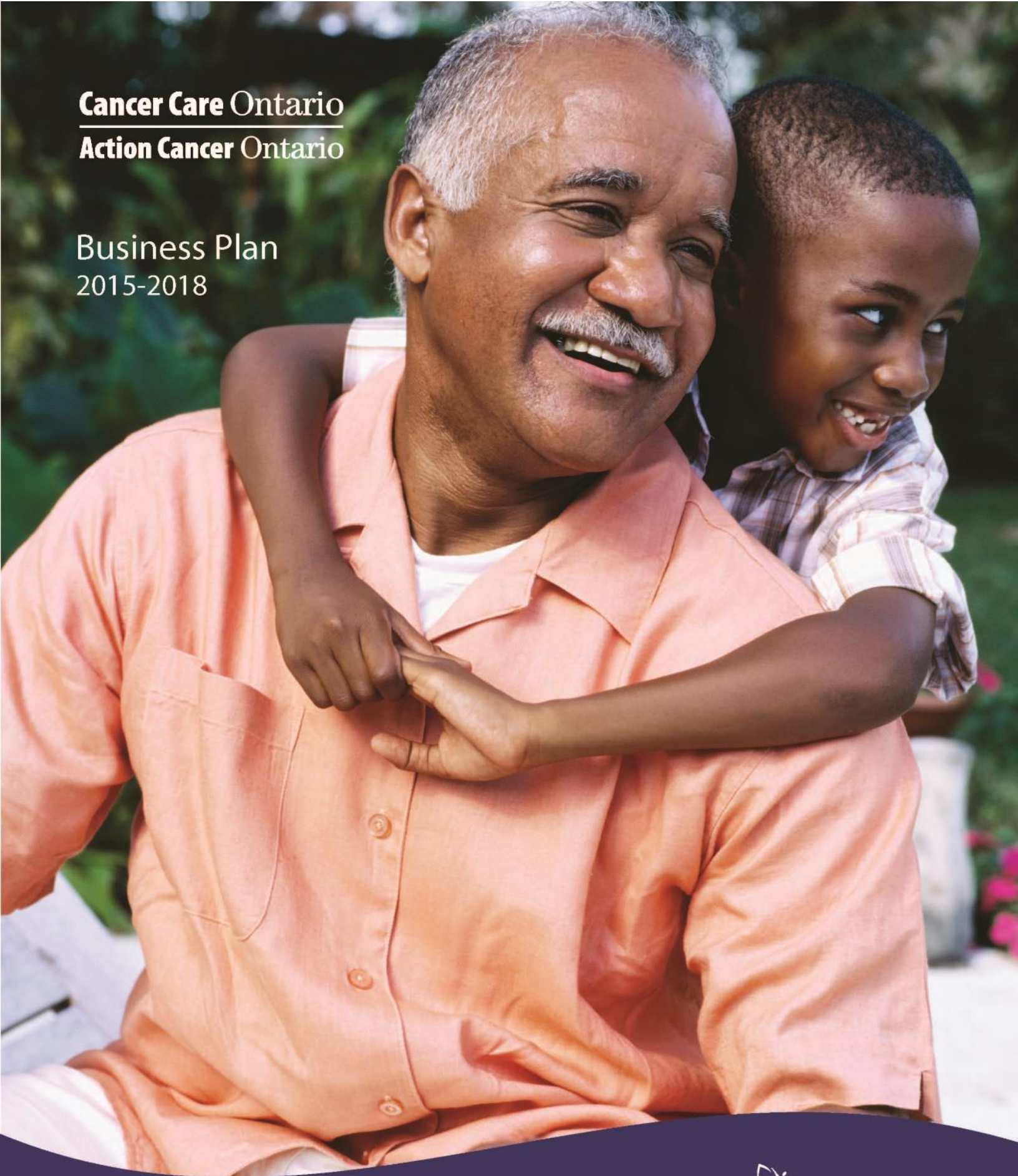


Cancer Care Ontario
Action Cancer Ontario

Business Plan
2015-2018



Ontario

Cancer Care Ontario
Action Cancer Ontario

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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

As the Ontario government's advisor on the cancer and renal systems, as well as on access to care for key health services, Cancer Care Ontario (CCO) drives continuous improvement in disease prevention and screening, the delivery of care and the patient experience for chronic diseases. Known for its innovation and evidence-based approaches, CCO leads multi-year system planning, contracts for services with hospitals and providers, develops and deploys information systems, establishes guidelines and standards, and tracks performance targets to ensure system-wide improvements in cancer, chronic kidney disease – through the Ontario Renal Network – and access to care.

In 1943, the Ontario Cancer Treatment and Research Foundation (OCTRF) was established. More than half a century later, in 1997, OCTRF was formally re-launched as CCO. As an Ontario government funded agency, CCO is governed by *The Cancer Act* and is accountable to the Ministry of Health and Long-Term Care (MOHLTC).

In this role, CCO directs and oversees approximately \$1.8 billion in funding for hospitals and other cancer and chronic kidney disease care providers, enabling them to deliver high-quality, timely services and improved access to care.

CANCER SERVICES

As the government's cancer advisor, CCO:

- implements provincial cancer prevention and screening programs;
- works with cancer care professionals and organizations to develop and implement quality improvements and standards;
- uses electronic information and technology to support health professionals and patient self-care, and to continually improve the safety, quality, efficiency, accessibility, and accountability of Ontario's cancer services;
- plans cancer services to meet current and future patient needs and works with healthcare providers in every Local Health Integration Network (LHIN) to continually improve cancer care for the people they serve; and
- conducts research and rapidly transfers knowledge of new research into improvements and innovations in clinical practice and cancer service delivery.

While CCO's public identity is tied directly to the fight against cancer, the organization also established and houses the Ontario Renal Network.

