

CanIMPACT: Canadian Team to Improve Community-Based Cancer Care along the Continuum



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Introduction

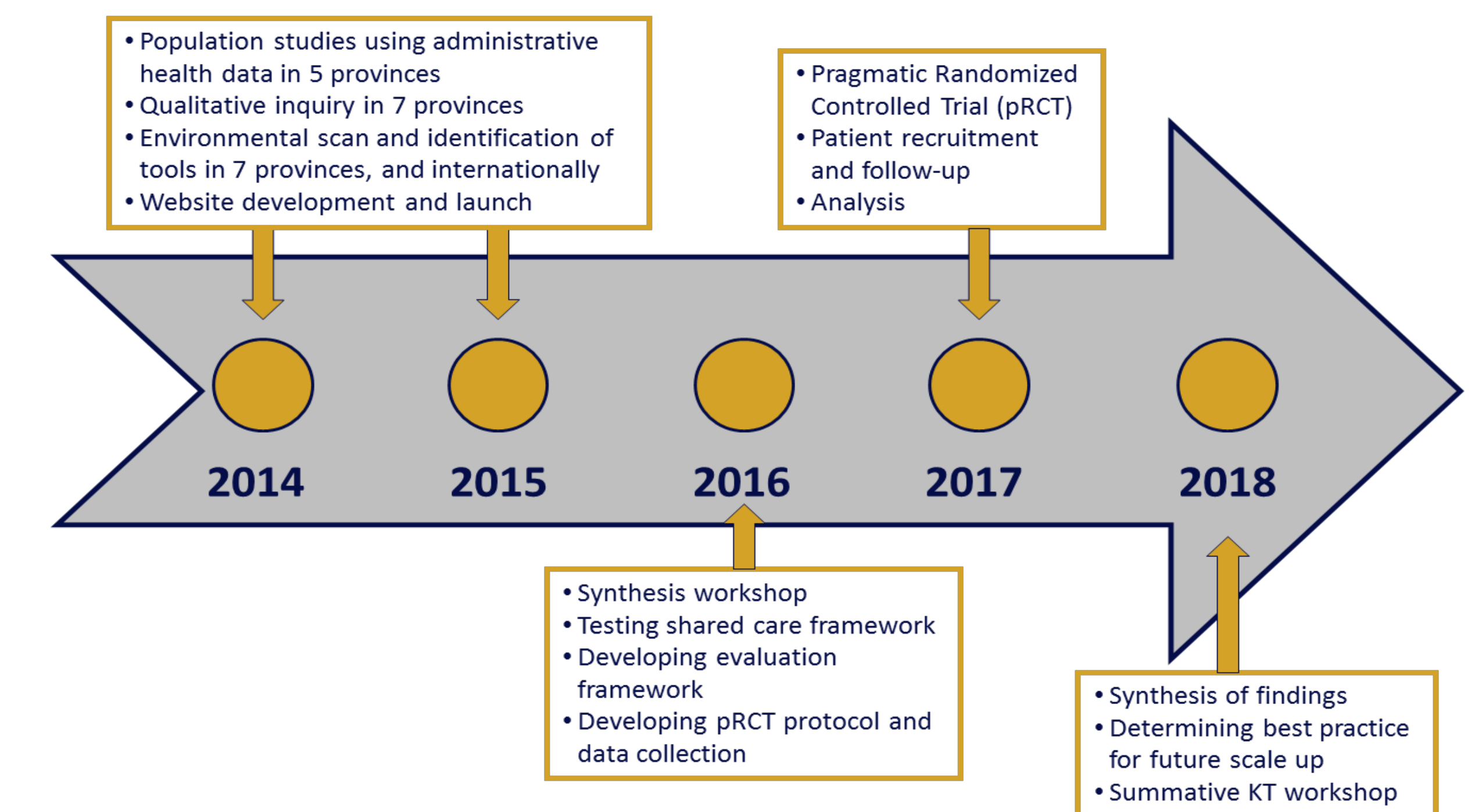
We are a pan-Canadian team of healthcare providers, researchers, and policy makers who are committed to improving care for cancer patients. We aim to develop an inter-disciplinary multi-jurisdictional coordinated program of research and knowledge transfer to enhance the capacity of primary care to provide care to cancer patients and improve the link between primary care and cancer specialty care along the cancer care continuum.

Research Objectives

1. Population-based studies using administrative health databases to describe variations and gaps in care.
2. Qualitative studies to understand context.
3. An environmental scan through key-informant interviews and review of the grey and published literature to catalogue existing evidence, programs and tools.
4. Pilot testing an intervention using a pragmatic randomized controlled trial (pRCT).

Timeline and Deliverables

Overview of Timelines and Deliverables



Overall Goal

The overall goal of CanIMPACT is to:

1. Elucidate gaps in care
2. Develop and test strategies to enhance the capacity of PCPs to provide care to cancer patients
3. Improve integration and coordination of care along the cancer care continuum

Research Approach

❖ Step 1a: Population-based studies using administrative health databases

- To conduct inter and intra provincial comparisons of cancer diagnostic, treatment and survivorship phases of cancer care with a focus on patterns and quality of care, outcomes, and the role of extant primary care multi-disciplinary team practices in achieving optimal outcomes at each phase.

❖ Step 1b: Qualitative methods

- To explore, using qualitative methods, stakeholder perspectives and contextual factors related to the coordination of care between primary and specialist care providers.

❖ Step 1c: Environmental scan of existing programs and tools

- To explore current and new models of care aimed to improve coordination between primary care providers and cancer specialists.
- To develop an inventory of existing tools to facilitate shared care specific to cancer diagnosis, treatment and survivorship.

