Cancer Care Ontario Business Plan

2016-17 to 2018-19

Submitted: October 31st, 2015

Revised: February 2017

Annual Business Plan 2016-2019

Ontario
Cancer Care Ontario

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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

About CCO

CCO is the Ontario government's principal advisor on the cancer and kidney care systems, as well as on access to care for key health services. Housing Cancer Care Ontario and the Ontario Renal Network, 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 (CKD) and access to care. Our healthcare partners rely on us to provide them with the tools, resources, performance management and evidence-based data to enable them to positively impact the delivery of care.

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). CCO directs and oversees approximately $1.9 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, Cancer Care Ontario implements provincial cancer prevention and screening programs; works with cancer care professionals and organizations to develop and implement quality improvements, standards and accountability for cancer care; and uses electronic information and technology to increase accessibility to and advance the safety, quality and efficiency of Ontario's cancer services in order to support health professionals and patient self-care. Cancer Care Ontario works with healthcare providers in every Local Health Integration Network (LHIN) to plan services that will meet the needs of current and future patients. In consultation with the 14 Regional Cancer Programs, Cancer Care Ontario coordinates the allocation of treatment volumes for radiation and systemic treatment, cancer surgery, genetic testing to inform treatment choices and specialized services (e.g., focal tumour ablation, sarcoma, stem cell transplant). In addition, Cancer Care Ontario conducts research and rapidly transfers knowledge of new research into improvements and innovations in clinical practice and cancer service delivery.

Kidney Care Services

The Ontario Renal Network was established at CCO in 2009 to lead a province-wide effort to better organize and manage the delivery of dialysis and kidney care services across the province for people living with CKD. The Ontario Renal Network works through 26 regional CKD programs to allocate volumes for dialysis and other kidney care services within 105 facilities (including hospitals and community-based facilities) and to implement quality improvements, standards and accountability.

The Ontario Renal Network'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.

Broader Health System Improvement

CCO also leverages its expertise and knowledge to support MOHLTC and other partners in driving higher quality care and improved value for money across Ontario's health system. CCO initiatives that support broader health system improvements and align with the government's action plan (i.e., *Patients First: Action Plan for Health Care)* include:

- **Health System Funding Reform:** CCO leads Health System Funding Reform (HSFR) on behalf of MOHLTC within the cancer and kidney care systems. HSFR is shifting healthcare funding from a predominantly global budget funding system toward a more transparent, evidence-based model in which funding is tied more directly to the quality care that is needed and will be provided.

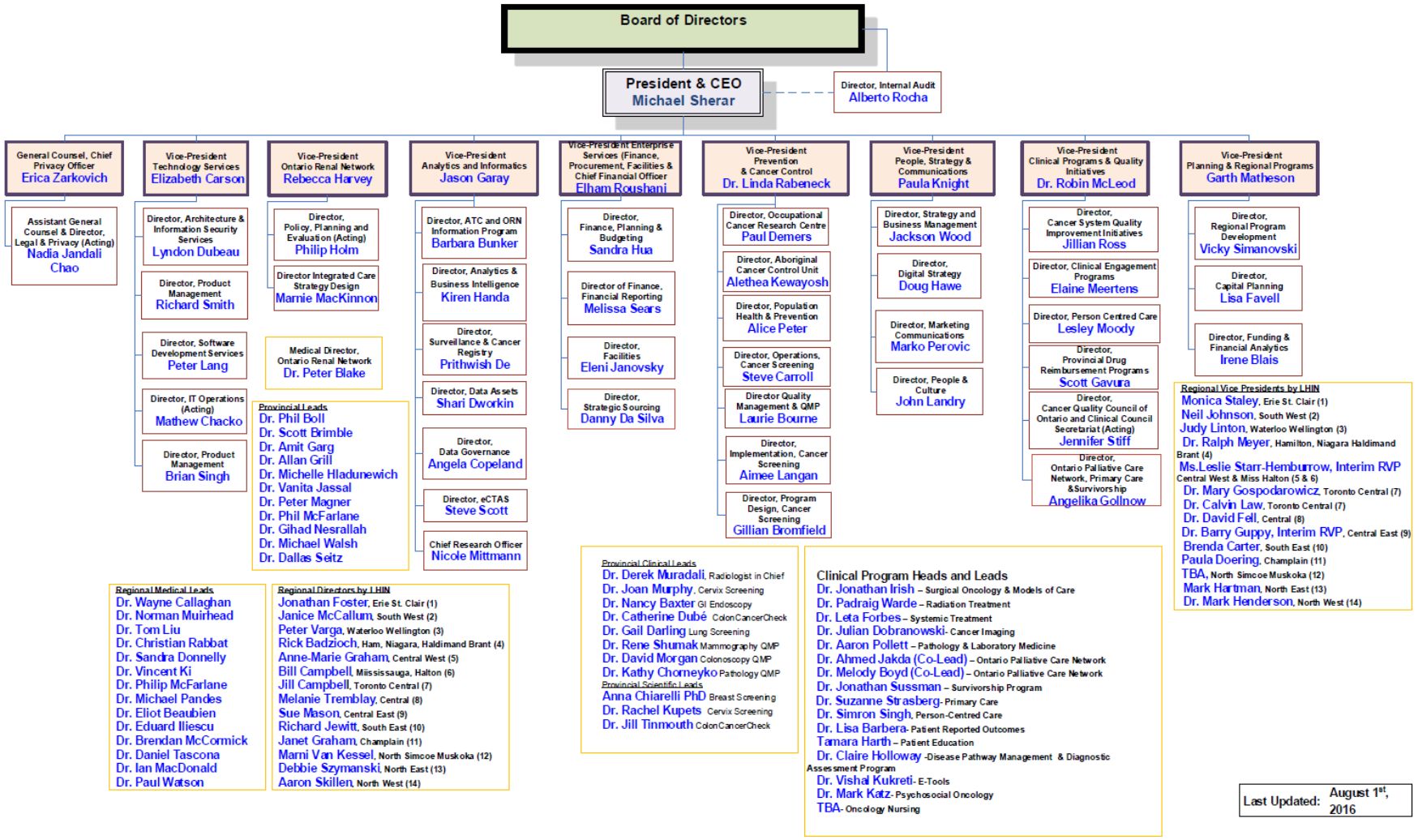
- **Wait Times Measurement:** CCO's Access to Care program supports achievement of Ontario's Wait Time and Emergency Room/Alternate Level of Care Strategies through the collection and provision of information that enables the government to manage and improve access, quality and efficiency of care.

