



Ontario Cancer Plan 2005-2008

Executive Summary

**Driving quality, accountability
and innovation throughout
Ontario's cancer system**

Introduction

Ontario has made substantial progress in the fight against cancer. The Government's investment in expanded treatment options, research, better drugs, more sophisticated diagnostic equipment, increased radiation services, tobacco control, prevention campaigns and expanded screening programs has clearly contributed to improvements in cancer survival. But, as substantial as these achievements are, there is much more to do. Patient care remains fragmented, involves sequential waiting, is prone to regional variation and often does not adhere to quality standards. Indeed, it is widely believed among cancer patients and their families, the general public, and healthcare professionals that the cancer system needs major improvements.

Effective partnerships have been key to the progress made thus far, and will be even more critical in the future. Working together with cancer experts, community advisory committees, hospitals, community agencies, public health units, the Ontario Hospital Association, the Canadian Cancer Society (Ontario Division), and the government, Cancer Care Ontario has been able to better understand the complex problems within the cancer system and move forward on a series of necessary improvements.

Achievements to-date

Highlighted in 2001 by the Cancer Services Implementation Committee, the problems in the cancer system have been confirmed in several reports. The following outlines some of the shared achievements over the past three years:

- Integration of 11 regional cancer centres with their host hospital, shifting the management of cancer services to the local hospital under contract with Cancer Care Ontario for volumes and quality
- Formal affiliation agreement with Princess Margaret Hospital (PMH) unifying cancer services
- Creation of the Cancer Quality Council of Ontario (CQCO) mandated to publicly report on the quality of cancer services
- Partnership with the CQCO on two important reports: *Strengthening the Quality of Cancer Services in Ontario* and the *Four-Point Strategy to Reduce Waiting Times in Ontario*
- Strengthening the Program in Evidence-based Care (PEBC) and a Clinical Council comprised of clinical program leaders, to strengthen the quality of cancer services in Ontario
- 18% increase in radiation therapy machine utilization and public reporting of provincial wait times for radiation services on the Internet
- Development and implementation of a cancer information management strategy
- Development of a surgical oncology program working to improve the delivery and quality of cancer surgery
- Release of the *GTA 2014 Cancer Report*, providing a framework for how service providers can work together
- Development and implementation of *Cancer 2020 Targeting Cancer: An action plan for cancer prevention and detection*; detailing specific goals, targets and recommendations for cancer prevention and early detection

One of the most important and fundamental achievements among those listed has been the creation of eleven new Integrated Cancer Programs (ICPs) in Ontario arising from the voluntary integration of regional cancer centres with their 'host' hospitals and the introduction of a new performance management relationship with Cancer Care Ontario. In less than eighteen months, this provincial, system-wide restructuring was complete and has led to improved accountability, administrative efficiency and streamlining of clinical services.

In addition to positive benefits for patients, the impact of this system restructuring has led to the development of the 'new' Cancer Care Ontario – a knowledge-driven, evidence-based organization that uses data to plan, fund, and report on performance on key issues in the cancer system. By linking

the funding of ICPs to quality expectations Cancer Care Ontario is able to drive improvements in the cancer system in unprecedented ways. As well, by producing a number of key reports, Cancer Care Ontario is beginning to influence the delivery of a broader range of cancer services spanning the entire continuum of care. This shifts our traditional areas of focus from radiation and chemotherapy in regional cancer centers to include a stronger emphasis on prevention and screening, diagnostic services, surgery and palliative care in organizations across the entire system.

This past year, at the request of the Ministry of Health and Long-Term Care (Ministry), Cancer Care Ontario has turned its attention to the development of the first-ever Ontario Cancer Plan.

Planning process

Driven by Cancer Care Ontario, the development of the Ontario Cancer Plan reflects the guiding principles of the organization: evidence-based; equity; active engagement; performance-oriented; and value for money. The Plan uniquely represents a community, regional and provincial understanding and response to cancer system issues, having been informed by a regional cancer planning process, a corporate planning process, and through a formal review by international experts. Development of the Plan involved more than 3,000 people from across the continuum of care. Using the Ontario Cancer Registry and other clinical and administrative data held by Cancer Care Ontario, the Plan provides a new and expanded profile of cancer services within the entire cancer system in Ontario.

The Ontario Cancer Plan

The plan outlines a provincial strategy for improving the quality of cancer care throughout Ontario. It is the first comprehensive cancer plan for Ontario and the first of its kind in Canada. It outlines a discrete number of priorities, targeted investments and action plans with defined timelines and outcomes. The plan looks at the growing demand for cancer services ten years into the future and makes recommendations about what needs to be put into place over the next three years to contain and manage this growth. The directions put forward in this plan build on and reinforce government priorities, including actionable improvements in wait times, improved accountability, and regional service integration.

Limitations

The Ontario Cancer Plan is a work in progress. Additional planning is required to incorporate the important contribution of primary care practitioners and the voluntary sector into the Plan. The Cancer Plan puts forward service volumes and associated costs to close the gap between demand and capacity, which are still preliminary. Cancer Care Ontario will perform additional analysis of these estimates and confirm requirements later this year. Service increases in other areas have not yet been quantified and will be addressed over the course of the next few months. These areas include volumes required to reduce waiting times for cancer surgery, and volumes for diagnostic and clinical support services and home care visits. Finally, the plan will not achieve its intended outcomes without a concerted effort and dedicated resources from the Government of Ontario.

