

GRICS Optimal Care Pathways Newsletter

ISSUE NUMBER 2 - AUGUST 2018

Welcome to Gippsland Regional Integrated Cancer Service's second edition of the Optimal Care Pathway (OCP) newsletter. In this edition we will recap the OCPs and the work completed to date in the Gippsland region to embed these fantastic resources into clinical practice. We will also introduce the two tumour streams that are currently the focus of OCP implementation - prostate cancer and oesophagogastric cancer.

What are the Optimal Care Pathways?

The OCPs map the key stages in a cancer patient's journey; from prevention and early detection to survivorship or end-of-life care.

They detail key principles and recommendations for optimal care at each of these critical points in the cancer continuum, ensuring consistent, coordinated and quality care for patients.

It is important to remember that the OCPs are not detailed clinical practice guidelines and are not intended to constitute medical advice or replace clinical judgement.

Each pathway is presented using the structure outlined in the figure below:

	PATHWAY STAGE	KEY ASPECTS COVERED
	Stage 1: Prevention and early detection	<ul style="list-style-type: none"> ● Prevention, risk factors, early detection, screening
	Stage 2: Presentation, initial investigations and renewal	<ul style="list-style-type: none"> ● Signs and symptoms, investigations, referral ● Lead clinician communication
	Stage 3: Diagnosis, staging and treatment planning	<ul style="list-style-type: none"> ● Diagnosis, treatment planning, research and clinical trials ● Lead clinician communication
	Stage 4: Treatment	<ul style="list-style-type: none"> ● Treatment options, palliative care referral ● Lead clinician communication
	Stage 5: Care after initial treatment and recovery	<ul style="list-style-type: none"> ● Treatment summary ● Follow-up care plan ● Survivorship ● Lead clinician communication
	Stage 6: Managing recurrent, residual and metastatic disease	<ul style="list-style-type: none"> ● Detection, treatment, palliative care ● Lead clinician communication
	Stage 7: End-of-life-care	<ul style="list-style-type: none"> ● Palliative care, advanced care plan ● Lead clinician communication

Introducing...Prostate and Oesophagogastric Cancer OCPs!

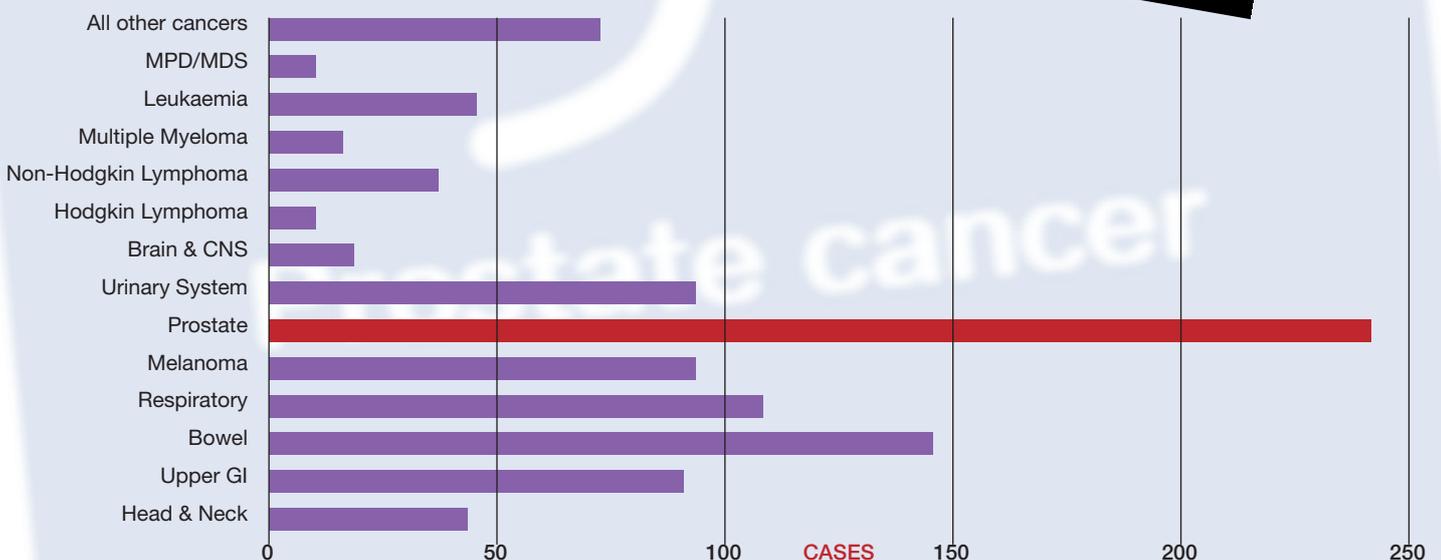
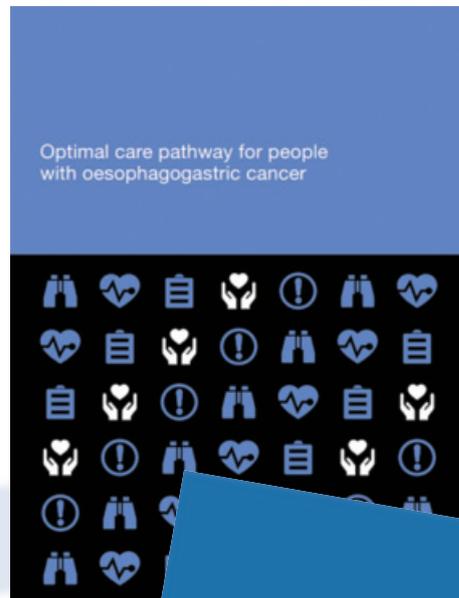
Following the implementation of the lung and colorectal Optimal Care Pathways in the 2016/2017 period, the Department of Health and Human Services have selected prostate and oesophagogastric tumour streams to be the current focus of analysis, improvement and promotional activities.

