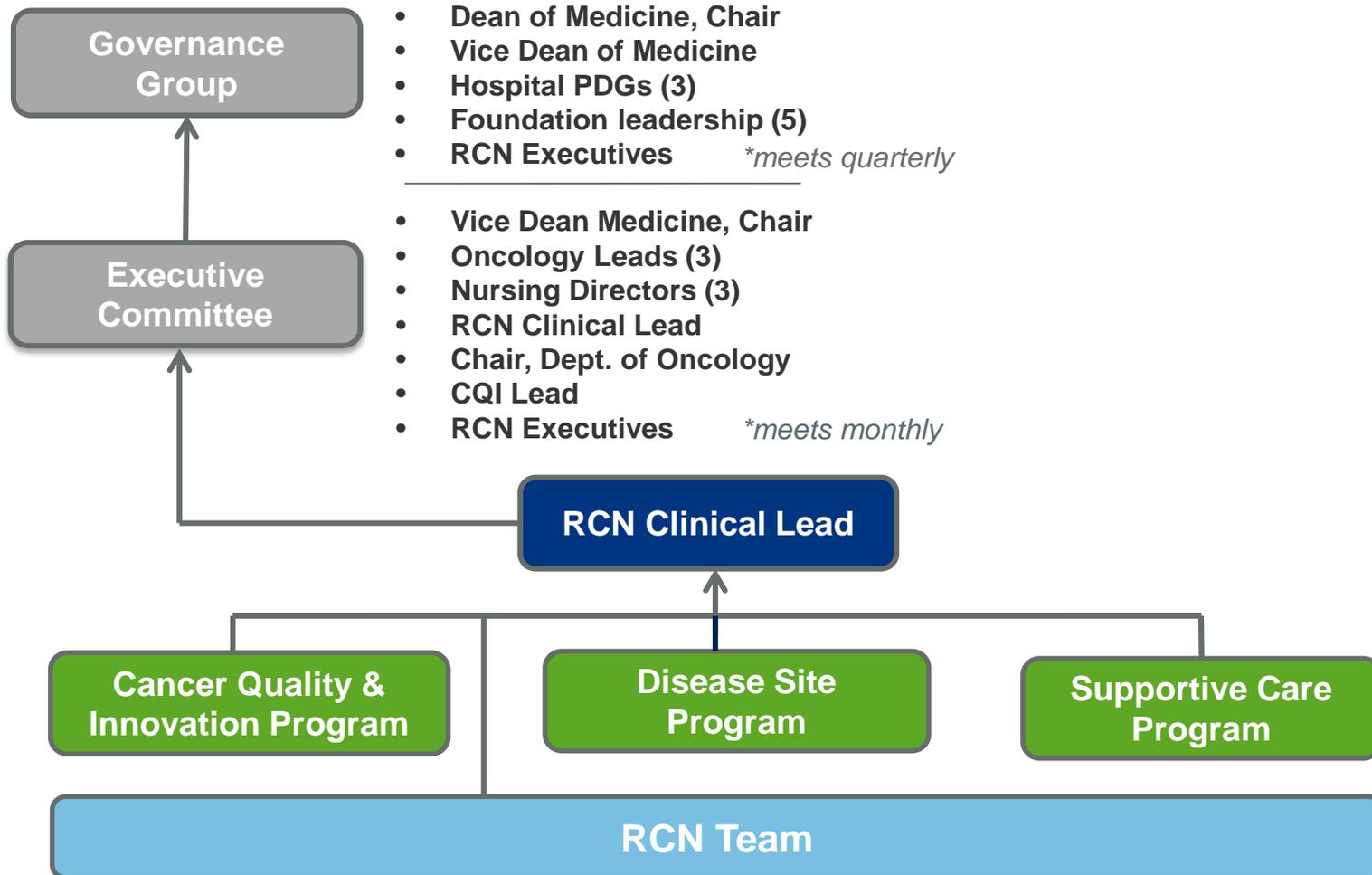


RCN Strategic Priorities

World-class Cancer Care



RCN Organizational Chart



- Dean of Medicine, Chair
- Vice Dean of Medicine
- Hospital PDGs (3)
- Foundation leadership (5)
- RCN Executives **meets quarterly*

