



Our future health built with care

# Annual Business Plan 2017-2020



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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**

As the Ontario government's principal advisor on the cancer and kidney care systems, as well as on access to care for key health services, CCO drives continuous improvement in disease prevention and screening, the delivery of care, and the patient experience for chronic diseases. Known for our 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.

CCO began life in April 1943 as The Ontario Cancer Treatment and Research Foundation. More than a half-century later, in 1997, the organization was formally launched as an Ontario government 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 \$2.1 billion of healthcare funds for hospitals and other cancer and CKD care providers, enabling them to deliver high-quality, timely services and improved access to care.

## **Cancer Care Ontario**

As the government's principal 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.

In order to meet current and future patient needs, Cancer Care Ontario also works with healthcare providers in every Local Health Integration Network (LHIN) to plan services that will continually improve cancer care for the people they serve.

In addition, Cancer Care Ontario conducts research and also transfers knowledge of new research into improvements and innovations in clinical practice and cancer service delivery.

## **Ontario Renal Network**

The Ontario Renal Network, the government's principal advisor on CKD, leads a province-wide effort to reduce the burden of kidney disease on Ontarians and the kidney care system through the effective management and funding of CKD services in Ontario.

Working through 26 Regional Renal Programs, the Ontario Renal Network's goal is to improve CKD management by preventing or delaying the need for dialysis, broadening appropriate care options for people with CKD, improving the quality of all stages of kidney care, and working with patients, families, and healthcare providers to build a world-class system for delivering care to Ontarians living with CKD.

## Access to Care

In 2004, Canada's First Ministers made a national commitment to reduce wait times for key healthcare services. In Ontario, this commitment resulted in the MOHLTC's Wait Time Strategy and the subsequent launch of its Emergency Room/Alternate Level of Care Strategy in 2008.

The success of these strategies relies on information and technology capabilities to collect and report accurate, reliable and timely wait time data. CCO was assigned to develop and deploy the Wait Time Information System (WTIS) to capture and report this data in near real time. Subsequently, CCO was given the task of collecting and reporting information to support the goals and objectives of the Emergency Room/Alternate Level of Care Strategy.

CCO's Access to Care program enables improvements in the access, quality and efficiency of healthcare services. It also helps to reduce wait times by implementing and using information management/information technology solutions, and by tracking patients as they move across the continuum of care.

