

Joining the dots: Fast Tracking Lung Cancer Patients



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OBJECTIVE

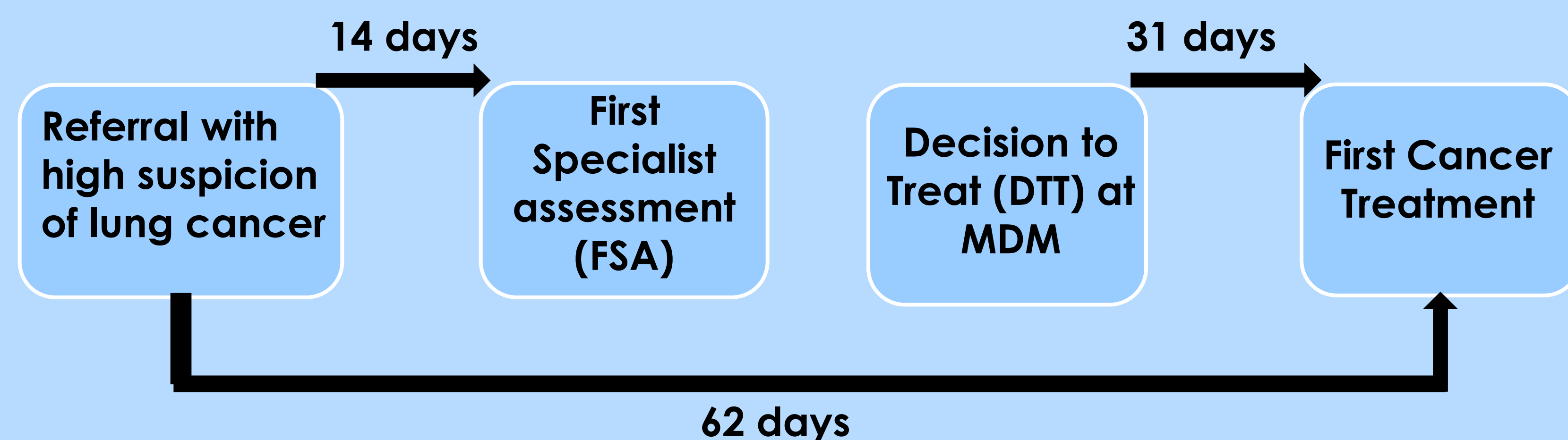
- To audit and improve the time from date of referral to First Specialist Appointment (FSA), Decision to Treat (DTT) and the First cancer treatment, in patients with primary lung cancer, in line with the Ministry of Health (MOH) targets

INTRODUCTION

- Lung cancer is the leading cause of cancer deaths, accounting for 19% of all cancer deaths in NZ.
- Maori rates of lung cancer are much higher than national average (77 vs 29 per 100,000)
- The 5 year survival in NZ is 10.4% compared to 14% in Canada and Australia
- Mortality in Maori is 2.9 times higher than non-Maori population.
- Out of 2027 new cases of primary lung cancer in 2012, Waitemata DHB accounted for 229 patients, which was highest in NZ (Canterbury 225, Counties Manukau 184, Auckland DHB 156, Northland 103)
- Auckland-Northland audit of lung cancer in 2004 indicated that with only 50% patients were managed within the timeframe recommend by the British Thoracic Society.

BACKGROUND

- In 2014, the Ministry of Health introduced the Faster Cancer Treatment (FCT) targets as indicated below. The primary target is for patients to receive the First cancer treatment within 62 days of the initial referral with high suspicion of cancer, aiming for 85% compliance by July 2015.



