

**Cancer Care Ontario**  
**Action Cancer Ontario**

# Business Plan

## 2014-2017

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Cancer Care Ontario (CCO) works with its partners and stakeholders to improve the performance of Ontario's health systems for cancer, chronic kidney disease and access to care. The people of Ontario are at the core of everything we do and every decision we make.

### **CCO Mission**

Together, we will improve the performance of our health systems by driving quality, accountability, innovation and value.

### **CCO Vision**

Working together to create the best health systems in the world.

## INTRODUCTION

Cancer Care Ontario (CCO) is the provincial government agency responsible for driving health system performance improvement for Ontario's cancer and renal health systems.

In this role, CCO funds cancer treatment drugs; allocates funding for cancer and CKD patient treatment services tied to clinical standards and performance targets; ensures the cancer and renal care systems are accountable, efficient and of the highest quality by measuring, reporting and managing performance against provincial targets; implements provincial programs designed to raise screening participation rates; conducts and translates research and evidence into standards and guidelines; and puts decision-making information into the hands of provincial policy makers.

CCO also helps the Ministry of Health and Long-Term Care drive health-system improvement and transformation through key provincial programs:

- CCO's Access to Care (ATC) program supports achievement of Ontario's Wait Time and Emergency Room/Alternate Level of Care (ER/ALC) Strategies through the collection and provision of information that enables the government to manage and improve access quality and efficiency of care.
- CCO is taking a leadership role in enabling the government's Health System Funding Reform by developing and implementing innovative payment models for cancer and renal quality based procedures, transforming how these health systems are funded.
- CCO is working with the College of Physicians and Surgeons of Ontario (CPSO) to jointly develop a provincial Quality Management Program (QMP), beginning with mammography, colonoscopy and pathology.

Critical to CCO's role is its work with clinical and healthcare administrative leaders in every region across the province to plan services that will meet current and future patient needs; to support providers in delivering the highest-quality care aligned to evidence-based standards and guidelines; and to work with administrators, doctors and other care providers to improve system efficiency and effectiveness. Increasingly, CCO interacts directly with the public in cancer screening and to improve the care experience and patient outcomes.

### STRATEGIC DIRECTION

CCO's work in Ontario's cancer and renal system is guided by the goals and priorities of CCO's Corporate Strategy, the Ontario Cancer Plan and the Ontario Renal Plan.

**CCO Corporate Strategy 2012-2018.** Our corporate strategy identifies how and where as an organization we will increase our focus, our capacity and our capabilities to strengthen the value of our work to improve Ontario's health systems. The five areas of focus - Patient-centred care; Prevention; Integrated Care; Value for Money; Knowledge Sharing and Support – build on our work to date and will enable us to align our efforts across the health systems in which we work to deliver value more effectively and efficiently.

**Ontario Cancer Plan 2011-2015 (OCP III).** OCP III builds on the demonstrated progress and achievements of the previous Ontario Cancer Plans. OCP III focuses on cancer care and control from the perspective of the patient and on ensuring quality across the system.

**Ontario Renal Plan 2012-2015 (ORP).** The ORP is Ontario’s first-ever plan focused on improving the care of patients with CKD. It establishes a plan for slowing the progression of CKD; improving the experience of patients so they have more control over their care; increasing healthy, functioning vascular access for hemodialysis and ensuring that capacity plans are adequate to meet current and future need.

The goals and priorities of CCO’s Corporate Strategy and our cancer and renal system plans have guided the development of CCO’s 2014-2017 Business Plan. This business plan is a roadmap to the future, guiding CCO and our partners and stakeholders as we work together to improve the quality, performance and safety of our healthcare systems. It should be noted that the first year of this business plan is the last year of the OCP III and the ORP. Ensuring we achieve the objectives we laid out in these two plans was a priority for the 2014-2017 Business Plan. Also, since the planning cycle for this business plan (2014-2017) extends beyond the current OCP and ORP, priorities and initiatives beyond 2015 may change following completion of the OCP IV and ORP II strategic planning cycles.

The priorities and initiatives in this business plan are grouped under specific categories – Value for Money, Patient Experience, Integration, and Patient Safety – that support and directly map to the three pillar priorities in Ontario’s Action Plan for Health Care that are transforming Ontario’s health system to one that is of higher quality, more responsive to patients and delivers better value for taxpayers by:

- Keeping Ontarians healthy with a focus on wellness, prevention and health promotion;
- Providing faster access to stronger primary care – restoring primary care as the entryway to Ontario’s healthcare system and as the coordinator of integrated health care; and
- Providing the Right Care, at the Right Time, in the Right Place – through a renewed focus on evidence, timely access to care, and care at home whenever possible.

## **A PARTNER IN HEALTH SYSTEM IMPROVEMENT**

CCO has long been a strong supporter and active partner of the ministry in its drive to create the best health systems for Ontarians.

Together, the ministry and CCO have a history of important accomplishments and healthcare gains for the cancer system, in support of access to care, and more recently for Ontario’s renal system. In presenting this business plan, we believe it is important to highlight some of our joint accomplishments that have strengthened and improved Ontario’s healthcare systems.

As a result of focused ministry investments and CCO interventions, Ontario is a global leader in preventing and treating cancer. Today if you live in Ontario and develop cancer you have one of the best chances of survival of anywhere in the world.

We accomplished this over the past 10 years through a systematic, evidence-based approach under which we:

- Established the first provincial system for measuring, managing and reporting wait times. As a result, wait times for radiation, chemotherapy and cancer surgery have been reduced – or held stable – in the face of increasing patient numbers. Ontario continues to lead all provinces and territories in reducing wait times.
- Closed the gap between radiation treatment need and capacity that existed in 1999. Through investment in facilities and technology and by maximizing the use of existing investments, CCO and the province have substantially increased capacity – reducing treatment wait times and ensuring more patients receive care closer to home.