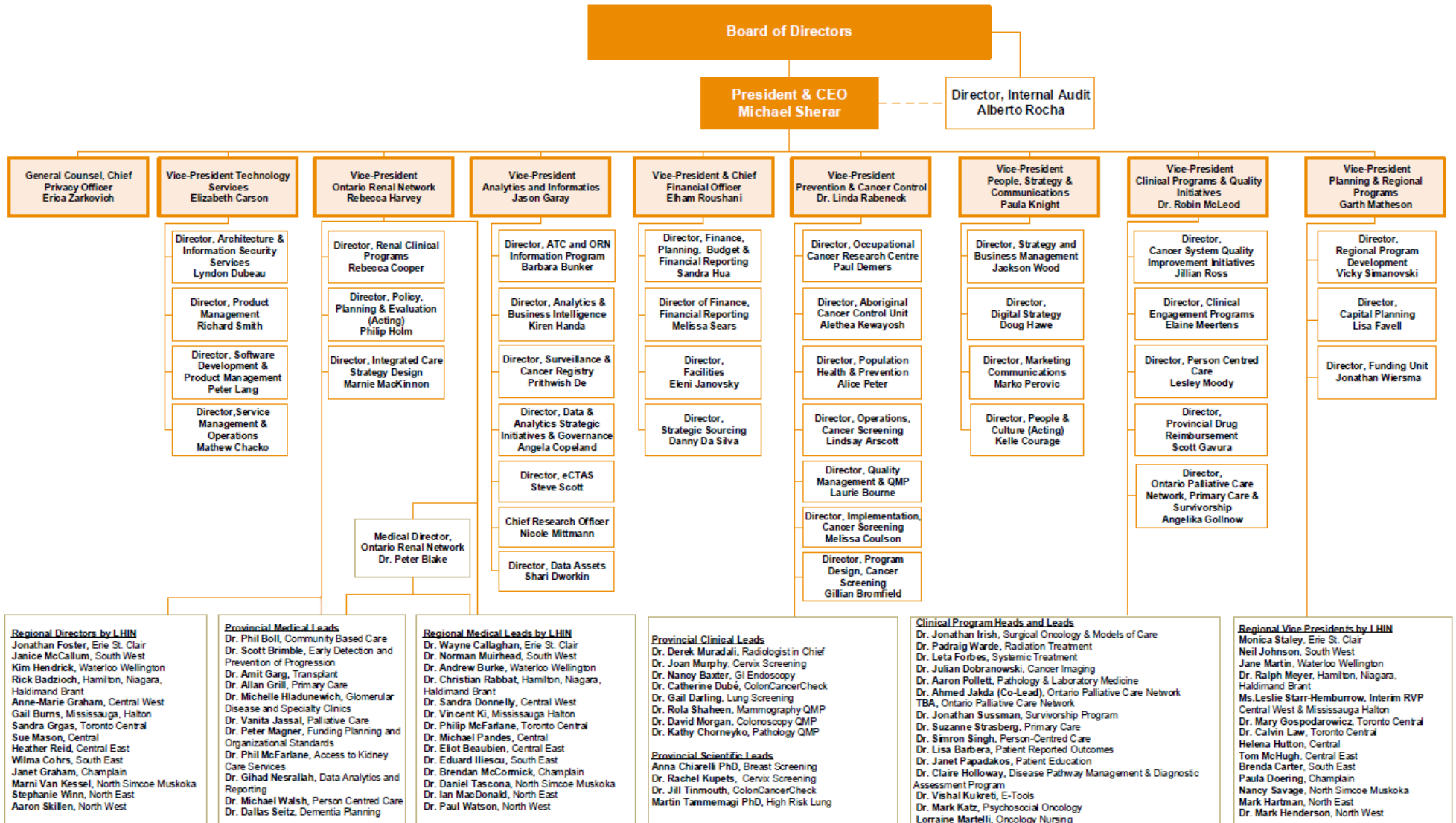
## Broader Health System Improvement

Beyond the work described above, CCO is well positioned to help MOHLTC achieve its goal of building a healthcare system that is more responsive to local needs, better connected, drives quality and performance, and enhances transparency for healthcare providers, patients and families. There are a number of areas where, working together with our partners, we are leveraging our assets and competencies to support the government's broader health system transformation agenda. For example:

- **Enhancing Palliative Care:** As a key partner in the recently launched Ontario Palliative Care Network (OPCN), CCO will host the OPCN secretariat and performance reporting infrastructure, as well as share assets and expertise to support improvements in palliative care for all patients—no matter their disease.
- **Dementia Capacity Planning:** Enhancing and improving dementia care is a key priority identified in *Patients First: Action Plan for Health Care*. To advance this strategy, CCO is leading the development of the provincial capacity planning framework for dementia. In partnership and collaboration with MOHLTC, the Ontario Brain Institute and the Institute for Clinical Evaluative Sciences, this two-year project will deliver a dementia system capacity model, planning tools and processes to inform current and future decisions about policy, program, infrastructure and investment frameworks for dementia care.
- **Mental Health and Access Wait Times:** A two-year partnership with the mental health and addictions community is making use of CCO's assets and expertise in data analytics to help establish a preliminary framework for collecting data and reporting access to care and wait times within this sector.
- **Quality Management Partnership:** Led by Cancer Care Ontario and the College of Physicians and Surgeons of Ontario, the Partnership has been working closely with stakeholders to develop quality management programs (QMPs) for three health service areas: mammography, pathology and colonoscopy. In December 2015, the Partnership received a mandate from MOHLTC to proceed with implementation of the QMPs, which will address variations and gaps to ensure consistent, clinically driven standards across the province.

- **Health System Funding Reform:** CCO leads Health System Funding Reform on behalf of MOHLTC within the cancer and kidney care systems. Health System Funding Reform 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.
- **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 in 2014. One significant step was the release of *Path to Prevention: Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis*, which focuses on reducing the incidence and prevalence of the major chronic disease modifiable risk factors and exposures.