ONTARIO RENAL NETWORK

The Ontario Renal Network (ORN) was formed in 2009 to lead a province-wide effort to better organize and manage the delivery of dialysis and renal services across the province for patients living with chronic kidney disease (CKD). The ORN works through 26 regional CKD programs to improve the quality of kidney care across the province.

The ORN's goal is to improve CKD management by preventing or delaying the need for dialysis, broadening appropriate CKD patient-care options, improving the quality of all stages of CKD care and building a world-class system for delivering care to Ontarians living with CKD.

CCO also helps MOHLTC drive health-system improvement and transformation through key provincial programs:

- 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, beginning with mammography, colonoscopy and pathology; and
- 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.

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's Strategic Direction 2012-2018: Our corporate strategy identifies how and where we, as an organization, 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 - Person-centred Care, Prevention, Integrated Care, Value for Money and 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.

Cancer and Renal Health System Plans: In 2015, CCO will launch the 2015-2019 Ontario Cancer Plan (OCP IV) and the 2015-2019 Ontario Renal Plan (ORP II). The plans identify where CCO will continue to focus to improve the performance of Ontario's cancer and renal systems by driving quality, accountability, innovation and value.

Building on the demonstrated successes and progress achieved under previous cancer plans and ORP I, OCP IV and ORP II reflect the common system themes of CCO's corporate strategy. Both system plans aim to enable and support patients and family members to be active partners in their care; deliver high-quality, integrated care regardless of care setting; and ensure sustainable systems for future generations. The system plans also reflect key differences in the maturity and needs of their respective systems and supporting programs. OCP IV includes among its goals a focus on improving health equity for Ontarians as well as goals and objectives towards ensuring the safety of patients and providers in all care settings. In comparison, the ORP II includes an emphasis on improving access to and support for home dialysis and supporting primary care providers in the early identification and management of patients with CKD to reduce the risk of end stage renal disease.

In building these plans, for the first time, we incorporated patients and families into all stages of planning and development. We leveraged the knowledge, expertise and first-hand experience of patients to guide us in identifying priorities that will not only meet the needs of patients but will lead to broader improvements in the cancer and renal systems.

The goals and priorities of CCO's corporate strategy and our cancer and renal system plans have guided the development of CCO's 2015-2018 Business Plan. It should be noted that the first year of the 2015-2018 Business Plan coincides with the start of OCP IV and ORP II. Laying the groundwork for success for OCP IV and ORP II is a key part of the 2015-2018 Business Plan. As CCO transitions its focus to the new cancer and renal plans, more work is needed to fine tune alignment, maximize opportunities for synergy between the two plans and scope proposed new or expanded work in detail, in order to identify and assign appropriate resources. Additional incremental funding required to achieve OCP IV or ORP II will be included in future Business Plan submissions.

A PARTNER IN HEALTH SYSTEM IMPROVEMENT

CCO has long been a strong supporter and active partner with MOHLTC 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.

Today if you live in Ontario and develop cancer you have one of the best chances of survival anywhere in the world. Over the past 10 to 15 years, we have taken a systematic, evidence-based approach to our work that has enabled measurable improvements in the cancer system. We:

- closed the gap between radiation treatment need and capacity that existed in 1999. Through investment in cancer centres 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. As of March 31, 2014, 89.6 per cent of patients received radiation treatment within the recommended timeline targets;
- 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 MOHLTC and for CCO to make informed decisions on resource allocation, system planning, and performance;
- implemented and now operate ColonCancerCheck (CCC), Canada's first population-based provincial colorectal cancer screening program. Collaborated with MOHLTC on two other innovative cancer prevention and early detection initiatives: the Smoke-Free Ontario Strategy and the Human Papillomavirus (HPV) vaccine program;
- centralized and expanded the correspondence program for the Ontario Cervical Screening Program (OCSP), the Ontario Breast Cancer Screening Program (OBSP) and CCC to increase screening promotion and early detection of these cancers. In 2013-14,

- the Cancer Screening Program mailed 4,512,438 pieces of correspondence to invite Ontarians to screen, recall for screening and notify of screening results;
- used electronic information systems to improve the cancer patient experience. As of March 31, 2014, over 27,000 patients use CCO's Interactive Symptom Assessment and Collection (ISAAC) tool each month to assess their symptoms online and enable 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). CPOE systems now supports approximately 87 per cent 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; and
 - signed four relationship protocols in 2014 with First Nations, Inuit and Métis (FNIM) partners and other Aboriginal groups. These protocols provide the principles and process of how CCO, FNIM and Aboriginal groups will work together to address increasing cancer incidence and mortality rates among the province's Aboriginal peoples and enable 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. With CCO's work in the renal system, we:

- created Ontario's first renal plan, a comprehensive roadmap that set out how the healthcare system will reduce the risk of Ontarians developing end stage renal disease, while improving the quality of care and treatment for current and future CKD patients. ORP II will be launched in 2015 and will build on the achievements and priorities of the first plan;
- developed a CKD patient-based funding framework in collaboration with MOHLTC that aligns funding with the number of patients seen, the services delivered and the quality of those services. This framework will standardize the way CKD services are funded across the province according to best practice guidelines and with the best value for public dollars spent;
- updated the first Provincial Dialysis Capacity Assessment for the period of 2014-2024. This plan supports understanding of CKD system resource requirements and informs future provincial planning needs;
- expanded dialysis capacity among CKD service providers to bring care closer to home. Across the province, close to 82 per cent of in-facility dialysis patients travelled less than 30 minutes for treatment;
- built a new provincial network of front-line healthcare providers in the areas of independent dialysis and appropriate access focused on quality improvement by supporting local change, new knowledge, new models and new partnerships. While the six-month independent dialysis rate has remained relatively steady over time, it has been increasing since it was first publically reported by the ORN in 2012-13. The prevalent independent dialysis rate has improved 10 per cent since 2012, from 22 per cent to the current rate of 24 per cent, and continues to improve;

- developed surgical wait time priorities for fistula and graft surgeries in collaboration with surgeons, nephrologists and access coordinators to reduce the delays in access to surgical care. This will support the establishment of a target for improvement in access wait times;
- instituted a quarterly performance management cycle that provides a transparent provincial picture of renal system performance for the first time. This performance picture enables CCO and its stakeholders to improve the quality and value of care delivered across Ontario’s renal system; and
- established the Ontario Renal Reporting System (ORRS), a new provincial dataset that captures information in near real-time on pre-dialysis, acute dialysis and chronic dialysis patients. The ORRS recently expanded to capture information on clinical patient assessment detailing key decision points, barriers and milestones in the patient continuum of care for independent dialysis and vascular access.