- **Quality Management Partnership:** In 2013, at the request of MOHLTC, Cancer Care Ontario entered into a partnership with the College of Physicians and Surgeons of Ontario to develop and implement quality management programs, beginning with mammography, pathology and colonoscopy. Once fully implemented, the programs will address variations and gaps to ensure consistent, clinically driven standards across the province.

- **Enhancing Palliative Care:** CCO is partnering with the LHINs to create a unified provincial approach to palliative care. This partnership will strengthen CCO's ability to improve the experiences of people with cancer and CKD, and will inform and accelerate solutions to improve palliative care more broadly across Ontario's health systems.

- **Chronic Disease Prevention**: CCO is working collaboratively to advance action by the government and other stakeholders on the *Taking Action to Prevent Chronic Disease* recommendations, which CCO developed in partnership with Public Health Ontario. One significant step was the release of the first Prevention System Quality Index, which measures the effect of system-level cancer prevention initiatives.

CCO ORGANIZATIONAL CHART



CCO CORPORATE GOVERNANCE STRUCTURE

CCO Board Members*	Term Start Date	Term End Date
Mr. Ratan Ralliaram (Chair)	January 5, 2015	January 4, 2018
Ms. Marilyn Knox	March 23, 2011	March 22, 2017
Dr. Andreas Laupacis	March 23, 2011	March 22, 2017
Mr. David Williams	April 18, 2011	April 17, 2017
Ms. Patricia Lang	June 20, 2007	June 19, 2017
Ms. Carol Poulsen	December 10, 2014	December 9, 2017
Dr. Euan Carlisle	January 5, 2015	January 4, 2018
Mr. Malcolm Heins	February 25, 2009	February 24, 2018
Mr. Harvey Thomson	April 18, 2012	April 17, 2018
Mr. Scott Campbell	April 18, 2012	April 17, 2018
Ms. Bonnie Adamson	May 27, 2015	May 26, 2018
Mr. David Wexler	February 10, 2016	February 9, 2019
Mr. David Ross	May 29, 2013	May 28, 2019

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 February 2017*

CCO Strategic Direction

CCO's work in Ontario's cancer and kidney care systems is guided by the goals and priorities of CCO's corporate strategy and system plans. These goals and priorities build on the significant foundation set by our previous system plans, reflect today's challenging healthcare environment, and are anchored in our approach to health system performance improvement.

I. CCO's Corporate Strategy and System Plans

Corporate Strategy 2012-2018

CCO's 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.

Ontario Cancer Plan IV 2015 - 2019

Cancer Care Ontario launched the Ontario Cancer Plan IV (OCP IV) in March 2015. OCP IV will serve as our guide as we move forward together over the next four years and continue to improve the cancer system for Ontarians.

OCP IV was developed in collaboration with key partners and stakeholders, including patient and family advisors, administrators, healthcare providers and international experts. Stemming from extensive consultation and environmental scanning, six key themes emerged and have become the goals of OCP IV. These goals focus on:

- Quality of life and patient experience
- Safety
- Equity
- Integrated care
- Sustainability
- Effectiveness

Ontario Renal Plan II 2015 - 2019

Also in March 2015, the Ontario Renal Network launched its second provincial kidney care strategy, the Ontario Renal Plan II (ORP II). Like OCP IV, the development of ORP II relied on extensive collaboration and meaningful consultation with key stakeholders, including patients and families. These consultations outlined several key themes that became the basis of the three goals identified in the new plan. These goals focus on empowering and supporting patients to be active in their care, integrating care and improving patients' access to care.

II. Building on a Solid Foundation

Both OCP IV and ORP II are built on the significant accomplishments of their predecessors. The first three cancer plans focused on building system capacity, reducing wait times, improving quality of care, and investing in prevention, early detection and care closer to home, as well as managing rising costs in an evidence-informed way. In the kidney care system, our first plan introduced a systematic approach to addressing the detection, diagnosis and treatment of CKD in this province.

Here, we highlight just a few of accomplishments from our most recent plans, Ontario Cancer Plan III (OCP III, 2011-2015) and the first Ontario Renal Plan (ORP I, 2012-2015). These achievements demonstrate that, working in close partnership with our many stakeholders including MOHLTC, CCO is strengthening and improving Ontario's healthcare systems. For a comprehensive view of CCO's accomplishments, please see our annual reports.

Ontario Cancer Plan III highlights

- My CancerIQ was launched in February 2015. This unique online tool was designed specifically for Ontarians. It achieved a goal stated in the MOHLTC Health Action Plan that all Ontarians will have access to an online cancer risk assessment. By the end of August 2015, there were over half a million visits to the site, 132,000 risk assessments had been completed, and 103,000 users had been educated about Ontario's colorectal, breast or cervical cancer screening programs.

- Working towards the implementation of the Aboriginal Cancer Strategy II, Cancer Care Ontario signed relationship protocols with five Aboriginal groups. These protocols outline how Cancer Care Ontario will work with First Nations, Inuit and Métis groups to improve the performance of the cancer system with and for Aboriginal peoples in Ontario in a way that honours the Aboriginal Path of Well-being.

- An integrated program to oversee the delivery of cancer screening for colorectal, breast and cervical cancers was implemented. Through this single integrated strategy—which includes ColonCancerCheck, the Ontario Breast Screening Program and the Ontario Cervical Screening Program—patients and primary care providers receive a consistent and coordinated cancer screening experience.