The Cancer Plan describes system improvement in three ways:

- **By doing more** procedures for cancer patients, consistent with the growth in cancer incidence and prevalence. This includes expanding existing cancer centres and building new centres to meet the growing incidence of cancer over the next ten years
- **By doing things differently**, to generate improved efficiencies through coordinated access, managing waiting lists, intensifying prevention and screening efforts, improving patient navigation at the local level, and employing innovative health human resources
- **By doing it right**, by expanding the use of evidence-based guidelines, implementing standards, and applying research knowledge and performance measurement to the delivery of cancer services

Acting on what we know

It was not so long ago that Ontario was referring cancer patients to U.S border cities for treatment. If we are to ensure this does not happen again, we must meet the current and future challenges that affect our provincial cancer system by acting on what we know. The Government of Ontario has set an ambitious agenda to transform the health sector – improving access by reducing waiting times, improving the efficiency of the health system, advancing regional service integration and ensuring greater accountability for public funds. As a component of the larger health system, the plan for

cancer care incorporates what we know about where health care is going in the province and remains completely aligned with these government initiatives. The Plan includes responsible targeted investments for increased volume of treatment; improved waiting times; innovative transformation initiatives to enhance quality, accessibility and accountability across and within the system; and, investment in capital development to meet longer-term growth in cancer cases. The fiscally responsible actions proposed in this Cancer Plan will make significant progress towards these goals.

Ontario Cancer Plan – full report

The full report provides much more detail on the case for action as well as a complete description, including deliverables and expected outcomes, of each action plan. It also includes summaries of the regional cancer plans; a description of the new methodology used to project volumes and associated costs; a detailed account of the cancer planning process; and, a glossary and list of acronyms. The full report is available on-line at www.cancercare.on.ca.

Case for Action

Cancer in Ontario – The facts

- Cancer is the second leading cause of death in Ontario. More than 25,000 Ontarians will die from cancer this year. This equals 70 deaths per day, or one death every twenty minutes
- 2 out of 3 Ontario households have been affected by cancer
- Cancer is the number one cause of potential years of life lost in people under 40
- Cancer incidence (number of new cases) will grow as a result of population growth, aging of the population and increased cancer risk
- In the next 3 years, the number of cancer incidence cases will grow from 54,000 in 2004 to 63,000 in 2007
- 85% of new cancer cases occur in people aged 50 and older
- Cancer survival rates have been improving; the five-year survival rate now exceeds 50% for most cancers
- Approximately 50% of the burden of cancer is preventable by reducing known risk factors

The Ontario cancer system – The facts

- Too many cancer patients experience a fragmented system of care with major gaps in supportive care, palliative care, health information and access to services¹
- Cancer services are not sufficiently well coordinated at the regional level
- Wait times for cancer surgery, radiation, systemic therapy and diagnostic services are longer than recommended by experts²
- Existing facilities are not able to support projected increases in cancer incidence over the next decade
- The lack of reliable, timely and standardized data across the cancer system affects planning, management and monitoring of cancer system performance
- There are few provincial standards, and performance indicators for cancer are not developed
- Variations in quality exist across regions, organizations and practitioners³

The growing burden of cancer care

To inform the Ontario Cancer Plan, Cancer Care Ontario developed a new forecasting methodology by leveraging the power of the Ontario Cancer Registry as a planning tool. This produced advanced forecasts of incidence, prevalence, mortality and survival, and future demand and activity, which significantly improves the way we project the burden of cancer (30 or more years into the future) and improves how we translate those projections into services and costs. Specifically, by relating the demand for cancer services to the burden of cancer, we have a more accurate forecast of the resources required to support the cancer system.

Most notably, the new data provides evidence that Ontario faces significant challenges in addressing the increasing burden of cancer:

1. The demand for cancer services is increasing and will accelerate over the next 10 years
2. The capacity to meet this demand is constrained by a number of factors, such as health human resources, capital resources, coordination of services, and utilization of services. Some of these factors can be addressed by a more timely addition of new services,

while others will require innovative approaches to service delivery

3. The quality of cancer services in Ontario is uneven, meaning that not all people in Ontario have access to a consistent quality of cancer services. This requires focused attention to close the gap between what we know and what we actually do

Cancer incidence

The incidence of cancer is expected to grow from 54,000 in 2004 to 74,000 in 2014, which translates into an annual increase of 2.8% in people getting cancer. About 90% of this increase is fuelled by population growth and aging, and only 10% by changing cancer risks (see Figure 1).

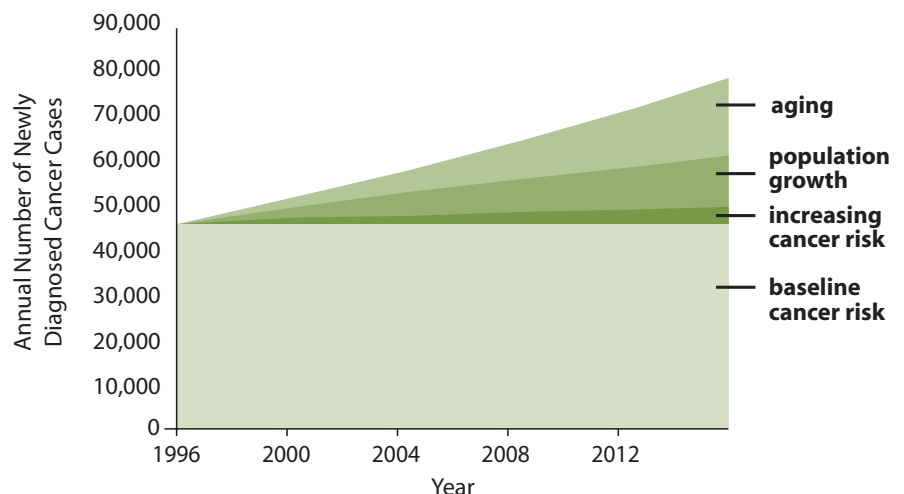
Cancer prevalence and mortality

Over the next three years, the number of people living with cancer will increase from 410,000 to 460,000, and an estimated 25,000 people will die from cancer in 2004. Because of increased intensity of treatment and longer survival, service demands will grow faster than incidence growth.

Cancer survival

The overall cancer survival rate has steadily improved over the past 20 to 30 years, and is expected to continue improving over the next 10 years, largely because of effective early detection and better treatment. In Ontario, the five-year survival rate for the majority of cancers now exceeds 50%, and for some cancers (breast and prostate) is approaching 90%. Lung cancer survival rates remain steady, at less than 20%.

