

Launching Ontario's Colorectal Cancer Screening Program

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Ontario's CRC Screening Program

- Background
- Program Launch
- Program Features



Ontario's Health Care System

- Single payor, universal access, publicly funded
- Cancer Care Ontario (CCO) – agency of the Ministry of Health

New Cases in Ontario: 2008

Prostate	10,500
Breast	8,500
Lung	8,100
Colorectal	8,000


Canadian Cancer Statistics

Deaths in Ontario: 2008

Lung	6,900
Colorectal	3,250
Breast	2,000
Prostate	1,650

Canadian Cancer Statistics

CANADIAN TASK FORCE ON PREVENTIVE HEALTH CARE

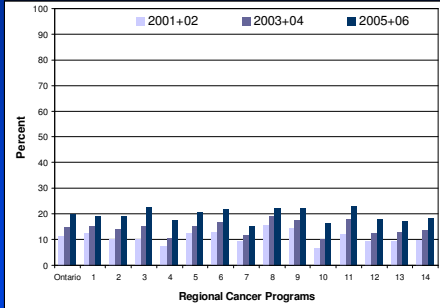


GROUPE D'ÉTUDE CANADIEN SUR LES SOINS DE SANTÉ PRÉVENTIFS

➤ **FOBT**
➤ **Flexible Sigmoidoscopy**

CMAJ 2001;165:206-8

Persons 50-74 yr Who Had a FOBT in Ontario, 2001-06



Source: Cancer System Quality Index (CSQI)

Our Challenge in Ontario

- 2.8 million 50-74 years
- <20% screened
- Access to colonoscopy

CBC.CA News - Full Story

Ontario introduces \$193 M colon cancer screening program

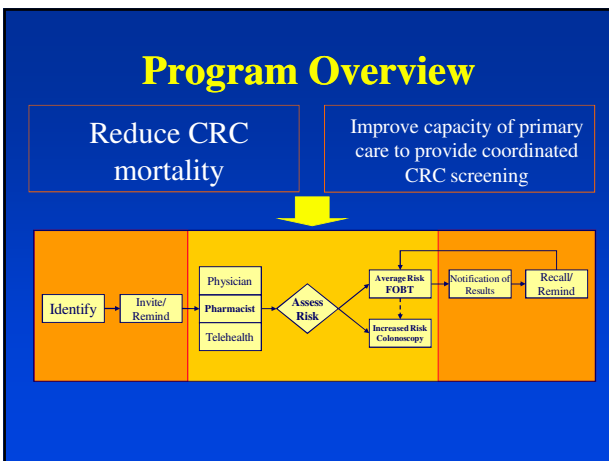
Minister of Health,
George Smitherman

January 23, 2007



Ontario's CRC Screening Program

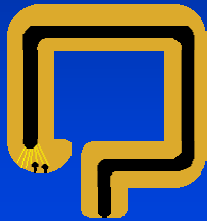
- **gFOBT** for average risk (≥ 50 yr, no family history of CRC, no symptoms)
- **Colonoscopy** for increased risk (parent, brother, sister, child with CRC)



Program Features (Year 1)

- Increase colonoscopy capacity
- CCO Colonoscopy Standard
- Hospital reporting: colonoscopy volumes, wait times and indications
- Provider campaign (Jan 2008)

Year 1 Colonoscopy Allocation

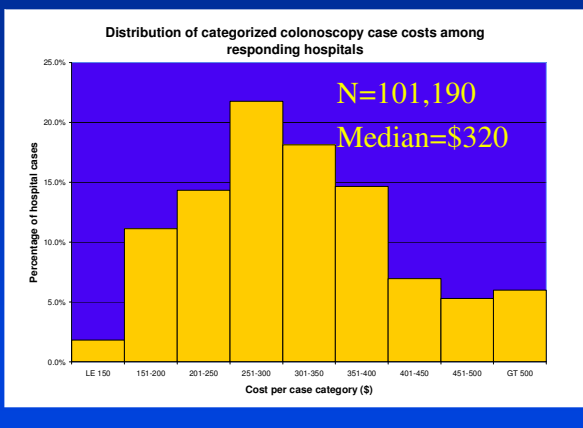


Principles

- Population-based
- 14 regions
- Geographic distribution within region

Eligibility Criteria

- Public Hospital
- “Wait times” hospital
- ≥ 500 colonoscopies (2005/06)
- $\geq 1\%$ of hospital-based colonoscopies
- Capacity for ≥ 500 more (2007/08)



