Cancer Australia

Drat National Optimal Care Pathways Framework

Consultation survey responses (submitted April 2024)

1. **Which elements of the draft OCP Framework do you think will make the most difference on cancer care and outcomes? Please select the top 3.** *

   National standards to develop and update OCPs

   Improving accessibility of OCPs for patients, carers and community stakeholders

   Improving the functionality of the OCPs for clinicians

2. **Why do you think these elements will make the most difference? See question above.**

   National standards to develop and update OCPs *– National standards will enable OCPs to be implemented consistently, reducing the variability in care based on where a healthcare professional works or a person affected by cancer is treated. This will also help align practice across different types of cancer and stages of the disease to ensure a person-centred approach that also considers the safe and appropriate care needs of different populations. This will help address the goal of equity of care for people affected by cancer.*

   Improving accessibility of OCPs for patients, carers and community stakeholders *– Increased accessibility needs to address current issues of lack of awareness and the usability according to different individuals and populations needs. OCPs are crucial to enabling people to be informed decision-makers about their care and self-care. Frequently individuals have no expectations about their care, and improved knowledge of the OCP would allow people affected by cancer to better advocate for themselves along the cancer continuum. There needs to be ease of access for patients with easy-to-use online and digital platforms, that can be customised to the individual needs in terms of accessibility.*

   Improving the functionality of the OCPs for clinicians *– The benefits of OCPs are realised when they are effectively used in practice by healthcare professionals to improve outcomes for people affected by cancer. It is important to note that this should be broadened to ALL healthcare professionals, not clinicians alone as many others play key roles in the multidisciplinary team involved in cancer care. This should consider the usability and availability to cancer nurses, managers, primary care and allied health professionals, health service administrators and planners who all have key roles to play in making decisions about how OCPs are implemented. All these stakeholders will need to work together to implement OCPs within the health system, according to local protocols. To support OCP functionality and implementation the role of all healthcare professionals and health service administrators needs to be considered and defined.*

3. **The draft OCP framework includes national standards so that OCPs are developed and updated in a consistent way (See - Section 5.1 of draft National OCP Framework). What other standards should guide the development and update of OCPs?**

   The development and update of OCPs should be guided by a consensus approach across the cancer care sector, including healthcare professionals, consumers, and other stakeholders (patient organisations, health service planners and providers). Consideration of other currently available guidelines that are used in clinical practice should be considered including National Safety and Quality Health Service Standards, eviQ and Health Pathways, as well as international guidelines, such as the National Comprehensive Cancer Network.

4. **The draft OCP framework provides criteria to prioritise the future development and update of OCPs (See - Section 5.1 of the draft National OCP Framework). Are these criteria suitable? Are there additional criteria that should be included?**

   The current criteria as outlined in the framework are appropriate and each should be considered when updating or developing new OCPs.
   Consideration should be given to the future development of OCPs for other priority population populations from the Australian Cancer Plan. Currently, the OCP for Aboriginal and Torres Strait Islander people is a companion piece, meaning the recommendations are not necessarily aligned with person-centred care, and the tumour-specific OCP recommendations do not consider cultural safety. Whether OCPs should be developed for all priority populations, or these recommendations should be incorporated into tumour-specific OCPs to address the intersectionality of people affected by cancer, should be considered in the future design of OCPs. Cancer diagnoses with poorer outcomes should also be prioritised, including those with increased morbidity and poorer QOL outcomes, such as vulval cancer. It may improve functionality for healthcare professionals if recommendations are incorporated into all OCPs that emphasize the need for culturally safe and appropriate care of all people affected by cancer, acknowledging the need for person-centred care that considers the needs of individual and intersectional needs of priority populations.

5. **Governance of new and updated OCPs will include (See - Section 7 of draft National OCP Framework). Are there any other governance considerations to include in the OCP Framework?**

   OCPs must be utilised within the context of existing clinical workflows, which will require them to be understood, accepted, and integrated into an accessible modality that is practical for all healthcare professionals. This will likely be a challenging area for implementation due to the complex and varied systems. Embedding OCPs into clinical workflow systems would facilitate access for healthcare professionals at the point of care and enable integration into digital work systems. For instance, templates integrated into booking systems would allow benchmarking to occur to see if OCP timeframes were being met.