- Increased the breadth and scope of our data resources and developed analytical expertise to overcome what once was the largest challenge in Ontario’s cancer system – the lack of reliable, comprehensive, timely data – a situation which made it difficult for the ministry and for CCO to make informed decisions on resource allocation, system planning, and performance.
- Implemented and now run ColonCancerCheck, Canada's first population-based provincial colorectal cancer screening program. Collaborated with the ministry on two other innovative cancer prevention and early detection initiatives: the Smoke-Free Ontario Strategy and the Human Papillomavirus (HPV) vaccine program.
- Used electronic information systems to improve the cancer patient experience. In 2011-2012, CCO’s Interactive Symptom Assessment and Collection (ISAAC) tool enabled more than 112,000 cancer patients to assess their symptoms online and enabled their care teams to manage their symptoms more effectively.
- Reduced the risk of chemotherapy errors through the implementation of Canada’s first, cancer-specific Systemic Treatment Computerized Order Entry system (ST CPOE). CCO’s CPOE solution now supports approximately 70% of chemotherapy visits in Ontario.
- Implemented and now administer three drug reimbursement programs: the New Drug Funding Program (NDFP); the Evidence Building Program (EBP) and the Case-by-Case Review Program (CBCRP). These programs support the evaluation and funding of new cancer drugs, and have brought a new level of transparency and rigour to complex drug funding decisions.
- Developed, the Aboriginal Cancer Strategy 2012-2015 in conjunction with our First Nations, Inuit and Métis partners. It details the strategies and action priorities that are helping Ontario address increasing cancer incidence and mortality rates among the province’s Aboriginal peoples and are enabling Aboriginal peoples to better navigate the cancer system.

Since 2009, the Ontario Renal Network housed at CCO has leveraged the knowledge, experience and many of the approaches CCO developed and honed during a decade of accomplishment in cancer to improve the quality of care for CKD patients. This includes:

- Developing Ontario’s first Renal Plan, a comprehensive roadmap that sets out how the healthcare system will reduce the risk of Ontarians developing end stage renal disease (ESRD), while improving the quality of care and treatment for current and future CKD patients.
- Developing with the ministry, a CKD Patient-based Funding Framework that aligns funding with the number of patients seen, the services delivered and the quality of those services. Once implemented, this framework will standardize the way CKD services are funded across the province according to best practice guidelines and save money.
- Implementing a Quarterly Performance Management Cycle that for the first time has provided a transparent provincial picture of renal system performance. This performance picture enables CCO and its stakeholders to improve the quality and value of care delivered across Ontario’s renal system.
- Launched mentorship and electronic medical record improvement projects within family health teams to build stronger relationships between nephrologists and primary care practitioners and improve the coordination of care for persons with earlier stages of CKD.

Together the programs, processes, capabilities and partnerships that have enabled these accomplishments, form the foundation upon which we will build as we look to drive even greater performance and value from every health dollar spent.

## **2014-2017 BUSINESS PLAN**

This business plan outlines our priorities for the next three years, the work we will do to achieve our third Ontario Cancer Plan and our first Ontario Renal Plan, and our vision of health systems that deliver safe, high-quality care for the best value. This business plan also includes requests for investment in the cancer and renal health systems. The priorities and requests for investment build on our achievements to date, are guided by our strategic priorities, reflect cancer and renal health system needs, and respond to the challenges and opportunities presented by our province's changing demographics and fiscal environment.

### ***Demographic Pressures and Fiscal Challenges***

It is estimated that more than 74,000 new cases of cancer will be diagnosed in Ontario in 2013<sup>1</sup> and the prevalence of CKD continues to increase. Today, an estimated 1.5 million Ontarians have – or are at increased risk of developing – CKD and 9,800 Ontarians currently are on dialysis.<sup>2</sup> As Ontario's population continues to grow, the need for cancer and CKD care services will continue to rise.

As the same time, our population is aging. The incidence of cancer and other chronic disease rises with age. As a result, chronic disease management is projected to become one of the most difficult and costly challenges facing the province.

Choosing to address growing need by simply increasing services is not an option. Ontario must meet the healthcare needs of a growing and aging population at a time of fiscal restraint.

In preparing our business plan, we carefully balanced these challenges with CCO's responsibility to ensure safe, high-quality care for cancer and CKD patients. We also actively looked for opportunities to address these challenges in ways that continue to improve quality of care and patient outcomes, while driving better value within Ontario's healthcare systems. In doing so we considered our requests for additional investment against the government priorities as identified in the Action Plan for Health Care: (1) Keeping Ontario healthy; (2) faster access and a stronger link to family healthcare; and (3) the right care, at the right time, in the right place.

1. Cancer Quality of Ontario, Cancer in Ontario at: [http://www.csqi.on.ca/cancer\\_in\\_ontario/#.UkBtaD-On31](http://www.csqi.on.ca/cancer_in_ontario/#.UkBtaD-On31)  
2. Kidney Foundation of Canada, Ontario Statistics 2013 at: <http://www.kidney.ca/document.doc?id=4071>

## INVESTING IN SAFE, HIGH-QUALITY, HIGH-VALUE CARE

The following pages provide an overview of our key requests for investment in cancer and CKD:

### **Patient Treatment Services and Drug Funding**

Two areas represent the majority of CCO's request for additional investment: (1) projected increases in patient treatment services for cancer and CKD, including screening, surgery, radiation, systemic treatment (chemotherapy), stem cell transplantation and leukemia; and (2) cancer drug funding. Because of the direct impact on patients, funding for patient treatment services is an acknowledged MOHLTC funding priority. Considering the patient impact and the significant investment required, CCO's patient treatment service projections must be as accurate as possible.

