Psychosocial Oncology (PSO) Wait Time Data Collection Resource Guide

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Introduction

This resource guide provides information on the data that is currently being collected through ALR under the direction of the Psychosocial Oncology (PSO) Program and how this information is being used to calculate PSO wait times. It is intended to serve as an educational resource for PSO Regional Leads, their IT teams, and clinicians to aide them in the collection of the information required to accurately measure wait times.

The current *Ontario Cancer Plan (OCP IV)* states that by 2019, we will "expand and integrate access to palliative, psychosocial and rehabilitation services to improve quality of life and patient experience in cancer centres and the community." Sitting in line with this strategic objective, and in an effort to measure timely access to PSO service providers, the PSO program at CCO has initiated the process of collecting, calculating, and reporting on regional and provincial wait times for the seven PSO disciplines, including: dietitian, social work, psychology, psychiatry, occupational therapy, speech language therapy, and physiotherapy.

Psychosocial Oncology Program Data Elements in ALR

Activity Level Reporting (ALR) data contains a basic set of data elements which CCO uses to measure the quality of the cancer care services in Ontario. The data elements collected in ALR provide information on patient level activities associated with outpatient oncology clinic visits.

The ALR data provided by your Regional Cancer Centre (RCC) helps the PSO Program at CCO to measure PSO wait times at the RCCs. The PSO Program uses the following data elements in order to measure wait times:

Disease Entity:
1. **Registration Date** and/or **Disease Sequence Number** *(i.e. to link to the "Diagnosis/Topography/Morphology Code")*
2. **Date of Referral** (*to specific PSO discipline*)

Clinic Visit Entity:
3. **Visit Date**
4. **Visit Program Code** *(i.e. PSO)*
5. **Visit Type** *(i.e. Face-to-face vs. Telephone contact, one-on-one vs. group contact)*

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HCP entity:

6. **HCP Number** *(used to link to Clinic Visit record)*
7. **HCP Specialty Code** *(as defined as Dietitian, Social Work, Psychology, Psychiatry, Occupational Therapy, Speech Language Therapy, Physiotherapy)*

Clinic visits for all 7 PSO disciplines have been captured through ALR since 2011. A PSO clinic visit is defined as: "Direct patient care delivered by a PSO provider. The visit can take place face-to-face or over the telephone, one-on-one or in a group setting; however, it must be a meaningful visit where some sort of counseling or intervention takes place".

For a more detailed look at the various ALR data elements used by the PSO Program, please see *Appendix A.*

PSO Wait Time Definition & Calculation

PSO Wait Time = the number of days between the date that a first consult referral is received by a PSO provider and the date that the patient is first seen by the PSO provider.

To calculate the wait time, two key data elements captured through ALR are utilized:

1. **Date of Referral** to a PSO provider
2. **Visit Date** with the PSO provider - only the *first* visit date is used in the wait time calculation

For example, if a patient was referred to social work on March 19th, 2014 and saw a social worker for an initial assessment on April 2nd 2014, the wait time would be 14 days. While the patient may see the social worker for subsequent follow-up visits, and these should be captured appropriately as clinic visits to measure visit volume, these visits are not used in the calculation of the wait time.

PSO Wait Time Benchmarks

To determine appropriate wait times for the PSO disciplines, a PSO Wait Time Expert Panel was convened. The panel arrived at the following maximum acceptable wait times for a first consult and provincial targets for each discipline:

PSO Discipline	Maximum Acceptable Wait Time
Social Work	2 weeks (14 consecutive days)
Psychology	2 weeks (14 consecutive days)
Psychiatry	2 weeks (14 consecutive days)
Nutrition (Dietitians)	2 weeks (14 consecutive days)
Physiotherapy	3 weeks (21 consecutive days)
Occupational Therapy	2 weeks (14 consecutive days)
Speech Language Pathology	2 weeks (14 consecutive days)

The Expert Panel determined that an ultimate target of 85 percent would be appropriate for all PSO disciplines. Thus the aim is for 85% of cancer patients in Ontario to be seen within the target maximum acceptable wait time for all PSO disciplines. A target of 85 percent leaves room for situations in which wait times are driven by patient preference (and is thus out of the control of the cancer system). It also helps to account for situations in which a longer wait time is clinically appropriate.