# CCO ORGANIZATIONAL CHART



Updated as of October 31, 2017

## CCO CORPORATE GOVERNANCE STRUCTURE

### **CCO Board Members\***

Mr. Ratan Ralliarum (Chair)  
Mr. Malcolm Heins (Interim Vice Chair)  
Ms. Bonnie Adamson  
Dr. Euan Carlisle  
Ms. Catherine Caule  
Dr. Karen Devon  
Ms. Marilyn Knox  
Mr. Patrick Madahbee  
Ms. Carol Poulsen  
Mr. David Ross  
Mr. Harvey Thomson  
Mr. David Wexler  
Mr. David Williams

### **Board Sub-Committees\***

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

\*Updated as of October 4, 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.

### **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 and 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.

### **First Year Achievements**

Here, we highlight just a few achievements from the first year of our system plans. 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 IV highlights:*

- Melanoma and kidney cancer were added to My CancerIQ, an online cancer risk assessment tool that aims to reduce Ontarians' risk of developing cancer.
- In a significant contribution to enabling evidence-based best practice, Cancer Care Ontario's Program in Evidence-Based Care released 40 new guidelines, covering the entire cancer care continuum.
- The third Aboriginal Cancer Strategy (ACS III) was released and implementation is underway. ACS III builds on previous cancer strategies by continuing on the path toward health equity and well-being for First Nations, Inuit and Métis peoples.

- Person-centred care education programs, guidelines and tools were developed and implemented to enable cancer care providers in clinical care settings and CCO employees to understand and use person-centred principles in their work.

*Ontario Renal Plan II highlights:*

- The Ontario Renal Network launched the KidneyWise Clinical Toolkit. The kit provides guidance to primary care providers on which patients are at high risk of developing CKD, and recommendations on diagnosis and reducing risk for disease progression.
- As a number of initiatives continue to enable a community-first approach to kidney care, home dialysis has shown steady, gradual growth over time among patients on chronic dialysis. Home dialysis is now at an all-time high—up to 25.5% in 2015 from 22.3% in 2010.
- To support patients and families in taking an active role in their care, 18 CKD programs and over 125 healthcare providers were trained in a shared decision-making approach and supported with tools to coach patients through decisional conflict.

## **Responding to an Evolving Healthcare Environment**

All levels of the healthcare system are under pressure from the changing needs of Ontario's growing population, the rising demands for healthcare services and advances in technology. For example, all of these factors have contributed to the growing need for stem cell transplant, which has increased greatly in recent years despite significant increases in funding to transplant hospitals. As a result, more patients than ever before need and are eligible for this complex, resource-intensive care.

Our aging population is a significant driver of this growing need for healthcare services, as 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.<sup>1</sup> As survival rates for cancer improve, prevalence is rising. An estimated 362,000 individuals—about 2.7% of our population—have been diagnosed with cancer within the past 10 years and have completed or are undergoing treatment.<sup>2</sup> Because cancer care does not end at the completion of treatment, people with cancer, their families, their caregivers and the healthcare 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% of direct and indirect health costs in Ontario, therefore prevention is critical to the sustainability of our healthcare system.<sup>3</sup> In Ontario, healthcare already consumes more than 42% of every dollar spent on provincial programs.<sup>4</sup> This figure is certain to grow unless we use our resources wisely and take effective preventive measures to slow the demand for services.

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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 Cancer Care Ontario. Ontario Cancer Statistics 2016. Toronto: Cancer Care Ontario; 2016. Available at: <https://www.cancercare.on.ca/ocs/csurv/stats/>. [Accessed September 13, 2016].