Year 1 Colonoscopy Allocation

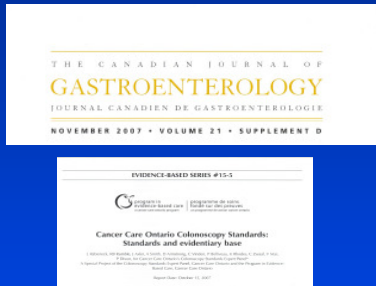
- \$11 M for colonoscopies
- $\$11 \text{ M} / \$320 = 34,375$
- North Simcoe Muskoka: 5% of persons 50-74 yr
- North Simcoe Muskoka: 1,718 incremental colonoscopies in 2007/08

CCO Colonoscopy Standards

- Developed by CCO's Program in Evidence-Based Care (PEBC)
- 3 key aspects:
 - Physician endoscopist
 - Institution
 - Performance



CCO Colonoscopy Standards



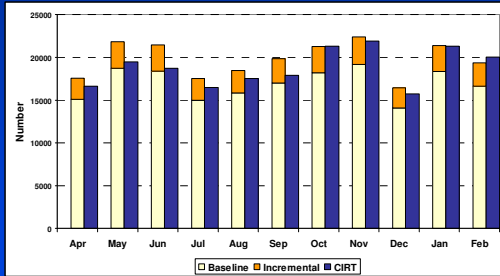
www.cancercare.on.ca

Hospital Monthly Reporting: All Colonoscopies

- Dedicated FAX line for referrals
- Volumes
- Wait times
- Indication for procedure
- Performance (cecal intubation; bowel prep; perforation)

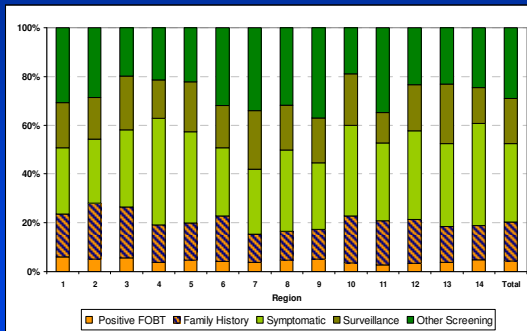


Outpatient Colonoscopy Volumes: April 2007–Feb 2008 (N=206,976)

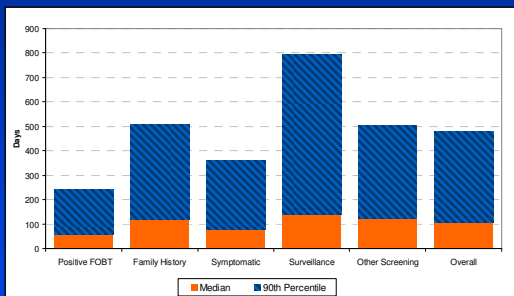


CIRT = Colonoscopy Interim Reporting Tool

Outpatient Colonoscopy Volumes: June 2007-Feb 2008 (N=170,870)



Outpatient Colonoscopy Wait Times: Feb 2008 (N=20,032)




Source: Colonoscopy Interim Reporting Tool (CIRT)

ColonCancerCheck



Minister of Health,
George Smitherman

March 14, 2008



ColonCancerCheck

- Public campaign – March 2008
- Key message – you are not see through...

ColonCancerCheck

- Launch of gFOBt kits- April 2008:
 - Family Physicians
 - Pharmacists, Telehealth



Program Features (Year 2)

- “Branded” gFOBT Kits distributed to FPs, pharmacies, telehealth
- Participants return kits in pre-addressed, stamped envelopes
- Financial incentives for FPs, pharmacists

CCO FOBT Standard

- Developed by CCO’s Program in Evidence-Based Care (PEBC)
- 3 key aspects:
 - Performance
 - Kit usability
 - Laboratory quality

CCO FOBT Standard

- One gFOBT kit (Hema Screen)
- No medication, dietary restrictions except Vitamin C
- Ontario Laboratory accreditation; quality protocols
- Performance monitoring

ColonCancerCheck Program

- Sends letter to those with incomplete results
- Sends letters to FOBT negatives
- Sends recall letter in 2 years to FOBT negatives

Summary

- ColonCancerCheck – Canada’s first organized CRC screening program
- Based on gFOBT/Colonoscopy

ColonCancerCheck
