Building Analytical Capacity
Video Transcript
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Cheryl Louzado: The Partnership builds analytic capacity through different initiatives. If we consider our System Performance reporting, and the way we currently operate, we would go through picking a report, we would decide on what the subject would be, we would pull together experts to pull a list of indicators together that we think are important and our partners would go along with us on this journey.

Ron Dewar: The sort of process we had to go through to get data for this report was a first attempt along those lines and we knew that we were going to be needing to do this other times for other projects, for our own work, for CPAC's work, for other researchers' work. It was a good way to get our feet wet in the whole going through data access committees and concerns about privacy of hospital information that we had never had to do before.

Cheryl: If you look at the Quality & Sustainability Report, this is the first time that we've actually asked our partners to look at radiation fraction data. And what this means is that the data with respect to their radiation treatment actually sits in a radiation therapy information data. Typically, cancer registries don't have, or they have very limited treatment data within the registry. So what it means when we ask them to measure how many people had X amount of fractions versus Y amount of fractions, is that they have to link the cancer registry data to a radiation therapy system.

Lorrain Shack: It was important to build the capacity to provide data for this report so that we really understood what data we provided and also how impacted nationally so we could compare. We needed to understand how we pulled it and we needed to have more than one person understanding that within our team so that later we could interpret it and later we could replicate it.

Ron: As I mentioned, there's going to be numerous opportunities in the future. Researchers will be coming to us wanting to apply that same kind of technology, linking our data with other data sources to answer their questions. As part of our own role in monitoring treatment standards and guidelines, we would need to be doing the same kinds of things.

Lorraine: We'll use this analytic capacity in a number of different ways. Within our team, we do a lot of work for tumour groups or clinicians. We can take variations of what we've already learned and apply that to measures that might be more clinically relevant. It'll also help us in subsequent submissions for CPAC and of course, trying to explain and understand the interpretation of that back to our local clinicians.

Cheryl: Canada, in general, is a very rich data country, certainly with respect to cancer data. Our problem is access to the data. As we develop new indicators and new measures and we wade into territory that is under-measured, then we actually increase the capacity of the system to understand all of these domains and areas of care that have not been measured. Unless you measure something, it's very hard to do something about it. I think it's extremely important, the development of analytic capacity is crucial to actually using data wisely, for the betterment of those people whose lives created it, really.

Lorraine: This type of analysis helps to improve cancer care because it gives us an opportunity to see where we sit compared to the other provinces. We can look within our province, but we don't know whether we're the best, the worst, middle of the road. This gives us a guideline where we can improve

and target. It also gives us skills and areas to explore where we can look specifically within Alberta and develop more measures and help with research as well.