Through CCO's drug programs -- NDFP, EBP and the CBCRP – we aim to ensure Ontario cancer patients have equal access to new and expensive cancer drugs. In our public system, we have a dual responsibility – delivering high-quality care to patients and spending healthcare dollars wisely to produce the greatest value for patients and society. One of the ways we do this is through a rigorous drug evaluation process that includes an explicit consideration of a drug's safety and its clinical and cost effectiveness. Today, three of Ontario's drug reimbursement programs are administered by CCO's Provincial Drug Reimbursement Programs. Over the past few years, the growth rate in cancer drugs has stabilized because of the increased development of oral therapies (non-NDFP funded), and there has been a reduction in some costs through the emergence of less-expensive generic equivalents to NDFP-funded drugs. CCO continues to work with the Ontario Public Drug Programs to develop an improved systematic drug funding forecast model enabling more collaboration and clarity on drug funding forecast assumptions.

### **Health System Funding Reform**

It should be noted that the largest budget item in this business plan represents not a request for new investment but a request to reallocate, or 'carve-out', funding from hospital global budgets to CCO to enable us to fund systemic treatment (chemotherapy), renal and gastrointestinal endoscopy services as part of our new role in enabling Health System Funding Reform (HSFR).

CCO is proud to take a leadership role in supporting the MOHLTC's vision for changing the way Ontario's health system is funded. In 2012-2013, CCO initiated its role in health system funding reform with the implementation of Quality Based Procedure (QBP) funding for CKD home dialysis. This was followed by QBPs for systemic treatment (chemotherapy) and GI endoscopy in 2013-2014. The ORN is now expanding its patient-based funding framework to include Community Care Access Centres and long-term care facilities. CCO also will expand its role in HSFR to include all colposcopy and begin preparation for multi-year implementation of cancer surgery.

Once fully implemented, CCO's patient-based funding frameworks will improve funding equity across service providers, align funding with quality care, and support the implementation of new models of care. In alignment with Ontario's *Excellent Care for All Act*, CCO's patient-based funding frameworks will standardize the way CKD services, systemic treatment, GI endoscopy, cancer surgery, and colposcopy are funded across the province according to best practice guidelines.



## **Capital Funding**

Investments in new and expanded cancer-treatment facilities, along with strategies to maximize equipment up time and minimize product obsolescence, have closed the gap between need and capacity across all regions in the province. This work is guided by CCO's Cancer Capital Investment Strategy and Radiation Treatment and Related Equipment Replacement Strategy. However, the rising incidence of cancer requires continued investment in new equipment to ensure treatment machine capacity keeps pace with the need for service. At the same time, funding for machine replacement must also be secured to ensure installed treatment units remain reliable. For every week a treatment unit is out of service, 10 patients are added to the wait list. Continual renewal and expansion of our radiation-treatment capabilities carries clear benefits to patients and their families through improved access, decreased wait times and improved techniques that reduce side effects and/or improve tumour control.

## **Quality Management Partnership - College of Physicians and Surgeons of Ontario (CPSO)**

In 2012, at the request of MOHLTC, CCO entered into a partnership with the College of Physicians and Surgeons of Ontario (CPSO) to develop and implement a Quality Management Program (QMP). This work links directly to *the Excellent Care for All Act* and will focus on quality and appropriateness of both physician- and system-level performance. Investment is being requested to implement the program for colonoscopy, mammography and pathology. Once implemented, the program will address variations and gaps to ensure consistent, clinically driven standards across the province; ensure that supports, linkages and programs are in place to promote adherence to those standards; and develop system-wide measurement and sophisticated quality reporting for all physicians and care teams at all levels of care delivery. CCO and the CPSO already have several initiatives that address quality in each of the three initial clinical areas and the QMP will build on this work and the infrastructure that supports them.

## **Quality Initiatives**

In addition to driving health system funding reform in partnership with the MOHLTC, funding cancer and renal patient treatment services tied to performance, and funding cancer drugs, CCO also develops and implements targeted provincial quality initiatives across the patient journey from prevention to survivorship and end-of-life care.

There are potentially unlimited opportunities for quality improvement in the cancer and renal health systems. In identifying which quality initiatives to recommend for investment through this business plan, CCO carefully balanced the current fiscal environment with CCO's responsibility to ensure safe, high-quality care in the cancer and renal systems. CCO ultimately focused on those initiatives that (1) are required to achieve CCO's identified system priorities in the 2011-2015 OCP and the 2012-2015 ORP; and (2) represent clear opportunities to drive safe, high-quality care and/or better value within Ontario's healthcare systems.

Initiatives were also considered against the government priorities as identified in the Action Plan for Health Care: (1) keeping Ontario healthy; (2) faster access and a stronger link to family healthcare; and (3) the right care, at the right time, in the right place.

The following provides an overview of the most substantial benefits and impacts we expect to deliver through this additional investment in quality.

### **1. VALUE FOR MONEY**

The fiscal and demographic challenges facing Ontario's healthcare systems mean we must continually pursue opportunities to increase the value of our investments – delivering the highest quality care and the best patient outcomes at the lowest costs. One of the first places to invest is upstream. Investing in actions designed to support Ontarians in becoming and staying healthy by promoting healthy habits and

behaviours, and supporting positive life-style changes will reduce future pressure on our healthcare systems.

- **Cancer Risk Reduction in Regions** will support Regional Cancer Programs in enabling ambulatory cancer patients to adopt smoking cessation behaviours which are known to significantly improve the clinical course of their disease and improve the overall cost burden to the health system.
- **Prevention System Quality Improvement initiative** will identify a comprehensive set of system indicators to drive quality improvement in the cancer prevention system in order to reduce cancer-causing exposures and risk factors, therefore reducing the potential burden of cancer downstream in the healthcare system. This work will ensure ongoing reporting on activities to prevent exposure to chronic disease risk factors, as well as on progress in realizing cost savings from prevention interventions that the evidence has shown to be effective.
- **The Ontario Cancer Risk Assessment Tool (OCRAT)** will enable the public and providers to assess and work together to modify individual cancer risk (beginning with breast, lung, colorectal and cervical cancer) based on lifestyle, environmental and workplace risks/exposures as well as genetic factors. OCRAT is a specific commitment in the Ontario's Action Plan for Health Care. The MOHLTC has publicly committed that all Ontarians will have access to an online personalized risk profile.