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Frequently Asked Questions

ISSUE (FOR QUICK REFERENCE)	QUESTION	RESPONSE
REPORTING SITES	**Which hospitals are being asked to report dates of referral via ALR?**	Only RCCs are being asked to report dates of referral for PSO.
MANDATORY OR OPTIONAL?	**Is reporting of dates of referral for PSO services mandatory or optional?**	Date of referral for all 7 PSO disciplines is now required. This includes date of referral for: dietitians, social workers, psychologists, psychiatrists, speech language therapists, occupational therapists, and physiotherapists.
DEFINITION OF REFERRAL DATE	**How is "date of referral" defined for a PSO provider?**	The date on which a request for consultation (fax/phone call/in-person request) to a "PSO Provider" is received at the RCC/hospital, even if the date of referral is received on the weekend i.e. do not use the following business day – use the actual date the referral is received at the RCC even if it occurred on the weekend. The date of referral is the date that the patient is actually referred, not the date on which the PSO department processes the referral.
MULTIPLE PRIMARIES	**How should PSO dates of referral be reported for patients with more than one primary cancer diagnosis (i.e. distinct ALR diseases/cases)?**	The PSO referral date for the **most recent cancer diagnosis** should be reported. However, in some very rare cases the most relevant cancer diagnosis could be used to report the referral date– i.e. primary esophageal diagnosed in December 2015 and primary lung diagnosed in March 2016, patient has a referral to a dietitian – the date of referral to the dietitian and clinic visit may be associated to the esophageal cancer (case), even though it is not the most recent diagnosis because it is the reason for this dietitian visit.
SYNCHRONOUS MULTIPLE PRIMARIES	**How should PSO dates of referral be reported for patients with more than one primary cancer synchronous diagnosis (i.e. distinct ALR diseases/cases)?**	When a patient has **two primary cancers diagnosed on the same day or very close to the same day** (i.e. left and right breast cancer; left and right lung cancer) then select one diagnosis/case (i.e. left lung cancer) and ensure that PSO clinic visits continue to consistently be associated to the same diagnosis/case.

PSO GROUP SESSION	**Should dates of referral be reported for PSO classes/group sessions?**	Yes. If a patient is referred to a group intervention session (they attend with other participants) for dietitian, social work, mental health, speech language, occupational therapy or physiotherapy, and the session is led by (one or more) of the PSO healthcare provider(s) then this data should be reported as a group visit (either face-to-face or virtual). The PSO program includes group visits in the wait time measures to accurately reflect a patient's access to PSO services – both one-on-one in nature and through groups.
MULTIDISCIPLINARY PSO GROUP VISTS	**How should groups led by more than one PSO provider be captured in ALR?**	In an effort to accurately capture the professions represented, unique patient visits to all providers leading the multidisciplinary group should be captured. For example, when a patient attends an in-person session co-facilitated by both a dietitian and a social worker, we would see two separate GF visits for each group participant, one tied to the dietitian and one tied to the social worker.
SERVICES FOR FAMILY MEMBERS/CAREGIVERS ONLY	**Should dates of referral be provided for PSO services provided to family members or caregivers?**	Caregiver/Family PSO support visits are now required for PSO activity reporting. Caregivers should be registered as unique patient cases and assigned an ICD10CA diagnosis code *Z63.7 Other stressful life events affecting family and household* under the Disease Entity in ALR. PSO visits should then be assigned to these patients by linking Clinic Visits (for the PSO program) to the "Registration Date" or "Disease Sequence Number" for Z63.7 under the Disease Entity file as per usual. Note: Caregiver support visits are **not** included in the PSO wait time measures.
MULTIPLE REFERRALS	**What if a patient is referred multiple times to one PSO discipline?**	Currently, the PSO wait times indicator is based on the time between the first consult referral to the first time a patient sees a PSO provider.
CLINIC VISIT	**What counts as a clinic visit?**	Clinic visits for all 7 PSO disciplines have been captured through ALR since 2011. A PSO clinic visit is defined as direct patient care delivered by a PSO provider. The visit can take place face-to-face or over the telephone, one-on-one or in a group; however, it must be a meaningful visit where some sort of intervention takes place. For example, calling a patient to schedule a meeting would ***not*** count as a PSO clinic visit.

ORIGIN OF REFERRAL	**Does it matter where or from whom the referral originates?**	We understand that referrals to PSO disciplines can originate from many different settings and health care providers, including physicians, allied health professionals, and from patient and families themselves. We currently do not have a mechanism to capture where or from whom the referral originated. Regardless of who made the referral, please treat all referrals the same.
STUDENTS AND INTERNS	**Should supervised student/intern social workers, dietitians, psychiatrists, psychologists, and other PSO HCP be submitted to ALR when a patient has a clinic visit with them?**	Yes. If a student/intern is being supervised by a HCP professional then their clinic visit should be submitted as if the HCP supervisor had conducted the clinic visit independently.
PATIENT DECLINES PSO SERVICE	**A referred patient is contacted to arrange a consultation and declines service. How should this be accounted for in ALR?**	If a referred patient is contacted and they decline service, this interaction should **not** be counted as a PSO clinic visit for this patient. In some cases, education is provided to the patient on what services can be provided, however the services are not provided and therefore this does not meet the definition of a PSO clinic visit as outlined.
CHANGING THE PATIENT'S DATE OF REFERRAL	**Are there any circumstances that the patient's original date of referral to PSO services be altered?**	No. Although there are some scenarios where it might make sense to change a patient's date of referral (e.g. patient first refuses PSO services and later accepts – see scenario described below), please **do not** alter the original date of referral. Maintaining a standardized date of referral definition is important to ensuring data consistency across patient scenarios and cancer centres.

