



North East ONCOLOGY News

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In Ontario, nearly 1 in 2 people will develop cancer in their lifetime.

This stark statistic highlights the importance of a well-organized cancer system for the province. Since 2005, multi-year provincial cancer plans have led to improvements in the quality and

performance of Ontario's cancer system. The current Ontario Cancer Plan 5 wraps up in early 2024 and planning for Ontario Cancer Plan 6 (OCP 6) is now underway, building on that solid foundation. It will drive a road map for how Ontario Health (Cancer Care Ontario), Regional Cancer Programs, and health system partners will work together to reduce Ontarians' risk of developing cancer and improve outcomes for those affected by cancer.

In January 2023, members of the Northeast Regional Cancer Council participated in an initial engagement session, identifying initial themes to consider as we look ahead into the future of cancer care. This is the first step in the cancer system planning process and is the foundation for the future. We look forward to ongoing regional engagement as this important work moves forward. We value your feedback and welcome your thoughts as we plan for the future - have your say via this short survey: <https://www.surveymonkey.com/r/TTHFSG3>

In 2022-23 our regional cancer program has achieved, and maintained, a first-place ranking out of 14 regional cancer programs on our Quality Performance reports with Ontario Health (Cancer Care Ontario). The Quality Performance report looks at key indicators including: cancer screening, wait times for surgery, pathology and diagnostic imaging testing, wait times for systemic and radiation therapy as well as tobacco cessation rates, symptom management, code capturing and psychosocial oncology, all of which impact patient care along the cancer care continuum. This is a huge accomplishment, I'm extremely proud of the hard work of our cancer team and regional partners in this achievement as it wouldn't be possible without everyone's contributions.

And finally, on the topic of contributions, October 3rd, 2022 was a momentous day at Health Sciences North, marked by the historic \$10 million gift to the Northern Cancer Foundation from the Fielding and Perdue family – the largest single donation in the history of Northern Ontario hospitals, a gift that will help advance healthcare for generations to come. To honour this historic gift, the cancer centre was renamed the Shirley and Jim Fielding Northeast Cancer Centre (SJFNECC). The full news release can be accessed at: hsnsudbury.ca/10-million.

Natalie Aubin PhD

Vice-President Social Accountability, Health Sciences North
Regional Vice-President, Ontario Health (Cancer Care Ontario)

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New Clinical Lead for Cervical Screening & Colposcopy

I would like to take the opportunity to formally introduce myself to the community. I am proud to have been appointed in 2022 to the role of Regional Cervical Screening / Colposcopy Lead for the North East.

I have been working as an OB/GYN at HSN for almost eleven years. Previously I served for eight years as the Section Chair for OB/GYN at NOSM University and just over three years as the Chief of OB/GYN at HSN.

I grew up in Kingston and Ottawa, having obtained my undergraduate degree at Queen's University, my MD from the University of Ottawa and completed my specialty training at Memorial University of Newfoundland.

Living on the East Coast helped ignite my passion for providing excellent access to medical care for people living in rural and remote communities. I have always championed the importance of cervical cancer screening and colposcopy for my patients. Cervical screening, HPV testing and vaccination truly are remarkable tools with the possibility to eliminate most cervical cancers. I strive to share the importance of this amazing screening program with medical learners.

I feel very privileged to have the opportunity to serve my community in this new role. I hope now I can share this passion throughout the North East.

Dr. Karen Splinter

Regional Cervical Screening / Colposcopy Lead
North East Regional Cancer Program



Changes with Virtual Care Visits

In March 2020, at the outset of the pandemic, the Shirley and Jim Fielding Northeast Cancer Centre (SJFNECC) abruptly

transitioned to virtual care for the majority of patients. This was made possible by the introduction of emergency billing codes for virtual care by the Ministry of Health (MOH). Even at that time, the SJFNECC maintained the ability to see patients in-person where warranted by clinical circumstances.

As the pandemic progressed, the SJFNECC gradually expanded its ability to provide in-person care, starting with an initial effort to bring new patient consultations back on site for in-person care.