Figure 1: Growth in cancer incidence in Ontario 1996 to 2014

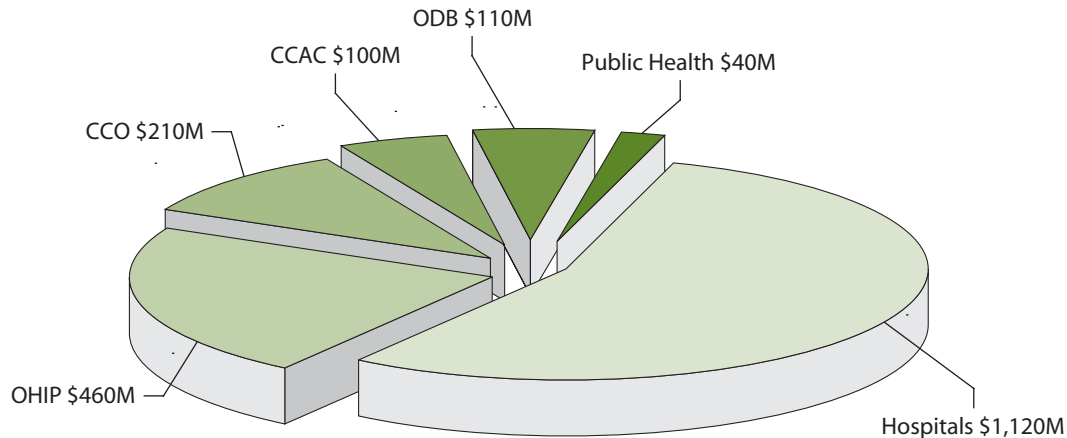


Source: Cancer Care Ontario (Ontario Cancer Registry, 2004)

The growing cost of cancer

Cost of Cancer - Ontario spends approximately \$2-billion per year on cancer services, as follows:

Figure 2: Ontario 2004/2005 estimated expenditures on cancer care



Source: Cancer Care Ontario, 2004

Cancer Care Ontario (including all regional cancer centres and Princess Margaret Hospital) account for approximately 20% of traceable costs in the Ontario cancer system. As a way to ensure quality as well as value for money, there are clear lines of accountability tied to expenditures in these affiliated organizations. In contrast, the remaining 80% of cancer cost is attributed to more than 100 Ontario hospitals and community agencies where there is no formal way to ensure that the quality of cancer services meets provincial standards or whether money is being spent in an efficient manner. In-patient and day surgical costs account for the highest proportion of expenditures. New methods of analysis on phases of care for in-patient and day surgery activity have shown that the costs are highest for activity associated with the initial and

terminal phases of cancer care. Analysis of this type allows us to explore options for moving to more appropriate and more personal community based services particularly in the end of life phase of the cancer experience. By better understanding the sources of expenditure, we can focus our efforts more precisely on efficiency, performance and quality measures and specified accountability.

The indirect costs of cancer, including loss of productivity, are estimated at \$5 billion in Ontario⁴.

Growing patient concerns

While the stories about high quality, compassionate care are plentiful, there are many others about patients waiting at every point of care; duplicated tests and work-ups as people move from institution to institution or provider to provider;

people falling through the cracks as the 'system' fails to ensure that all the appropriate information for clinical decision making is shared appropriately and available in a timely and useful way and patients who receive a different level of care depending on where they live.

Concerns about quality of cancer services are well documented in the Canadian Cancer Society (Ontario Division) study of patient and caregiver needs entitled *Breaking Down the Barriers*, published in 2003. Overall the study found that patients and their caregivers did their best to overcome the many barriers they faced, but that numerous gaps existed across the full spectrum of care from detection and diagnosis through to palliative care.

In addition, the *GTA 2014 Cancer Report: A roadmap to improving cancer services and access to patient care*, provides data from a public opinion survey that reports a high degree of concern about the ability of Ontario's healthcare system to deliver cancer services to those in need. Overall, 77% of respondents were very or somewhat concerned. Furthermore, almost 25% of respondents identified waiting times as the biggest problem facing cancer care in Ontario.

Growing evidence for transformation

It is clear from the evidence, as well as from the results of cancer planning, that the delivery of cancer services needs to be transformed to meet the current and future demand for cancer care in Ontario. The major issues have been validated in several reports published since 2001. Not surprisingly, there is a high degree of consistency among these reports on what the problems are and what type of action needs to be taken.

More specifically, the CQCO report, *Strengthening the Quality of Cancer Services in Ontario*, clearly showed that access to cancer services is deteriorating and that there are discrepancies between existing practice standards

and actual care delivery. An example of the gap between what we know and what we do is apparent in poor colorectal screening participation rates. We know that screening for cancer can detect the disease in early stages when it can be treated more easily and save lives. Yet, despite a world wide consensus on the evidence for screening, colorectal cancer screening rates in Ontario are well below target levels.