Early detection of cancer not only improves outcomes but is inherently safer for the patient, less invasive and less costly:

- **Transitioning colorectal cancer screening from the fecal occult blood test (FOBT) to fecal immunochemical test (FIT)** will improve the detection of cancer and advanced adenomas (pre-cancerous lesions).
- **Completing the cost-effectiveness assessment and planning for high-risk lung cancer screening** will enable us to determine whether organized, population-based screening is advised for Ontario. Lung cancer is the most common cause of cancer deaths in Ontario. The high mortality rate is impacted, in part, by the lack of an effective evidence-based screening method.
- **Establishing HPV as primary screening mechanism for the Ontario Cervical Screening Program** will lead to higher and earlier detection of cervical abnormalities. While the Pap test has been successful in reducing cervical cancer incidence and mortality, CCO's 2012 evidence-based guidelines recommend screening with the HPV test for women aged 30 to 65 within an organized screening program.
- **Implementing eCorrespondence** enabling secure, online access to screening invitations and results will ultimately eliminate millions of dollars in annual mailing costs. Each piece of paper correspondence related to screening costs about \$1.

Rising costs, an aging population and growing resource constraints require new models of care that can achieve the same or better outcomes at lower cost to the health system. Investment in CCO's Models of Care Program will enable CCO to accelerate this work in the renal and cancer systems:

- **Developing and implementing new models of cancer care** that make the best use of healthcare resources for ambulatory services, radiation treatment and gynecologic oncology will allow us to improve value for money in Ontario's cancer system while maintaining or improving the quality of care and patient and provider experiences.

- **Developing renal models of care** – including cluster care, infrastructure and standards of clinical practice – for CKD patients in rural and remote communities will bring dialysis closer to home for a greater number of patients across Ontario, providing care in the right place to improve patient quality of life and reducing the long distances now travelled by renal patients in rural and remote areas of the province.

## 2. PATIENT EXPERIENCE INITIATIVES

The patient experience starts with having access to the right care at the right time in the right place. Improving the patient experience means placing patients first, organizing care around the person to support their health, and strengthening the healthcare system organizational focus and accountability to deliver reduced costs and better outcomes. Our funding requests will do this by:

- **Expanding the measurement of the patient experience** to improve quality and patient-centred care across the both the renal and cancer patient journeys. Through this work we will pioneer the introduction of real-time measures of experience for cancer patients – work that can be potentially leveraged for broader use in the health system.
- **Strengthening the evidence base to support patient decision-making regarding independent dialysis**, including understanding the impact of personal support workers for patients on home modalities, and the use of new hemodialysis technology for patients in rural or remote communities.
- **Broadening the reach and access to the DAP-EPS navigation tool** to provide more Ontarians with access to tools to navigate the cancer system and be more informed and involved in their care, and to provide a tool to enable the DAP workflow to be streamlined for more efficient patient flow and tracking. This will translate into faster diagnosis/earlier stage at diagnosis for better outcomes and reduced patient anxiety.
- **Implementing an innovative pain management improvement series** for cancer patients, helping ensure patients receive appropriate care in the right setting at the right time. Untreated pain has been linked to higher rates of emergency room use and hospitalization.

## 3. INTEGRATION INITIATIVES

Integration in healthcare ensures that Ontarians get the care they need, when they need it, where they need it. It establishes primary care as the hub of patient-centred healthcare and ensures that primary care providers play a stronger role in the healthcare system to improve outcomes and value for money. Our funding requests will enable greater integration and coordination among different healthcare providers:

- **Expanding our nephrology-primary care mentorship project( including the implementation of a point-of-care CKD tool and electronic medical record)** will foster collaboration between primary care practitioners and nephrologists and increase early detection and management of CKD, to improve patient outcomes and reduce the impact of CKD on Ontario’s healthcare resources.
- Developing strategies for primary care involvement in providing care in the community- to better coordinate **transitions in care** across the cancer journey and provide timely, proactive, patient-centred care. Integration across the healthcare system is vital in ensuring seamless, high-quality care for palliative patients and cancer survivors.

## PATIENT SAFETY

As observed in 2013 through issues like chemotherapy drug under-dosing, safety is central to delivering the right care to patients at the right time and in the right place. Safety is an essential element of quality and is a driver in delivering healthcare that is better for patients, is less expensive and provides greater value for money.

- **Radiation Treatment Peer Review Program** - will increase the safety and the quality of radiation therapy delivered province-wide. Peer-review quality assurance can detect sub-optimal planning or planning error, and enable correction of these errors prior to or soon after the initiation of treatment. Evidence shows such corrections are not rare (5% to 10% of cases) and that correcting peer-review-identified deficits improves treatment outcomes<sup>3,4</sup>.
- **CCO Drug Formulary enhancement** - will ensure patient safety by enabling CCO to maintain up-to-date, complete data on Ontario cancer drugs that will allow clinicians, administrators and patients to access the information they need to make appropriate treatment decisions.
- **Transition of non-OBSP mammography to the OBSP** will ensure that all eligible Ontarians receive breast cancer screening services through a program that undergoes continuing, rigorous and transparent quality assurance, program monitoring and evaluation. Programs that operate outside the OBSP do not necessary undergo regularly quality assurance and program evaluation.
- **Multidisciplinary Cancer Conferences (MCCs) in community hospitals initiative** - will ensure community hospitals provide the same level of quality assurance through MCCs as at Regional Cancer Centres. Patients whose treatment plans are reviewed by an MCC are more likely to receive evidence-based care, have all treatment options considered and to have better survival rates than patients whose cases were not discussed in an MCC <sup>5</sup>. MCCs also play a quality assurance (peer review) role for pathology reports and diagnostic images.