- Wait times for referral, surgery and radiation treatment have improved, despite the increasing incidence and prevalence of cancer and the growing demand for cancer services. For example, from 2011/12 to end of 2014/15, the number of patients who had a consultation with a radiation oncologist within 14 days of referral improved from 71.0% to 85.2%, despite a 7% in the number of patients receiving referrals. During the same period, wait times from the time a patient was ready to treat to the time they started their treatment also improved from 83.6% to 91.4% despite a 4% increase in the number of patients treated.

- Through investment in cancer treatment facilities and radiation technology and by maximizing the use of existing investments, Cancer Care Ontario and the province have substantially increased capacity so that more patients receive radiation treatment within recommended timelines and receive care closer to home (more than 4,000 patients per annum representing 10% of total provincial radiation treatment capacity).

- As of March 31, 2015, CCO's interactive symptom assessment and collection tool (ISAAC) was being used by more than 37,000 patients each month to self-assess their symptoms and provide clinicians additional information to guide care.

- The risk of chemotherapy errors was reduced through the continued implementation of Canada's first cancer-specific Systemic Treatment Computerized Order Entry (CPOE) system. Approximately 93% of all systemic treatment facilities in Ontario now use CPOE for intravenous chemotherapy prescriptions. A benefits evaluation conducted at 15 sites between 2011-13 found a notable post-implementation decline in medication errors resulting in incidents; orders giving rise to transcription error; and incomplete or unclear systemic treatment orders.

- Four drug reimbursement programs are now administered by Cancer Care Ontario: the New Drug Funding Program, the Evidence Building Program, the Case-by-Case Review Program and the Out-of-Country Program. 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.

- Cancer Care Ontario's community of patient and family advisors now has more than 80 members working to help us improve the patient experience. In another important step, the *Person-Centred Care Guideline* was developed in collaboration with the Program in Evidence-Based Care. This guideline advances a person-centred approach to care and sets the standard of care that people experiencing cancer should expect to receive.

Ontario Renal Plan I highlights:

- A CKD patient-based funding framework was implemented in collaboration with MOHLTC. This funding framework promotes person-centred and evidence-based care, links funding to patients and best care practices, and ensures funding equity across service providers.

- Tools and resources were developed to improve primary care providers' awareness of CKD, helping them to better detect and manage CKD.

- The Ontario Renal Reporting System now captures comparable data on all pre-dialysis, acute dialysis and chronic dialysis patients in the province, providing essential information to improve system quality, performance, planning and funding allocation.

- A capacity planning tool is improving the ability to forecast patient numbers and hemodialysis (HD) station requirements, and make transparent, evidence-based investments to ensure the necessary resources and infrastructure for kidney care are available.

- Dialysis capacity was expanded among CKD service providers, with more than 100 in-facility HD stations added to the kidney care system between 2012 and 2015.

- A number of initiatives enabled a community-first approach to kidney care, including the expansion of the CKD patient-based funding framework to incorporate funding for assisted peritoneal dialysis services provided by Community Care Access Centres and in long-term care homes, and a pilot project to have personal support workers assist patients with home HD. The Ontario Renal Network also provides lease funding and funding for associated indirect costs for community-based satellites in order to alleviate space pressures, ensure access to care closer to home and ensure patient safety.

- Modest improvements in priority areas (e.g., uptake of independent dialysis and prevalent HD catheter use) are being seen, and we are confident we will continue to improve patient care through the implementation of Ontario Renal Plan II.

- **Responding to an Evolving Healthcare Environment**

The above accomplishments have put CCO in a strong position to take a leadership role supporting MOHLTC and our partners in addressing the challenges and opportunities of Ontario's changing healthcare environment.

All levels of the healthcare system are under pressure from the changing needs of Ontario's growing population. Despite progress in many areas of screening, prevention and treatment, cancer and CKD continue to place a tremendous burden on individuals, caregivers and the healthcare system. Our aging population is a significant driver of this trend; chronic illnesses such as cancer and CKD are largely diseases of aging. The number of seniors aged 65 and over is projected to more than double from about 2.1 million, or 15.2% of population in 2013, to over 4.5 million, or 25.5%, by 2041.[1] As survival rates for cancer improve, prevalence is rising. By 2019, more than 253,900 Ontarians will have received a diagnosis of cancer in the past five years, compared to 196,300 in 2009.[2] Patients, families, healthcare providers and the health system will face new challenges as more and more people move from active treatment to survivorship. At the same time, more Ontarians who live with cancer or CKD are also dealing with comorbidities such as diabetes, heart disease and Alzheimer's disease. On a system level, the more health conditions a person has, the more complex and therefore more expensive the care.

Many chronic diseases, including cancer and CKD, could be prevented by eliminating modifiable risk factors such as tobacco use, excessive alcohol consumption, unhealthy eating and physical inactivity. MOHLTC estimates that chronic diseases account for approximately 55.0% of direct and indirect health costs in Ontario, therefore prevention is critical to the sustainability of our healthcare system.[3]

In Ontario, healthcare already consumes more than 42.0% of every dollar spent on provincial programs.[4] This figure is certain to grow unless we use our resources wisely and take effective preventive measures to slow the demand for services.

Ensuring value for public dollars is imperative for the long-term sustainability of our health system, and driving better value through quality improvement is at the core of CCO's system plans. The goals and objectives within OCP IV and ORP II also represent opportunities for CCO to support the government's *Action Plan for Health Care*, particularly in the areas of increased access to better and more coordinated care, supporting patients and ensuring the healthcare system is sustainable for generations to come. We also support the government's call for transparency in sharing performance-related information while balancing the need to protect personal health information.

[1] Ontario. Ministry of Finance. *Ontario Population Projections, 2013 – 2041* (online). Fall 2014. Available: http://www.fin.gov.on.ca/en/economy/demographics/projections/#s3c. [Accessed August 26, 2015].