- Vice Dean Medicine, Chair
- Oncology Leads (3)
- Nursing Directors (3)
- RCN Clinical Lead
- Chair, Dept. of Oncology
- CQI Lead
- RCN Executives **meets monthly*

Data analysts (2), Epidemiologist, Project Managers (5), Disease Site Facilitators (3), Leading Edge Treatments, Senior Clinical Manager, Director of Operations, Finance, Administrator , Communications



Disease Site Program

7 Disease Site Groups with co-leadership from two partner hospitals, reporting to the RCN Clinical lead

Cross-institutional working groups that harmonize care across the McGill-affiliated hospitals by uniting physicians working on specific types of cancer.

- Develop a **network culture**
- Select and track **disease-specific clinical quality indicators** to include on the RCN public Scorecard [mcgill.ca/rcr-rcn/scorecard]
- Lead quality improvement initiatives and measure their success
- Make emerging treatments and clinical trials available to all patients across the network

Disease site	Co-leads
Breast	Jean-Francois Boileau & Sarkis Meterissian  
Gastrointestinal (GI)	Thierry Alcindor & Petr Kavan  
Genitourinary (GU)	Simon Tanguay & Frank Bladou  
Gynecology	Walter Gottlieb & Ziggy Zeng  
Head & Neck	Khalil Sultanem & Anthony Zeitouni  
Hematology	Sarit Assouline & Kelly Davison  
Lung	Jason Agulnik & Jonathan Spicer  



RCN indicators

Data-supported approach to quality indicators and metrics

- Epidemiology-driven, evidence-based
- Have led to knowledge transfer activities – poster presentations at international conferences and publications in progress

Patient Care Trajectory

		Diagnosis	Treatment Planning	Treatment Delivery	Survivorship, supportive & palliative care
Dimensions of care	Accessibility	● ● ● ● ● ● ●	● ● ● ● ●	● ●	
	Effectiveness		● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	● ●
	Safety		●	● ● ● ●	
	Patient experience			● ●	
	Efficiency				
	Continuity			● ● ●	



Improving patient care - 2016

Shorter wait times

HE

Time for **molecular testing** of FLT3 for **leukemia** and EGFR for **lung cancer** patients was **reduced by roughly 2 weeks**. More patients with aggressive malignancies are obtaining a **timely diagnosis**, improving how quickly they start treatment

LG

Vulnerable oesophago-gastric patients, who often present weakened due to difficulty swallowing, had the time from diagnostic workup to first treatment streamlined **from 10 weeks to just 3**.



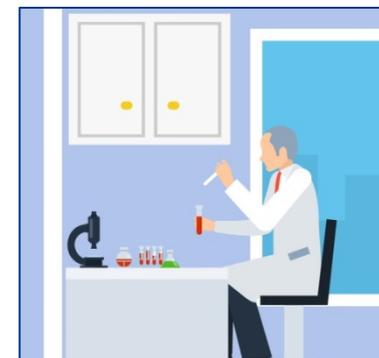
World-class care

GY

Patients with **complex gynecological cancers** benefit from new weekly detailed **multidisciplinary case reviews**, which the literature indicates improves outcomes.

ALL

The **RCN Clinical Trials website**, a **new comprehensive resource** for patients and physicians with information on over **100 trials** in the McGill network, receives **250 unique page views per month**, with hematology being the highest.