3. Brundage MD, Dixon PF, Mackillop WJ, et al. A real-time audit of radiation therapy in a regional cancer center. *Int J Radiat Oncol Biol Phys* 1999 Jan 1;43(1):115-24.

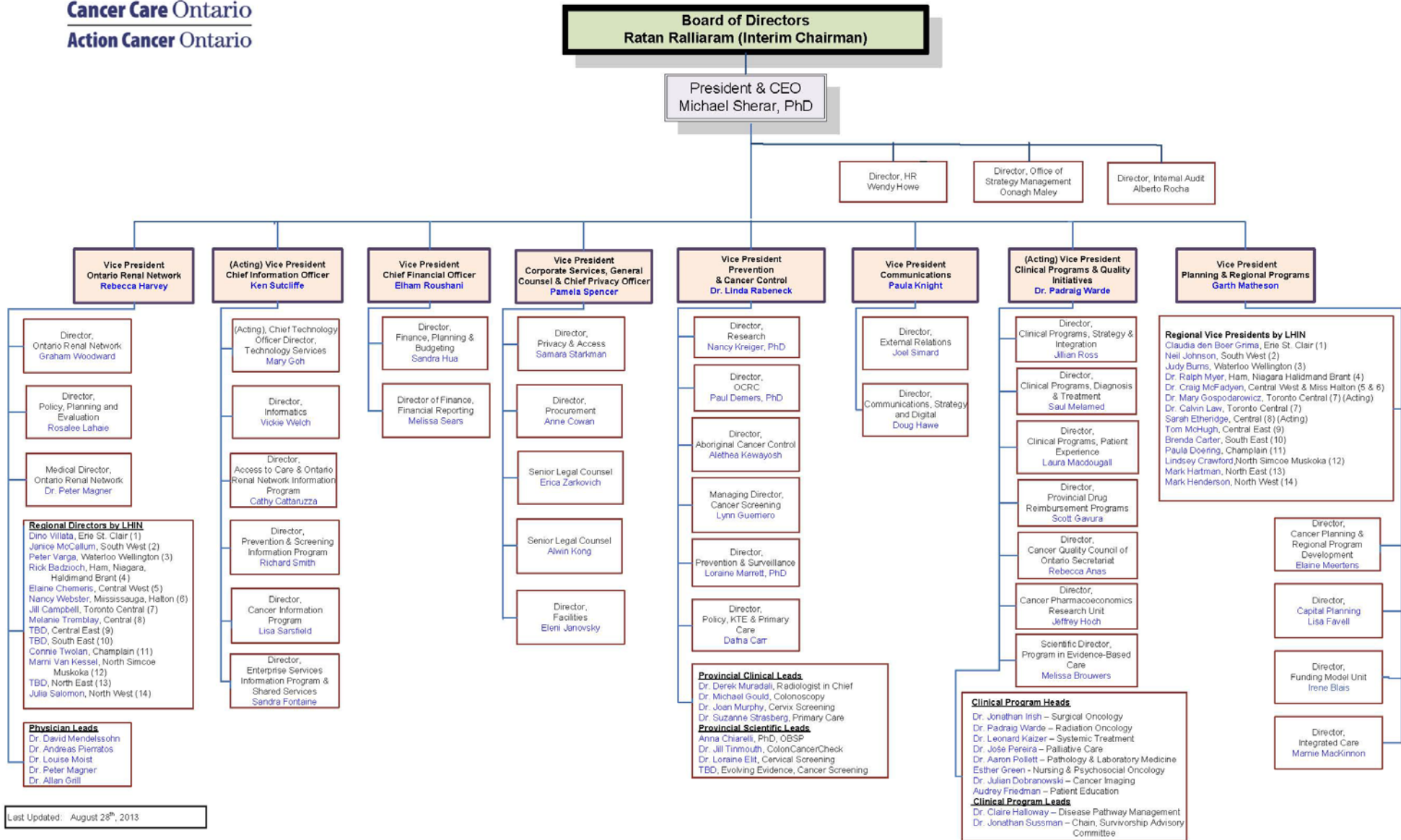
4. Peters LJ, O'Sullivan B, Giralt J, et al. Critical impact of radiotherapy protocol compliance and quality in the treatment of advanced head and neck cancer: results from TROG 02.02. *Journal of Clinical Oncology* 2010 Jun 20;28(18):2996-3001.

5. Cancer Quality Council of Ontario, Team-oriented care for the patient: multidisciplinary cancer conferences at: <http://www.csqi.on.ca/cms/one.aspx?portalId=258922&pageId=272632#>.UkB-rj-On31; Notes: Bydder, S., Nowak, A., Marion, K., Phillips, M. and Atun, R. (2009), The impact of case discussion at a multidisciplinary team meeting on the treatment and survival of patients with inoperable non-small cell lung cancer. *Internal Medicine Journal*, 39: 838–841.



# CCO ORGANIZATION CHART

Cancer Care Ontario  
Action Cancer Ontario



Last Updated: August 28<sup>th</sup>, 2013

## CCO'S CORPORATE GOVERNANCE STRUCTURE

### **Cancer Care Ontario Board Members:**

Mr. Ratan Ralliarum (Interim Chair)  
Mr. Scott Campbell  
Mr. Kevin Conley  
Mr. Malcolm Heins  
Ms. Shoba Khetrapal  
Ms. Marilyn Knox  
Ms. Patricia Lang  
Dr. Andreas Laupacis  
Mr. Stephen Roche  
Mr. David Ross  
Dr. Walter Rosser  
Ms. Dianne Salt  
Dr. Mamdouh Shoukri  
Ms. Betty-Lou Souter  
Mr. Harvey Thomson  
Dr. David Walker  
Mr. David Williams

### **Board Sub-committees:**

Executive Committee  
Corporate Governance & Nominating Committee  
Audit & Finance Committee  
Strategic Planning, Performance & Risk Management Committee  
Human Resource & Compensation Committee  
IM/IT Committee

### Background

The January 2010 *Management Board of Cabinet Agency Establishment and Accountability Directive* (AEAD) identified the need for agencies to develop and implement an enterprise risk management (ERM) framework in each of the following risk categories: (i) strategic, (ii) accountability/compliance, (iii) operational, (iv) workforce, (v) IT & Infrastructure, and (vi) other. In response, the MOHLTC developed a Detailed Agency Risk Assessment Tool (Tool) and asked its agencies to complete the Tool in order to effectively identify, assess, manage and monitor enterprise-wide risks. Currently, the MOHLTC reviews CCO's completed Tool on an annual basis.