SJFNECC is now able to see approximately 60% of follow-up visits in-person, as well as continuing the practice of seeing almost all new patient consultations in-person.

On December 1, 2022 the MOH eliminated the emergency virtual care billing codes and rolled out a new comprehensive framework for virtual care within the existing OHIP schedule of benefits.

Within this framework, patients may be eligible to receive either limited virtual care or comprehensive virtual care.

In order to ensure that patients are eligible to receive comprehensive virtual care, patients will be asked to attend SJFNECC in-person for one visit every two years. For patients who cannot or will not attend SJFNECC in-person once every two years, they will still be eligible for comprehensive virtual care if a new referral is sent from the primary care provider to the SJFNECC physician once every two years.

For this reason, you may be receiving a request from either the patient themselves or from the SJFNECC physician, for a new letter of referral.

SJFNECC appreciates your understanding and assistance with the complexities of this administrative process as we all navigate the continuation of virtual care in this new, post-pandemic environment.

Dr. Jordan Herst
Hematologist | Medical Oncologist
Shirley and Jim Fielding Northeast Cancer Centre



Smoking Cessation and Virtual Care in the Primary Care Clinic

Did you know that effective December 1, 2022, OHIP included the 'Smoking cessation follow up visit' billing code (K039) as a fee payable through a virtual visit?

To be eligible to bill this code, the primary care physician must have billed an E079 ('Initial discussion with patient re: smoking cessation') for the same patient, within the previous 12 months. Note that at the time of this publication, the E079 billing code is not clearly listed as a service payable virtually.

To further help support your patients interested in smoking cessation, consider referring them for phone support through the Health Connect Ontario Smoking Cessation Program.

Referral is easy using their referral form available at www.hsnsudbury.ca/primarycare under the referral form tab, which can be faxed to 1-877-356-1691. Please note that at the time of this publication, a patient's signature is required on the referral form.

Looking for additional support for your patients? Remember that the Centre for Addiction and Mental Health (CAMH) also offers an online program called STOP on the NET, providing patients with both support and access to free nicotine replacement therapies. For more information your patients can visit: www.nicotinedependenceclinic.com/en/stop/stop-on-the-net

Dr. Jason Sutherland MD, PhD, CCFP
Regional Primary Care Lead
North East Regional Cancer Program



Good News! Provincial Changes to FIT Ordering Reduces Requisition Rejection Rates

In an era where primary care providers face an overwhelming volume of paperwork, we are pleased to highlight that since September 19, 2022, a province-wide solution to reduce the number of FIT requisition rejections due to OHIP issues was implemented in Ontario.

All of this is due to the overwhelming success of the Sioux Lookout and Area Zone (SLAZ) FIT kit initiative that launched earlier in 2022, which consisted of a collaboration between Ontario Health, the Ministry of Health, LifeLabs, and the SLAZ region.

Prior to this, FIT requisitions were being rejected by Lifelabs due to problems with OHIP cards. Such problems included invalid health cards due to expired version codes, as well as damaged, lost, stolen or cancelled cards. Individuals covered for OHIP with a 10-digit health identification number (HIN) will now be able to access the FIT with fewer barriers, regardless of whether their health card needs renewal.

This simple, but meaningful improvement should reduce FIT rejections for eligible Ontarians, reduce administrative follow-up for primary care providers, and help to increase access to colorectal cancer screening to ultimately reduce colorectal cancer-related mortality in our province. Where already piloted in the North East, a reduction of over 60% in requisition rejections was realized.

To help further reduce rejection rates, remind your patients to fill in the date the sample was collected on the collection tube, follow the instructions included in the kit in order to collect the appropriate amount of stool, and to return the completed kit in the mail no later than 2 days after it was collected to ensure that it is received within 14 days of completing the test.

Dr. Jason Sutherland MD, PhD, CCFP
Regional Primary Care Lead
North East Regional Cancer Program



Supporting Patients with Suspicion of Lung Cancer in the North East

Primary care providers (PCPs) in northeastern Ontario can refer their patients with a chest CT suspicious of lung cancer to the North East Lung Diagnostic Assessment Program (NE LDAP).