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

2015-2018 BUSINESS PLAN

One of the biggest challenges facing Ontario is its aging population, which is a significant driver in the growth of chronic diseases such as cancer and chronic kidney disease. In terms of new cases, cancer and CKD are largely diseases of aging. Seniors aged 65 years and older now represent 14.6 per cent of this province’s population;¹ by 2036, they will constitute nearly one-quarter of Ontario’s projected 17.4 million people.² Healthcare already consumes more than 41 per cent of every dollar spent on provincial programs.³ This figure is certain to grow given the increasing numbers of people living with cancer and CKD.

While the challenge before us is great, we have also made significant progress in cancer and renal care. Policies related to prevention, such as smoking restrictions, are in place. Screening programs and early detection allow many chronic diseases to be caught at an earlier, more treatable stage. There is more attention and focus on healthy lifestyles and healthy living as a way to combat or delay the onset of chronic disease. As well, new and more effective treatments are being developed. Yet the fact remains that chronic diseases like cancer and CKD continue to place a tremendous burden on individuals, caregivers and our healthcare systems.

CCO recognizes the need for our healthcare systems to deliver high-quality care within an environment of fiscal constraint. Ensuring quality of care and value for public dollars is an imperative for the long-term sustainability of our health systems and at the core of OCP IV and ORP II.

¹ Ontario Ministry of Finance (August 2012). 2011 Census Highlight, Factsheet 3. Population Counts: Age and Gender.

² Ontario Ministry of Finance (July 2013). Ontario Population Projections Update. Map of Ontario Census Divisions. III. Projections Results, Age Structure.

³ Canadian Institute for Health Information (October 2013). Health Spending in Canada 2013. How do the provinces and territories compare.

CCO's 2015-2018 Business Plan outlines the key programs and associated priority areas of focus required to lay a solid foundation for OCP IV and ORP II over the next three years. The work and the identified areas of investment will enable us to meet the needs of Ontario's changing demographic and fiscal landscape by advancing quality and value. It is worthwhile to note that many of the strategic priorities advanced in OCP IV and ORP II align with and will support the province's broader health system priorities, including palliative care, patient experience, integration, equity and access, and sustainability. The following pages provide an overview of our key requests for investment in the cancer and renal health systems that will help deliver on these priorities and meet principal objectives for ensuring safe, high-quality, high-value care.

PATIENT TREATMENT SERVICES AND DRUG FUNDING

Four areas represent the majority of CCO's request for additional investment: (1) cancer screening volumes; (2) increases in patient treatment services for cancer, including genetic testing, systemic treatment (chemotherapy), focal tumour ablation, sarcoma, stem cell transplantation and leukemia; (3) cancer drug funding; and (4) increases or expansion of patient treatment services for CKD patients. Due to 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. It should be noted that for the past two years, CCO has been able to successfully manage the growth in volume funding for cancer surgery and radiation therapy within its existing funding envelope for these volumes.

Through CCO's drug programs – the NDFP, the EBP and the CBCRP – we aim to ensure that Ontario cancer patients have equal access to new and expensive cancer drugs. In our public system, CCO has 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 accomplish this is through a rigorous drug evaluation process that includes 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.

The forecast for cancer treatment drugs for this Business Plan reflects the growing use of drugs in the current NDFP formulary, the addition of newly approved drugs over the past few months, and the anticipated addition of new drugs and indications based on drug pipeline reviews. Any growth in funding for cancer drugs occurs with the engagement and consultation of MOHLTC. The sustainability of the rate of increase in drug funding is of concern to CCO. CCO plans to open discussions at the national (Canadian Partnership Against Cancer and pCODR) and provincial level (MOHLTC) regarding strategies to mitigate rising cancer drug costs.

HEALTH SYSTEM FUNDING REFORM

CCO is proud to take a leadership role in supporting 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 (HSFR) 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. CCO is now working to expand its role in HSFR to include colonoscopy, and prostate and colorectal cancer surgery.

This Business Plan, as in previous plans, includes requests to reallocate, or ‘carve-out,’ funding from hospital global budgets to CCO, as part of our role in enabling HSRF. This year, we are requesting reallocation of funding to integrate independent health facilities (IHF) into the renal funding framework, to ensure better regional coordination and care for patients on dialysis.

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.

SUPPORTING CAPITAL INVESTMENT IN THE CANCER AND RENAL SYSTEMS

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.

Ensuring the availability of safe, high-quality dialysis services for patients closer to home is a continued priority of ORN. Guided by ORN’s comprehensive provincial capacity planning work, investments in equipment and infrastructure (e.g., leases, capacity costs) to support growth in the home and community sector are required to ensure forecasted service demands are met.

QUALITY INITIATIVES – MINISTRY OF HEALTH AND LONG-TERM CARE COMMITMENTS

In identifying which quality initiative funding requests to include in its 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 required to achieve CCO’s system priorities as identified in OCP IV or ORP II. Initiatives were also assessed against their ability to enable CCO to support the government in advancing broader provincial health system priorities.