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Case Scenarios

Patient-Driven Circumstances

1. **Patient prefers to coordinate the PSO consult with their next appointment (i.e. could be 6 months from now), despite being able to see a PSO provider a lot sooner. This will exceed the maximum 2 week time frame target.**
   We are aware that there are situations wherein the wait time will exceed the 2 week target. In this scenario the wait time of 6 months is patient-driven and based on patient preference. To accommodate these types of situations, the PSO wait time benchmark has been outlined as "85% of Cancer patients in Ontario would be seen within the maximum acceptable wait time", as opposed to 100% which accommodates such instances.

2. *Patient does not speak English and you need to arrange for an interpreter which will delay the PSO clinic visit.*
   Again, we are aware that there are situations wherein the wait time will exceed the 2 week target.   Similar to the case scenario above, this is why the benchmark is 85% of all patients, allowing for these types of situations.

Inpatient Cases

3. **How do we capture patients whose status changes from inpatient to outpatient and vice versa.**
   If the referral and consult are both provided when the patient is an inpatient, then that data should be excluded.

   If the patient received a PSO referral as an inpatient, then receives the consult as an outpatient, PSO would want this intervention or counsel reported. The referral date is captured on the Disease file, so it should be accounted for, since the consult was provided in an outpatient basis.

   In the scenario where the patient is referred to PSO care as an outpatient, but then transferred to the inpatient unit (therefore delaying the first consult visit until they are discharged) – the date of referral and first consult date should still be submitted as is. This is another example of a patient-driven circumstance and is why the target is set as 85% (to allow for special circumstances such as this).

QUESTIONS?   Email Colleen.Fox@cancercare.on.ca

Multiple Primary Cancer Diagnoses

4. **A complex patient is referred to social work. The patient has multiple primary cancer diagnoses, including reoccurring skin cancer, and more recently was diagnosed with breast cancer. Both are primary cancers. The patient has not been coping well and would like to meet with a social worker to discuss issues related to changing relationships, coping at work, and financial supports.**
This patient visit with the social worker is likely relevant to both cancer diagnoses, however should be coded under only one. CCO's directive is to code the visit under the most recent diagnosis (in very rare situations you can code it under the most relevant to PSO provider session). In this case example, social work support could be related to either therefore it should be entered for the most recent diagnosis - breast cancer.

Multiple Referrals

5. **A patient is referred to physiotherapy for range of motion issues prior to starting treatment. The physiotherapist sees the patient a number of times, providing exercises to increase the patient's range of motion issues in order to carry out the recommended treatment plans. The issue is resolved, the physiotherapist closes the case and discharges the patient from their care. 10 months later, the patient finishes treatment but now suffers from decreased muscle strength. The oncologist generates a new referral to physiotherapy.**
The PSO wait time indicator is based on the time between referral to the very first time (first consult) a patient sees a PSO provider. While the patient may see the physiotherapist for subsequent visits for a reoccurring problem or a new problem, and these should be captured appropriately as clinic visits to measure visit volume, these visits are not used in the calculation of the wait time.

Appendix A - CCO Data Book: Data Elements Used by the PSO Program

The CCO Data Book defines the clinical, operational and financial data required directly from RCCs and other healthcare delivery organizations who have entered into an agreement with CCO. Each of the data elements represents information required to support performance measurement quality improvement of the cancer system. To access the most current version of the CCO Data Book, CLICK HERE.

Below is a description of the PSO specific data elements that are collected at the RCCs.

Entity	Data Element	Definition	Format	Valid Values	Purpose and Use	Completion Requirement	Changes
Clinic Visit	Patient Chart Number	Patient identifier code that is unique within the healthcare facility.	CHAR 10	Alpha-numeric. Consistent with CIHI NACRS and DAD definition and format. If alpha, must be upper case.	Uniquely identifies a patient within an RCC. Necessary to determine a case. Foundational to most measures and indicators.	Mandatory	
Clinic Visit	Visit Date	The date that the patient was seen for a consultation or follow-up assessment with a health care provider. This visit date may refer to in-person, video conference, telephone or group visits"	YYYYMMDD	Valid dates only.	Foundational to most measures and indicators – ALR, Wait Times, Funding. Used as a proxy for Consult date for Wait Times. 1st Consult date will be used for Wait Time .	Mandatory	Definition updated in February 2016 for FY 2016-17
Clinic Visit	HCP Number	Healthcare professional identifier code for the physician or non-physician who is most responsible for the patient or who saw the patient. This code is unique to the submitting healthcare facility.	CHAR 15	Numeric only as per CIHI NACRS format. For physicians, this code has historically been the physician's OHIP billing number in OPIS.	Uniquely identifies a healthcare professional (physician or non-physician) so patient activity can be linked to a healthcare provider.	Mandatory	Updated in February 2016 for FY 2016-17