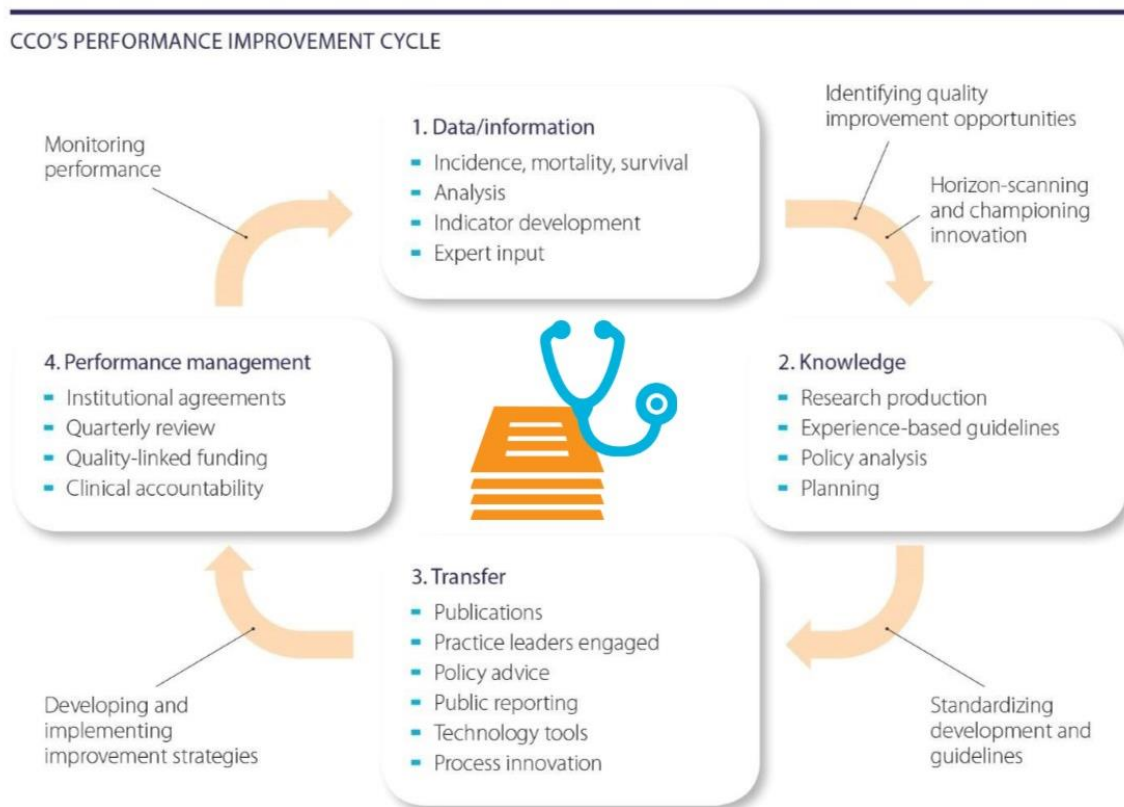
3 Ontario, Ministry of Health and Long-Term Care. Preventing and managing chronic disease: Ontario's framework (online). Toronto: Queen's Printer for Ontario; 2007. Available <http://www.health.gov.on.ca/en/pro/programs/cdpm/>. [Accessed: August 26, 2015].

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](http://www.fin.gov.on.ca/en/budget/ontariobudgets/2015/papers_all.pdf). [Accessed: August 26, 2015].

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 *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, 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.

### **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 and 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.

# OVERVIEW OF CCO'S 2017 – 2020 ANNUAL BUSINESS PLAN

CCO's 2017-2020 Annual Business Plan outlines our key programs and priority areas of focus required to deliver on our commitments under OCP IV and ORP II, and to our health system partners.

CCO carefully balanced the current fiscal and healthcare environments with its responsibilities to enable the delivery of high-quality care for current and future patients, and to help the provincial health system deliver excellent value.

CCO receives volume funding from MOHLTC. For Quality Based Procedures (QBP) volumes, CCO holds the full funding envelope for the province. The other volumes are incrementally funded by CCO above the hospital's base. The annual business plan volume asks made by CCO may appear large from a percentage growth over CCO's existing base, however, from a system perspective, the methodology that supports the annual business plan asks is in line with the incidence and prevalence percentages.

## **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. Volume forecasts are based on various factors, such as historical data, incidence rates and changes in practice. To ensure volumes are appropriate, hospital volumes are monitored on a quarterly basis and reallocated when required. Annual settlements and recovery of funds are conducted when hospitals do not meet their allocated volume requirements.