Improving patient care - 2016

Managing symptoms to improve QOL and Survival

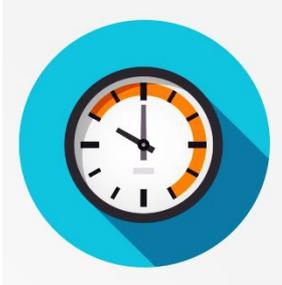
SUP

Screening for **pain, fatigue, anxiety and depression** was conducted in close to 3000 patient visits:

- To date, for high risk patients in selected clinics at MUHC JGH and SMH
- **80%** of pts with symptoms above defined thresholds received **interventions** to help **manage their symptoms**.
- Expansion to sustainable program across the RCN is in feasibility analysis
- JAMA June 04, 2017: **Randomized trial proves that this approach saves lives**



Challenges in uniting care



- Scheduling overbooked professionals – organizing meetings across sites

- Mandate for collaboration from other hospital departments

- Clear support from PDGs

- Communication (duplication of efforts, lack of awareness about other sites projects, etc)

- Lack of common IT system (difficult to access patient charts, pathology, etc)

- Competing clinical research programs

- Giving a voice to SMHC (smaller hospital) within DS group leadership

- Adapting cross-hospital projects to the reality of each institution



Research and Education

Lead: A. Meguerditchian

Bringing clinical care and academic research together

Mandate: to find opportunities for academic development, research and education within the network of hospitals, which can both impact quality of care and pursue the academic mission of McGill.

Annual funding grants for:

- **Research (CQI)**
- **Quality Improvement Initiatives (QI²)**
- **Education**



Research and Quality Improvement

■ CQI Research Grants

2014-2016

- 16 projects funded (total \$1.3M)

■ Quality Improvement Initiatives

2015-2017

- 6 projects funded (total \$180K)

