

Topic Overview

Improving the Delivery of Complex Cancer Surgeries in Canada (Charlottetown Panel)

Citizen panel
18 October 2014

The McMaster Health Forum convened a citizen panel in Charlottetown on the subject of improving the delivery of complex cancer surgeries. The panel was organized with the support of the Canadian Partnership Against Cancer. The panel brought together 11 citizens from across Prince Edward Island and rural Nova Scotia to examine the problem, options for addressing it, and key implementation considerations. The purpose of the panel was to guide the efforts of policymakers, managers and professional leaders who make decisions about our health systems.

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Discussing the problem

Panel participants discussed the shortfalls in the delivery of complex cancer surgeries in Canada and the causes of these shortfalls. In particular they focused on six challenges facing those living in the province of Prince Edward Island (P.E.I.), which gave them the opportunity to begin to articulate the values underlying their positions on this topic: 1) the long-term outlook for those in P.E.I. requiring complex cancer surgeries is poor; 2) making decisions in the midst of a cancer diagnosis is difficult; 3) out-of-province care processes are complex and not optimally coordinated; 4) patients rely heavily on support from informal and family caregivers; 5) inequities exist in access to formal system-level support; and 6) existing regulatory and financial arrangements in the Maritime provinces are not set up to optimize the delivery of complex cancer surgeries.

The views expressed in the panel summary are the views of panel participants and should not be taken to represent the views of the Canadian Partnership Against Cancer, McMaster University, or the authors of the panel summary.





Eleven citizens from across Prince Edward Island and rural Nova Scotia gather during a McMaster Health Forum event on 18 October 2014.

Discussing the options

Participants reflected on three options (among many) for improving the delivery of complex cancer surgeries in Canada: encourage the local adoption of quality-improvement initiatives to improve the delivery of complex cancer surgeries where they are now being provided (option 1); implement province-wide quality-improvement initiatives to improve the delivery of complex cancer surgeries where they are now being provided (option 2); and regionalize complex cancer surgeries into designated surgical centres of excellence (option 3). Participants generally agreed that option 3 was already the status quo, and that efforts should focus on improvements to the current model. Three values-related themes emerged during the discussion about option 3: 1) collaboration among all involved health-system stakeholders, as well as among local patient recovery supports; 2) fairness; and 3) excellent patient and family experience. Participants considered three additional features of option 3 that might improve the delivery of complex cancer surgeries for patients and families in P.E.I.: introducing telemedicine initiatives to reduce the burden associated with travelling for care; implementing post-care recovery centres in P.E.I., and increasing the role of ‘patient navigators.’

Discussing the implementation considerations

When turning to potential barriers and facilitators to moving forward, participants mostly emphasized the challenges associated with Canada’s federalist structure, nurturing a quality-improvement culture, and the lack of funding available to achieve desired changes in the system. Participants emphasized that efforts should be focused on improving existing processes of care within and outside of P.E.I., rather than making major structural changes to the existing system.

Panel deliverables

To learn more about this topic, consult the [citizen brief](#) that was presented to participants before the panel and the [summary](#) of the panel. For an electronic copy of the citizen brief or panel summary, visit our website www.mcmasterhealthforum.com and click on ‘Products’ along the sidebar.