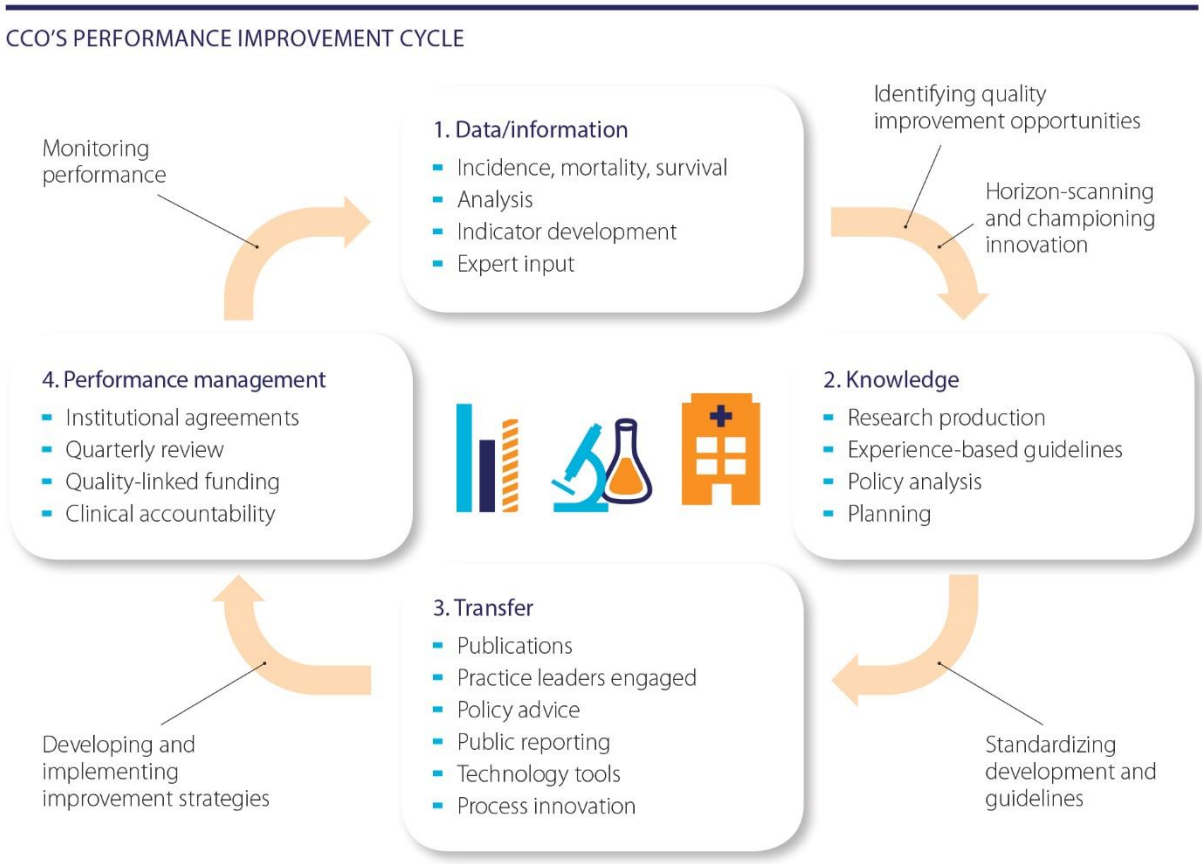
[2] Ontario Cancer Registry (April 2014 data extract). Analysis prepared by: Cancer Care Ontario, Prevention and Cancer Control, Population Health and Prevention. (Prepared August 2014; Accessed August 26, 2015).

[3] Ontario, Ministry of Health and Long-Term Care. Preventing and managing chronic disease: Ontario's framework (online). Toronto: Queen's Printer for Ontario; 2007. Available http://www.health.gov.on.ca/en/pro/programs/cdpm/ [Accessed: August 26, 2015].

[4] Ontario, Ministry of Finance. Building Ontario Up: Ontario Budget 2015 (online). Toronto: Queen's Printer for Ontario; 2015. Available: http://www.fin.gov.on.ca/en/budget/ontariobudgets/2015/papers_all.pdf [Accessed: August 26, 2015].

Anchored in our Approach to Health System Performance Improvement

CCO's strategic directions are anchored in our approach to health performance improvement.



The model begins with robust data and information. Data such as incidence, mortality, analysis, expert input (including input from healthcare professionals as well as patients and families) are used to generate knowledge in the form of evidence-based guidelines, to conduct research, for policy analysis, and to inform planning. This knowledge is shared with healthcare partners and stakeholders through a variety of mediums such as publications, public reporting, policy advice and technology tools. The transfer of this knowledge leads to developing and implementing improvement strategies, which become part of performance management, linking funding to quality, quarterly reviews and accountability. Performance is regularly monitored, with data fed back into the performance improvement cycle to ensure continuous improvement. This performance improvement cycle continues to be an integral process through which CCO evaluates its work and drives improvements in quality and value.

CCO'S 2016-2019 Annual Business Plan

CCO's 2016-2019 Annual Business Plan outlines our key programs and associated priority areas of focus required to deliver on our commitments under OCP IV and ORP II and to our health system partners. These programs and associated priority areas are organized as follows:

- CCO's work in Ontario's cancer system is organized by screening volumes, treatment volumes, drug funding, capital investment and quality initiatives. The quality initiatives are organized by the goals and objectives of OCP IV. For each OCP IV goal, the initiatives that are the focus for 2016-19 are provided along with the key deliverables/activities for 2016/17.

- CCO's work in Ontario's kidney care system is organized by treatment volumes, infrastructure and equipment, and quality initiatives. The quality initiatives are organized by the goals and objectives of ORP II. For each ORP II goal, the initiatives that are the focus for 2016-19 are provided along with the key deliverables/activities for 2016/17.

- This business plan includes a brief overview of CCO's Access to Care Program, the Cancer Quality Council of Ontario and the Ontario Palliative Care Network.