A select number of initiatives represent the realization of specific commitments to the MOHLTC:

- **Quality Management Partnership (QMP) - the College of Physicians and Surgeons of Ontario (CPSO):** In 2013, at the request of MOHLTC, CCO entered into a partnership with CPSO to develop and implement quality management programs. This work links directly to the *Excellent Care for All Act* and focuses on quality and appropriateness of both physician- and system-level performance. Investment is being requested to advance implementation of specific commitments of the partnership with the CPSO, including province-wide physician and facility reporting for mammography, pathology and colonoscopy. Once fully 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 quality management programs will build on this work and the infrastructure that supports them.
- **My CancerIQ / Mon QICancer (the Online Cancer Risk Assessment Tool (OCRAT)):** My CancerIQ 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. The tool is a specific commitment in the government's *Action Plan for Health Care*. The funding requested will enable CCO to maintain the currency of the tool, promote and analyze use of the tool, add additional cancers as appropriate, and initiate planning for outcome evaluation research. MOHLTC has publicly committed that all Ontarians will have access to an online personalized risk profile.
 - **de Souza Institute:** The de Souza Institute was established in 2008 by CCO and Princess Margaret/UHN in partnership with, and funded by, the MOHLTC. Since its inception, de Souza has delivered evidence-based, timely and clinically relevant oncology and palliative care education to nearly 6,000 nurses across the province. The request for investment is based on the recommendation of the Nursing Policy and Innovation Branch for base funding for the de Souza Institute. The base funding requested will enable the de Souza Institute to continue to refresh its education and training programs as well as to develop continuing education courses in new areas identified by the MOHLTC and aligned with their priorities (e.g., seniors care, chronic disease management, health human resource workforce development).

QUALITY INITIATIVES – SHARED PROVINCIAL PRIORITIES

Within Ontario's healthcare landscape there are a number of areas CCO has identified as priorities under OCP IV and ORP II that also represent opportunities for the organization to support the government's health system transformation agenda. Aligning capacity and capability to address common priorities in the cancer and renal systems will ensure efficient use of limited resources, while aligning our work with provincial priorities will enable the government to leverage more broadly across the Ontario health system those approaches that are proven to improve performance. Below are the primary areas where CCO has identified the opportunity to align its work between the cancer and renal systems and with the government's priorities.

- **Measuring the Patient Experience and Patient Outcomes:** Within Ontario's healthcare system, measuring the patient experience and patient outcomes are priorities for many organizations. CCO is well positioned to play a leadership role in developing measurement tools and in using the resulting data to improve care. CCO's requests to expand measurement of the patient experience and patient outcomes have the potential to be models for province-level reporting that can be leveraged for local use, and by other areas of the health system. Under OCP IV, CCO will complete implementation of a patient experience real-time measurement system. In support of ORP II, the ORN will leverage and adapt the same technology and platform to capture

the CKD patient's perspectives to inform province-wide and local improvements. At the same time, CCO proposes to initiate work to leverage existing platforms to expand patient and disease outcomes data collection (e.g., mortality, survival and cancer recurrence data combined with patient reported outcome data on symptoms, treatment effects and quality of life), to identify and prioritize which diseases - and which areas of care - need focused attention, and where quality improvements and investments are most needed in the cancer system.

- **Enhancing Palliative Care:** CCO is committed to and engaged in providing leadership and support to advance the priorities outlined in the 2011 *Declaration of Partnership and Commitment to Action* for palliative care in Ontario. Across the cancer and renal systems, CCO is taking a unified provincial approach aligned closely with the broader LHIN-led effort, including sharing a common provincial medical lead. Later this year, the Auditor General of Ontario will release their audit of palliative care services in Ontario. It is anticipated that the Auditor's findings will inform a more coordinated provincial effort to address palliative care needs. Within both the cancer and renal health systems, CCO is seeking funding to equip providers in cancer centres, renal programs and primary care settings with the necessary tools, including education materials, training and resources, and support and consultation to enable them to better identify and support patients who would benefit from palliative care and end-of-life care earlier in the illness trajectory. This investment will strengthen CCO's ability to improve the experiences of cancer and renal patients, and will inform and accelerate solutions to improve palliative care more broadly across Ontario's health systems. Enabling the provision of palliative care earlier in the illness trajectory will have positive impacts on both patients and their families and will improve the health of the system through reduced burden on hospital services and overall economic benefit.
- **Integrated Care:** CCO has a number of initiatives underway to ensure safe, high-quality care in a variety of care settings and to improve coordination of care across the continuum. We know, for instance, that almost half of all Ontario colon and breast cancer patients who receive adjuvant chemotherapy visit the emergency department or are admitted to hospital at least once within four weeks of receiving treatment, and about half of those patients have a second or third visit⁴. For many of these patients, these visits are due to side effects from chemotherapy treatment. CCO is seeking additional investment to begin the development of pilots that use technology and innovative models of care to enable patients to effectively identify and manage treatment symptoms, while facilitating communication with care providers and monitoring from the patients' own homes. At the same time, the ORN will pilot new models of renal care. The knowledge gained through assessing the impact of this work for patients, providers and the healthcare system can inform broader provincial solutions. As CCO works with stakeholders to improve the coordination of care across the continuum, we will continue to work with MOHLTC and align with the health system transformation agenda, specifically leveraging the investment in Health Links to improve the coordination of care across the continuum for complex patients.

⁴ Cancer Quality Council of Ontario Cancer System Quality Index 2014 (May 2014). Unplanned Visits to Hospital After Adjuvant Chemotherapy.

- **Primary Care:** Primary care providers play a crucial role in a patient’s journey, acting as a hub for integrating knowledge about and for patients and increasingly as providers of preventive, survivorship and palliative care. CCO has initiated a process to review its primary care strategy to identify how to best align its primary care objectives with key provincial priorities such as improved access to primary care, increased accountability through quality improvement and stronger local integration to better enable strategic collaboration. To date, CCO supports these provincial priorities through its provider education and training for palliative care, its pilot projects that focus on shared care between primary care and specialists, the use of quality improvement toolkits for cancer screening and advance care planning, and the Provincial Primary Care and Cancer Network that spreads evidence and best practice throughout the province. While an approach to broader system transformation is in development, CCO continues to expand select key initiatives that are enhancing linkages between primary care and the cancer and renal health systems, including:
 - expanding the nephrology-primary care mentorship project to increase the capacity of the primary care sector to detect CKD earlier thus preventing CKD progression and associated complications; and
 - designing a solution to measure and report on primary care wait times to inform ORN’s initiatives relating to the primary care-nephrology interface.