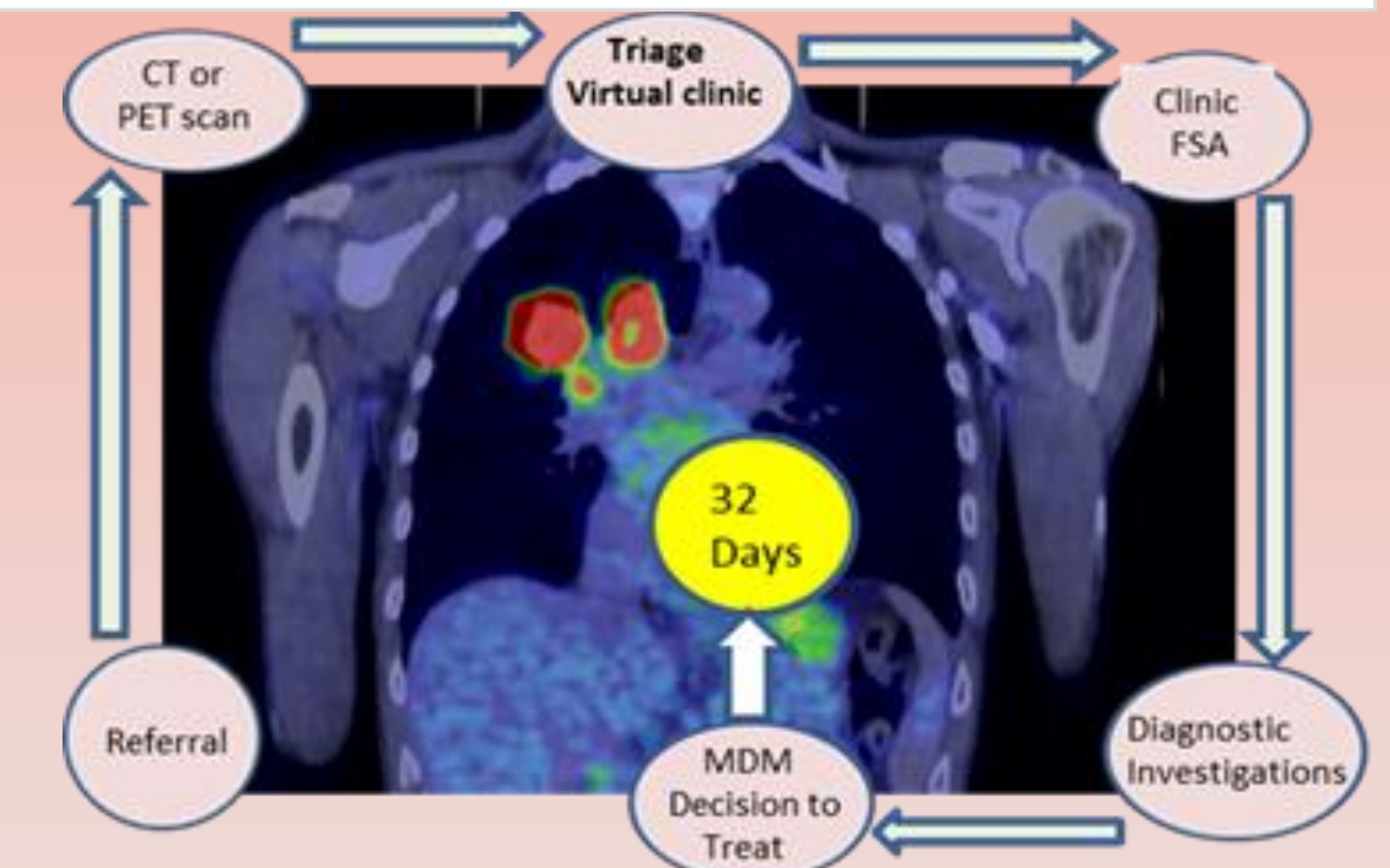
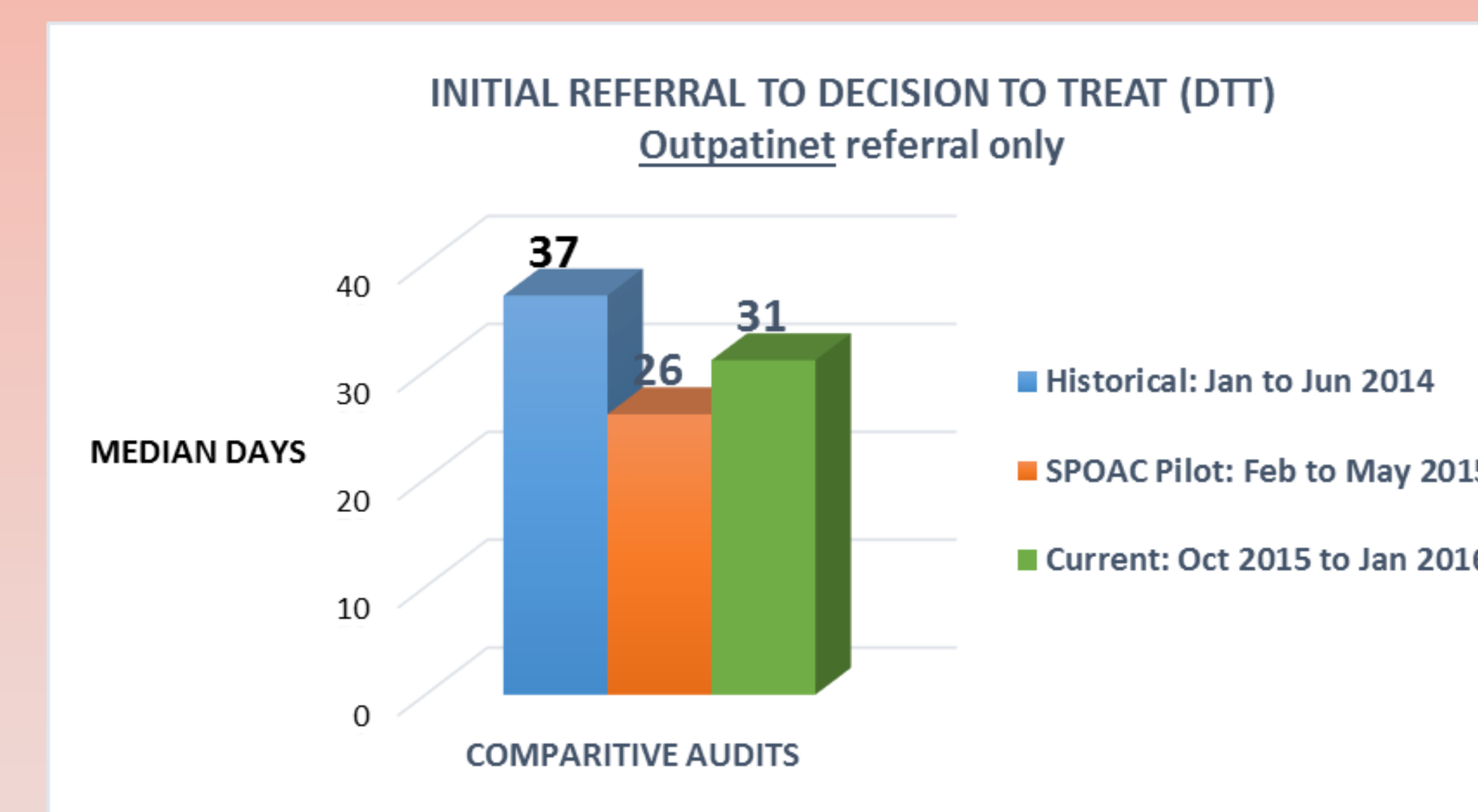
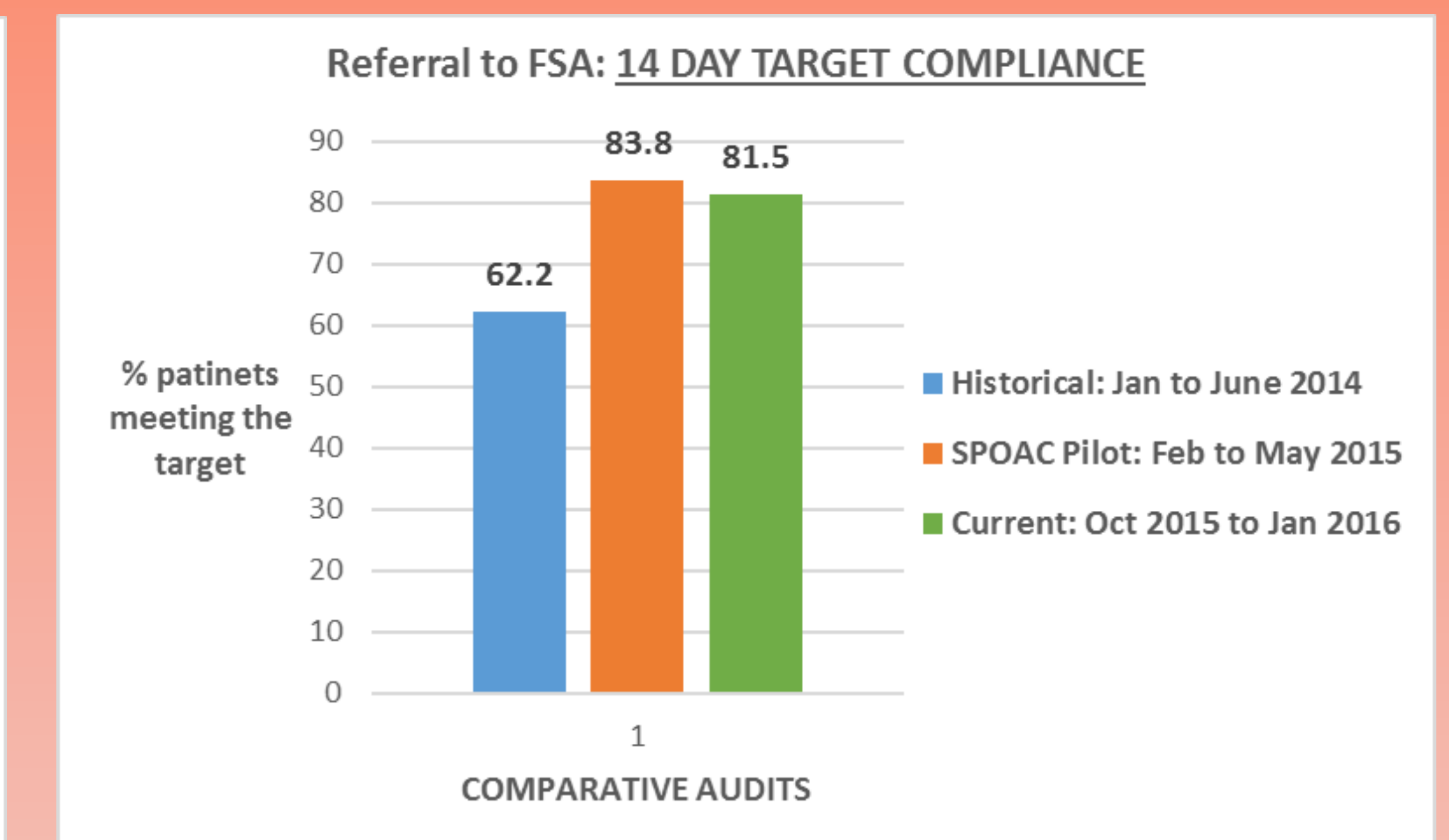
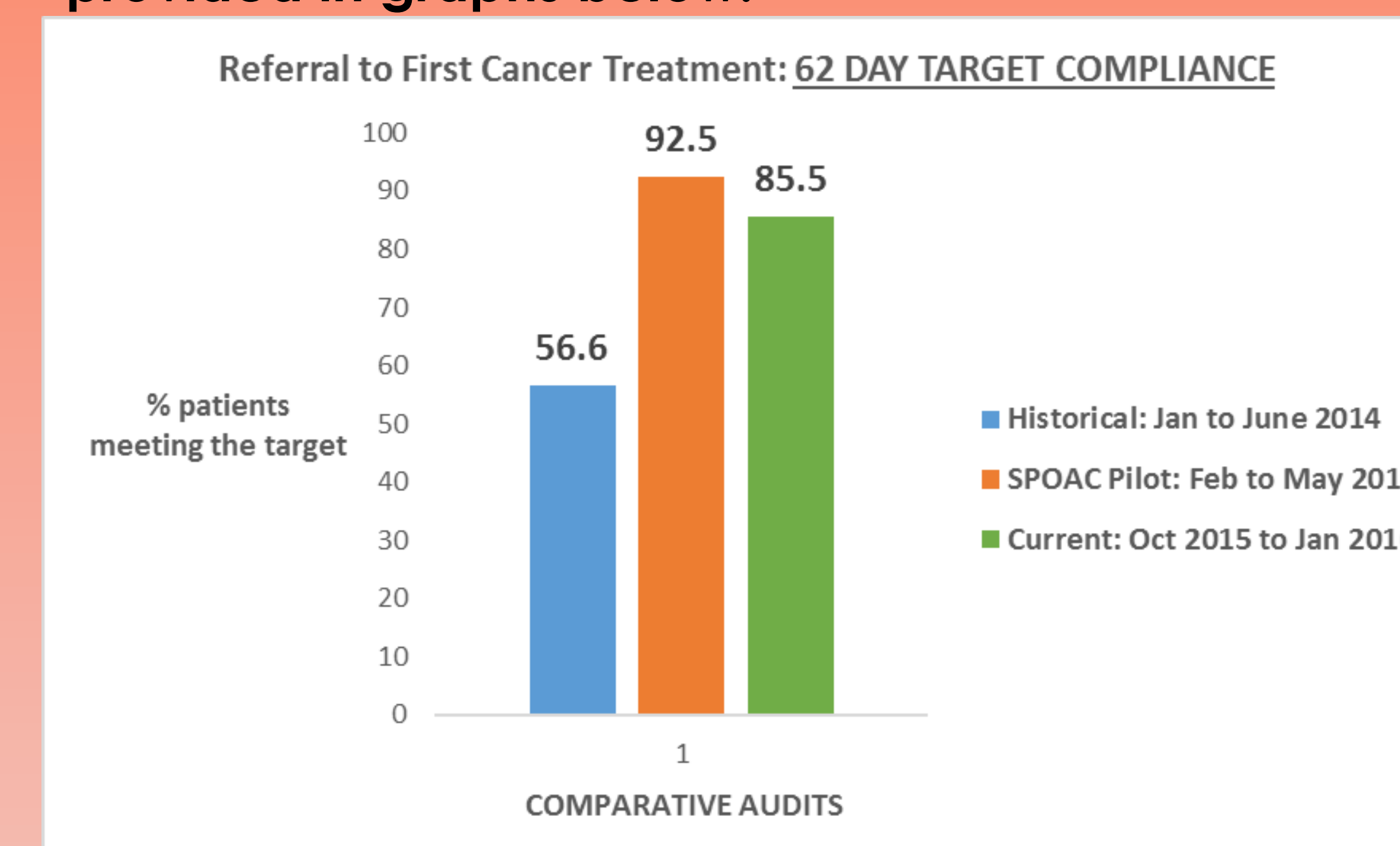
- A audit done in 4 Auckland-Northland DHB's of new lung cancer patients diagnosed between Jan to June 2014, showed that out of 143 outpatient referrals with high suspicion of lung cancer, 56.6 % met the 62 target with the Median time from Date of Referral to Decision to Treat (DTT) of 37 days.
- A Single Point Of Access of Care (SPOAC) pilot was conducted through 4 Auckland-Northland DHB for 12 weeks from Feb to May 2015. The pilot used a predetermined pathway with use of rapid access cancer slots, robust grading criteria, use of cancer co-ordinators and designated radiologist/ clinicians to pre-empt investigations at grading, use of virtual clinics to plan 'next best' investigation and upfront CTPET for selected patients to reduce number of diagnostic investigations. A "track and trigger" tool was used to monitor the progress. A total of 80 outpatient referrals were analysed (25 from WDHB) with results indicating that 92.5% of patients met the 62 day target with Median time from date of referral to Decision to Treat (DTT) of 26 days.
- SPOAC pathway was formally adopted for lung cancer workup at WDHB from 1st October 2015.