Entity	Data Element	Definition	Format	Valid Values	Purpose and Use	Completion Requirement	Changes
Clinic Visit	Visit Program Code	Primary cancer programs for clinic, planning and treatment activity. Includes; Radiation (RAD), Systemic (SYS), Surgical (SUR), Research (RE), Palliative (PA), Preventive oncology (PO) or Psychosocial Oncology (PSO).	CHAR 3	RAD=Radiation Therapy, SYS = Systemic Therapy, SUR = Surgery, RE = Research, PA = Palliative Care, PO = Preventive Oncology, PSO - Psychosocial Oncology.	Used to classify visits by Program.	Mandatory	Updated in February 2016 for FY 2016-17
Clinic Visit	Registration Date	Date this patient was first registered at this RCC and/or hospital for this disease	YYYYMMDD	Valid dates only.	Used as a surrogate for date of initial diagnosis when date of initial diagnosis in not available. Additional purpose: Used to derive disease sequence number for sites who do not submit the disease sequence number. Therefore used to link clinic visit activity to patient's disease.	Mandatory	Definition & purpose up dated in February 2016 for FY 2016-17
Clinic Visit	Disease Sequence Number	The numeric sequence assigned to a primary cancer for a patient at a specific healthcare facility.	INTEGER	1 through 99.	Disease Sequence Number must be either entered or left blank on ALL records in ALL entities from a submitting site, and that must remain consistent from month to month. If left blank, CCO will derive a value from the Registration Date. If this is the case, the field must be unique amongst Diseases within the Patient. Used in ALR, Ontario Cancer Registry, Wait Times, Planning, and funding.		

Entity	Data Element	Definition	Format	Valid Values	Purpose and Use	Completion Requirement	Changes
Clinic Visit	Visit Type	Identifies the method of contact for clinic visits. Examples include, in-person (face-to-face), telephone, group visits, and video conferencing. Note: visits done via Ontario Telemedicine Network (OTN)/other video conference mechanism to provide a systemic treatment consultation/follow-up are identified by using data element value "VC" (for individual/one-on-one). Videoconferencing done as a group (i.e. for educational purposes) should use the code or "GV" (to represent group setting).	CHAR 2	<NULL> - Face To Face OM - Patient Interaction by Phone OC - Oral Chemotherapy Clinic Visit VC - Individual/one-on-one visits done via Ontario Telemedicine Network (OTN)/other video conference mechanism to provide a consultation/follow-up GV - Videoconferencing done as a group (i.e. for educational purposes to represent group setting). GF - Group Visit Face to Face`	`	`	``

Entity	Data Element	Definition	Format	Valid Values	Purpose and Use	Completion Requirement	Changes
Disease	Date of Referral to Social Work	The date on which a request for consultation to a Social Worker is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only. Definition updated in February 2016 for FY 2016-17.3.
Disease	Date of Referral to Dietitian	The date on which a request for consultation to a Dietitian is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only. Definition updated in February 2016 for FY 2016-17.3.
Disease	Date of Referral to Physiotherapy	The date on which a request for consultation to a Physiotherapist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only. Definition updated in February 2016 for FY 2016-17.3.
Disease	Date of Referral to Psychiatry	The date on which a request for consultation to a Psychiatrist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only. Definition updated in February 2016 for FY 2016-17.3.

Entity	Data Element	Definition	Format	Valid Values	Purpose and Use	Completion Requirement	Changes
Disease	Date of Referral to Psychology	The date on which a request for consultation to a Psychologist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only. Definition updated in February 2016 for FY 2016-17.3.
Disease	Date of Referral to Occupational Therapy	The date on which a request for consultation to an Occupational Therapist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used).	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only. Definition updated in February 2016 for FY 2016-17.3.
Disease	Date of Referral to Speech Language Pathology	The date on which a request for consultation to a Speech Language Therapist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used).	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only. Definition updated in February 2016 for FY 2016-17.3.
Healthcare Professional	HCP Specialty Code	Credentialed specialty of the healthcare professional according to CIHI service provider code.	CHAR 5	For healthcare professionals who have multiple specialties, use their primary specialty. See CIHI list in Appendix 1.17.	Used to identify the type of healthcare professional for planning purposes.		Updated in February 2016 for FY 2016-17

HCP Specialty Code for PSO Only

Nutritional Therapy	06000
Social Work	12000
Psychology	15000
Psychiatry	00064
Physiotherapy	03002
Speech Language Pathology	03009
Occupational Therapy	03003