As part of this process, GRICS were involved with data auditing and surveying to collect information about the current state of cancer pathways in Gippsland and subsequently identify gaps in current cancer practices as compared to the OCP recommendations.

Prostate Cancer

Being the most common cancer type diagnosed in Gippsland men, it is assuring that the prostate cancer pathway is one of the current focuses for implementation.

This area of work is of utmost importance to our region, as it has been reported that men in regional areas of Victoria are more likely to present with symptoms and have more advanced prostate disease than those in the metropolitan area. By following and referring to the OCPs at critical points, we will ensure consistent, coordinated and quality care for patients across the cancer care continuum.



Leading Cancers in Gippsland Males - Cancer Council Victoria, 2015

Prostate Cancer continued

Outlined below are some of the initiatives that GRICS are undertaking to further enhance the care provided by our health professionals and improve the quality of life for prostate cancer sufferers.

Statewide focus areas

Following a statewide audit, GRICS will be facilitating projects in our region to work towards the following targets:

- improving timely Multidisciplinary Team Meeting presentation rates for newly diagnosed prostate cancers (at least 85% of all newly diagnosed prostate cancer patients should have documented evidence of MDT meeting recommendations)
- ensuring men are routinely provided with an opportunity to explore all available management options
- ensuring appropriate support is accessible to meet men's supportive care needs in the acute and survivorship phase (up to 24 months) following treatment.

Progress in Gippsland to date - Prostate Cancer:

GRICS have undertaken preliminary work in collecting local data, analyzing the results and working with experts in the field to prioritise action required. A consumer survey is planned seeking feedback on support services and, we will also engage with Prostate Support Groups to better understand how men experience their prostate cancer diagnosis, treatment decisions and the information provided to them regarding treatment options.



Prostate Cancer Conference

GRICS recently held a Prostate Cancer Conference for health professionals to provide up to date information relating to each of the stages in the Optimal Care Pathways. Eighty people attended the event that was held in Sale and was an opportunity for health professionals to come together to hear presentations from a number of leaders in the prostate cancer field who shared their expertise on a range of topics including: diagnosis techniques, patient perspective, Brachy Seed Therapy, oncology pharmacology, imaging, and nursing care of the prostate cancer patient. Panel discussions enabled the audience an opportunity to engage with the presenters and clarify any questions they may have on the management of the Prostate Cancer patient.