CCO's business plan also identifies specific areas where additional investment is required. In identifying which programs and initiatives to recommend for investment through this business plan, CCO carefully balanced the current fiscal and healthcare environments with its responsibilities to help provide the highest quality care for current and future patients and to help the provincial health system deliver excellent value. The following pages provide an overview of CCO's key requests for investment in Ontario's cancer and kidney care systems.

I. Incremental Volumes for Screening and Patient Treatment Services

The incremental growth in cancer screening and cancer and renal patient treatment volumes represent the majority of CCO's request for additional investment.

In addition to improving the quality and appropriateness of screening, the performance goals of the Cancer Screening Program are to increase screening participation and improve follow up rates for participants with abnormal results. These goals, combined with Ontario's growing and aging population, are driving increased screening volumes.

Because of the direct impact on patients, funding for patient treatment services is an acknowledged MOHLTC funding priority. Considering the patient impact, the significant investment required and the current environment of fiscal restraint, CCO strives to ensure the accuracy of patient treatment service projections. Patient treatment services for cancer include surgery, radiation, systemic treatment (chemotherapy), stem cell transplantation, sarcoma and leukemia. In terms of kidney care services, as of 2015, approximately 12,000 people in Ontario have CKD requiring pre-dialysis care, and an additional 10,500 Ontarians have advanced CKD and require dialysis. The need for dialysis has been gradually rising for more than a decade, and is expected to continue climbing in the foreseeable future. This trend is largely driven by changing demographics and the increasing prevalence of risk factors associated with CKD, such as aging, diabetes and hypertension.

II. Health System Funding Reform

This business plan, as in previous plans, includes requests to reallocate funding to CCO to enable our role in Health System Funding Reform (HSFR). CCO is proud to take a leadership role in HSFR through the

implementation of Quality-Based Procedures (QBPs; clinical procedures or services provided to clusters of patients with clinically related diagnoses or treatments). This year, we are requesting an administrative transfer of funding from the Ministry to enable the integration of independent health facilities into the Ontario Renal Network's funding framework. The QBPs for surgeries for two additional cancers (breast and thyroid) are under development. When the carve-out requirements are available, CCO will provide them to MOHLTC. It should be noted that the requests to reallocate funding, unlike the requests to address incremental growth in volumes (see above), do not represent new funding.

The development of a QBP evaluation framework is now underway. The framework will help CCO and MOHLTC understand whether the funding models are achieving intended results, improving funding equity across service providers, ensuring value for money, enhancing quality, and monitoring unintended consequences. The results of this work will also inform the design and evaluation of new QBPs and funding models, as well as guide the potential redesign of current QBPs.

Given current constrained fiscal environment, CCO continues to collaborate and negotiate with MOHLTC related to ongoing volume funding pressures. Both short-term and long-term strategies are being developed whereby some of the strategies may be policy driven through or methodological. Examples include:

- Pricing options.
- Continued evaluation, promotion of and incentives for patient-care activities to enable shift of care from acute to home, including personal support workers (PSW) supported home hemodialysis, and oral chemotherapy.
- Continued evaluation of standards of care to improve quality and where appropriate reduce volumes.
- Improve access to living donor transplant with Trillium Gift of Life.
- Activities to delay progression of kidney disease that therefore delay dialysis start.

III. Cancer Drug Funding and Administration

Cancer Care Ontario administers four provincial cancer drug reimbursement programs—the New Drug Funding Program (NDFP), the Evidence Building Programs, the Case-by-Case Review Program and the Out-of-Country Program—on behalf of, and in collaboration with, MOHLTC. This business plan includes a request for additional funding reflecting the growing use of drugs in the current NDFP formulary, and the recent additions of newly approved drugs. It is CCO's expectation that as new drugs and indications are approved by MOHLTC and added to the formulary, additional funding will be made available.

Cancer Care Ontario's dual responsibility is to ensure that Ontario cancer patients have equal access to new and expensive cancer drugs while also ensuring healthcare dollars are spent wisely to produce the greatest value for patients and society. In order to achieve this, the NDFP will only reimburse for drugs that have gone through a rigorous evaluation process that includes explicit consideration of a drug's safety and its clinical and cost effectiveness. Cancer Care Ontario 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.

This business plan also includes a request for funding to administer the Exceptional Access Program. The Ministry and Ontario Public Drug Programs is interested in having Cancer Care Ontario administer this program, which currently processes approximately 6,000 applications for funding take-home cancer drugs. Cancer Care Ontario is developing a detailed business case to administer this program which, if accepted,

will require funding for costs associated with implementing and operating the program in subsequent fiscal years.

IV. Infrastructure Investment in the Cancer and Kidney Care Systems

One of CCO's primary responsibilities is coordinating capital investments to build and equip cancer treatment facilities to ensure that Ontario patients continue to receive high-quality care in a timely manner. This work is guided by CCO's Cancer Capital Investment Strategy, and Radiation Treatment and Related Equipment Replacement Strategy.

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. 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, we must secure funding for machine replacement in order to ensure installed treatment units remain reliable. Continual renewal and expansion of our radiation-treatment capabilities carry 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.

For the Ontario Renal Network, ensuring the availability of safe, high-quality dialysis services for patients closer to home is a continued priority. Investments in equipment and infrastructure (e.g., leases, HD machines)—which are guided by our comprehensive provincial capacity planning work—support growth in the home and community sector and ensure forecasted service demands are met.

V. Cancer and Kidney Care System Quality Initiatives

In identifying which quality initiative funding requests to include in this business plan, CCO carefully balanced the current fiscal environment with CCO's responsibility to ensure safe, high-quality care in the cancer and kidney care systems. CCO ultimately focused on those initiatives required to achieve CCO's system priorities as identified in OCP IV or ORP II. We also assessed initiatives 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 MOHLTC:

- **Quality Management Partnership with College of Physicians and Surgeons of Ontario** (CPSO): In 2013, at the request of MOHLTC, Cancer Care Ontario entered into a partnership with CPSO to develop and implement a Quality Management Program (QMP). Incremental funding is being requested to develop and deploy physician, facility and system level reports on the quality of colonoscopy, mammography, and pathology services. This requires leveraging existing Cancer Care Ontario data assets as well as collecting new data, to produce the three levels of reports across the three health service areas.

