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

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INTRODUCTION
Cancer patients rely on good coordination of care between their healthcare providers and their cancer specialists throughout their cancer journey. However, there are often problems of communication, continuity, and coordination of care that can lead to suboptimal care and anxiety for patients and their families, as well as inefficiency within the healthcare system. We are a pan-Canadian team of healthcare providers, researchers, and policy makers who are committed to improving care for cancer patients. We will tackle the problems of continuity and coordination of care through a program of research involving an interrelated sequence of research steps over five years.

OVERALL OBJECTIVE
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 with specialty care along the cancer care continuum. Our program will examine current practice, identify care gaps across healthcare sectors, and develop and test a shared care framework for comparative evaluation across jurisdictions to address those gaps.

RESEARCH APPROACH

- **Step 1a**: Population-based studies using administrative health databases
  - Inter- and intra-provincial comparisons of cancer diagnostic, treatment and survivorship phases of cancer care with a focus on patterns of care, quality of care, outcomes, and the role of extent multi-disciplinary team practices in achieving optimal outcomes at each phase (focus on specific vulnerable populations).
  - Capacity building to conduct cancer services research across provinces.

- **Step 1b**: Qualitative methods
  - Explore, using qualitative methods, stakeholder perspectives and contextual factors related to coordination of care between primary and specialist care.
  - Interviews and focus groups with patients and healthcare providers to examine the context of continuity/coordination of care between primary care and specialists that will lay the foundation for developing the shared care framework.

- **Step 1c**: Environmental scan of existing programs and tools
  - Inter- and intra-provincial comparisons of cancer diagnostic, treatment and survivorship phases of cancer care with a focus on patterns of care, quality of care, outcomes, and the role of extent multi-disciplinary team practices in achieving optimal outcomes at each phase (focus on specific vulnerable populations).
  - To develop a framework for shared care and tools to support the framework.

- **Step 2**: Synthesis and KTE
  - Synthesize findings from Step 1 – describe the challenges and enablers of achieving continuity/coordination of care
  - Establish the baseline of extant shared care patterns, tools and program
  - Hold a consultation workshop for KTE

- **Step 3**: Testing the framework for shared care
  - Test a shared care framework and toolkit to enhance continuity/coordination of care.

- **Step 4**: Knowledge Translation - Synthesis of findings for dissemination

CanIMPACT across Canada

Core Team Members

- Eva Grunfeld, 1, 4
- Michele Aubin, 2
- Melissa Brouwers, 3
- June Carroll, 1
- Lise Fillion, 2
- Julie Easley, 1
- Elizabeth Eisenhauer, 6
- Margaret Fitch, 7
- Julie Gilbert, 1
- Patti Groom, 9
- Ruth Heisey, 1
- Jan Kirwan, 1
- John Maxted, 1
- Mary McBride, 14, 15
- Monika Krzyzanowska, 12
- Aisha Lofters, 1
- Dona Manca, 13
- Donna Turner, 19
- Robin Urquhart, 13
- Tricia Waldron, 1
- Fiona Webster, 1
- Marcy Winget, 22

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Trainees across Canada

- Nicole Mittman, 17
- Rahim Moineddin, 1
- Mary Ann O’Brien, 1
- Geoff Porter, 11
- Jeff Sisler, 10
- Jonathan Sussman, 21
- Donna Turner, 19
- Robin Urquhart, 13
- Tricia Waldron, 1
- Marcy Winget, 22

9 Trainees across Canada

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