GRICS appreciates the efforts of the presenters who participated on the day and made the event such a great success.

Prostate Cancer Specialist Nurses

Gippsland is very fortunate to have two Prostate Cancer Specialist Nurses supporting our region.

The nurses work closely with doctors and others involved in prostate cancer care to help those affected by prostate cancer by:

- providing a point of contact and support for patients and carers
- assisting patients to access services in their hospital and in their community both during and after treatment
- providing reliable information about diagnosis and treatment plans
- coordinating care - wherever a patient is in their cancer journey.

Provided below are the contact details for our region's Prostate Cancer Specialist Nurses:

- ***Leanne Prosser***

- *Based at Latrobe Regional Hospital - services Gippsland.*
- *E: lprosser@lrh.com.au*
- *P: 03 5173 8500*

- ***Judith Mays***

- *Based at Bairnsdale Regional Health Service - services East Gippsland.*
- *E: judith.mays@brhs.com.au*
- *P: 03 5152 0231*

SAVE THE DATE!

GRICS Consumer Forum 2018: Prostate Cancer

This forum will introduce the Prostate Cancer "What to Expect" guide to discuss prostate cancer treatment options in Gippsland. We will also explore what supportive care services are available to prostate cancer patients and their carers.

Date: 3 September 2018

Venue: Latrobe Regional Hospital

Please check the GRICS website for more information and to register for the event.