- **Ontario Palliative Care Network** (OPCN): OPCN is an organized partnership of community stakeholders, health service providers and health systems planners responsible for the development of a coordinated, standardized approach for the delivery of palliative services for Ontario. The 14 Local Health Integration Networks (LHINs), CCO, Health Quality Ontario and the Quality Hospice Palliative Care Coalition of Ontario are tasked with providing executive leadership and accountability within OPCN.

- **Electronic Canadian Triage and Acuity Scale** (eCTAS): The eCTAS initiative seeks to improve the accuracy and consistency of CTAS-level designations in emergency departments across Ontario. By standardizing the application of the CTAS guidelines across the province, the eCTAS initiative will improve patient safety and quality of care; enhance accountability and drive Ontario health system performance through more timely collection, analysis and reporting of clinical triage/emergency department data; and support more informed policy and funding decision-making.

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, particularly in the areas of person-centred care, prevention, integrated care and value for money. 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.

Person-centred care: There is recognition that high-quality healthcare requires a shift from a provider- or system-centred approach towards one that is centred on patients and families. Patient-centred care results in improved health outcomes, wiser application of resources and greater patient and family satisfaction.

- *Shared decision-making for kidney transplantation:* The Ontario Renal Network, working in collaboration with Trillium Gift of Life Network, will implement a shared decision-making approach that enables patients to make informed decisions about kidney transplantation. Kidney transplantation is associated with better patient outcomes and is associated with significantly lower costs to the healthcare system. However, kidney transplantation is a complex process. Application of shared decision-making to transplant care has a number of benefits, including increased willingness to pursue a transplant, based on decisions that incorporate patient values and beliefs and improved patient experience throughout the transplant continuum.

- *Symptom management and assessment:* For patients with advanced CKD and end-stage kidney disease, symptom burden is typically high. Currently in Ontario, a consistent and organized approach to assessment, measurement and management of patients' symptoms does not exist. This initiative will focus on the identification and selection of evidence-based clinical symptom management guides to be adopted and/or modified and piloted at (up to four) regional CKD program sites. The pilot will form the evidentiary base for broader provincial implementation of symptom management and measurement tools.

Prevention: Current fiscal challenges, combined with our growing and aging population, mean that we must take steps today to reduce the future incidence of cancer in order to promote the sustainability of our healthcare system. One of the first places to invest is upstream, in both primary prevention initiatives that focus on preventing disease before it develops by reducing exposure to risk factors, and secondary prevention initiatives, which aim to reduce the impact or slow the progression of disease once it has occurred, through screening, early detection and treatment.

- *Aboriginal tobacco control:* Cancer Care Ontario's Aboriginal Tobacco Program works to address high smoking rates among Aboriginal people by enhancing the Aboriginal community's knowledge, skills, capacity and behaviour through programming that is aligned with the Smoke-Free Ontario Strategy tobacco control objectives of prevention, cessation and protection.

- *Fecal immunochemical test (FIT):* This initiative will enable Cancer Care Ontario to transition from fecal occult blood tests (FOBT) to FIT and boost colorectal cancer screening rates. FIT improves patient experience and participation rates because it is a simpler test. Additionally, compared with FOBT, FIT is a more effective screening test that will improve detection of cancer and advanced adenomas (pre-cancerous lesions), which will help improve the performance of the cancer system.

Integrated care: Integration in healthcare ensures that Ontarians get the care they need, when they need it, where they need it. Our investment in the Diagnostic Assessment Programs (DAPs) will enable greater integration and coordination among different healthcare providers and with patients and their families during the cancer diagnostic phase.

- *Diagnostic Assessment Programs (DAPs):* This initiative will support implementation of *Navigating the Diagnostic Phase of Cancer: Ontario's Strategic Directions 2014-2018*. Executing the DAP strategy will help ensure system improvements are made to support all individuals undergoing a potential cancer diagnosis by refining the scope of DAPs, developing person-centred navigation models, improving care coordination and expanding measurement in the diagnostic phase.

Value for money: Ontario's growing and aging population is driving increasing demand for cancer services. In a constrained economic environment, this threatens the sustainability of our current models of care delivery. It is imperative that Cancer Care Ontario optimize the use of health human resources and healthcare settings.

- *Clinical specialist radiation therapist (CSRT):* This initiative will facilitate the permanent integration of the advanced practice radiation therapy role (the CSRT) into the cancer system in Ontario. Through assuming or sharing responsibilities for activities traditionally performed by radiation oncologists and implementing service enhancements and innovations, CSRTs allow for radiation oncologists and other healthcare professionals to experience time efficiencies. At the same time, patients experience quicker access to treatment, decreased wait times and decreased anxiety while waiting for a treatment plan.

Ontario's healthcare landscape continues to shift. An aging population, an anticipated growth in chronic diseases, and an environment of fiscal restraint necessitate 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 ability to drive quality, innovation, accountability and value. Our 2016-19 Annual Business Plan highlights how we intend to continue this work.

CCO COMPENSATION STRATEGY

CCO's People and Culture department 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 philosophy and policy are designed to foster both individual and organizational success. Grounded in the principles of competitiveness, equity and affordability, our policy 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 maximum levels equivalent to the 75th percentile of our comparator group of organizations.

Compensation Fundamentals

CCO's compensation policy is performance based and built on the principle that people are vital to CCO's success.

Salary Structure

The foundation of CCO's compensation policy 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, the job is assigned a level with a corresponding salary range based on its 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.