### CCO's ERM Policy and Framework

In 2012, CCO's Legal Department developed a comprehensive Enterprise Risk Management Policy (ERM **Policy**) and Enterprise Risk Management Framework: A Step-by-Step Guide to Risk Management (ERM **Framework**). CCO's ERM Policy and Framework are based on the *Ministry of Government Services' Guide to the Risk-Based Approach for the Agency Establishment and Accountability Directive* dated February, 2011. In 2013 the ERM Policy and Framework were fully implemented. ERM Policy and Framework were approved by the Board on November 22, 2012.

The objectives of the ERM Policy and Framework are to:

- i) Ensure that all Material Risks (defined as those risks calculated as Low, Medium or High in accordance with CCO's Risk Assessment Matrix) are properly assessed, mitigated (to the extent possible), and monitored;
- ii) Establish risk management processes that comply with CCO's obligations under the AEAD;
- iii) Ensure that all risk assessments performed at CCO use consistent risk language and permit CCO to establish an aligned picture of risk across the enterprise.; and
- iv) Develop a culture of risk awareness.

To support the implementation of the ERM Policy and Framework, in 2013, CCO established a Corporate Services Working Group (CSWG) with management representatives from across CCO's lines of business. The CSWG supports the ERM Framework by identifying and assessing Material Risks within their areas; aggregating and reporting on all Material Risks through the Tool; and reviewing and monitoring Mitigating Actions proposed for Material Risks within the members' lines of business. Once the CSWG completes its update of the Tool, the Tool is then reviewed and approved by CCO's Strategic Planning, Performance and Risk Management Board Committee (SPPRMC) and the Board.

The ERM Framework also includes a Risk Tolerance Statement, which outlines the degree to which CCO is willing to accept residual risk (defined as the remaining level of risk after mitigating action is taken) across CCO's major risk categories. CCO's Risk Tolerance Statement permits CCO to monitor whether CCO's risks identified in the Tool are within acceptable levels.

Annual review and approval of the Risk Tolerance Statement by the CCO Board is scheduled to take place in November 2013.

As part of our efforts to continuously improve upon our maturing ERM process, CCO has initiated a comprehensive review of CCO's risk management practices to support harmonization of risk management practices across the organization. In 2013/14, this harmonization exercise will focus on



risk management practices in our Privacy, Security and Informatics business units, within the framework of CCO’s triennial review process of its information practices and procedures.

**Summary of CCO 2013 Risk Profile**

The Tool was last updated on September 25, 2013. A summary of CCO’s Low, Medium and High Risks as of September 25, 2013, as compared to the 2012 Tool is set out below:

Date of Risk Assessment	SEPT 2012	SEPT 2013
<b>LOW RISKS</b>	<b>36 (42.4%)</b>	<b>52 (64.2%)</b>
<b>MEDIUM RISKS</b>	<b>47 (55.3%)</b>	<b>29 (35.8%)</b>
<b>HIGH RISKS</b>	<b>2 (2.3%)</b>	<b>0</b>
<b>TOTAL RISKS</b>	<b>85</b>	<b>81</b>

## CCO COMMUNICATIONS PLAN

Cancer Care Ontario's Communications Division is building the future of communications in healthcare. Positioned within the agency as a key corporate business partner, the division leverages line of business knowledge, a corporate-wide view, strong partnerships, audience and channel expertise, and its commitment to cutting-edge communications practice to ensure CCO successfully meets its commitment to Ontarians.

CCO has several lines of business each with commitments to deliver multiple initiatives and projects. To better respond to the demands this entails as well as the ever-changing challenges and opportunities in communications, the Communications Division was reorganized in July 2012. The reorganization enables the division to better tailor solutions to meet the organization's unique needs, while leveraging CCO's corporate brand and messages to ensure its story is reaching the intended audiences clearly. The division provides a full range of communications services – from strategic counsel, event planning, issue management and media relations, to creative design, social media expertise, web content development and design. We are furthering our marketing communications strategies to cultivate a vibrant ecosystem of knowledge and engagement activities across patient, public, provider, technical, regional and corporate audiences.

CCO's Communications Division is structured around four key streams of expertise:

1. Strategy and Relationship Management;
2. Audience and Channel Capabilities;
3. Subject Matter Excellence and Innovation; and
4. Business Management.

### **Alignment with Strategic Priorities:**

The initiatives and deliverables identified in this business plan align with the priorities set out in Ontario's Action Plan for Health Care, the Ontario Cancer Plan (OCP), the Ontario Renal Plan (ORP) and CCO's Corporate Strategy.

The Communications Division works to ensure that all its efforts align with and reinforce these priorities, which include developing and implementing a focused approach to cancer risk reduction; continuing to improve patient outcomes through accessible, high-quality care; continuing to assess and improve the patient experience; developing and implementing models of care delivery; expanding our efforts in personalized medicine; driving enhancements to the Ontario Renal Network; taking action to prevent chronic disease; implementing integrated cancer screening; and supporting Access to Care.

### **Corporate Communications Plan:**

Using CCO's Business Plan and the new corporate strategy as a platform, CCO's Annual Corporate Communications Plan sets out to weave a strong, consistent voice, message and narrative through the organization's many programs and initiatives. The goal is to cut through the clutter of healthcare messaging to deliver important information and engage all of our stakeholders in the right way at the right time.