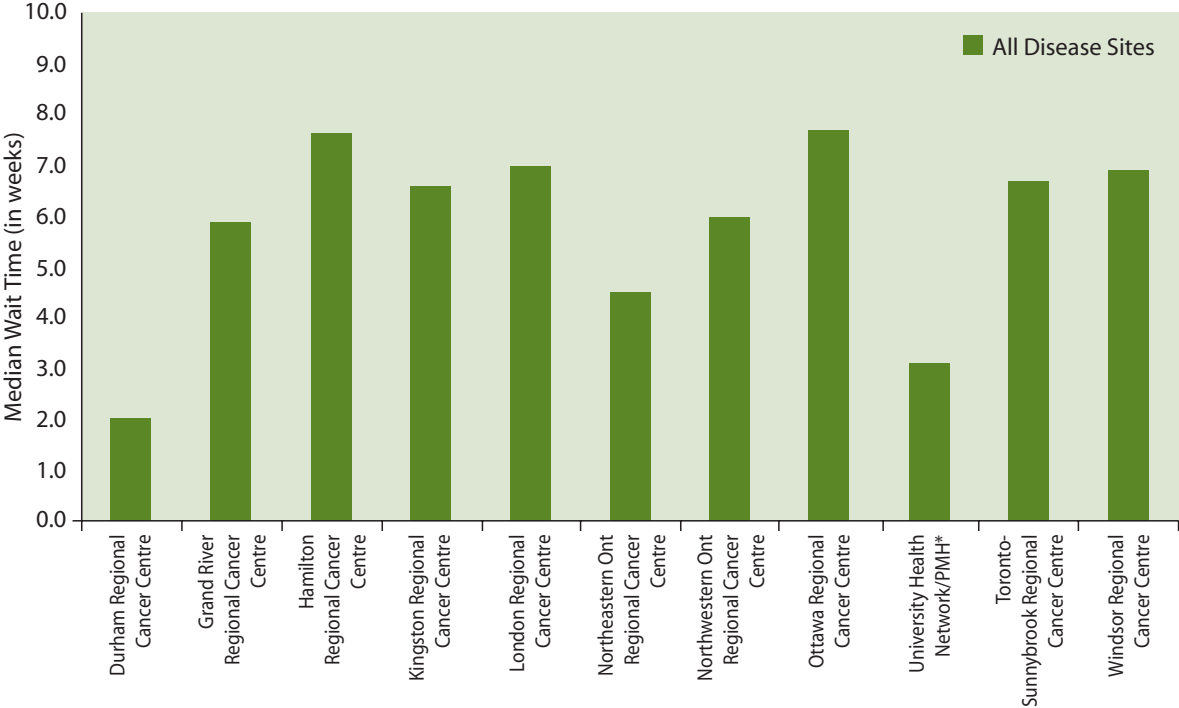
Furthermore, there have been two large-scale crises related to waiting lists for radiation treatment in Ontario. Despite increased investment by the Ministry and efforts by Cancer Care Ontario, people in Ontario are still waiting longer for cancer services than recommended by expert bodies.

In fact, the majority of Ontario patients will wait longer for radiation therapy than is recommended (4 weeks) by the consensus-based targets established by the Canadian Association of Radiation Oncologists (CARO) (see Figure 3). At the same time, evidence suggests that radiation therapy is under-utilized in Ontario, which means that capacity concerns may be larger than indicated⁵.

Similarly, waiting times for cancer surgery have increased over the past decade and without aggressive efforts, may continue to rise as a result of growing cancer incidence. The median waiting time for a patient from referral to a specialist to the start of systemic therapy (usually chemotherapy) at an integrated cancer program has increased at a rate of approximately four days per year between 1999 and 2000, largely as a result of a shortage of medical oncologists⁶.

We know more about cancer and the cancer system today than we ever have in the past. That knowledge and the increasing body of evidence leads us to conclude that Ontario’s cancer system needs focused and timely change to meet the challenges of the next three years.

Figure 3: Radiation therapy wait times – Referral to treatment, 3-month rolling median, May to July 2004 (all Integrated Cancer Programs, all disease sites)



*At present, PMH is unable to report on new cases only and may include patients coming for re-treatment which may make the times lower than other centres.

Source: Cancer Care Ontario (2004)

The Ontario Cancer Plan

Priorities for action

The Ontario Cancer Plan provides actionable advice to government and sets the stage for rapid decision making and implementation. It identifies actions required over the next three years to improve the quality of cancer care for patients and address the unrealized potential of prevention in the province.

The Ontario Cancer Plan outlines six priorities for action:

1. Broaden the development and use of provincial standards and guidelines
2. Implement regional cancer programs
3. Close the gap by reducing demand for cancer services and increasing capacity
4. Implement rapid access strategies
5. Invest in performance measurement and accountability
6. Advance the co-ordination and focus of cancer research efforts in Ontario

Priority 1: Provincial standards and guidelines

Over the past 15 years, there has been an explosion of knowledge about the large group of diseases that comprise cancer and their appropriate treatment, making it very difficult for clinicians to stay abreast of the vast amount of new clinical information. This can result in wide variation in cancer practice, thereby placing patients at risk of not getting the best care.

While the capacity to interpret and communicate cancer evidence exists in Ontario, through the internationally renowned Program in Evidence-Based Care (PEBC), there is a recognized need (confirmed through the Ontario Cancer Plan) for practice guidelines and other knowledge products to be applied to parts of the cancer system not previously addressed. When used appropriately, these guidelines and standards can minimize inappropriate practice variations, support quality improvements, and optimize the use of scarce resources in the health care system. Ontario's existing

clinical practice guidelines are focused mostly on anti-cancer drugs and radiation therapy, however, it is critical to maintain an appropriate balance of guideline coverage across the spectrum of cancer treatment. Specifically, there are significant gaps in guidelines for diagnostic imaging, surgery, pathology, and supportive and palliative care.

Equally importantly, it is essential that guidelines be used in clinical practice. In many cases, there is a high degree of consistency between Cancer Care Ontario's clinical practice guidelines and clinical practice in regional cancer centres⁷. However, not all patients are not receiving the recommended treatment even within the specialized cancer centres. Cancer Care Ontario must focus on systems and tools to support and monitor uptake.

Finally, all organizations that provide cancer services should also meet established standards.