CCO's People and Culture department uses survey information to review and adjust CCO overall salary structure and to assist in the determination of salary increase guidelines for annual performance development planning 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 COMMUNICATION PLAN

CCO's Communications department is building the future of communications in healthcare. Positioned within the agency as a key corporate business partner, the department leverages lines of business knowledge, a corporate-wide view, strong partnerships, audience and channel expertise, emerging digital platforms and its commitment to best-in-class communications practice to ensure CCO successfully meets its commitment to Ontarians.

CCO has several portfolios: 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 Ontario Cancer Plan IV and Ontario Renal Plan II, as well as CCO's corporate strategy—that support the priorities of the Ministry of Health and Long-Term Care.

The Communications department provides a full range of communications services—from strategic counsel, marketing, event planning, issues 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.

Alignment with Strategic Priorities

The initiatives and deliverables identified in this business plan align with the priorities set out in Ontario's *Patients First: Action Plan for Health Care*, the OCP IV, the ORP II and CCO's corporate strategy.

The Communications department 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 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 approach is the culmination of best practices, research and strategy development and is supported by plans that guide 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 OCP IV, ORP II 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

- 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;
- improve the quality and accessibility of all our communications products to ensure they meet the needs of each intended audience;
- strengthen relationships with partners and stakeholders;
- effectively manage issues and risk; and
- enhance internal communications across 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 audience is to be addressed and to what level they should be engaged.

CCO ENTERPRISE RISK MANAGEMENT

CCO's Enterprise Risk Management (ERM) program is a continuous, proactive and systematic process designed to understand, manage and communicate risk from an enterprise-wide perspective. It enables CCO to be more effective in its operations by identifying potential barriers to success and addressing them at an early stage, and by clearly linking costs to benefits. In addition to the fundamental role ERM plays internally, CCO's ERM program also meets the requirements of the *Agencies and Appointments Directive* (2016), including the need to provide quarterly updates to MOHLTC.

The following table summarizes the key corporate and health system risks as identified by Senior Management and the Board of Directors that have been assigned a residual risk rating of medium or higher. Risk ratings are determined based on CCO's risk rating methodology, which combines an assessment of likelihood and impact to arrive at an overall rating.

Risk	Mitigation	Residual Risk Rating
Rising drug costs present funding challenges that could result in CCO incurring more costs than can be recovered by MOHLTC.	CCO has undertaken a strategic planning initiative to help identify priority areas and create a clearer picture of corporate objectives. CCO also works closely with MOHLTC to confirm anticipated funding as early as possible, and CCO's finance department works with program directors to support decision-making about when to begin work associated with anticipated funding. CCO's robust ABP process and engagement strategy also assist in the mitigation of this risk.	Medium
Growth in volumes could result in funding challenges.	CCO ensures ongoing and frequent communication of all funding allocations/impacts with regional partnerships. If all incremental volumes cannot be funded, CCO will manage payment at the current funding levels. Any shortfall in volume funding that occurs beyond this mitigation strategy will be addressed directly with MOHLTC and mitigated by in-year funding.	Medium
CCO's significant holdings of Personal Health Information and Personal Information may result in privacy breaches.	CCO has a strong culture of privacy, supported by an enterprise-wide privacy department that ensures the protection of Personal Health Information and Personal Information requirements.	Medium
High voluntary attrition rates and low employee engagement could result in difficulties attracting or retaining talent and could prevent	CCO has launched a re-designed human resources program focused on identifying the root causes of attrition and low employee	Medium

Risk	Mitigation	Residual Risk Rating
CCO from delivering on its commitments.	engagement, and has developed target strategies for each.	
As CCO's business reliance on technology and information increases, CCO becomes increasingly susceptible to potential information security threats.	CCO has robust measures in place to address risks related to cyber security and ensures that they remain valid and current as the security landscape continually shifts.	Medium
CCO could be unable to meet business and operational commitments due to a critical event.	CCO is undertaking a review of its Business Continuity Plans and has established supporting frameworks to ensure resiliency should a critical event occur.	Medium
The rapid growth of CCO and the expansion of its provincial role in healthcare may lead to reputational risk due to it acting outside of its role as set out in the Cancer Act.	Internally, CCO has developed a framework to examine new and existing work for strategic alignment. CCO's Memorandum of Understanding with MOHLTC has been finalized, subject to completion of the mandate review, which will likely take place in 2016/2017.	Medium
As CCO assumes a greater number of roles as partner on initiatives or mandates, there is an increased reliance on third parties which could leave CCO susceptible to potential reputational risk.	CCO has created a Strategic Partnerships team to implement best-practice methodologies that support high-impact, mutually beneficial partnerships. CCO works to ensure that agreements clearly reflect the responsibilities and obligations of each partner and that such agreements are put in place early in the partnership phase.	Medium
CCO's mandate and scope of authority in certain situations is unclear or limited, which may result in media and stakeholder perceiving CCO to be in control of clinical issues and impacts when it is not.	CCO's cancer and renal system plans provide a structure for how CCO and its partners will work together to develop and deliver cancer and renal services to minimize the risk of health system failures before they arise.	Medium
CCO's drug- and supply-based programs in both cancer and renal are vulnerable to supply chain disruptions.	At this time, CCO is assessing shortage on a case-by-case basis and is developing responses and strategies as dictated by the circumstances. CCO ultimately works in an advisory capacity and does not often have the mandate to fully manage this risk. As a result, there is risk exposure given our advisory role in the system.	Medium