QUALITY INITIATIVES – ADDITIONAL PRIORITY AREAS

Equity

Driving improvements in quality of care for cancer and renal patients is inextricably linked to ensuring better access to care. In a public health system such as ours, all Ontarians should have equitable access to safe, effective, quality care regardless of where they live, their socioeconomic status or their cultural background. Equitable access to health services, therefore, continues to be a priority for CCO within the cancer and renal systems. CCO’s focus on equity also aligns to priorities set out in Ontario’s *Action Plan for Health Care* with respect to “faster access and a stronger link to family healthcare” and “right care, right time, right place” for care as close to home as possible. Patients from Ontario’s First Nation, Inuit and Metis (FNIM) population and from communities in rural and remote areas continue to face challenges with respect to equitable access to care. Together, the following areas of investments will help address variation and inequities in care in the cancer and renal systems:

- **Cancer:** CCO recognizes the need to ensure that FNIM populations have equal access to safe, high-quality care. At the level of population health outcomes, we know that the rates of some cancers are rising much faster in FNIM populations compared to the rest of Ontario. Over the two years since CCO launched the second Aboriginal Cancer Strategy (ACS II), CCO has formalized through protocols, communication and engagement structures FNIM relationships necessary to maintain and achieve strategic objectives within a framework of mutual respect, recognition of traditions and practices and honour for the history, culture and diversity of Aboriginal peoples. Under ACS II, CCO’s Aboriginal Cancer Control Unit (ACCU) has built regional capacity to reduce access gaps through Aboriginal patient navigators, regional Aboriginal cancer leads and the development of regional Aboriginal cancer plans in 10 of Ontario’s 14 Regional Cancer Programs (RCPs) with significant FNIM populations. In 2015, CCO will launch the third

Aboriginal Cancer Strategy (ACS III), building on the success of the ACS II. Additional investment is being sought to support ACS III by expanding initiatives focusing on tobacco control, pain and symptom management and regional Aboriginal cancer plans. For tobacco control, CCO aims to broaden its successful reach of direct community and healthcare provider support in addressing commercial tobacco prevention, cessation and protection. Further support is required to expand FNIM chronic disease surveillance through reporting and measurement of modifiable risk factors. Building regional and community level capacity to address FNIM cancer control issues will be critical to establishing sustainability of CCO's future Aboriginal cancer strategies, which will be demonstrated through increasing its investment to support pain and symptom management in primary care, patient navigation and establishing dedicated support for implementing and managing Regional Aboriginal Cancer Plans.

- **Renal:**

Identifying barriers to access for renal care and developing person-centred solutions is one of the objectives of CCO. Rural and remote communities and FNIM populations continue to face unique access issues due to issues such as geography or cultural challenges. Finding solutions to overcome barriers would allow patients to have true access to all care options despite barriers. Within the renal system, the ORN will develop policies for models of care to increase access to vital CKD services in FNIM, rural and remote communities.

Sustainability

Ontario's healthcare system is facing unprecedented challenges. An aging population and serious economic pressures are requiring a transformation in Ontario's health system in order to meet future needs and to ensure the system's long-term sustainability. Ensuring sustainable cancer and renal systems for future generations requires a focus on optimal use of resources so that we can be sure we are getting the best value for money possible. Aligned to priorities in Ontario's *Action Plan for Health Care*, the following investments in chronic disease prevention, cancer screening and renal care will reduce the impact on costly treatment downstream.

- **Chronic Disease:**

A key way to reduce healthcare expenditure is to reduce the incidence of disease. The funding for our **Prevention System Quality Index (PSQI)** initiative will enable us to identify a comprehensive set of system indicators that will allow us to monitor and report on system-level activities for chronic disease prevention. The PSQI will be of interest to the MOHLTC and other ministries, LHINs, public health units, Public Health Ontario, health promotion resource centres and chronic disease NGOs/health charities. PSQI will help track and provide direction on effective policies and programmatic supports.

- **Cancer:**
 - Lung cancer is the most common cause of cancer deaths in Ontario and its high mortality rate is impacted, in part, by the lack of an effective, evidence-based screening method. The funding request for **lung screening** will allow CCO to begin implementation planning for the launch of high-risk lung cancer screening pilots with the eventual goal of expanding to an organized population-based program.
 - 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. HPV tests are more reproducible and objective than the Pap test, leading to more accurate cervical screening results and, ultimately, better clinical outcomes. Funding is being requested to establish **HPV as the primary screening mechanism for the Ontario Cervical Screening Program (OCSP)**.
 - Our request for funding to **transition non-OBSP mammography to the Ontario Breast Screening Program (OBSP)** (plan requested from MOHLTC) will enable us to eliminate Ontario's two-tier breast screening system, and ensure that all eligible Ontarians receive the same high-quality, cost-effective breast cancer screening services in a program that undergoes ongoing quality assurance, program monitoring and evaluation.
 - The funding to **enhance cancer risk reduction in regions will enable us to support** smoking cessation for ambulatory cancer patients in the Regional Cancer Centres. Intervening with smokers at the time of diagnosis will improve patient outcomes in surgery, systemic and radiation therapy and reduces the risk of cancer patients developing secondary cancers and other smoking-related chronic diseases. If successful, this program has the potential to be leveraged for other cancer patient populations, such as Diagnostic Assessment Program (DAP), perioperative and in-hospital patients as well as for other settings beyond the cancer treatment system.