Action Plans

- Foster an evidence-based culture in the cancer care community and facilitate uptake of new knowledge, more specifically:
 - The Program in Evidence-Based Care will use the results of its program evaluation to refine its existing knowledge products and to develop new and innovative processes and tools to support knowledge transfer
 - This work will focus on 14 existing disease sites and care domains, with a particular emphasis on expanding efforts related to prevention, screening, surgery and patient safety
 - Cancer Care Ontario will ensure timely production, dissemination, evaluation and updating of clinical practice guidelines, standards and planning tools
- Establish program standards, guidelines, quality indicators and accountability mechanisms in three priority areas; imaging, pathology and palliative care. More specifically, Cancer Care Ontario will develop cancer-specific palliative care standards in collaboration with the work of the broader Ministry end-of-life strategy.
- Collaborate with stakeholders to develop organizational standards for the organizations that deliver care, to be recognized by Cancer Care Ontario as a designated cancer service provider. These standards will address issues such as the leadership and accountability for cancer services within an organization, appropriate physical and human resources, organizational structures and support services, data collection, volume and scope of clinical services necessary to provide high quality care.

Priority 2: Regional cancer programs

The organization of specialized cancer services at the regional level remains fragmented, and outside of the ICP hospitals, there are no ways to ensure that provincial standards are met by organizations that chose to provide cancer services. For the most part there are no clearly defined mechanisms for integrating and co-ordinating cancer services across the continuum. As a result, patients find services difficult to navigate and they often wait too long at each point in the care process.

Notably,

- There is no way that patients or their families can be assured in any objective way that the cancer services provided through organizations within their community are of adequate quality
- Despite the importance of guidelines and standards, less than 50% of cancer service organizations in Ontario are required to adopt provincial cancer standards. Currently, funds flow unencumbered to these unaffiliated organizations

There is unanimous acknowledgment that service providers need to collaborate to improve cancer service delivery within their region, addressing issues such as location, distribution and amount of service required to reach access and quality targets.

As a result, regional cancer programs will take shape over the next three years, linking together providers, patients, organizations and decision makers from across the full spectrum of cancer care (prevention, screening, diagnosis, treatment, and supportive and palliative care) within a defined geographical area. Services will continue to be provided by individual organizations and agencies; the regional cancer programs will focus on the common goal of improving access to quality cancer services within their communities while maximizing opportunities for collaboration and synergy with other health system initiatives such as the Local Health Integration Networks (LHINs).

Action Plans

- Advance patient-focused regional cancer programs across Ontario, by bringing together regional cancer service

providers and consumers to achieve the integration and quality goals. This will be achieved through a model of regional cancer programs, which bring providers together in a formal way. Agreements among organizational partners will formalize commitments to regional and provincial planning of specialized cancer services, as well as ensure implementation of provincial cancer standards and performance reporting. Community involvement will be an important dimension of the regional cancer programs. Regional cancer programs will be required to report on ways in which they involve the public and other stakeholders as part of their annual report to Cancer Care Ontario and their communities

- Address the pressing need to co-ordinate and deliver palliative care services across the province. Through this action plan, Cancer Care Ontario will participate in the broader planning that is occurring this year through the Ministry's end-of-life strategy, both at the provincial and regional levels. Similarly, Cancer Care Ontario will be working with the Ministry on strategies

that address the prevention of chronic diseases, providing leadership at the provincial level and in regional network and service planning

Priority 3: Closing the gap between demand and capacity

Improving access over the long term will require a balanced agenda of increasing service capacity and implementing strategies to reduce the demand for cancer services over the longer-term.

A. Reduce demand

In developed countries, more than half of all cancers are potentially preventable. In 2003, Cancer Care Ontario and the Canadian Cancer Society released a major report, Cancer 2020, a long-range action plan for cancer prevention and screening in Ontario. Cancer 2020 sets out measureable provincial targets for cancer prevention and early detection to be achieved by the year 2020. Ontario has recently shown strong leadership in working toward these targets, particularly in the area of tobacco control. This action plan and the work of the newly created Ontario Cancer Prevention and Screening Council underpin the actions proposed in this Plan.

Prevention focuses on minimizing and eliminating modifiable risks that can cause cancer. These risks include such things as tobacco use, poor diet, being overweight, lack of physical activity, alcohol use, risky sexual activity, exposure to ultraviolet rays, exposure to occupational and environmental carcinogens and infectious processes.

Screening focuses on checking for disease in apparently healthy individuals with no symptoms of cancer. Current efforts are targeted toward increasing participation in screening for breast and cervical cancer; development of a screening program for colorectal cancer; and evaluation of potential screening programs for prostate and other cancers.

There is no single intervention that will reduce the prevalence of population risk factors and thereby reduce the burden of cancer. Rather, multi-faceted approaches to prevention and screening – that are comprehensive, integrated and sustained – are more likely to lead to significant change.

These approaches require strong provincial goals and strategies that can be implemented in a co-ordinated and consistent manner across all regions in Ontario.

All regions of the province have prevention and screening networks to lead local implementation of prevention initiatives.

Aboriginal Cancer Strategy Given the many unique challenges, including rising cancer incidence and excess mortality among the Aboriginal populations, there is an urgent need for cancer control strategies in primary prevention, screening, diagnosis and treatment for Aboriginal peoples.

Action Plans

- Develop and implement an integrated action plan, as developed by the provincial Cancer Prevention and Screening Council, to ensure progress toward the Cancer 2020 targets. Priorities include integrated chronic disease prevention, focusing on tobacco control, nutrition and healthy body weight and physical activity as well as a sustained agenda for reducing cancer risks among Ontario's population. A key component of this strategy is to build regional capacity to implement prevention initiatives
- Develop a provincial screening strategy that expands the existing breast screening and cervical screening programs

and introduces a colorectal cancer screening program. These efforts will be co-ordinated with the necessary diagnostic assessment activities

- Implement components of the Aboriginal cancer strategy that will lead to reduction of preventable cancer. This includes the development of culturally appropriate, evidence-based communication materials and health promotion strategies for prevention and screening

B. Increase capacity to meet predicted demand

Targeted resource increases for cancer care are essential. Currently, there is not enough capacity for timely cancer care, yet the demand for cancer services continues to increase. Without additional capacity, Ontario's cancer system will not be able to keep up with the growth in new cancer cases – this may cause excessive waiting times and/or a requirement to re-refer cancer patients to the U.S. for treatment.