Risk	Mitigation	Residual Risk Rating
Patients in need of stem cell transplant are experiencing poor access to treatment.	CCO is working with its partners to expand treatment capacity at existing facilities and also to establish a new facility. Out-of-country processes are being streamlined to speed up patient access and patient-borne costs have been addressed. Standards and clinical guidelines have been disseminated into the field and additional alternative funding positions have been provided to recruit sub-specialists.	Medium
MRI wait time data shows that demand for services continues to be greater than what the province can perform, and funding has not kept up with increasing demand.	CCO has developed an MRI capacity planning tool to assist MOHLTC and LHINs in future diagnostic image capacity planning. CCO's Cancer Screening Program is striking a working group to fully understand and assess the MRI wait time and funding issues. The group is also determining CCO's role in managing wait times in relation to the OBSP High Risk Program in the event that CCO's screening guidelines cannot be met due to increasing MRI wait times.	Medium
CCO's involvement in the development and implementation of a new drug prioritization and disinvestment strategy could negatively impact CCO's reputation if physicians and patients disagree with outcomes.	As Chair of the Canadian Association of Provincial Cancer Agencies (CAPCA), CCO's President and CEO is working directly with other cancer agencies across Canada to ensure that the best decisions are being made with respect to drug prioritization and ensuring that Ontarians have access to the needed treatment regimes.	Medium
There is risk that the current PET scan funding model, emerging evidence and aging infrastructure will not support increasing patient demand. There is also a risk to CCO associated with patient-specific care decision outcomes.	CCO has proposed to MOHLTC that CCO take responsibility for oversight of all PET scanning in Ontario, including sustainability planning. If formally approved, CCO will work to provide recommendations on ensuring continued provision of PET services.	Medium
Alternative Levels of Care (ALC) wait time information collected by CCO shows that wait times have been increasing due to rising demand and a lack of a province-wide strategic improvement plan over ALC.	Access to Care at CCO has tabled discussions with MOHLTC to bring awareness to this issue. CCO and the ALC Advisory Council are providing ongoing recommendations to MOHLTC with respect to public reporting of information and improvement plans. The ALC Advisory Council will provide a consistent and focused provincial approach to the ALC issue.	Medium

Risk	Mitigation	Residual Risk Rating
Developments in personalized medicine and molecular testing are putting pressure on current oversight and funding models which may not be sustainable with expected increasing system demand.	CCO currently has oversight of six molecular tests and has a system in place for oversight and reimbursement of these tests. CCO continues to advise and support MOHLTC with their genetics strategy and has proposed to MOHLTC that it take on a larger role in cancer molecular testing.	Medium
CCO's Access to Care (ATC) program collects a significant volume of data on wait times. The public reporting of some of this information has been delayed, which could invoke criticism that CCO is not acting with the transparency required to drive strong health system performance.	CCO is working with its partners to determine next steps and reasonable timelines for reporting.	Medium
There is a risk related to CCO's perceived role in the oversight of image quality with respect to cancer screening in Ontario.	CCO works to ensure that minimum screening standards are adhered to at all relevant facilities. CCO is supporting its partners by conducting a review of certain sites to ensure quality standards are being met.	Medium

CCO 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 2016/17.

Performance Indicators	**2016/17 Annual Improvement Target**
Radiation Treatment – Percentage of Radical Courses Peer Reviewed (includes all radiation facilities)	75%
Systemic Treatment - Referral to Consult: percentage of patients seen within 14 days Consult to Treatment: percentage of patients treated within 28 days of their consult with a medical oncologist	80% 82%
Surgical Oncology – Decision to Treat to Treatment: percentage of patients treated within target for all priority categories	90%
Cancer Screening – Participation rate	CCC (Overdue for colorectal cancer test) = 41% OBSP (Mammography) = 63% OCSP (Pap) = 65%
Cancer Screening – Follow up rate	CCC (Colorectal)= 78% OBSP (Mammography) = 98% OCSP (Pap) = 81%
Renal – Proportion of patients receiving access creation surgery within recommended timeframe (Priority 2, 3 and 4 Cases)	Priority 2 and 3 Cases: 26/26 Programs

CCO OPERATING BUDGET

CCO Operating Budget	2016/17		2017/18		2018/19	
In 000s	Base	One-Time	Base	One-Time	Base	One-Time
Cancer Programs	$906,730		$906,730		$906,730	
Cancer Screening Programs	$94,572		$94,572		$94,572	
Clinical Specialist Radiation Therapist Integration Project		$37	-		-	
New Drug Funding Program	$379,060		$379,060		$379,060	
Nursing Programs	$1,400		$1,400		$1,400	
Health Promotion Programs	$500	$365	$500		$500	
Diagnostic & Medical Equipment		$34,500	-		-	
Access to Care	$19,756		$19,045		$19,045	
electronic Canadian Triage Acuity Scale	$1,313	$1,100	$1,313		$1,313	
Ontario Renal Network	$644,605		$644,605		$644,605	
Ontario Palliative Care Network	$4,140		$4,140		$4,140	
Dementia Capacity Planning		$650	-		-	
Total Funding	**$2,052,076**	**$36,652**	**$2,051,365**	**-**	**$2,051,365**	**-**

FULL TIME EMPLOYEES (FTEs)

FTE's	2016/17 YTD Sept
Other Cancer Program	542.2
Aboriginal Tobacco Program	3.0
Access to Care	120.0
Clinical Specialist Radiation Therapy	0.6
Dementia	4.8
eCTAS	7.2
Integrated Cancer Screening	208.8
New Drug Funding Program	13.4
Ontario Renal Network	73.4
Ontario Palliative Care Network	10.2
Grants	47.3
Total FTE's	**1,031.0**

INITIATIVES INVOLVING THIRD PARTIES

Initiative	Funder
Occupational Cancer Research Centre	Canadian Cancer Society Ministry of Labor
Assessing the Human and Economic Burden of Occupational Cancer in Canada	Canadian Cancer Society Research Institute
Program Training and Consultation Centre	Public Health Ontario
Refining Smoking Cessation Efforts to Improve Effectiveness and Sustainability across Ontario's Regional Cancer Programs	Canadian Partnership Against Cancer
Experiences of Cancer Patients in Transition Study	Canadian Partnership Against Cancer
Improving Patient Experience and Health Outcomes Collaborative (iPEHOC)	Canadian Partnership Against Cancer
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
A Survivorship Action Plan (ASAP)	Prostate Cancer Canada
Mental Health and Additions access and wait times measurement and reporting	Centre for Addiction and Mental Health
Miscellaneous Research Grants from Various Provincial and Federal Research Organizations	Numerous Granting Organizations