- **Renal:**
 - To strengthen linkages between primary care providers and nephrologists, the ORN's mentorship program will help increase the capacity for primary care providers to manage CKD patients by offering these physicians the necessary education and tools. Improving engagement, coordination and integration with primary healthcare to appropriately screen, diagnose and delay progression of CKD helps keep CKD patients out of costly dialysis as long as possible.

ORGANIZATION OF 2015-2018 BUSINESS PLAN

CCO's 2015-2018 Business Plan is organized programmatically. This structure is intended to facilitate MOHLTC staff review, as it aligns with the current funding structure. It should be noted, however, that there are other ways in which CCO's work can and should be considered.

Cancer Programs

The cancer section of the Business Plan is divided into three major sub-sections – Cancer Screening, Cancer Treatment (volumes, drugs and capital), and Cancer Quality Programs. Included in the Cancer Screening and Cancer Treatment sub-sections are the incremental funding requests for screening and treatment volumes, cancer drugs and radiation treatment capital investment. Key programs enabling CCO's work in the cancer system are

profiled in the Cancer Screening and Cancer Quality Programs sub-sections. For each key program, a brief overview is provided along with key performance indicators and the major initiatives the program will focus on for the next three years. Where appropriate, incremental funding requests for quality initiatives are outlined, including key deliverables, benefits and budget. Each of programs plays a key role in supporting the objectives of OCP IV. Together the key initiatives identified across the programs support the goals and objectives of OCP IV.

Renal Program

The renal program is divided into two major sub-sections – Renal Volumes and Quality Initiatives. Quality initiatives within the renal program are organized by ORP II priorities, with each priority including a description of key performance indicators and key initiatives. As with the cancer programs, incremental funding requests for quality initiatives are profiled, including key deliverables, benefits and budget.

Access to Care and Other Programs

The Access to Care and Other Programs (Cancer Quality Council of Ontario, Quality Management Partnership and de Souza) sections each include a brief overview of the relevant program, along with performance indicators and the major initiatives the program will focus on for the next three years. As in other sections of the plan, incremental funding requests for quality initiatives are outlined, including key deliverables, benefits and budget.

A Provincial Perspective

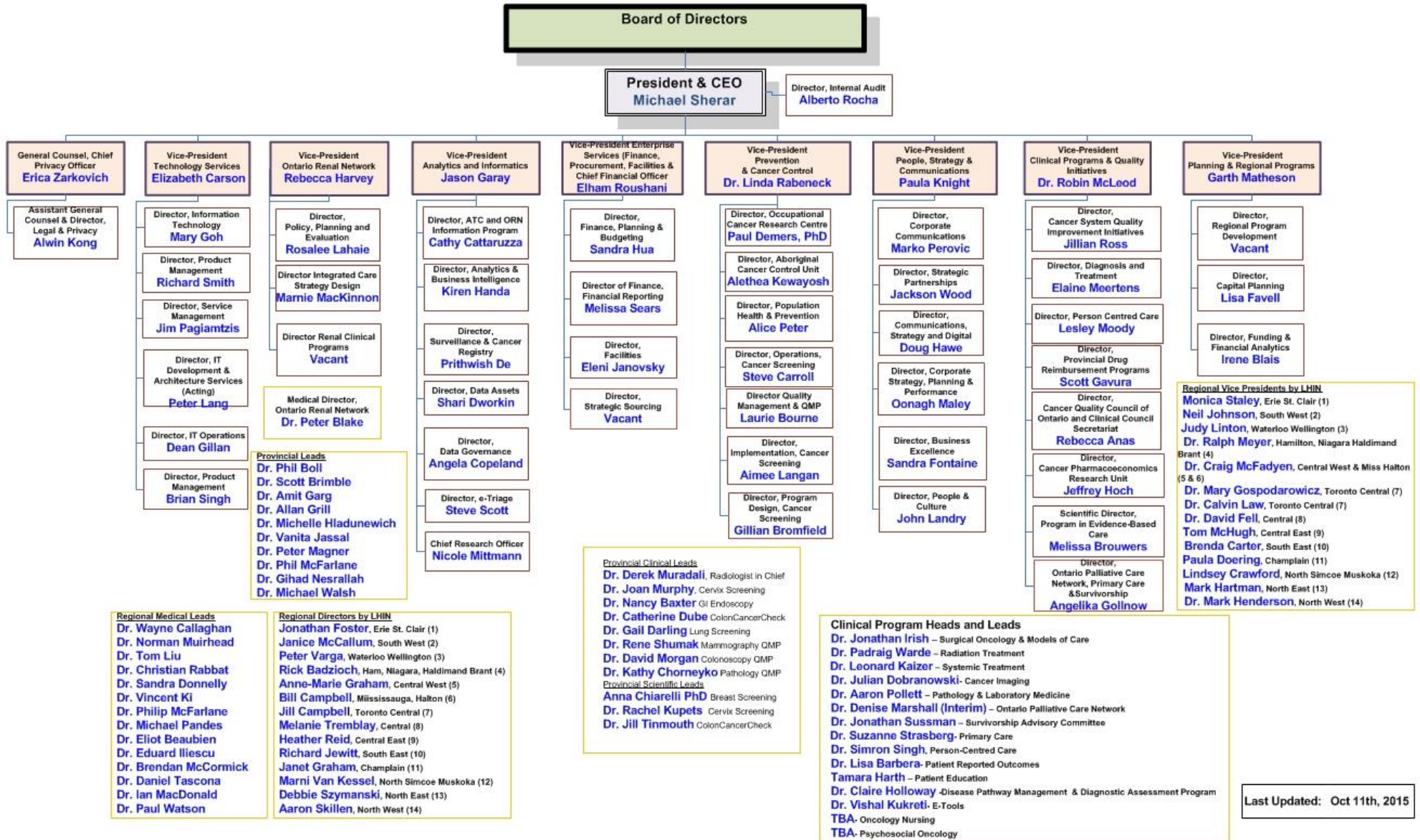
While each program may be considered separately and the work of the programs may be considered collectively in support of OCP IV or ORP II, it is important to note that there are a number of areas where CCO is taking a common provincial approach to drive quality and performance improvement in the cancer and renal systems. These include:

1. Palliative Care
2. Primary Care
3. Integrated Care
4. Patient Experience

As identified earlier, these four areas are performance gaps in the renal and cancer systems; they are also common provincial priorities identified as necessary for health system transformation. By taking a whole system approach and aligning our work with provincial priorities, our aim is to take a leadership role in enabling the government to accelerate health system performance improvement. As CCO transitions to focus on achieving the priorities of the new OCP IV and ORP II, we will continue to look for opportunities to work with our partners to accelerate health system improvement.