The Ontario Cancer Plan demonstrates the need for:

- Making strategic investments in cancer facilities, equipment and operating costs. This includes placing a greater priority on obtaining planning

approvals for new treatment facilities, so that new or expanded treatment capacity can be delivered both within the three years of this Plan and in the future

- Increasing the volumes of cancer treatments to meet the projected growth. Cancer surgery volumes are projected to increase by 15% over the next three years according to estimates based on Cancer Care Ontario's new methodology. Similarly, systemic therapy is expected to increase at an annual rate of 3%, and the demand for radiation therapy continues to exceed capacity. In an effort to match capacity to demand, cancer centres operate their radiation equipment beyond the standard planning parameters but remain dependent on the availability of human resources and appropriate operating funds
- Addressing the projected growth of the New Drug Funding Program (NDFP). NDFP is an evidence-based program established and currently administered by Cancer Care Ontario to fund expensive intravenous anti-cancer agents. The program validates and tracks more than 90,000 reimbursement

requests for over 14,000 patients annually at a cost of \$62.4-million over the past year (2003/2004). This is expected to grow to a staggering \$200-million in 2007/2008

- Implementing new funding approaches to address the challenge of how to allocate limited resources among competing and growing needs of the population. These new approaches are needed to support informed decisions that maximize patient outcomes while simultaneously minimizing costs

Action Plans

- Fund outstanding Post-Construction Operating Plans for eight centres under construction or in planning to maximize impacts of capital investments. Immediate priorities include Peel, Hamilton, Sudbury, Grand River, and Durham. Once other planned expansions over the next three years are in place, PCOPs will also be required for Ottawa, Kingston and one center north of the Greater Toronto Area
- Fund new capital construction in seven areas of the province. Immediate priorities include construction of additional

support space in Kingston and expansion of the Ottawa Regional Cancer Center. Construction also needs to proceed so that more cancer services including radiation can be added in Newmarket & Barrie, Niagara region, Sudbury/Algoma, and Peel

- Fund additional capital equipment for centers that are already built but not operating at full capacity. This will include three additional machines in Peel by 2006, one machine in Grand River by 2007, and three more machines for Durham by 2008
- Shift from a strategy of capital equipment replacement to one of capital acquisition, which increases the uptake of innovative technologies for which there is evidence of improved quality and productivity. Increase the ongoing annual replacement fund to allow for replacement of out-dated equipment so that radiation treatment can be delivered according to accepted standards
- Add volumes in targeted areas to meet predicted increases in demand for cancer surgery, systemic therapy and radiation treatment

- Implement a new and more coordinated approach to funding new and expensive anti-cancer drugs, by streamlining and aligning the decision making processes of the Ministry's Ontario Drug Benefit Program and Cancer Care Ontario's New Drug Funding program
- Implement new approaches to funding cancer services. First, by developing, testing and implementing a new rate-complexity-volume funding methodology for cancer services (multi-year funding) by 2007 to ensure appropriate resources for cancer services. Second, achieve greater alignment between the compensation of academic specialists and cancer system goals. More specifically, as these alternative funding plan agreements are re-negotiated, Cancer Care Ontario will articulate a clearer set of objectives (tied to the system goals), with defined quality metrics that emphasize performance and accountability

Priority 4: **Rapid access strategies**

Access to cancer services and waiting times for service in Ontario have become a serious quality of care issue – these must be addressed. The Government of

Ontario is taking action on wait times for cancer services through the recently appointed Health Results Team. Later this year, Cancer Care Ontario will provide the Health Results Team with a proposal to implement a comprehensive strategy to address wait times across the cancer system. This strategy will address information needs to assess and report on wait times as well as specific activities and associated funding required to reduce wait times.

Several reports on waiting times for diagnostic services describe a growing problem of access to diagnostic imaging. Data compiled on waiting times for CT and MRI reported that 90%⁸ of Ontario patients wait longer than medically optimal for the services that are commonly used for cancer diagnosis. There is also evidence of inefficiency and inappropriate use of diagnostic imaging in Ontario. A reorganization of entry into the cancer system and diagnostic processes could reduce duplicate tests, improve efficiency and positively impact waiting times throughout the cancer system.

There is good evidence from other jurisdictions that rapid access diagnostic units can reduce the waiting times and lead to improved quality and more efficient care by

concentrating diagnostic services, multi-disciplinary consultative expertise, patient information and psychosocial supports⁹.

As previously noted, Ontario is facing health human resource shortages in a number of areas, including endoscopy for colorectal screening, pathologists for diagnosis and anesthesiologists for surgery. Part of the human resource solution is to create new non-traditional roles for health care professionals in order to expand capacity.

In addition, process improvements, such as redesigning the process to deliver radiation therapy, can yield significant gains in the efficiency of the cancer system.

Finally, innovative new technologies are needed to promote communication between the patient and health care provider and help patients navigate their way through the complex cancer system. Tools such as patient portals and tele-and video-technologies can deliver information and support cancer consultations and treatment in urban, and especially rural and remote communities.

Action Plans

- Recommend and develop an approach to establish systems for collecting and reporting on wait times, activity and reasons for delay. Cancer Care Ontario will also develop an approach to realizing an immediate reduction in wait times for cancer surgery
- Implement two Rapid Access Diagnostic Units (RADUs), one in each of Sudbury & Ottawa
- Implement innovative health human resource projects that include piloting advance practice radiation therapists, non-physician flexible sigmoidoscopy, and expanded use of oncology nurse practitioners
- Fund low-cost, high-impact process improvement projects, such as those that examine the use of alternate service delivery models in the areas of diagnostic and treatment services, colorectal screening, wound management and oncology rehabilitation
- Implement innovative new technologies to expand use of the Grand River Patient Portal, and conduct process re-engineering to reduce wait times for expert pathology reports

Priority 5: Invest in performance measurement and accountability

The availability of timely, accurate and standardized data is the basis for measuring performance and ensuring accountability within the cancer system. Full accountability requires monitoring, evaluation and public reporting on the use of provincial guidelines and standards for care and system management. This will enable Cancer Care Ontario to evaluate the performance of various entities within the cancer system, provide and/or advise on tools to implement (or adjust) improvement efforts to address key issues such as quality and access to care, and monitor the effect of these efforts over time.