METHODS

- Data on patients with high suspicion of lung cancer seen between 1st October 2015 and 31st Jan 2016 was collected and analyzed.
- The data on date of referral to First Specialist Appointment (FSA), referral to Decision to Treat (DTT) and referral to 1st treatment was calculated and compared with the historical audit (Jan to Jul 2014) and the SOPAC pilot data (Feb to May 2015).

RESULTS

- A total of 54 patients diagnosed with primary lung cancer from 1st Oct 2015 to 31st January 2016 completed the pathway with 8 patients breaching the 62 day target of date of initial referral to 1st cancer treatment (or other management). (85.5% compliance rate)
- 81.5% of the patients had the FSA within 14 days of date of initial referral with high suspicion of cancer (n=65)
- The Median days from the initial referral to Decision to Treat (DTT) was 31 days for outpatients referral (n= 28) and 12 days for inpatient referrals (n=33). The corresponding 75th percentile was 42 days for outpatient referrals and 27 days for inpatient referrals.
- Comparison with the historical audit (Jan to June 2014, n=143) and SPOAC pilot (Feb to May 2015, n=80) is provided in graphs below:



DISCUSSION

- Aiming for the MOH targets and use of a well defined pathway with a collaborative approach has helped improve the efficiency of lung cancer workup and helped to instil a 'sense of urgency' among all involved.
- Adopting the Single Point of Access of Care (SPOAC) pathway at WDHB has shown improved efficiency in time to FSA and First cancer treatment. This is close to what was achieved during the SPOAC pilot study at the 4 Northern DHB's from Feb to May 2015 and much improved from the historical audit of 2014.
- The outpatient referrals take a considerably longer time for diagnostic and staging work up (75th percentile of 42 days) compared with inpatient referrals (75th percentile of 27 days).
- The public holidays in December and January may have contributed to delayed decision making for some patients, as the weekly MDM's is currently held only on a Monday at Auckland hospital
- In future, having additional lung cancer MDM at WDHB and a inter DHB e-referrals services could be helpful.