The corporate communications plan is the culmination of best practices, research, and strategy development. This plan provides overall guidance for how CCO and our lines of business communicate with patients, the public, providers, employees, and our many partners. It builds on the foundation of the organization's strategic plan, vision, mission and the Ministry's Action Plan for Health Care. It is a key

driver in achieving CCO's priorities laid out in the Ontario Cancer Plan III, the Ontario Renal Plan and the Corporate Strategy.

The Corporate Communications Plan is reviewed at regular intervals throughout the year and revised as appropriate to better support the agency.

#### **Communications priorities for 2014/15:**

##### **1: Drive clear and consistent communications and engagement approaches that support CCO to achieve its objectives and priorities and that position the organization as a health system leader:**

- develop and implementing communications strategies across the business lines with support tactics and products that advance our goals in cancer, Chronic Kidney Disease and Access to Care;
- develop public relations tools to effectively monitor, identify and respond to issues to advance health system performance; and
- enhance media relations strategies.

##### **2. Improve the quality and accessibility of all our communications products to ensure they meet the needs of each intended audience:**

- establish and/or enhance communications channels with partners to reach stakeholders using targeted and cost efficient approach.

##### **3. Strengthen mutually beneficial relationships with stakeholders:**

- making regular stakeholder/audience research a cornerstone of CCO's activities;
- work consistently to understand what is important to our partners; and
- engage key stakeholders to better understand patient, public, provider interests and concerns.

##### **4. Proactively manage risk:**

- enhance issues management strategies to identify, monitor and respond to issues to reduce likelihood of escalation in a timely and effective manner.

##### **5. Improve two-way internal communications across the organization:**

- increase employee knowledge of corporate and line of businesses; and
- engage employees so they can have a stronger connection to the organization.

#### **Key Audiences:**

Our approach is to develop a deep understanding of each of our audience/stakeholder groups. This insight enables us to develop effective messages and match the correct tactic for each audience. Integral to this is identifying specifically how each of the stakeholder audiences is to be addressed and to what level they should be engaged.

Following are some stakeholder groups that CCO will need to consider in its communications and engagement activities.

<b>Audience</b>	<b>Definition</b>	<b>Tactics</b>	<b>Characteristics</b>
Provider	<ul style="list-style-type: none"> <li>Physicians, specialists, GPs, nurses, social workers, and other allied health professionals</li> <li>Regional Cancer Centre leadership and staff</li> <li>Hospital CEOs, COOs and CFOs</li> <li>Ontario Hospital Association</li> </ul>	Regular Face-to-face meetings <ul style="list-style-type: none"> <li>Special presentations</li> <li>External website postings</li> <li>Media releases</li> <li>Posters</li> </ul>	<ul style="list-style-type: none"> <li>Official</li> <li>Timely</li> <li>Accurate</li> <li>Authoritative</li> <li>Transparent</li> </ul>
Patients	<ul style="list-style-type: none"> <li>Patients</li> <li>Family and caregivers of users of the cancer and renal systems</li> </ul>	<ul style="list-style-type: none"> <li>Website</li> <li>Bulletins</li> <li>Corporate Events</li> <li>Guidance and toolkits</li> <li>Marketing campaigns</li> <li>Brand and corporate identity</li> <li>Social media</li> <li>Corporate information and materials</li> <li>Community engagement activities</li> <li>Advertising</li> </ul>	<ul style="list-style-type: none"> <li>Official</li> <li>Informational</li> <li>Topical</li> </ul>
General Public	<ul style="list-style-type: none"> <li>Taxpayers</li> </ul> <p><i>Communities of Specific Focus:</i></p> <ul style="list-style-type: none"> <li>Aboriginal,</li> <li>Underserved/never served populations</li> <li>Multicultural communities</li> </ul>	<ul style="list-style-type: none"> <li>Website</li> <li>Bulletins</li> <li>Corporate Events</li> <li>Guidance and toolkits</li> <li>Marketing campaigns</li> <li>Brand and corporate identity</li> <li>Social media</li> <li>Engagement/special events</li> <li>Corporate information and materials</li> </ul>	<ul style="list-style-type: none"> <li>Informational</li> <li>Official</li> <li>Multilingual</li> <li>Motivational</li> </ul> <p>A French Language Services Coordinator will help to identify francophone communities and initiatives that require engagement and information specific to this community</p>
Corporate	<ul style="list-style-type: none"> <li>Executive Team</li> <li>CCO Staff</li> <li>Board of Directors</li> </ul>	<ul style="list-style-type: none"> <li>Employee survey</li> <li>CEO Blog</li> <li>Intranet</li> <li>Town Hall meetings</li> <li>Multimedia (video-based) success stories and presentations</li> </ul>	<ul style="list-style-type: none"> <li>Official</li> <li>Informative</li> <li>Motivational</li> <li>Interactive</li> </ul>

## CCO COMPENSATION STRATEGY

CCO's Human Resource Division supports management in attracting, engaging and retaining the right talent to meet the organization's goals. CCO employees are the link between CCO's goals and strategies and its results. Only through its people can CCO begin to realize its vision of "working together to create the best health systems in the world". Our compensation strategy is one of the keys to attracting the right people.

### **Compensation Philosophy**

CCO's compensation policy and program are designed to foster both individual and organizational success. Grounded in the principles of competitiveness, equity and affordability, it rewards the contributions of individuals, harnesses our collective ability to succeed, and fulfills our legal and moral obligations with respect to pay equity, employment equity, and value for Ontario taxpayers.

CCO's compensation philosophy is to pay salaries that are competitive in our target market of comparable organizations and industries. Subject to any legal and fiscal constraints placed upon it as a public organization, CCO maintains its salary structure on an ongoing basis at levels equivalent to the 75<sup>th</sup> percentile of our comparator group of organizations.