- next round: fall 2017

Project funding by lead applicant specialty



Project funding by lead applicant specialty

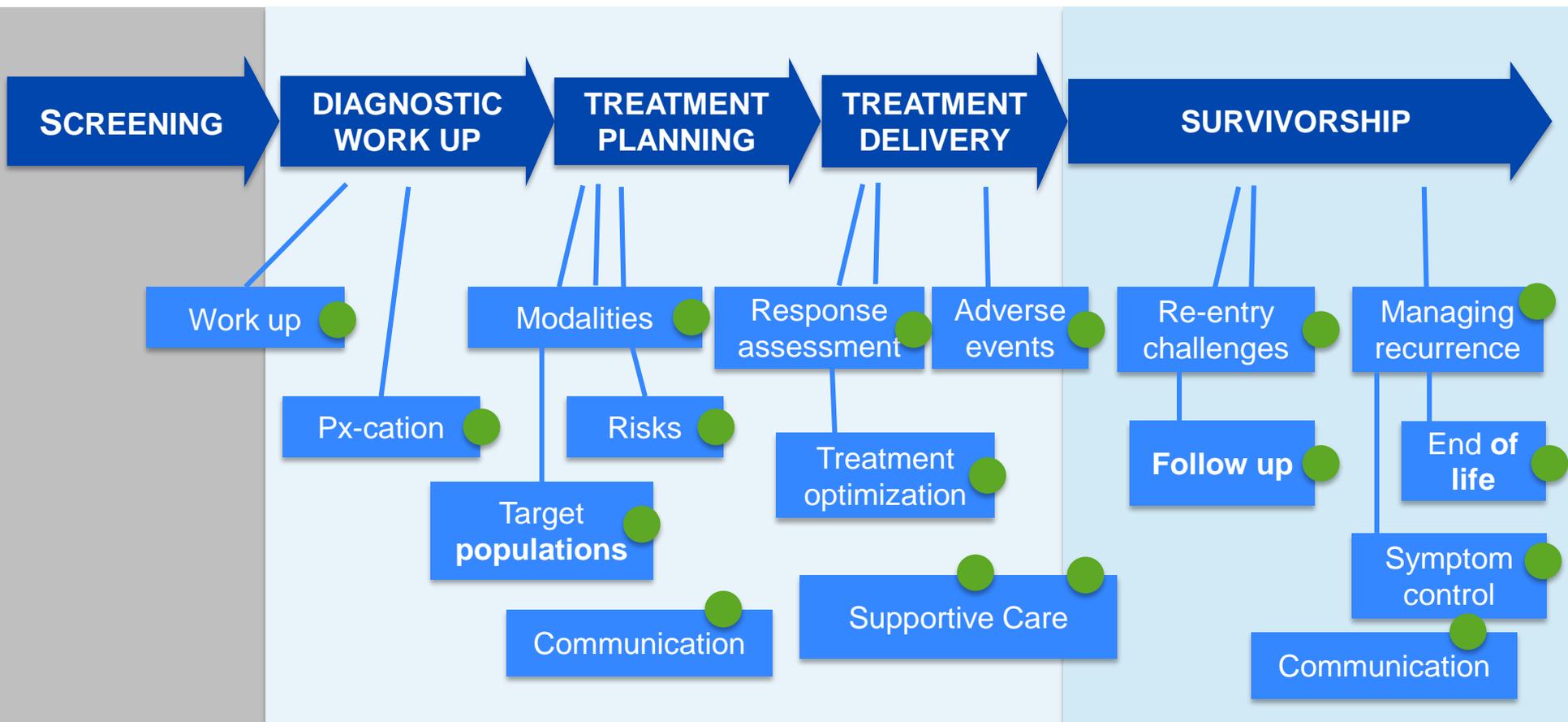


* Mandatory requirement that at least 2 hospitals participate in every initiative.



Research Grants, 2014-2016

- Research spanning the patient trajectory
- ● = indicates funded projects



Impact of the RCN on McGill's academic mission

Research Grants

- A robust research program funding all aspects of scientific advancement in cancer care quality. Recent examples:
 - Reza Forghani (JGH – 2015 grantee) International recognition: Invited presentation at Harvard on RCN supported research in 2017.
 - Jana Taylor (MUHC – 2015 grantee) World Congress of Thoracic Imaging in Boston : Podium presentations in 2017.
 - Rosanna Faria (SMH – 2014 grantee) used RCN support to secure a CIHR grant. Oral and poster presentations at CAHSPR and CPAC in 2017.
 - Important early support for the research careers of star recruits: Jonathan Spicer (MUHC) received first grant from the RCN and quickly leveraged it for additional funding.



Education Fund

- Supporting academic staff development through international opportunities for outstanding leadership training
 - London School of Economics
 - Harvard Business School
- Supporting graduate/post-graduate studies at McGill in cancer care quality
 - McGill School of Human Nutrition
 - McGill Faculty of Medicine Residents
- Supporting targeted skills development for clinicians
 - De Souza Institute Training
 - Canadian Nurses Association Certification in Oncology



Impact of the RCN on McGill's academic mission

Disease Site Program

- Quality indicators, patient experience, patient reported outcomes measures (PROMs) → many DS group members have submitted abstracts at international conferences and publications in progress
- QI² quality improvement projects also collect data for publications (e.g. AYA project has already led to a manuscript on evident-based guidelines systematic review, and a series of abstracts)
- Recent publications describing RCN activities (e.g. Batist et al in *Current Oncology*)
- Resident training – 5 Internal Medicine and 1 ENT residents in 2016 involved in quality research projects with 3 published abstracts so far
- Academic seminars – DS groups are organizing Quebec-wide research & quality conferences (H&N, October 2017)



Lessons learned and next steps



- Develop a culture of trust, collaboration and sharing
 - Shared values, consensus development, mutual benefit
- Remove barriers to data sharing
 - Link, share, use existing data (one RCN Quality Council)
- Support both bottoms-up and top-down approach
- Exhibit resilience – if it doesn't work, try again. Adapt the project.
- Set realistic expectations of project timelines
- Obtain true partnership from all parties for successful collaborative research and improvement of cancer care





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Thank you !



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