



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

The new Adult Childhood Cancer Survivors Program



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Pediatric Cancers Survivorship
Society of BC



**Provincial Health
Services Authority**

Province-wide solutions.
Better health.

Program Development

January 2014: task group formed

- Survivors, representatives from PCSSBC, community family physicians, and representatives from BCCA and BCCH including oncologists, senior leaders, survivorship, researchers, and nursing.

March-October 2014: monthly meetings to develop program

October 2014: business case finalized and submitted to PHSA executive

November 2014: business case sent to Ministry of Health

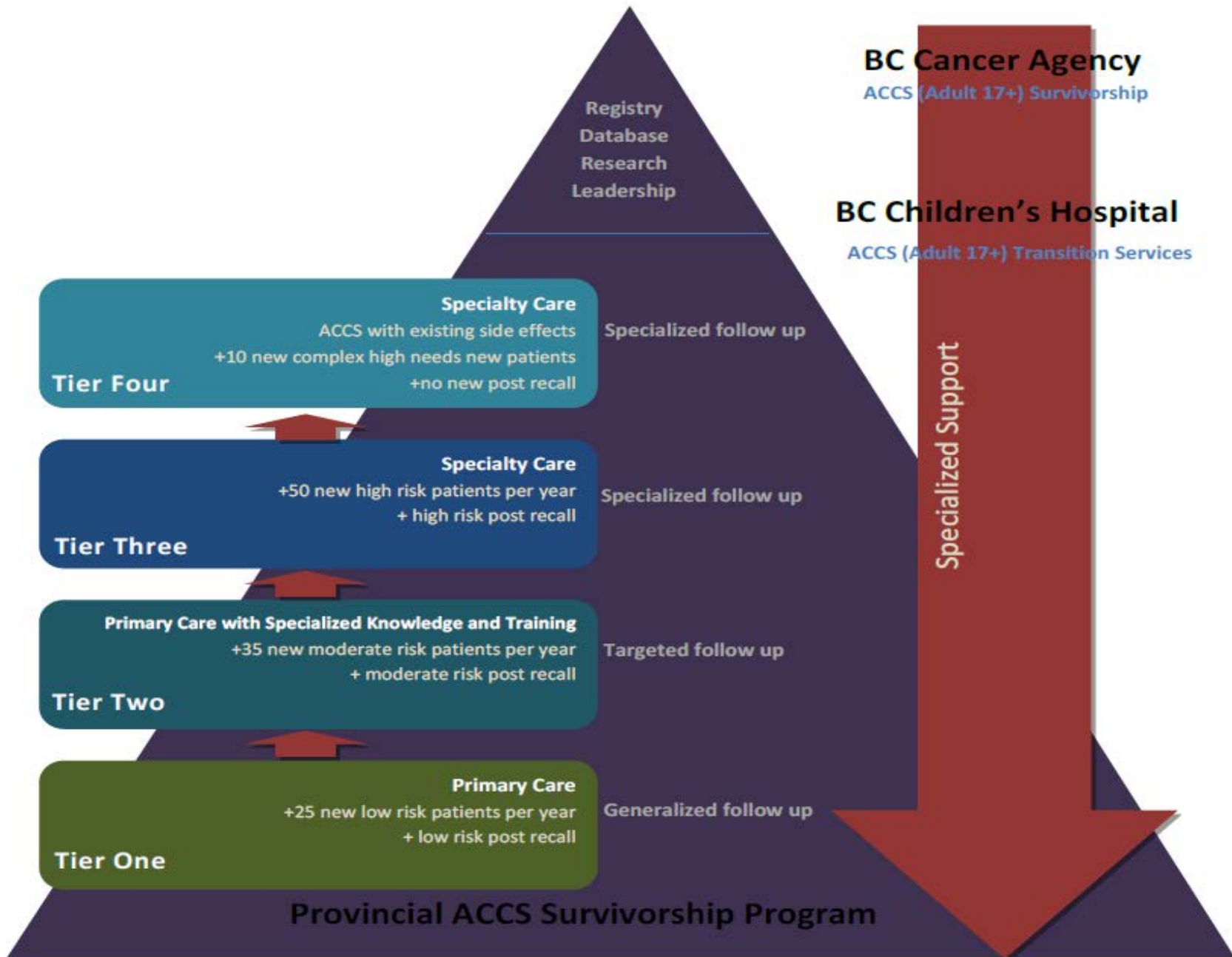
January 2015: Ministry of Health, BC Cancer Foundation and BC Children's Hospital Foundation agree to fund program



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Recommendations

1. Centralized management of a provincial program grounded in standardized and evidenced based content and processes to ensuring that all Adult Childhood Cancer Survivors have access to high quality, evidenced based care now and in the future;
2. Solutions sought to meet the needs of Adult Childhood Cancer Survivors (ACCS) must be pursued and implemented in collaboration with and across multiple ministries, health authorities, primary and community care providers and in consultation with the Pediatric Cancers Survivorship Society of BC (PCSSBC) and survivors;
3. All new and historical ACCS patients should be stratified according to level of risk and follow up care provided according to that risk level;
4. A tiered service delivery model should be implemented to ensure all ACCS patients have access to a provider who understands the risks associated with their treatment and resultant needs and who has the knowledge and experience to provide appropriate surveillance, treatment, education, and referral;



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Recommendations

5. An ACCS clinical registry and database should be established to support clinical research, program evaluation, and continuous improvement of outcomes;
6. Mechanisms that support the education of primary care providers, patients and families and their support system in the area of late effects, surveillance and care of ACCS and families should be established, maintained, and evaluated;
7. The funding model for primary care physicians should be expanded to support the care of ACCS patients in primary care;
8. Screening guidelines should be reviewed and expanded to ensure appropriate screening for ACCS patients.



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Program Timeline

Start-up (Year 0)

- Recruit and train staff; establish program governance; develop engagement, communication, education, research and evaluation plans
- Define, plan, implement recall process

Year 1

- Recall initiated for high risk patients
- Patients transitioning out of BCCH are stratified by risk and transferred to appropriate provider
- High risk and complex patients seen in Specialty Clinic

Year 2

- Recall for high risk patients completed
- Cross Ministry collaboration and education initiated

Year 3

- Data analysis begins
- Recall for low and moderate risk patients begins

Year 4 and 5

- Recall complete
- Program evaluation report complete



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Program Implementation Team

Dr. Karen Goddard – Medical Lead

Karen Blain – Provincial Director, Survivorship & Primary Care

Devon Poznanski – Program Leader, Survivorship & Primary Care

ACCS Steering Committee

Patient and Family Advisory Council

Recall Operational Working Group

Transition Operational Working Group

Questions?



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