❖ Step 2: Synthesis and knowledge translation

- To synthesize the findings from Step 1 – describe the challenges and enablers of achieving continuity/coordination of care.
- To hold a consultation workshop for knowledge translation and input on the shared care model.
- To develop an approach to shared care and tools to support the model.
➤ This will define the intervention to be tested in Step 3.

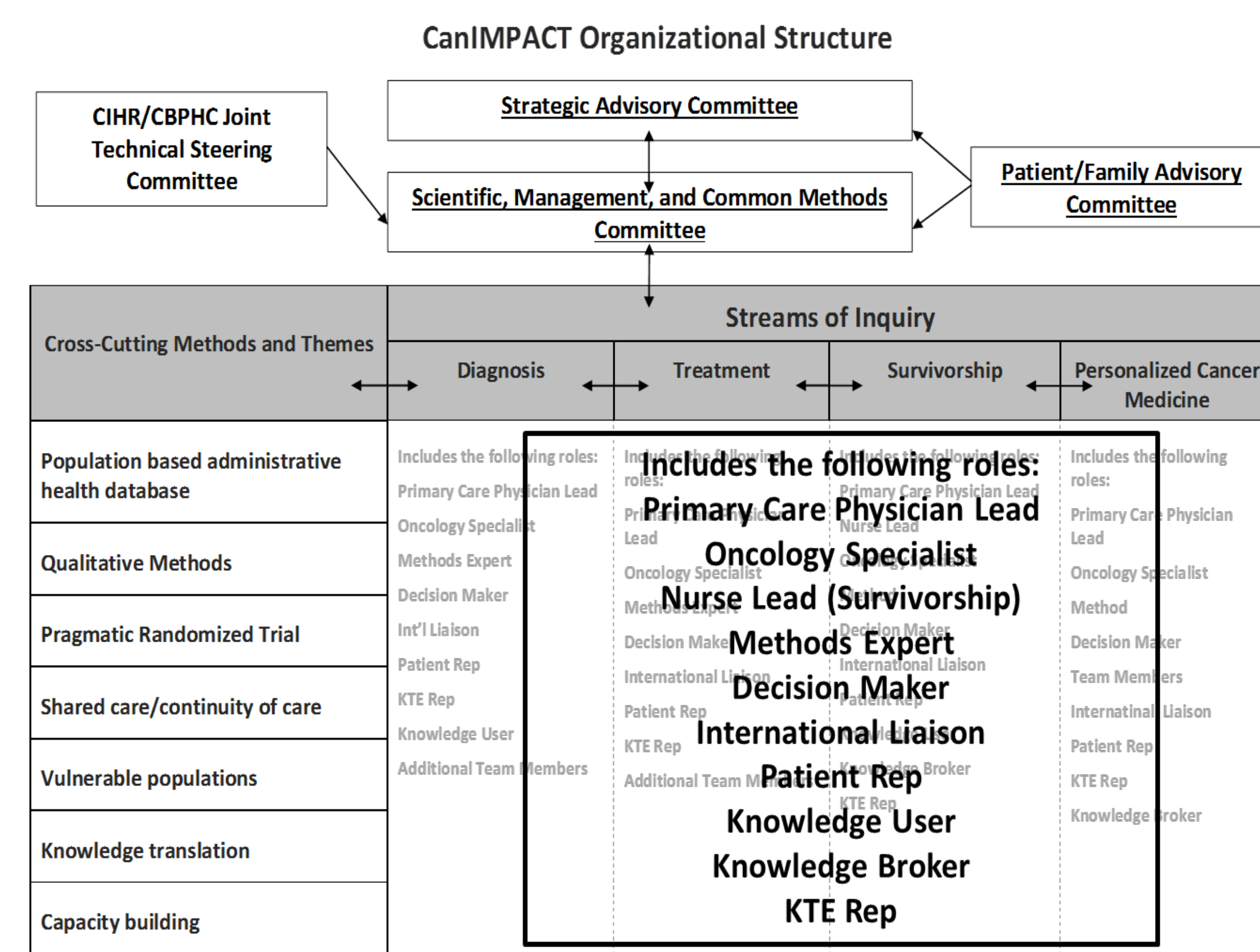
❖ Step 3: Testing the shared care model

- To test an approach to shared care and toolkit to enhance continuity/coordination of care and optimize clinical, psychosocial, and health service outcomes.

❖ Step 4: Knowledge translation

- Synthesis of findings (Steps 1 - 3) with a summative workshop in Year 5

CanIMPACT Structure



Core Team Members

- | | | |
|------------------------------------|------------------------------------|---------------------------------|
| Eva Grunfeld, ^{1,4} | Monika Krzyzanowska, ¹² | Jeff Sisler, ²⁰ |
| Michele Aubin, ² | Aisha Lofters, ¹ | Jonathan Sussman, ²¹ |
| Melissa Brouwers, ³ | Sharon Matthias | Donna Turner, ¹⁹ |
| June Carroll, ¹ | Donna Manca, ¹³ | Robin Urquhart, ¹¹ |
| Lise Fillion, ² | John Maxted, ¹ | Fiona Webster, ¹ |
| Elizabeth Eisenhauer, ⁶ | Mary McBride, ^{14,15} | Marcy Winget, ²² |
| Margaret Fitch, ⁷ | Bo (Baukje) Miedema, ⁵ | <u>International Liaisons</u> |
| Julie Gilbert, ⁸ | Fiona Miller, ¹⁶ | Jon Emery, ²⁴ |
| Patti Groome, ⁹ | Nicole Mittman, ¹⁷ | Michael Jefford, ²⁵ |
| Ruth Heisey, ¹ | Rahim Moineddin, ¹ | Kevin Oeffinger, ²⁶ |
| Doris Howell, ²³ | Mary Ann O'Brien, ¹ | Sandaya Pruthi, ²⁷ |
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