Ontario's healthcare landscape continues to shift. An aging population, an anticipated growth in chronic diseases such as cancer and kidney disease, and an environment of fiscal restraint necessitates that healthcare systems deliver high-quality care and provide value for every public dollar spent. At CCO, we have a record of accomplishments that demonstrate our work in driving quality, innovation, accountability and value. We intend to continue this work with the 2015-2018 Business Plan.

CCO ORGANIZATION CHART



CCO CORPORATE GOVERNANCE STRUCTURE

CCO Board Members

Mr. Ratan Ralliararam (Chair)
Ms. Bonnie Adamson
Mr. Scott Campbell
Dr. Euan Carlisle
Mr. Malcolm Heins
Ms. Shoba Khetrapal
Ms. Marilyn Knox (Leave of absence)
Ms. Patricia Lang
Dr. Andreas Laupacis
Ms. Carol Poulsen
Mr. David Ross
Dr. Mamdouh Shoukri
Ms. Betty-Lou Souter
Mr. Harvey Thomson
Mr. David Williams

Board Sub-Committees

Executive Committee
Audit and Finance Committee
Corporate Governance/Nominating Committee
Strategic Planning, Performance and Risk Management Committee
Human Resource and Compensation Committee
Information Management/Information Technology Committee

As of September 2015

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 and Infrastructure, and (vi) other. In response, MOHLTC developed a detailed agency risk assessment tool and asked its agencies to complete the tool in order to effectively identify, assess, manage and monitor enterprise-wide risks.

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.

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.

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 2014.

The ERM Policy and Framework were approved by CCO's Board on November 22, 2012, and in 2013, the ERM Policy and Framework were fully implemented. In 2014/15, CCO plans on further streamlining its Enterprise Risk Management Policy and Framework to consist of one streamlined and simplified risk document, and conducting further training on ERM for CCO staff. In 2014/15, CCO will also continue its efforts to better implement ERM into CCO business plans and processes to ensure that risk management is considered at the beginning of any business planning process.

Summary of CCO 2013 Risk Profile

MOHLTC indicated to CCO that the expectation for the 2014 submission of the tool was on hold, pending revisions to the template, and would resume in February 2015. CCO's last formal update of the tool was in September 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
LOW RISKS	36 (42.4%)	52 (64.2%)
MEDIUM RISKS	47 (55.3%)	29 (35.8%)
HIGH RISKS	2 (2.3%)	0
TOTAL RISKS	85	81

CCO COMMUNICATIONS PLAN

CCO'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 best-in-class communications practice to ensure CCO successfully meets its commitment to Ontarians.

CCO has several lines of business: Clinical Programs and Quality Initiatives; Prevention and Cancer Control; Analytics and Informatics; the Ontario Renal Network; and Planning and Regional Programs. Each of these portfolios has commitments to deliver multiple initiatives and projects – all of which align to our OCP and ORP, as well as CCO's corporate strategy – that support the priorities of MOHLTC.

The Communications Division provides a full range of communications services – from strategic counsel, marketing, event planning, issue management and media relations, to creative design, social media expertise and digital strategy. 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.

The strategy and relationship management team works with internal partners from all of CCO's departments and program areas to develop integrated marketing communications plans and tactics across all platforms and audiences that are directly aligned to the partners' business objectives.

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 OCP, the 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 ORN; taking action to prevent chronic disease; implementing integrated cancer screening; and supporting access to care.

Corporate Communications Plan:

Using CCO's Business Plan and 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. A unified voice and clear narrative helps CCO's various audiences understand who is CCO and the value of the organization in driving health system quality improvements. This is critical as much of CCO's communications efforts are grounded in raising awareness and supporting change initiatives throughout the province.

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 MOHLTC'S *Action Plan for Health Care*. It is a key driver in achieving CCO's priorities laid out in the OCP, ORP and the corporate strategy.

The corporate communications plan is reviewed at regular intervals throughout the year and revised as appropriate to better support the organization.

Communications objectives for 2015/16:

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

- launch and sustain My CancerIQ risk assessment tool through an integrated communications campaign to: drive awareness and engagement with Ontarians of the My CancerIQ tool and its benefits; leverage key influencers from the public segment to amplify My CancerIQ awareness and drive incremental engagement; and, drive awareness of the launch and build credibility for the My CancerIQ tool with the healthcare provider audience, and motivate them to share with their patients;
- develop corporate narrative that tells CCO's story across all divisions and that can be used as a tool for leaders and staff to position CCO consistently in all communications (media interviews, conference presentations, public correspondence, provider outreach, etc.);
- develop corporate leadership strategy that generates awareness of CCO's brand and positions the organization as a leader in healthcare, helping to solidify trust and confidence in the organization from key audiences in the healthcare provider community, patients and families, public, media and healthcare organizations;
- partner with MOHLTC's Communications and Marketing Division to develop a long-term integrated communications plan aimed at increasing awareness of cancer screening;
- develop and implement program-specific communications strategies across business lines with support tactics and products that advance our goals in cancer, chronic kidney disease and access to care; and
- enhance media relations strategies with a focus on expanding our footprint in health trade, lifestyle and ethnic media.

