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POSTER ABSTRACT

Improving timeliness to early skin cancer detection using integrated pathways in primary care

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Dan Ni (annie) Wang[1,2], Debbie Elman[1,2], Meghan Secord[1,2], Kittie Pang[1], Anne Wideman[1,2], Karen Fleming[1,2], Anson Cheung[1]

1: Sunnybrook Department of Community and Family Medicine, Canada
2: University of Toronto, Canada

Background: Skin cancer (including melanoma, basal cell carcinoma, and squamous cell carcinoma) is the most common malignancy in Canada, yet timely diagnosis remains challenging. Provincial guidelines recommend biopsy within four weeks, but real-world wait times often exceed this target. Primary care providers (PCPs) face barriers including limited procedural training, lack of equipment, time, and inappropriate compensation. This leads to delays in diagnosis and treatment, and growing wait times for dermatologists. These delays contribute to patient anxiety, inequitable access, and increased reliance on emergency care. Strengthening workforce capacity and integration across health systems is key to achieving timely, person-centred care.

A retrospective review of 42 skin biopsies performed at Sunnybrook Family Health Team in Toronto Canada from January 1, 2023, to January 1, 2025, identified gaps in timely access. Of the 42 biopsies reviewed, 19% were malignant, and only 43% met the four-week target, with a mean wait time of 80 days (51 days for malignant lesions)

Approach: To address both access and capacity gaps, Sunnybrook Department of Family and Community Medicine (DFCM) developed a minor procedure pathway embedded within the SCOPE (Seamless Care Optimizing the Patient Experience) platform, which connects community PCPs rapidly with specialized services, ensuring that patients are seen quickly and efficiently. A standardized referral form and rapid triage system were implemented to streamline PCP referrals, reduce delays, and enhance coordination between primary care and procedural services. Once established, Family medicine residents will join the clinic under supervision, building procedural competence to support future workforce sustainability.

Results: Following pathway implementation, two pilot clinics were conducted in summer and fall 2025. Fourteen patients were seen, with wait times ranging from 20 to 45 days - shorter than baseline but not yet at the 4-week target. The pilot clinics focused on refining processes before broader rollout to the community. Post procedure patient surveys demonstrated high satisfaction

with the clinic. Moving forward two clinics will be offered each month to improve access with ongoing evaluation of referral volumes, wait times, pathology outcomes, and patient satisfaction.

Implications: Early results indicate that integrating primary care and procedural services through the SCOPE platform can reduce delays, provide a positive patient experience, and create a venue for upskilling future family physicians. Embedding skill development and service delivery within a rapid integrated referral pathway represents a workforce-centred approach to improving access. This model demonstrates how primary care teams can expand procedural capacity, enhance trainee competency, and strengthen integrated care for early cancer detection.=