As performance measurement and management are core disciplines for Cancer Care Ontario, it is critical to continue investing in performance measurement and accountability. Ontario has significant gaps in its understanding of cancer service delivery, including little information about programs outside of the formal cancer system. This includes OHIP-funded screening activities, diagnostic imaging, cancer surgery, chemotherapy, supportive care and palliative care.

Cancer Care Ontario has been working with its partners on the implementation of the Cancer Information Management Strategy designed to create and provide information necessary to improve the cancer system. This comprehensive multi-year strategy forms the basis upon which all other actions within this plan rely.

Action Plans

- Implement a rational framework for indicator reporting at the program, organizational and system levels to help improve quality. Priorities will include the CQCO public report on a core set of indicators of cancer system performance (scheduled for release in early 2005); the development, collection and dissemination of information about cancer risks and screening to support Cancer 2020; and selected program-related performance indicators
- Expand the scope and quality of standardized data collected by Cancer Care Ontario for performance monitoring and system planning. This includes information about stage of cancer at diagnosis, pathology information, cancer risk factors, and the delivery of chemotherapy

- Accelerate data extraction, analysis and reporting cycles for ongoing performance improvement by enhancing data management technologies and building on the skilled and efficient informatics team at Cancer Care Ontario
- Implement new performance reporting systems associated with accountability agreements, and implementation of the Ontario Cancer Plan

Priority 6: Cancer research

Cancer research is essential to quality cancer service. Given Ontario’s population and the relatively small size of its cancer research program, it is critical that we undertake a focused provincial approach to cancer research. In fact, without major improvements in cancer prevention and treatment – driven by research – the number of deaths from cancer will double in Ontario in the next 20-25 years. Furthermore, the integration of research and care delivery benefits patients, as well as the recruitment and retention of high quality professionals.

Still, there is no formally constituted entity to co-ordinate cancer research in Ontario. Funding for research comes from government (both provincial and federal), numerous foundations and several publicly supported non-governmental organizations and industry. Cancer Care Ontario has recognized that it must seek new partnerships such as with national organizations, industry, publicly supported cancer research organizations and private individuals.

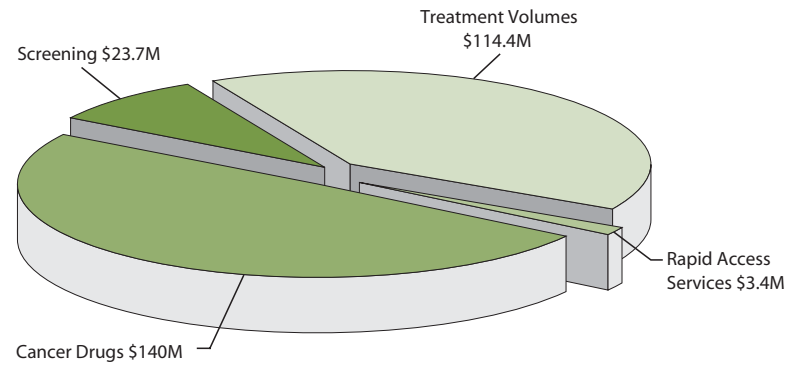
Action Plan

- Cancer Care Ontario will lead the development of a provincial cancer research council to forge stronger collaboration and co-ordination of cancer research efforts across Ontario

The cost of improving the cancer system – A targeted investment strategy

The Ontario Cancer Plan is about investing in the future. It presents a clear, compelling case for action tied to a set of targeted, strategic investments. In this Plan, investments are broken down into three distinct categories: volume, transformational, and capital investments, however; these investments are interdependent. For example when a capital investment, such as the installation of a new radiation machine, is made, volume investments, in terms of the people needed to run the machine, must also be made. The figures* below present the total incremental base adjustment at the end of the third year of the Plan (2007/2008) except where one-time funds are noted.

Figure 4: Volume investments – Ontario Cancer Plan 2005-2008



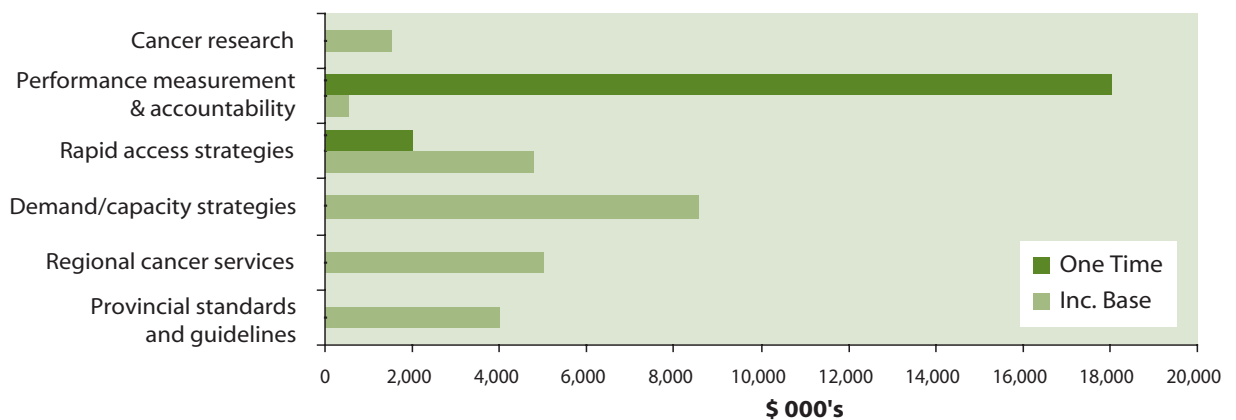
A. Volume investment

The investments required to address the projected growth in cancer screening and treatment volumes are described in Figure 4. The Ontario Cancer Plan requests incremental funding over each of the next three years for these volume increases.