The NE LDAP provides support to outpatients with suspicion of lung cancer, and their PCPs, and helps ensure an expedited diagnostic work-up and follow-up.

The program consists of four thoracic surgeons in Sudbury, a general surgeon and respirologist in Sault Ste. Marie, nurse navigators and support staff. Eligible patients who are referred to the program are contacted by a nurse navigator who provides information and support to the patient, and books them an appointment. Patients will be assigned to the first available NE LDAP physician unless a provider preference is indicated. If needed, patients can be provided with further psychosocial support through navigator referral to supportive care services at the Shirley and Jim Fielding Northeast Cancer Centre.

Following a first consult, the NE LDAP-participating physicians will ensure that a diagnosis is achieved and then plan for treatment or refer to other appropriate services. As a referring primary care provider, you are kept informed of the progress of your patient.

Since its inception, the NE LDAP has reduced the time from referral to diagnosis by 35% and now stands at an average of 39 days. Currently over 70% of new patients will have a consult with a thoracic surgeon or local expert within 1 week, and over 90% within 2 weeks. The average time from referral to a first consult is 6.4 days.

Providers are encouraged to refer their patients to ensure timely and quality care. Note that cases requiring urgent management or inpatients should be referred through the usual mechanisms, and not through the NE LDAP. The NE LDAP referral form can be found at www.hsnsudbury.ca/primarycare under the referral form tab. PCP questions about the program, or eligibility (no patient inquiries) can be directed to northeastcancerscreening@hsnsudbury.ca

Dr. Shona Smith
Thoracic Surgeon
Health Sciences North



More Good News! Facilitating Direct Referrals by Nurse Practitioners to High Risk Breast and Lung Cancer Screening

We know that people are more likely to undergo cancer screening when it is recommended by a primary care provider.

Northeastern Ontarians receive their primary care from both family physicians and nurse practitioners (NPs) alike. The change in the NP scope of practice allowing them to order CT and MRI scans that took place on July 1, 2022 represented an opportunity to reduce barriers to cancer screening in both the Ontario Breast Screening Program (OBSP) and Ontario Lung Screening Program (OLSP) for patients and improve equity across the North East.

Given that in some instances, OBSP requires the use of MRIs for screening, updates to their program policies and tools now allow NPs to:

- Refer individuals to the High Risk OBSP (HR OBSP);

- Allow OBSP sites to arrange all assessment tests required for participants;
- Manage unattached OBSP participants with abnormal results.

Similarly, as the OLSP uses low-dose CT as its imaging modality of choice, updates to their program now authorizes NPs to effortlessly refer patients to the program directly.

The cancer screening team at the North East Regional Cancer Program has already noted an uptick in referral to both the HR OBSP and OLSP from NPs across the region, and we look forward to continuing to support them as they promote cancer screening to their patients.

For the most up to date referral forms to the HR OBSP and OLSP, visit www.hsnsudbury.ca/primarycare and click on the referral form tab.

Dr. Jason Sutherland MD, PhD, CCFP
Regional Primary Care Lead
North East Regional Cancer Program

Shirley & Jim Fielding Northeast Cancer Centre Welcomes New Oncologists

The Shirley and Jim Fielding Northeast Cancer Centre (SJFNECC) is pleased to introduce three new physicians to our team. From left to right, Dr. Guy Desmarais, Hematologist and Medical Oncologist, Dr. Karan

Sanghera, Radiation Oncologist and Dr. Ali Benjelloun, Medical Oncologist. We would also like to note that Dr. Kulwant Gill, Hematologist has retired after many years of dedicated service to the SJFNECC.



Dr. Guy Desmarais: all haematology (lymphoma, MDS, acute leukaemia, stem cell transplant & myeloma), lower GI tract

Dr. Karan Sanghera: breast, GU, gynaecological, lymphoma/haematology

Dr. Ali Benjelloun: breast, upper GI tract, hepatobiliary, urinary tract, germ cell tumor

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References used for this issue of North East Oncology News are available upon request from the editor. Articles may be reprinted without permission, provided the source is acknowledged.

Available online at www.hsnsudbury.ca/primarycare