

TO: Alberta Health Services

Subject/Title: External Beam Radiation Therapy Access Policy

Directive: D4-2010

Effective Date: April 1, 2011

Issuer: Deputy Minister of Health and Wellness

Pursuant to section 8 of the *Regional Health Authorities Act*, I, JAY G. RAMOTAR, Deputy Minister of Health and Wellness, hereby direct Alberta Health Services to implement and comply with the External Beam Radiation Therapy Access Policy which is attached to this Directive.

Signed at the City of Edmonton, Alberta on the 25th day of November, 2010.

original signed by
Jay G. Ramotar, P.Eng.
Deputy Minister
Alberta Health and Wellness

Attachment: "External Beam Radiation Therapy Access Policy"

Additional References: Regional Health Authorities Regulation A.R. 15/95, sections 1(a) and 9

Alberta Health and Wellness

External Beam Radiation Therapy Access Policy

November 2010

All information in the External Beam Radiation Therapy Access Policy (Access Policy) is presented for health sector purposes only.

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External Beam Radiation Therapy Access Policy

1. Purpose

The External Beam Radiation Therapy Access Policy (Access Policy) responds to the Government of Alberta's commitment to implement a wait time policy for radiation therapy. The Access Policy was developed based on the Memorandum of Understanding (MOU) between the Government of Alberta and the Government of Canada, signed on March 28, 2007.

Under the MOU, the Government of Alberta's commitment "...is understood to consist of two components:

- (i) a defined access target and
- (ii) timely access to radiation therapy within Alberta for patients who wait longer than the defined access target if timely care options are unavailable in a facility where the patient is currently receiving care, the patient will be given the opportunity to receive access to radiation therapy at another public health care institution within the Province of Alberta."

The Access Policy defines the access target; patient eligibility criteria; computation of the patient wait time, including the setting of a wait time start date; recourse options; and reporting requirements.

The Access Policy rests on three principles:

1. High quality, consistent standards of care for patients requiring external beam radiation therapy (ERT).
2. Timely operational treatment practices based on patient priority and urgency of care.
3. Safety, information technology, information management, and quality protocols for the provision of ERT and addressing individual patient needs.

The Access Policy applies only to ERT for cancer treatment. ERT comprises up to 95 per cent of the RT treatment caseload in Alberta. If a patient receives ERT combined with other radiation therapies, the Access Policy applies only to the ERT components of the treatment.

Alberta's strategy for achieving the access target identified in the Access Policy is to create a north-south corridor of radiation therapy sites that will add to the radiation therapy capacity available at the Cross Cancer Institute in Edmonton and the Tom Baker Cancer Centre in Calgary. Three new radiation therapy sites will be built. The first site opened in Lethbridge on June 22, 2010. The second site, at the Central Alberta Cancer Centre in Red Deer is expected to open in early 2013. Grande Prairie will host the third site, and is expected to be operational in 2015.

In addition to adding more radiation therapy facilities in Alberta, implementing techniques such as the adoption of new management and business practices, development of standardized care paths for tumor groups, and the development of wait time coordination

expertise in all radiation therapy sites in Alberta is expected to enhance capacity and facilitate access.

The Access Policy is intended to assure Albertans that the public health care system will strive to meet the access target and provide ERT in Alberta within the target wait time interval.

2. Effective Date

The Access Policy comes into effect on April 1, 2011.

3. Definitions

AHS

Alberta Health Services

AHW

Alberta Health and Wellness

Decision to treat (DTT)

The mutual agreement between a patient diagnosed with cancer and a Radiation Oncologist that the patient will undergo ERT for treatment of cancer.

Eligible patient

1. An Albertan who is registered with the Alberta Health Care Insurance Plan; or
2. A Canadian that is currently registered with a provincial or territorial health care insurance plan; and
3. An Albertan/Canadian who has been diagnosed with a cancer requiring ERT; and
4. An Albertan/Canadian for whom:
 - a. Decision to treat; and
 - b. Ready to treat date has been determined by a Radiation Oncologist in Alberta.

External beam radiation therapy (ERT)

Radiation therapy that directs radiation beams at the cancer cells and surrounding tissue from a machine outside the body.

In-patient

A patient admitted to and staying in an Alberta designated hospital.

