

CANCER PATHWAYS: JOURNEY MAPPING

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LEGEND

- GAPS
- SOLUTION
- ➔ Referral
- BARRIER/WAIT TIME

PEOPLE ENTER THE SYSTEM IN DIFFERENT WAYS, SYMPTOMATIC + ASYMPTOMATIC (screening or incidental)

PRE-DIAGNOSIS

GP IS OFTEN THE FIRST POINT OF CONTACT...
"YOU'RE FINE"
...OR ROUTINE TESTS

LONG WAIT FOR TESTS - FROM WEEKS TO MONTHS!

WHAT HAPPENS NEXT?
"SOMETHING ISN'T RIGHT"

TESTS

MULTIPLE, OVER WEEKS OR MONTHS

COMMUNICATION: "WHAT'S HAPPENING NEXT?" "HOW WILL I FEEL AFTER?"

LONG WAITS FOR RESULTS + MORE TESTS

"DO I WAIT FOR A CALL?"
"SOMETHING ISN'T RIGHT"
UNCERTAIN
TIME IS EXHAUSTING

NO CONSIDERATION FOR HOW THE NEWS IS DELIVERED (PHONE, IN-PERSON)

DIAGNOSIS

DIAGNOSIS: THE TRAUMA IS VERY REAL
"cancer"
"HOW DO I TELL MY FAMILY?!"

LANGUAGE + CULTURE: TALK ABOUT THE SCIENCE IN LAYMAN'S TERMS
PEOPLE MAY WANT CULTURALLY TRADITIONAL CARE

OVERARCHING THEMES

- CANCER-BASED MENTAL HEALTH
- NO COOKIE CUTTERS: EVERY PERSON IS DIFFERENT!
- TREAT THE WHOLE PERSON
- DECISION-MAKING GUIDES
- NURSE NAVIGATOR
- PARTNERS: GP ↔ PATIENT & SPECIALISTS
- RULES + REGULATIONS ARE RESTRICTIVE
- CONFLICTING INFORMATION, OR NOT ENOUGH
- QUALITY OF TREATMENT COMPROMISED FOR QUANTITY
- EMOTIONAL SUPPORTS THRU JOURNEY
- INABILITY TO TRACK WHERE YOU ARE IN JOURNEY (one health record!)
- "LIFESTYLE" + RISK FACTORS
- ACCESS FOR RURAL CARE IS UNFAIRLY LIMITED
- PATIENT BEING REQUIRED TO ADVOCATE: ISN'T RIGHT

GP NOT AWARE OF SYMPTOMS, UNDERSTANDING RESULTS
NO EMOTIONAL SUPPORTS

SEVERAL CANCERS ARE "CURED" BY SURGERY, AND PATIENT IS NOT REFERRED TO THE CANCER "SYSTEM"

TREATMENT

SOMETIMES FEEL TREATMENT IS OUT OF CONTROL - NOT ASKED WHAT WE WANT!
NEED A MECHANISM FOR CHANGING ONCOLOGISTS OR SPECIALISTS IF IT'S NOT A GOOD FIT, WITH NO WORRY OF IMPACT ON CARE

SURGERY
CHEMOTHERAPY + OTHER CHEMICAL TREATMENTS
RADIATION

STATISTICS & OPTIONS
A GOOD MATCH WITH ONCOLOGIST + PATIENT IS KEY!
ONCOLOGIST/SPECIALIST

PARKING FRES, UNCERTAIN LENGTH OF TIME NEEDED IS A BIG STRESSOR
RURAL PATIENTS HAVE LESS ACCESS, MORE FINANCIAL BURDEN

GP NOT ALWAYS INFORMED. CLOSE THE LOOP!
ONCOLOGIST - PATIENT - SURGEON - GP - HEALTH AUTHORITIES

TRANSFER FROM ONCOLOGIST OR SPECIALIST.

NO FORMALIZED STANDARDS FOR INFO. TRANSFER.

INFORMATION DOESN'T ALWAYS TRANSFER
HCP

INCONSISTENT: HCP DOESN'T ALWAYS KNOW WHAT TO LOOK FOR: NOT IN GUIDELINES GPs USE.

SELF-ADVOCACY REQUIRED TO PROMPT FOLLOW UPS

THE PATIENT CAN'T BE THE ONLY ONE

HOW MUCH SHOULD WE EXPECT OF OUR GP? TOO MUCH INFO TO MANAGE!
NOT ALL PATIENTS HAVE A GP, OR SAME GP

LONG WAITS FOR RESULTS + MORE TESTS

COMMUNITY RESOURCES
LIMITED RURAL SUPPORT
INSPIRE HEALTH RETREATS GROUPS

SUPPORTS AND RESOURCES NOT CONSISTENT
NORTHERN BC RESIDENTS CUT-OFF FROM GRANDE PRAIRIE CENTRE

PEER SUPPORT ONLINE: TIPS, RESOURCES, TREATMENTS
YOUNG ADULT CANCER CANADA

CONNECTION WITH OTHERS IS ESSENTIAL
NEED SUPPORTS FOR ALL WHO HAVE CANCER: LONG + SHORT TERM!

BC CANCER

POSITIVE & HELPFUL SUPPORT
HOPE IS IMPORTANT, BUT SHARE "WHAT'S BEHIND THE CURTAIN" - IT SHOULD BE A PARTNERSHIP!

UNWELCOMING BUILDING, NOT MANY LANGUAGE OPTIONS
INCONSISTENT ACROSS PROVINCE

INFORMATION:

DESIGNED BY PATIENTS
CHECKLIST: NEED QUESTIONS FOR CLINICIANS TO ASK IN DIGESTIBLE PIECES
EMOTIONAL SUPPORTS
SUPPORT NETWORKS
VARIETY OF FORMATS

EVERY PERSON NEEDS/WANTS A DIFFERENT AMOUNT.
WHAT SHOULD I EXPECT? THIS INFORMS DECISIONS!
SPECIFIC TO ME
EXAMPLE JOURNEY TO EXPECT
WHAT'S THE TREATMENT PLAN?
WAIT UNTIL YOUR NEXT APPOINTMENT

HAD TO BE MY OWN SELF-ADVOCATE DURING A VERY DIFFICULT TIME
"DON'T CALL THEM, THEY'LL CALL YOU"
SHOULD BE CALLED RIGHT AWAY: "we're on it!"
I'M MORE THAN A "PATIENT" OR A "FILE"

NEXT CHAPTER

WHAT NEXT?
WHAT HAPPENS IF CANCER RETURNS?
PSYCHOSOCIAL
TREATMENT PLANS NEED TO INCORPORATE RTSD → NOT "POST" IT'S CONTINUING.

YOU'RE NEVER "CURED" - THIS IS LIFE-LONG... IT'S HARD TO PLAN BEYOND THE NEXT SCAN.

WE NEED SURVIVORSHIP CARE PLANS: WHAT ARE LONG TERM AFFECTS?
"ALUMNI" ON-GOING

SHARED CARE: NOT "DISCHARGED" - ALWAYS FOLLOW-UP CHECKS WITH GPs, ONCOLOGIST, ETC.