

Connecting cancer care

A model for coordinated cancer care in Victoria

What is care coordination?

Care coordination is a comprehensive approach to achieving continuity of care for patients. This approach seeks to ensure that care is delivered in a logical, connected and timely manner so that the medical and personal needs of the patient are met.

In the context of cancer, care coordination encompasses multiple aspects of cancer care delivery including multidisciplinary team meetings, psychosocial assessment and the provision of required care, referral practices, data collection, development of common protocols, information provision and individual clinical treatment.

Why is it important?

Improving the way in which care is coordinated has numerous benefits, some of which are tangible and evident in the short term, and others that will only become evident over time. Coordination of cancer care can:

- Improve patient outcomes (when patients receive the appropriate care at the right time)
- Improve use of recommended treatment, including increased referral to appropriate services and patient compliance (when system processes are known and used)
- Improve communication between providers (when reliable and trusting relationships are built over time)

What is happening in Victoria to improve care coordination?

Care coordination is one of four identified key priority areas for reform that are the focus of service improvement initiatives at the Integrated Cancer Services (ICS) and statewide levels.

The Victorian approach is to redesign systems of care as a way of ensuring that care coordination becomes the **function and responsibility of the whole health service and multidisciplinary team** and not

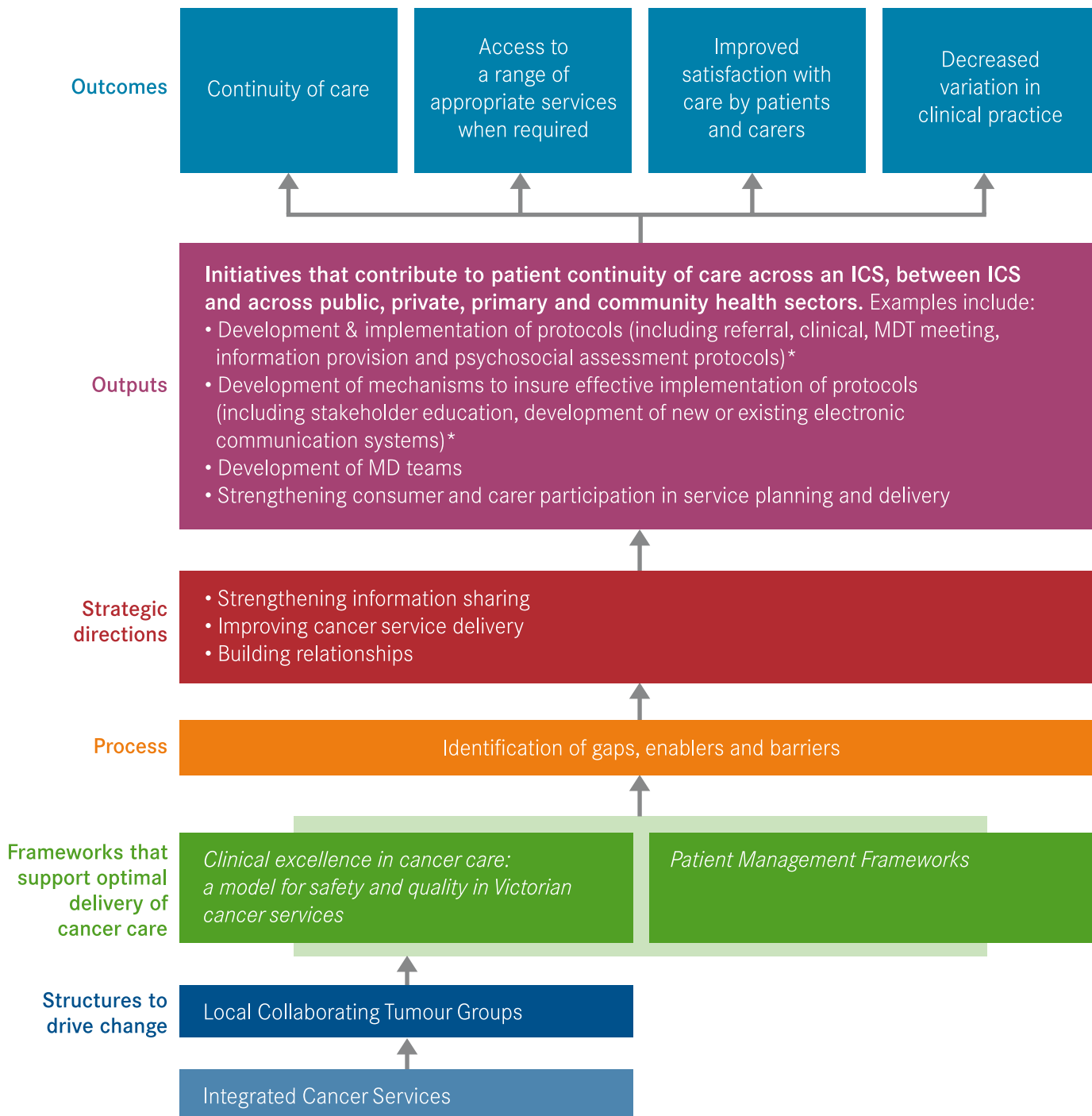
just the role of an individual (care) coordinator. This is to ensure that initiatives implemented address both the **process** by which care is delivered and the needs of **the majority of cancer patients** as they move through their pathway of care. This approach minimises the reliance on a single individual health care provider to achieve coordinated cancer care.

The three strategic directions that guide the development and implementation of initiatives for achieving coordinated cancer care in Victoria are:

- **Strengthening information sharing** – where links are made between care providers and between health care events (e.g. electronic information transfer)
- **Improving cancer service delivery** – where services are delivered in a complementary and timely manner (e.g. shared treatment protocols)
- **Building relationships** – where links are made between past, current and future care (e.g. agreed key contact for patient)⁷

Victoria's model for coordinated cancer care incorporates the structures established to drive change (the ICS and Local Collaborating Tumour Groups) and the models that describe the requirements for optimal delivery of care that is safe, of high quality and consistent with best practice.

Figure 1: Victoria's model for coordinated cancer care



* Aspects of these care coordination initiatives are part of the Australian Better Health Initiative: A joint Australian, State and Territory government initiative

1 Haggerty, JL et al 2003. Continuity of care: a multidisciplinary review. British Medical Journal 327 (7425): 1219-1221