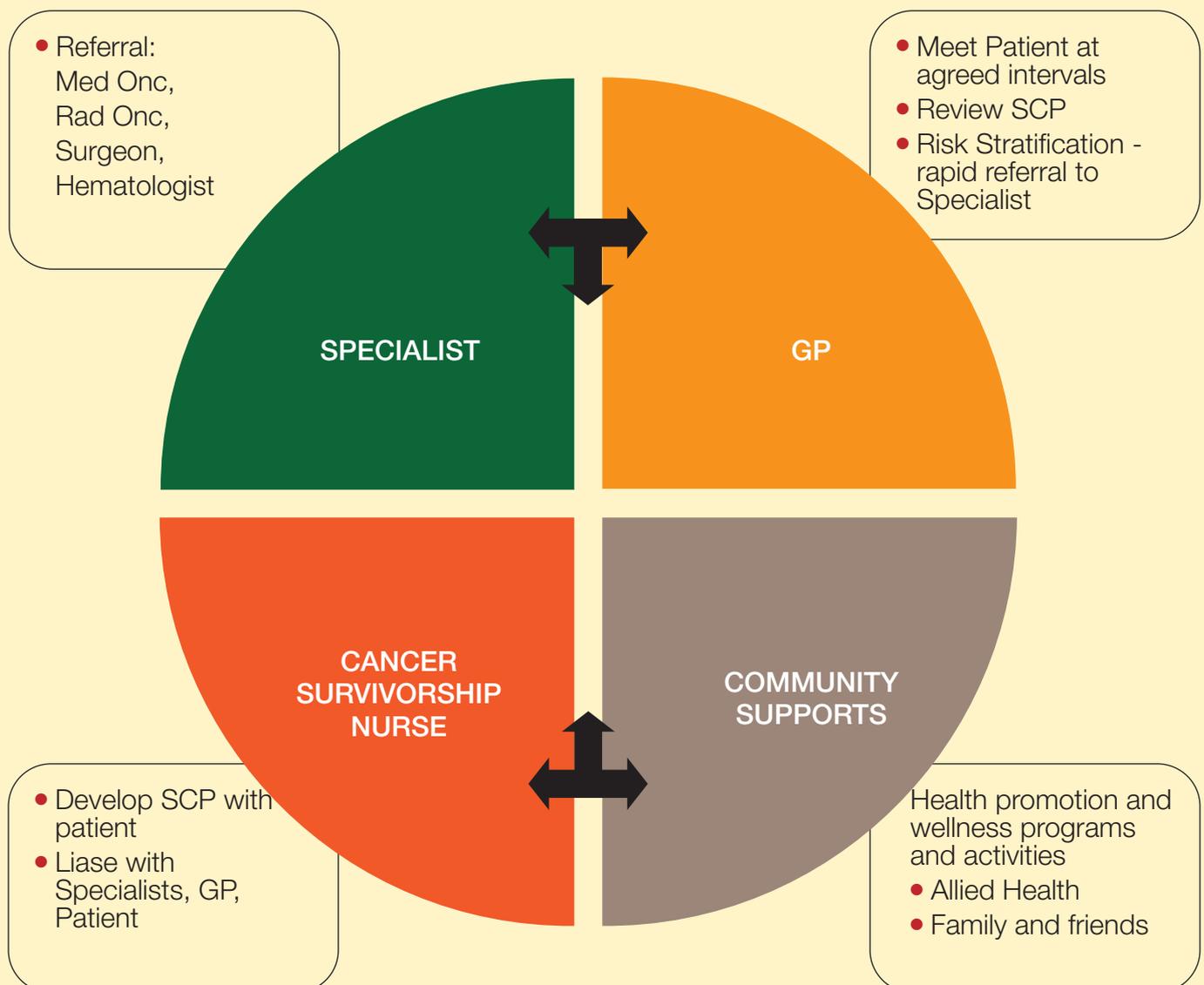
Survivorship Nurse

The Gippsland Cancer Survivorship Project is currently recruiting prostate patients to join the program, following the successful uptake of breast, colorectal and lymphoma patients.

The project has been funded for three years by the Department of Health and Human Services as a part of the Victorian Cancer Survivorship Program Phase II Grants.

The Gippsland Cancer Survivorship Program aims to:

- Extend cancer services to enable supportive and coordinated care post cancer treatment and to implement a shared care model between general practitioners and specialists
- The model incorporates a Nurse-Led Clinic (NLC) to support patients from breast, colorectal, prostate and lymphoma tumour streams and co-ordinate their follow up care between specialist and general practitioner (GP). The NLC comprises two appointments incorporating physical and emotional assessment, end of treatment care plan generation, supportive care and associated community referrals, and recommendations on healthy living to enhance wellbeing. The end of treatment care plan is given to the patient and a copy is sent to their GP.



Oesophagogastric Cancer

In Australia, more than 2,000 people are diagnosed with gastric cancer each year and around 1,400 with oesophageal cancer (AIHW, 2014).

However survival outcomes for both oesophageal and gastric cancers are poor when compared with other types of cancer.

Improving outcomes for people with oesophagogastric cancers is particularly challenging as the chances for early detection are slim and many present at a late stage of disease.

Even if there are good initial treatment outcomes, the recurrence rate is very high.

Given the poor prognosis of this cancer at present for the majority of patients, treatment is often given with palliative rather than curative intent. (Oesophagogastric Cancer OCP).

Taking this into consideration, OG cancer is a welcome focus for the ICS' implementation efforts during this period.

Statewide focus areas

A statewide oesophagogastric cancer audit led by the Department of Health and Human Services captured all Victorians diagnosed with oesophagogastric cancer between 1 July and 31 December 2016 who were admitted to a Victorian public health service.

Analysis of this data has led to a number of statewide goals being identified, for which each ICS will use local data to inform action for their region:

- improve timely Multidisciplinary Team Meeting presentation rates for newly diagnosed oesophagogastric cancers (at least 85% of all newly diagnosed oesophagogastric cancers should have documented evidence of MDT meeting recommendations by end of 2018 and 100% by 2020)
- align the 'time from diagnosis to treatment' for curable OG cancer to within 28 days.

Progress in Gippsland to date - Oesophagogastric Cancer:

Similarly to our prostate cancer work, GRICS have been collecting local oesophagogastric data, analysing the results and working with experts in the field to prioritise action required. Current works include:

- mapping of local OG services to provide to Gippsland PHN for the HealthPathways program
- collaborating with metropolitan ICS' and other health services both local and metropolitan with plans to improve communication and develop possible referral pathways for patients in and out of health services
- consultation with dietitians to identify further initiatives.

Lung and Colorectal Cancer Tumour Streams

Whilst the lung and colorectal tumour streams may no longer be the primary focus of implementation strategies throughout the state, GRICS still continues to undertake work in this field.

This work aims to evaluate and enhance the strategies implemented as a result of previous data collection and analysis activities.

