

CSRT Sustainability/Integration 2014-15: Executive Summary

With the objective of improving quality of care and system efficiency, Cancer Care Ontario (CCO) in collaboration with the Ontario Ministry of Health and Long-Term Care (MOHLTC) has been working together to develop innovative models of care. In 2004, the MOHLTC funded a pilot project, examining whether a new kind of radiation therapy (RT) role, called the Clinical Specialist Radiation Therapist (CSRT), could improve the current RT model of care and optimize the use of human health resources in this effort.

The overall goal was to enable CSRTs to assume responsibility for certain key activities traditionally performed by other members of the health care team, including radiation oncologists (RO), while maintaining and improving access and the patient experience, implementing quality initiatives and increasing capacity. Subsequent annual goals and targets have been developed by the CSRT Sustainability/Integration Project team to determine the progress of the project and establish and examine the various ways in which CSRTs have positively impacted patient care and management.

The CSRT Sustainability/Integration Project continues to deliver on its performance goals and/or targets.

For 2014/15, the articulated goals were:

1. further integration of the existing 18 CSRT positions into fully functioning teams,
2. support for employers to develop and hire 7 new CSRT positions,
3. formalization of the Palliative Radiation Therapy CSRT role within CCO,
4. creation and dissemination of knowledge about CSRTs, and
5. continuation of work with professional associations and stakeholder groups to ensure consistent integration of the CSRT role.

Twenty-one of the 25 CSRT positions are now considered permanent and full time, a significant increase from 6 reported permanent positions out of 18 total positions in 2013/14. This represents a very positive milestone in the project's implementation, exceeding expectations for this year. Work continues towards the conversion of the remaining positions to permanent, full time status.

CSRTs have contributed to improving the patient experience through the ability to increase the number of new patients seen in clinic, and through the saving of RO hours. These outcomes help to enhance the patient experience through quicker access to treatment, decreased wait times, decreased anxiety while waiting for a treatment plan, etc. Results realized through implementation of CSRTs as part of the existing interprofessional team are varied. The variation relates directly to the description of the position and its intent and the length of time within the position. In general, CSRTs have either "direct" impact resulting in increased capacity and patient volume for the system, or "indirect" impact where the activities they assume result in time savings for the ROs (or other relevant health care provider) allowing them to focus on other, more complex issues and potentially allowing more patients to access care. In addition CSRTs are also driving quality initiatives, research and innovations. For the most experienced CSRTs, capacity can be seen to increase by as much as 50% in some programs with the average being in the 10% to 20% range. Time savings for ROs through the sharing of specific activities can be as high as 66 hours/month (>50% of the RO's monthly time allotted to clinical work and patient care with the average being 10% to 20%).

"Senior" CSRTs (n = 7) have been in their advanced practice roles for over 7 years and continue to achieve excellence at unprecedented levels, contributing to an increase in new patients able to access treatment per month (ranging from 2 – 21 new patients/month) and saving significant RO time (ranging from 5 – 66 hours/month saved). As comfort levels amongst supervisors and team members continue to increase, these senior CSRTs are taking new and creative directions. CSRTs who have been in place for approximately two

years ("Junior" CSRTs n = 11) are now demonstrating high levels of competence. This is reflected in the data they collected this year, which shows an impressive increase in the number of patients able to access treatment, (ranging from 4 – 28 new patients/month), and reported RO time savings (ranging from 2 – 56 hours/month). After approximately 2 years in their respective positions, junior CSRTs appear to be approaching the output of the more senior CSRTs with respect to achievements and productivity. The addition of 7 new CSRTs in 2014/15, including 3 palliative CSRTs, brings the total to 25 CSRT positions implemented in more than half (n = 10/14) of the provincial cancer centres. Of the 25 CSRT positions, 23 were active in 9 cancer centres in 2014/15 (1 position "on hold" and 1 position on maternity leave). New CSRTs have also begun to contribute to increasing the number of new patients able to access the clinic (ranging from 0 – 28 new patients/month), and contribute to RO time savings (ranging from 0 – 7.5 hours/month).

Although palliative radiotherapy makes up 30 – 50% of a cancer centre's treatment volume, barriers to accessing care still exist for patients who would benefit from palliative radiation therapy. Given the common challenges experienced across the province in this regard, the implementation of palliative radiation therapy CSRTs in each centre was identified as a successful strategy for addressing these issues. Evidence collected throughout the project shows that CSRTs bring the necessary knowledge, skills and judgment to help streamline and create capacity in the system, helping to facilitate that more patients who would benefit from palliative radiotherapy are able to access treatment. In 2015, the palliative CSRT position has been expanded to reach 3 additional cancer centres in the province (n = 9), providing a solid foundation to serve these patients in the future.

The CSRTs have also continued to participate in research projects and share their knowledge, involving themselves in over 52 current research initiatives and sharing knowledge through over 240 different dissemination activities in 2014/15. In addition, new services continue to be implemented and new skills continue to be developed (over 20 new skills currently in development), demonstrating the continued breath of knowledge CSRTs are capable of bringing to their teams, and the work in place to improve patient and provider experiences. CSRTs have also formed a Community of Practice, a voluntary group which has begun to engage in activities they deem appropriate for ensuring the standardization and consistency of the CSRT position as well as its formalization within the province.

The Integration Support Team (IST) focused on issues related to the sustainability and permanent integration of the positions. Impressive progress has been made in the partnership with the Canadian Association of Medical Radiation Technologists (CAMRT) on the development and implementation of a certification process for advanced practice in radiation therapy. The pilot certification project is set to begin in June 2015 with full implementation scheduled for 2016. Policy work within CCO has resulted in the CSRT role being identified as an acceptable physician alternate in the Provincial Oncology Alternative Funding Plan (AFP) agreement which is currently pending approval by the MOHLTC. This will provide leverage for CCO to suggest the development of additional CSRT positions where system pressures exist. Work with the CCO Models of Care initiative is also underway to help capture CSRT contributions and better understand role within the health care team.

Within all this good news is a message of caution that momentum not be hindered by removing much relied on support and motivating forces provided by CCO and the IST. This fledgling role remains delicate within the broader radiation therapy community and dedicated efforts remain necessary to shepherd the work forward. The issues of funding and consistent educational and professional preparation remain unresolved and are in need of further thought and efforts. With the CSRT role still considered new to the scene, further support is required to add stability and strengthen the probability of permanent integration.

In summary, the CSRT Sustainability/Integration Project continues to meet its targets – on time and within budget. The CSRT role holds great promise for the Ontario cancer care system but must be handled carefully to ensure it does not lose traction and can deliver on its full potential