Radiation Oncologist

A regulated member of the College of Physicians and Surgeons of Alberta under the *Health Professions Act* who holds a practice permit respecting the practice of medicine, surgery or osteopathy, or a professional corporation registered with the College of Physicians and Surgeons of Alberta, and is entitled to use the title Radiation Oncologist

Out-patient

A patient staying at home or in another facility that is not a designated hospital in Alberta.

Pre-treatment diagnostic testing

All diagnostic tests ordered by the Radiation Oncologist for ascertaining type, size and location of the cancer. This also includes any tests to determine if the patient is medically fit to receive radiation therapy treatment.

Radiation therapy (RT)

Radiation therapy, sometimes called radiotherapy, x-ray therapy radiation treatment, cobalt therapy, electron beam therapy, or irradiation uses high energy, penetrating waves or particles such as x rays, gamma rays, proton rays, or neutron rays to destroy cancer cells or keep them from reproducing.

Ready to treat date (RTT)

The date on which all pre-treatment diagnostic testing is complete and the eligible patient is ready to begin the treatment process based on clinical decision and patient choice.

Start of treatment date

The date the eligible patient receives their first cancer external beam radiation treatment at a cancer facility to which the patient has been referred.

Wait time interval

The wait time interval is defined as the number of days an eligible patient waits from the ready to treat date (start of interval) to the start of treatment date (end of interval).

4. Access Target

The access target is a wait time interval of no more than four weeks (27 days or less) from the ready to treat (RTT) date to the start of treatment date, as defined by the Access Policy for all eligible patients.

5. Wait Time Interval

Once the eligible patient and the Radiation Oncologist have decided that the patient is ready to treat, the start of the wait time will be recorded by AHS using a standardized format within an electronic information system.

The electronic wait time system:

1. Is provincewide; and
2. Enables tracking of individual patient wait times from RTT date to start of treatment date; and
3. Flags patients at risk of exceeding the access target wait time.

6. Revision of Ready to Treat (Start of Wait Time Interval) Date

The RTT date may be revised only in cases of clinical necessity or patient choice.

1. A revised RTT date can be requested by the patient for any reason.
2. A RTT date may be revised by AHS due to an unexpected interruption or delay due to patient condition.
3. Treatment may be cancelled by request of the Radiation Oncologist when ERT is no longer necessary or appropriate, including cancellation of the RTT date.

The RTT date will not be revised in cases where scheduling of first treatment is delayed due to delays in referrals, equipment repairs, staff shortages, or other process issues over which AHS has reasonable control.

7. Recourse for Patients at Risk of Waiting Longer than the Access Target

An eligible patient at risk of exceeding the target wait time will be provided the option of receiving treatment at another radiation therapy facility within Alberta that is able to accommodate the patient within the target wait time.

An eligible patient can choose to accept or decline recourse based on patient choice or clinical advice from the attending Radiation Oncologist.

Travel costs for in-patients accepting recourse are covered under current AHS policies and procedures for inter-facility transfers.

Out-patients accepting recourse are responsible for all travel and accommodation costs.

AHS is responsible for referral and scheduling of patients to the recourse facility. Treatment for patients accepting recourse will be scheduled at the facility with the next available appointment.

8. Wait Time Reporting

1. AHS Cancer Care will provide AHW Health Policy and Service Standards Division with a pre-readiness report one month prior to implementation of the Access Policy, advising AHW of AHS' ability to implement the Access Policy.
2. The AHS Chief Executive Officer (CEO) will continue to report wait time results for radiation therapy to the public via the AHS Quarterly Performance Reports in a format that includes:
 - a. the percentage of patients meeting the target; and
 - b. the number of weeks by which 50 per cent of patients received their first ERT treatment; and
 - c. the number of weeks by which 90 per cent of patients received their first ERT treatment.
3. AHS CEO will report quarterly wait time results for ERT to the Minister in the format described in point 2 above.
4. AHS will report wait time results identified in points 2 and 3 above by individual radiation therapy facility.
5. AHS Cancer Care will provide identifiable wait time data for ERT treatments to AHW, Performance Measurement Branch.
6. The Minister has the option to share the aggregate wait time report results with federal, provincial and territorial counterparts, at the discretion of the Minister.
7. The AHS CEO must provide the Minister with any other information as requested by the Minister.

9. Evaluation of the Access Policy

AHW and AHS will conduct an evaluation of the Access Policy implementation over the one year period of April 1, 2011 to March 31, 2012.