### **Compensation Fundamentals**

CCO's Compensation Program is performance-based and built on the principle that people are vital to CCO's success.

### **Salary Structure**

The foundation of CCO's compensation program is the salary structure. CCO's salary structure is comprised of a series of salary ranges that reflect competitive rates of pay for specific jobs in the marketplace and provide an opportunity for salary growth. CCO jobs of similar value from both a market and internal perspective are grouped together into levels and a salary range developed and maintained around competitive market rates.

### **Job levels**

After a job has been evaluated by the Job Evaluation Committee, jobs are assigned a level with a corresponding salary range based on their relative value with respect to other internal CCO jobs and against appropriate external marketplace comparators.

### **Compensation Structure Adjustments**

To ensure that the salary structure and actual salaries paid to employees are competitive with CCO's target market of comparable organizations, industries, and identified labour markets, CCO collects and analyzes compensation information from the external marketplace either through direct exchange with others or through participation in various compensation planning surveys conducted by third-party sources. These third-party sources include, but are not limited to WorldatWork, William M. Mercer, Towers Perrin and Watson Wyatt.

External salary survey data may focus on one or more geographic regions (local, provincial, national, international), employer size and/or industry sectors. Third-party surveys, which are designed, conducted, analyzed and published by management consulting firms, the healthcare community, or professional associations, provide a broader and more stable sample base for comparison, as they cover a wide range of organizations - public, private and healthcare. For these surveys, CCO compares selected benchmark jobs with similar positions in selected industry groups and/or locations. A benchmark job is

one that is stable in content, has a clear and concise description, is commonly found in other organizations and is highly populated.

Human Resources uses survey information to review and adjust its global salary structure and to assist in the determination of salary increase guidelines for annual Performance Development Planning (PDP) adjustments.

**Expanding Responsibilities**

Fulfilling CCO's expanding responsibilities and accountabilities and effectively executing its mandate will require increased investment in CCO's workforce. This expansion reflects the growth in CCO's scope and mandate, the expansion of several accountability initiatives related to cancer and renal, and a strategy of reducing the use of external consultants.

## PERFORMANCE MEASURES

As the provincial agency responsible for continually improving cancer and renal services, CCO has the duty to ensure that established guidelines and performance standards are implemented in all institutions delivering these services, such that Ontarians have equitable access to high quality care.

Provincial and regional performance priorities for the cancer and renal health systems are established annually, and performance against these priorities are reported and managed for each regional program on the cancer or renal performance scorecard.

At the same time, annual activity targets are established, monitored and managed for cancer and renal treatment activities, and cancer screening and drugs.

Within each CCO Program, Key Performance Indicators are identified to ensure successful implementation of quality improvement initiatives.

CCO is funded to oversee the delivery of cancer screening services, cancer treatment volumes and renal services. Below are some of the major performance targets for fiscal 2014/15.

Volume Description	Activity Units
Cancer Surgery (excl HIPEC)	9,900
GI Endoscopy	557,479
Radiation	30,687
Systemic	331,873

## CCO OPERATING BUDGET

CCO Operating Budget In 000s	2014/15		2015/16		2016/17	
	Base	One-Time	Base	One-Time	Base	One-Time
Cancer Programs	\$673,146		\$673,990		\$673,990	
Ontario Breast Screening Program	\$31,175		\$31,175		\$31,175	
Integrated Cancer Screening	\$52,161	\$4,347	\$52,161		\$52,161	
Clinical Specialist Radiation Therapist		\$369				
New Drug Funding Program	\$320,000	\$15,349	\$320,000		\$320,000	
Patient Navigators and deSouza	\$1,400	\$1,630	\$1,400	\$1,015	\$1,400	
Aboriginal Tobacco Program & Smoking Cessation		\$588				
Diagnostic & Medical Equipment		\$34,500				
Access to Care	\$20,406		\$20,406		\$20,406	
electronic Canadian Triage Acuity Scale	\$581		\$581		\$581	
Ontario Renal Network	\$611,222	\$2,079	\$611,113		\$611,113	
<b>Total Funding</b>	<b>\$1,710,092</b>	<b>\$58,862</b>	<b>\$1,710,827</b>	<b>\$1,015</b>	<b>\$1,710,827</b>	<b>-</b>



## FTES

FTE's	2014/15
	YTD Sept
<b>Cancer Program:</b>	<b>513.9</b>
Information Management, Technology & Corporate Support	322.4
Clinical Programs & Quality Initiatives	84.6
Prevention Cancer Control	65.3
Regional Programs & Planning	41.5
<b>Access to Care</b>	<b>121.8</b>
<b>Integrated Cancer Screening</b>	<b>221.2</b>
<b>Ontario Breast Screening Program</b>	<b>5.9</b>
<b>Ontario Renal Network</b>	<b>58.1</b>
<b>New Drug Funding Program</b>	<b>9.5</b>
<b>Grants</b>	<b>26.4</b>
<b>Total FTE's</b>	<b>956.7</b>

## INITIATIVES INVOLVING THIRD PARTIES

Initiative	Funder
Occupational Cancer Research Centre	Canadian Cancer Society Ministry of Labour
Program Training and Consultation Centre	Public Health Ontario
The Integrate Project	Canadian Partnership Against Cancer
Primary Care and Cancer Integration Initiative: Improving Clinical, Functional and Vertical Integration for Providers of Cancer Care	Canadian Partnership Against Cancer
Improving Patient Experience and Health Outcomes Collaborative (iPEHOC)	Canadian Partnership Against Cancer
Expanding Access to the Diagnostic Assessment Program - Electronic Pathway Solution (DAP-EPS)	Canadian Partnership Against Cancer
A Survivorship Action Plan (ASAP)	Prostate Cancer Canada
Miscellaneous Research Grants from Various Provincial and Federal Research Organizations	Numerous Granting Organizations