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**CONFERENCE ABSTRACT****Optimizing Entry into Canadian Cancer Care Systems**

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***Introduction***

To address the challenges and leverage opportunities in obtaining a swift, accurate, and appropriately communicated cancer diagnosis, All.Can Canada embarked on a comprehensive assessment of how well Canada is doing in optimizing entry into cancer care. The purpose was to understand the current state of cancer diagnosis in Canada, including identifying outcomes that matter most to cancer patients, nominated practices in cancer diagnosis to adapt, spread, and scale, and areas of inefficiency that represent opportunities for improvement towards identified outcomes, in order to identify priority areas and concrete actions to inform the work of policymakers and other stakeholders.

***Aims Objectives Theory or Methods***

From June 2020 to March 2021, a consultant with oversight by All.Can Canada's patient-led, multi-stakeholder Steering Committee conducted research. First was a literature review identifying current Canadian practices which aim to reduce diagnosis inefficiencies; summarize what is known about the impacts of the determinants of health on diagnosis; and identify currently used metrics. Qualitative interviews with cancer survivors across Canada investigated diagnosis from their perspectives, including what matters most as they traverse the diagnosis process. A survey of providers across Canada investigated what they perceive to be inefficiencies in diagnosis and factors essential for a quality diagnosis process.

***Highlights or Results or Key Findings***

Irrespective of cancer type, disease stage, or determinants of health, patients described the diagnosis process as taking place in three phases:

Early – when people first try to interact with a provider over a suspicion of cancer until the first referral;

Middle – when people undergo diagnostic testing to investigate; and

Final – when people arrive at a dedicated cancer facility until they receive their diagnosis.

Across all phases, seven outcomes were identified as being critical to the quality of the diagnosis experience:

- Swiftiness of the process;
- Concerns validated by primary care providers;
- Excellent patient-provider communication;
- Effective provider-provider communication;
- Better information;
- Integrated psychosocial support; and
- Integrated care.

Attainment of these outcomes resulted in a more satisfactory diagnosis experience, while failing to attain any of these outcomes had a negative, and oftentimes detrimental, impact.

The research resulted in the start of a quality framework for Canadian cancer diagnosis.

### ***Conclusions***

Findings demonstrate cancer diagnoses' fragmented current state and integrated future state. Workforce capabilities, multi-sectoral collaboration, aligned payments and accountability, a national quality framework, and increased care coordination are required. Digital solutions are vital for rural residents and during pandemics. Anti-fragility means transforming cancer diagnosis systems to absorb shock and improve.

### ***Implications for applicability/transferability sustainability and limitations***

Findings are not necessarily generalizable to newcomers, racialized people, residents of the Territories, and Indigenous populations. Sample sizes preclude conclusions about jurisdictional disparities. Provider survey results are not necessarily representative of all provider groups across Canada. Provider responses to questions about inefficiencies could have been influenced by the COVID-19 pandemic.