Stabilizing and optimizing oncology care in rural Nova Scotia, Canada: The catalyst for a sustainable community-based model of care

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Background

- Nova Scotia has among the highest cancer incidence in Canada (one in two people will be diagnosed with cancer), a large rural population (41.1%) and the second highest poverty rate of all Canadian provinces (12.1%).
- Both rural residence and low income have been associated with inequities in access to care across the cancer control continuum.
- A deliberative engagement, informed by patient, family and community partners, led to an equity-enhancing government-funded investment to address these inequities in access to cancer care.
- A new, provincial Model of Community-Based Oncology Care, underpinned by the 5Rs in Cancer Care (right- care, place, time, provider, and information), was implemented ensuring that patients can receive quality cancer in and closer to their communities.

Methods

- The Model of Care work is guided by the Quintuple Aim for Healthcare Improvement.
- Implementation and evaluation of this new model of care is guided by the RE-AIM framework using multiple sources of data (e.g., quantitative – visit volume data; qualitative -patient satisfaction survey and interviews, and staff experience).
- Evaluation and analyses ongoing

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Results

Figure 1: Increase in Systemic Therapy Visits

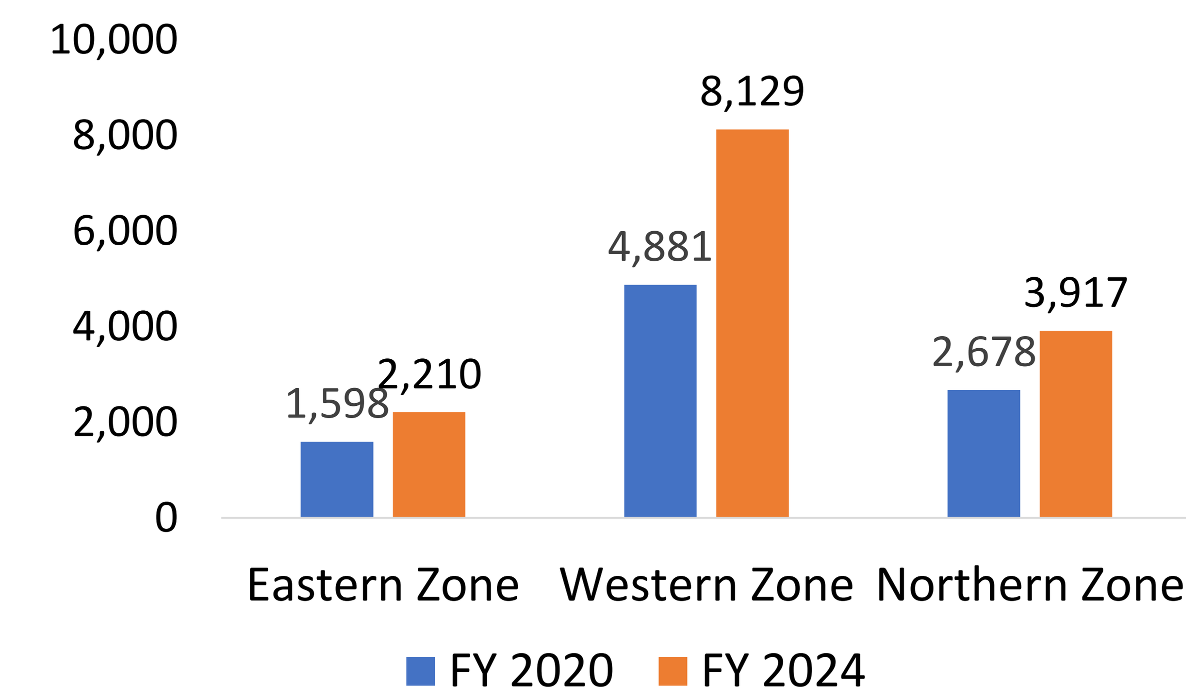


Figure 2: General Practitioner in Oncology Visits

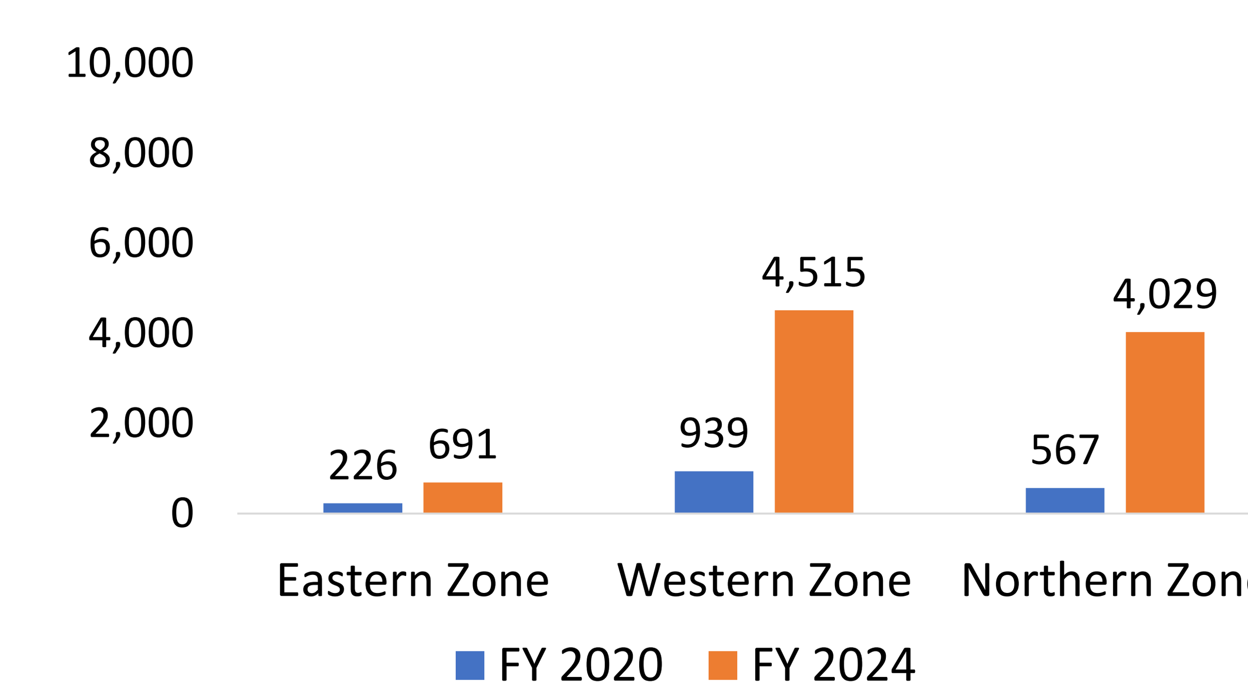


Figure 3: WZ (Yarmouth) Social Work Visits

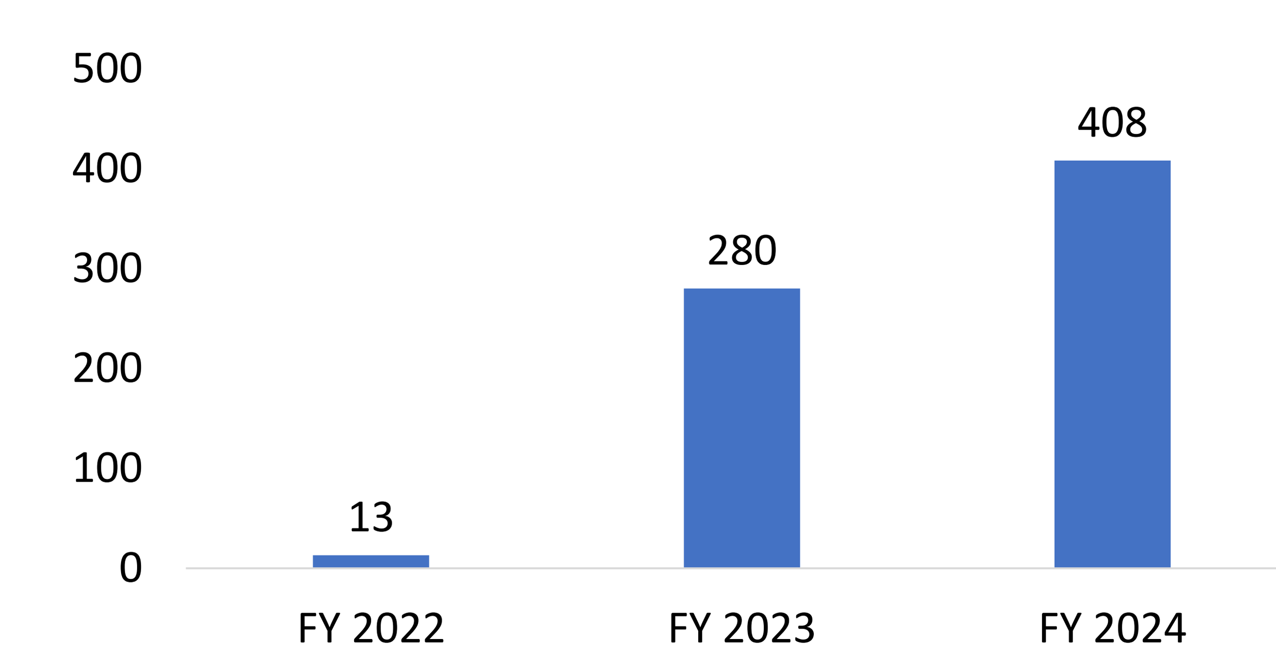
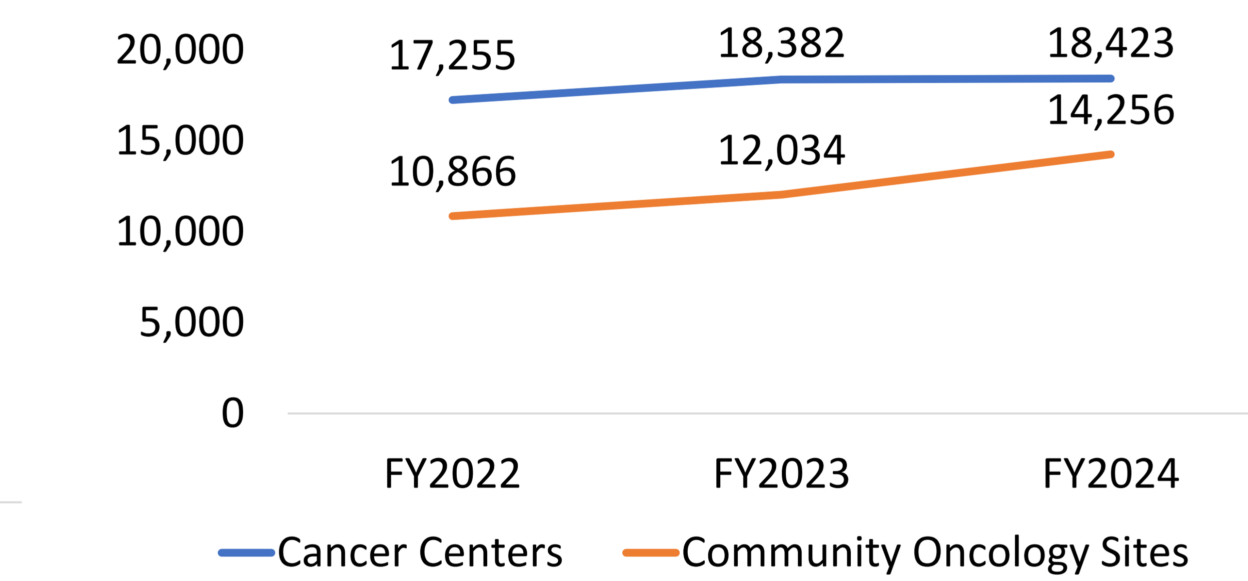
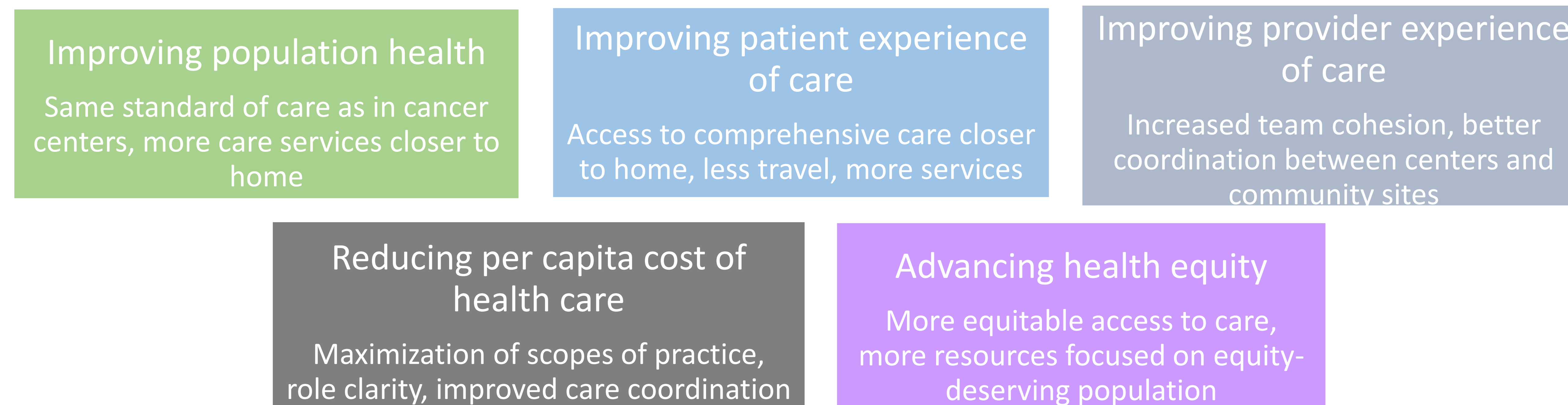


Figure 4: Systemic Therapy Visits Cancer Centers vs Community Sites



Benefits Realization

Figure 5: Quintuple Aim of Healthcare Improvement



Results

- Investment in Health Human Resources: 90 new positions funded; standardized transition to practice/onboarding,
- Full-day pharmacy, coordination of timing between drug preparation and administration, maximizing use of chair capacity and reduced waiting for drugs (i.e., increased flow).
- POD-based nursing assignments.
- General Practitioners in Oncology (GPOs)/Nurse Practitioners available Monday-Friday to respond to infusion reactions, symptom management (i.e., shared care model with specialist).
- Equitable access to psychosocial oncology and drug access navigation, decreased travel burden.
- Increased capacity in cancer centers for specialized care.

Discussion and Implications

The successful, sustainable and enhanced model of community-based oncology is supported by a new Oncology Clinical Information System. It was co-designed collaboratively by provincial, operational and physician leaders, frontline staff, patient and community partners and supported by implementation science.

Next steps:

- Evaluating Carbon Footprint of Cancer Care Closer to Home (e.g., Sixth Aim: Environmental Sustainability))
- Integrate Provincial Psychosocial Oncology and Survivorship Frameworks
- Inform next phase of transformational initiative: Cancer Care at Home including 24/7 remote symptom support and systemic therapy in patients' homes.