B. Transformational investment

A small number of strategic investments are required to support transformation in the system and lay the foundation for providing care to more people more efficiently in the future. These investments are described in Figure 5 and represent an increase of approximately 2% on the \$2-billion currently spent on cancer services in Ontario.

Figure 5: Transformational investments – Cancer Plan 2005-2008 Incremental Base Operating Funds and One Time Funds

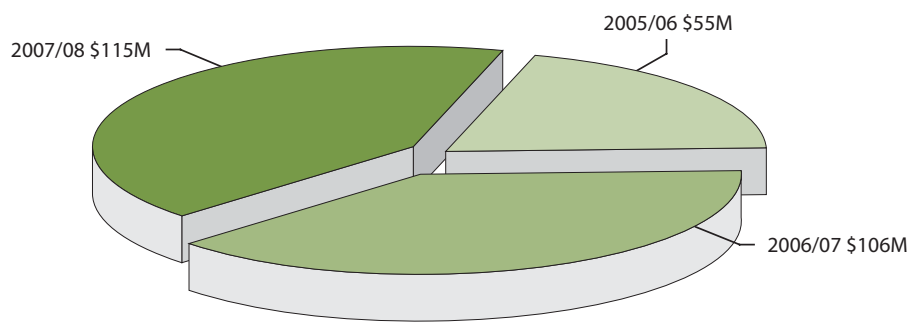


* These figures present the request for the total incremental base adjustment between 2004/2005 and 2007/2008, except where noted (one time funds for information management and capital investments).

C. Capital investment

A program of capital investments to construct new treatment facilities is needed in seven areas of the province and includes the purchase of new radiation therapy equipment. These investments are expected to generate continuous progress toward achieving the long-term cancer system goals. The breakdown of the funds requested is shown in Figure 6.

Figure 6: Capital investments (Total three-year investment, by year)



System improvement: Expected results

In return for these targeted investments, the Cancer Plan expects to achieve the following broad system results:

- Increased public confidence in the cancer system
- Improved wait times
- Avoidance of having to send patients to the United States for cancer treatment
- Improved patient satisfaction
- Better quality outcomes such as improved survival rates
- Standardized, reliable, timely data about the performance of the cancer system
- Equitable access to quality safe cancer services across the province
- More effective use of taxpayers' dollars
- More screening for cancer leading to earlier detection
- Prevention as a sustained priority
- Local process improvements and efficiencies that can be transferred across the cancer system
- Reduced long-term demand for cancer services
- Innovation recognized as a key characteristic of the cancer system
- A transparent, evidence based culture for clinical and administrative decision making
- Specialized, well coordinated planning and performance improvement activities at both regional and provincial levels

Policy Implications – Changing the way we work

The Ontario Cancer Plan makes a number of policy-level recommendations for the Ministry:

- All breast screening in the province should become affiliated with the Ontario Breast Screening Program as a means to support recruitment and quality targets
- Ongoing support for the development and implementation of rate-volume-complexity (multiyear) funding for cancer services
- Ongoing commitment to the development of a co-ordinated drug review process for new anti-cancer drugs
- Ongoing commitment to launch innovations in the cancer system and to support innovative use of health human resources by addressing scope of practice issues with the health regulatory bodies
- Capitalizing on lessons learned through the \$5-million fund for innovative solutions to address waiting times in the cancer system that was announced in the May 2004 Ontario budget
- New funds for incremental cancer service volumes steered by Cancer Care Ontario to encourage the use of guidelines and fulfillment of program quality and organizational standards
- Cancer-related capital projects should be given priority status for fast track approval
- The rules governing the purchase of radiation therapy equipment should allow for new and emerging technologies of proven benefit

Next Steps

The Ontario Cancer Plan, delivered as advice to government and representing a blueprint for action, provides recommendations and actionable steps to fundamentally improve access to quality cancer services for the citizens of Ontario.

Implementation of the plan will be tackled in the same manner as it was developed - through continuous, productive interaction with the Government of Ontario and collaboration with stakeholders and partners across the continuum of cancer care in the province. Cancer Care Ontario, in its provincial advisory, planning and funding role, will continue to work with its many partners to drive quality, accountability and innovation throughout the cancer system.

¹ Canadian Cancer Society. *Breaking Down the Barriers: Study of Cancer Patient and Caregiver Needs in Ontario*. Ontario: CCS, 2003.

² Mackillop W, O'Brien P, Brundage M, Whitton A, Gallinger D. "Radiotherapy: Quality and Access Issues" in Sullivan T et al eds. *Strengthening the Quality of Cancer Services in Ontario*. Ottawa: Canadian Healthcare Association Press, 2003.

³ Sullivan T, Evans W, Angus H, Hudson A. *Strengthening the Quality of Cancer Services in Ontario*. Ottawa, ON: Canadian Healthcare Association Press, 2003.

⁴ Health Canada. *The Economic Burden of Illness in Canada 1998*. Ottawa: Health Canada, 1999.

⁵ Ibid.

⁶ Zanke B, Evans, W. "Systemic Therapy: Building on a Strong Base" in Sullivan T et al eds. *Strengthening the Quality of Cancer Services in Ontario*. Ottawa: Canadian Healthcare Association Press, 2003, p. 130.

⁷ Cancer Care Ontario. *Improving the management of Colorectal Cancer: summary of the Cancer Quality Council of Ontario Signature Event on Colorectal Cancer, June 23, 2003*. Toronto: CCO, 2003.

⁸ Ontario Association of Radiologists. *Diagnostic Imaging Access Report*. Oakville: OAR, 2002.

⁹ Cancer Quality Council of Ontario. *Gaining Access to Appropriate Cancer Services: A Four-Point Strategy to Reduce Waiting Times in Ontario*. Toronto: CQCO, 2004, p.14.



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