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

- enhance communications channels with partners to reach stakeholders using targeted and cost-efficient approaches;
- increase use of audience market research to ensure communications strategies are developed for maximum impact and address identified audience barriers and opportunities; and
- leverage stakeholder insight and a proven approach to help map out a comprehensive digital strategy to ensure the evolution of CCO's communication practices, to optimize the use of resources and to align with CCO's established strategic priorities. The strategy includes two underlying objectives and four strategies to help CCO keep PACE with digital:
 - provide practical information in a user-friendly format;
 - look for opportunities to accelerate change and improvements throughout the patient journey;
 - optimize collaboration and knowledge sharing between CCO's multidisciplinary stakeholders; and
 - improve satisfaction and outcomes by providing the public and patients with digital tools that empower them to take more control of their own health.

3. Strengthen mutually beneficial relationships with stakeholders:

- expand communications partnerships beyond regional cancer program networks to include LHINs, CCACs, hospitals, healthcare agencies and other key stakeholders;
- make 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 and provider interests and concerns.

4. Proactively manage risk:

- develop and enhance issues management strategies to identify, monitor and respond to issues to reduce likelihood of escalation in a timely and effective manner;
- develop new media relations policy;
- Strengthen relationships with media partners through increased engagement with media relations team and key influencers in the organization.

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

- develop internal communications strategy with a focus on employee engagement and information sharing;
- implement channels and tactics for employee communications that follow an established cadence for information sharing on existing and new platforms;
- establish quarterly all-staff meetings that focus on employees and culture/people initiatives;
- engage teams across the organization in sharing information through coordinated events such as a staff fair to enable staff to learn about other teams and highlight their programs;
- increase employee knowledge of corporate and individual lines of businesses; and
- proactively 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.

Audience	Definition	Tactics	Characteristics
Provider	<ul style="list-style-type: none"> • Physicians, specialists, general practitioners, nurses, social workers and other allied health professionals • Regional Cancer Centre leadership and staff • Hospital CEOs, COOs and CFOs • Ontario Hospital Association 	<ul style="list-style-type: none"> • Regular face-to-face meetings • Presentations • Conferences • Social media • External website postings • Media releases • Posters • Ontario Medical Association distribution 	<ul style="list-style-type: none"> • Official • Timely • Accurate • Authoritative • Transparent
Patients	<ul style="list-style-type: none"> • Patients • Family and caregivers of users of the cancer and renal systems 	<ul style="list-style-type: none"> • Website • Bulletins • Corporate events • Guidance and toolkits • Marketing and PR campaigns • Brand and corporate identity • Social media • Corporate information and materials • Community engagement activities • Advertising 	<ul style="list-style-type: none"> • Official • Informational • Topical
General Public	<ul style="list-style-type: none"> • Taxpayers • Communities of specific focus: <ul style="list-style-type: none"> • Aboriginal; • Underserved/never served populations; • Multicultural communities. 	<ul style="list-style-type: none"> • Website • Bulletins • Corporate events • Guidance and toolkits • Marketing and PR campaigns • Brand and corporate identity • Social media • Engagement/special Events • Corporate information and materials 	<ul style="list-style-type: none"> • Informational • Official • Multilingual • Motivational <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"> • Executive team • CCO staff • Board of Directors 	<ul style="list-style-type: none"> • Employee survey • CEO blog • Intranet • Town hall meetings • Multimedia success stories/ presentations. 	<ul style="list-style-type: none"> • Official • Informative • Motivational • Interactive

CCO COMPENSATION STRATEGY

CCO's People and Culture 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 and retaining the right people and creating a work environment where employees can do their best work.

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 obligation with respect to pay equity and employment equity, as well as 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 75th 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 Role and Compensation Review Panel, 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 other organizations 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 and 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 from which CCO hires its talent. 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 overall 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.

CCO OPERATING BUDGET

CCO Operating Budget (In 000s)	2015/16 Base	2015/16 One-Time	2016/17 Base	2016/17 One-Time	2017/18 Base	2017/18 One-Time
Cancer Programs	\$767,014	\$25,789	\$767,014		\$767,014	
Ontario Breast Screening Program	\$32,393		\$32,393		\$32,393	
Integrated Cancer Screening	\$60,890		\$60,890		\$60,890	
Clinical Specialist Radiation Therapist		\$132				
New Drug Funding Program	\$344,980	\$10,000	\$344,980		\$344,980	
Patient Navigators and deSouza	\$1,400	\$1,015	\$1,400		\$1,400	
Aboriginal Tobacco Program & Smoking Cessation		\$500				
Diagnostic & Medical Equipment		\$34,500				
Access to Care	\$20,264		\$20,264		\$20,264	
electronic Canadian Triage Acuity Scale	\$1,313	\$1,882	\$1,313		\$1,313	
Ontario Renal Network	\$610,996	\$17,441	\$610,996		\$610,996	
Ontario Palliative Care Network	\$1,991		\$1,991		\$1,991	
Dementia Capacity Planning		\$650				
Total Funding	\$1,841,24	\$91,909	\$1,841,24		\$1,841,24	

FULL TIME EMPLOYEES

FULL TIME EMPLOYEES	2015/16 YTD Sept
Cancer Program:	538.8
Information Management, Technology and Corporate Support	331.4
Clinical Programs and Quality Initiatives	98.8
Prevention and Cancer Control	70.5
Planning and Regional Programs	38.1
Access to Care	122.2
eCTAS	6.3
Integrated Cancer Screening	196.1
Ontario Breast Screening Program	10.6
Ontario Renal Network	67.0
New Drug Funding Program	11.7
Grants	28.0
Total FTE's	980.6

INITIATIVES INVOLVING THIRD PARTIES

Initiative	Funder
Occupational Cancer Research Centre	Canadian Cancer Society
Occupational Cancer Research Centre	Ministry of Labor
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
A Survivorship Action Plan (ASAP)	Prostate Cancer Canada
Miscellaneous Research Grants from Various Provincial and Federal Research Organizations	Numerous Granting Organizations