Integrated Patient Focus Trajectory of Care for Lung Cancer Patients
Lung Disease Site Group

INTRODUCTION
Across the Rossy Cancer Network (RCN), approximately 1000 new patients (Table 1) are diagnosed with lung cancer (LC) each year. The majority of these patients (>70% of those diagnosed and treated at the MUHC) are referred for staging of a confirmed LC. The rest are shared among equally between CIUSS-CODIM (~20%) and CIUSS-ODIM (~15%). Areas of expertise offered across the RCN for LC care include, but are not limited to: CT-based screening, advanced imaging, lung tissue diagnosis, radiation oncology, interventional radiology, thoracic surgery, medical oncology, and palliative care. While a perceived weakness of our program is de-centralization, with proper coordination this will become its greatest strength thanks to the large number of expert clinicians in LC care who are engaged to deliver care for LC patients. Areas of expertise and work are shared about equally between CIUSS-CODIM (~20%, 20%) and CIUSS-ODIM (~15%, 14%). Areas of expertise and work are shared about equally between CIUSS-CODIM (~20%, 20%) and CIUSS-ODIM (~15%, 14%).

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Palliative Care
Bronchoscopy
CT/PET/MRI
Surgery
Pathology
Screening & Prevention
Therapeutic Intent
Supportive/CoL
Survivorship & Surveillance
Integrated Informatics and Administrative Support

Table 1: Unique patients newly diagnosed with lung cancer (2017)

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<thead>
<tr>
<th>Group Area</th>
<th>Organizational Goal</th>
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<tbody>
<tr>
<td>Screening &amp; prevention</td>
<td>Develop RCN approach to screening and prevention strategies through participation in program and prevention teams</td>
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<td>Diagnostics</td>
<td>Develop public awareness campaign for smoking cessation, health education, and early diagnosis</td>
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<tr>
<td>Treatment</td>
<td>Ensure access to care across LC sites is expedite the patient’s journey to diagnosis and treatment, increase access to care, and reduce administrative burden</td>
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<td>Leadership &amp; Support</td>
<td>Ensure collaborative and effective support across the RCN sites for patient care and treatment</td>
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<tr>
<td>Integrated Informatics</td>
<td>Provide a transparent view of patient trajectory and flow using an integrated information platform</td>
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NEXT STEPS
The RCN aims to make an impact on patient care in oncology by implementing change at the trajectory level, with the patient in partnership and at the center of care.

The group is supported by:
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RCN Lung Disease Site Group Co-Leads
Genevieve Redstone
RCN Quality Improvement Coordinator

Table 2: Providing lung cancer patients with an integrated trajectory of care and dynamic alignment of providers

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|-------------------|-------------------|
| **OUR OBJECTIVES** | **OUR VISION** |
| 1. Provide a call to action for lung cancer care improvement by defining the current issues |
| 2. Demonstrate the RCN Lung Disease Site (LDS) model care for a patient focused and integrated approach to care |
| 3. Elicit stakeholder support for the proposed strategy |
| 4. Set priorities for action and provide a strategic plan to address these priorities |

**PATIENT CENTERED VALUES**
• Clinical trials (clinical research)
• Emerging treatment options
• Greater patient satisfaction
• Increased survival

PROPOSED STRUCTURE
- Diagnosis
- Multidisciplinary case conference team
- Palliative Care
- Medical Oncology
- Radiation Oncology
- Thoracic Surgery

**EXECUTIVE COMMITTEE & SUB-COMMITTEES**
- **ADCO/LUMN (Radiology-Oncology)**
- **MLGI / SPICER (Pulmonary, Surgery)**
- **COOK / TARDIF (Radiation)**
- **LANG / ESEN (Medical-Oncology)**
- **SPAZ / LIME (Pathology)**

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This strategic plan has been created in conjunction with multi-disciplinary colleagues and stakeholders across the partner hospitals of the RCN. Upon identifying actionable improvement efforts, the plan will be presented to the RCN governance on which sits the Director Generals of the MUHC, CIUSS-CODIM, and CIUSS-ODIM.

At this meeting, we will seek RCN governance approval and support on the priorities for action and implementation of the plan.

For questions, contact: genevieve.redstone@mail.mcgill.ca