GRICS have developed a number of initiatives to assist with better aligning the region's cancer healthcare to that of the OCP recommendations.

These include review and redevelopment of triage processes for referrals to medical oncologists and working towards a standardised approach for treatment summary correspondence from Medical Oncologist back to General Practitioner.

UPDATE

What is HealthPathways?

HealthPathways is a practical, user friendly, web-based portal containing locally relevant evidence-based best practice guidelines, referral information and other resources in a single place.

The HealthPathways online portal presents a synopsis of current evidence and clinical guidelines for the optimal assessment and management of a range of specific medical conditions. Also included is information about local referral options, together with useful links to clinical resources for the clinician and educational resources for the patient.

HealthPathways does not replace clinical decision making, it supports it.

Who are HealthPathways for?

HealthPathways are designed to be used at the point of care, primarily by GPs during the consultation but they are also available to specialists, nurses, allied health and other health professionals within the Gippsland region. HealthPathways are for health professionals only and cannot be accessed by patients.

Which Gippsland HealthPathways are being developed to support the Optimal Care Pathways (OCPs) for Cancer?

Gippsland Primary Health Network are currently developing HealthPathways for both *prostate cancer* and *oesophagogastric cancer* as part of our work on the OCPs for cancer.

How can Gippsland HealthPathways be accessed?

All public and private health professionals working within the Gippsland PHN catchment area can request access to the GPHN HealthPathways web-portal. All that is needed is an internet connection.

To request access, simply click on the link: <https://gippsland.healthpathways.org.au> and then click on the 'Request Access' button.

Implementing Pathways for Cancer Early Diagnosis (I-PACED)

The I-PACED project is supported by the Victorian Government and aims to facilitate consistent, safe, high-quality, evidence-based cancer care by supporting General Practice staff knowledge of Optimal Care Pathway recommendations to increase early cancer detection and decrease late presentation.

The project team at Cancer Council Victoria and The University of Melbourne Department of General Practice have developed a resource package in consultation with subject matter experts, and are working with Victorian Primary Health Networks to disseminate this information to General Practices across Victoria. The resource package provides information and tools to increase GP awareness about critical primary care points, including:

- information regarding prevention and risk factors relevant to each cancer
- information regarding screening/testing recommendations, including a PSA testing decision aid which may assist GPs in conversations with asymptomatic men
- evidence-based risk assessment tools to help assess patients with symptoms associated with prostate or oesophagogastric cancer, and to identify possible high risk patients.

Gippsland PHN Prostate Cancer OCP Project: 'Assisting GPs to help their patients make informed decisions about PSA testing'

This is a pilot project aimed at developing a package of information and resources for GPs to provide to patients when discussing the pros and cons of PSA testing.

The project aims to promote shared decision making in line with the new (2016) PSA testing guidelines.

This resource is being developed by Gippsland PHN in collaboration with our GP Advisors, GRICS and Central West Gippsland Primary Care Partnership (CWGPCP) and in consultation with men from the target patient group.

The package consists of a range of patient-focused information and resources about PSA testing - all brought together in one quick and convenient place.

The package is intended as a tool to assist GPs to ensure that:

- a balanced discussion can occur between patient and GP about the pros and cons of PSA testing
- patients can participate fully in decision making
- patients have the information they need to provide informed consent or informed refusal.

GPs can choose which information and resources they provide to individual patients. To assist with this, written information included in the package has a 'readability rating' to help the GP determine how likely it is to be understood by patients with different levels of health literacy.

The package is currently being trialled by GPs in practices across Gippsland with patients who need to decide whether or not to undergo a PSA test. Once the pilot has been completed, GP and patient feedback will be analysed and amendments made prior to the package being promoted and distributed to other GPs across Gippsland.

Where do I find out more information on the pathways?

View the Optimal Cancer Care Pathways or download consumer PDFs from www.cancer.org.au/OCP or view the interactive consumer web portal at www.cancerpathways.org.au

Gippsland Regional Integrated Cancer Services
Latrobe Regional Hospital PO Box 424 Traralgon 3844

Phone: 03 5128 0138 • **Email:** grics@lrh.com.au • **Website:** www.grics.com.au