6. **The draft OCP framework includes ways to improve the functionality of the OCPs for clinicians (See - Section 5.2 of the draft National OCP Framework). Considering functionality, how can OCPs be embedded into clinical practice?**

OCPs should be embedded into healthcare professional education and curricula so that they become part of the standard of care. This should include clinical workplace training, continuous professional development opportunities, and ongoing communication with healthcare professionals on the importance of the OCPs and how they can be used easily and effectively to enable improved care. This is relevant both to healthcare professionals who work in cancer care, as well as allied health and primary care professionals who are involved as part of the multi-disciplinary team in the care of people affected by cancer.

OCPs need to be embedded from the primary health level across all stages of the cancer continuum. OCPs also need to be embedded into clinical workflows and data systems, including Electronic Medical Records and Single Digital Patient Records. This will require that clinical systems share data across platforms and require data collection and reporting that is consistent in terms of the specific agreed measures to assess the implementation of OCPs. This should also include the automation of prompts at specific points in the workflow for the clinical system to prompt healthcare professionals about the use of the OCPs.

It would be useful to provide case study examples of how OCPs can be used in practice to improve outcomes and demonstrate how health services tailor them to their local needs. This should include ways of mapping interactions and tools for successfully implementing OCPs across health services to help identify service-level improvements. There is limited guidance on how to embed OCPs into practice and measure implementation outcomes. To improve the functionality of OCPs there is a need for guidance and case studies showing how to map and implement OCPs in practice. Some jurisdictions provide toolkits, for instance, NSW health (https://www.cancer.nsw.gov.au/about-cancer/document-library/cancer-care-pathways-mapping-and-dissemination-too). A National toolkit should be provided to demonstrate how to implement OCPs, especially in terms of mapping how to coordinate care across different health services, including allied health and primary care, and how to collect quality indicators and data to measure outcomes across different healthcare system platforms.

7. **What would be the best national quality indicators for OCPs?**

Ensuring the OCPs remain both clinically relevant and reflect patient needs over time requires information to be collected about their use and how they support best cancer outcomes. Input should be sought from all members of the multidisciplinary team in terms of what quality indicators would be useful to collect and measure to assess the uptake and implementation of OCPs. This will need to be reviewed by health system data managers/custodians who can provide oversight of data collection processes and the data points currently captured in clinical systems. This will allow for a better understanding of the data required and how benchmarking and reporting against OCP use can be measured and monitored.

Examples of quality indicators for monitoring the implementation of OCPs nationally include:

- *Proportion of cancer care facilities/units that are benchmarking against the OCPs.*
- *Proportion of cancer care facilities/units that have embedded the OCPs within the workflow/systems.*
- *Proportion of patients whose care aligns with the relevant OCP, broken down to each strategic objective, and even further to specific treatment timeframes.*
- *Proportion of patients who received a copy of OCP Guide to Best Cancer Care relevant to their diagnosis and/or priority population group.*

To date, measures of the implementation of OCPs in Australia have focussed on clinical audits of operational, diagnostic and referral processes as outcome measures. However, assessment of whether their implementation is culturally appropriate and addresses the psychosocial needs of patients is not documented in clinical notes or defined in standardised categories for measurement. There is a need for these types of patient-reported outcomes to be captured to measure how the implementation of OCPs is meeting community needs. Applying the information generated to the development and update of OCPs to maintain relevance to the cancer care environment will also support greater engagement and improve outcomes.

8. **Are you aware of any datasets that currently collect these indicators?**

Quality indicators are currently being collected by the National Gynae-Oncology Registry (NGOR) about ovarian, tubal and peritoneal cancer and endometrial cancer. Development is underway for the collection of quality indicators for cervical and vulval cancer. These indicators do not directly reflect the OCPs but have had consensus agreements with the national gynaecological oncology community.
The future development of OCPs should consider the relevant quality indicators that should be collected and recorded that are appropriate to the tumour-specific OCP, including patient-reported outcome measures.

9. **What policy levers can be used to support OCP implementation?**

Embedding OCPs into the Australian Cancer Plan is important to support healthcare professionals and health service providers in providing high-quality, safe, and appropriate care. OCPs must also be embedded in state and territory cancer plans and relevant health policies/strategies to ensure health services see them as an essential component of providing, monitoring and improving the delivery of the best cancer care.

10. **Are there any other comments you would like to make?**

Currently, 18 existing OCPs are tumour-specific focusing on recommendations that directly relate to best practices for that tumour. However, in practice, healthcare professionals often work in cancer care centres that treat all tumour types. It would be of value to provide a version of the OCP that provides an overview of common protocols and recommendations that are consistent across all cancer types. This would make it more accessible to healthcare professionals who manage people with different tumour types and want general recommendations on how to deliver culturally appropriate and safe person-centred care to people who intersect different priority patient populations.