Given the current constrained fiscal environment, CCO continues to collaborate and negotiate with MOHLTC related to ongoing volume funding pressures. 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, and sarcoma and leukemia services. In terms of kidney care services, as of 2015, approximately 12,000 people in Ontario have CKD requiring pre-dialysis care (an increase of 63% since 2012), and an additional 11,118 Ontarians have advanced CKD and require dialysis (a 12% increase since 2012).<sup>5</sup> 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.

## **Cancer Drug Funding and Administration**

Cancer Care Ontario administers three provincial cancer drug reimbursement programs—the New Drug Funding Program (NDFP), the Evidence Building Program, the Case-by-Case Review Program—as well as two reimbursement programs for other cancer services—the PET Access Program and the Out-of-Country Program—on behalf of, and in collaboration with, MOHLTC. This

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<sup>5</sup>Ontario Renal Network. Ontario 2016 CKD System Atlas: Trends in Kidney Disease and Care. Toronto: Ontario Renal Network, CCO; 2016.

business plan includes a request for additional funding that reflects the growing use of drugs in the current NDFP formulary and the recent additions of newly approved drugs. It is Cancer Care Ontario'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, 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.

As indicated in the Ontario Cancer Plan IV, Cancer Care Ontario is committed to the sustainability of provincial cancer drug funding programs. Drugs funded through the Provincial Drug Reimbursement Program will be evaluated for the greatest benefit to patients and impact on healthcare resources. In 2015, the Cancer Quality Council of Ontario held a Programmatic Review on drug funding sustainability which resulted in two recommendations: prioritization and real-world evidence analysis. The goal of prioritization is to develop a framework so that the drugs with the greatest impact are funded sooner and that ineffective drugs are de-listed. To date, Cancer Care Ontario has assembled a working group of clinicians to examine existing prioritization approaches and tools. Cancer Care Ontario is working with the Canadian Association of Provincial Cancer Agencies to develop a consistent, pan-Canadian approach to prioritization to address the long-term sustainability of oncology drug funding. The goal of real-world evidence analysis is to develop an organizational approach for analyzing evidence collected from drug use, and to use this evidence to inform drug funding decision-making. Cancer Care Ontario has committed to examining the real-world effects for all new drugs we fund and is currently developing a framework to guide this work.

This business plan also includes a request for funding to administer the Exceptional Access Program. MOHLTC 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.

### **Infrastructure Investment in the Cancer and Kidney Care Systems**

One of Cancer Care Ontario'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 our 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, hemodialysis 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.

### **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.

### **Supporting MOHLTC Priorities**

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

- **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. The proposed system will be established by CCO and includes two components: developing an eCTAS decision-support tool to enable CTAS-level assignment to patients in a consistent, standardized manner; and establishing a database of timely, clinical triage data.
- **Dementia Capacity Planning (DCP):** In support of provincial planning and Ontario's Dementia Strategy, the DCP project is a collaborative effort led by CCO with executive leadership and accountability provided by MOHLTC and the LHINs. The additional DCP project deliverables align with the project's current priorities and the MOHLTC's *Patients First* agenda:
  - implement a population-based capacity planning function for dementia care in Ontario at the LHIN-level;
  - act as the principal advisor to MOHLTC on evolving investment and policy decisions for dementia care in Ontario; and,
  - support regional planning decisions for dementia care in Ontario.
- **Palliative Care:** The current approach to person-centred palliative care endorsed by the provincial strategy outlined in the Declaration of Partnership and endorsed by OPCN supports earlier identification of Ontarians who would benefit from a palliative approach to care, and better management across the illness experience, regardless of disease. There is a growing body of evidence documenting the positive impact of technologies such as electronic medical records supporting decision-making and chronic illness management, despite concerns regarding costs, privacy and data security. The use of information technology in supporting the provision of palliative and end-of-life care is more recent and provides opportunities that would enable earlier identification of patients requiring such care and support for care coordination. For true inter-professional and cross-sectorial care to be fully actualized, there is a need for a cohesive technology plan to enable the desired practice approach which enables collaboration at all levels—system, clinician, patient, family. This requires an enabling technology paradigm that knits together electronic applications and tools used by all participants in the care of individuals with palliative needs.

In addition, 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 and prevention. 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 in partnership with patients and caregivers. Patient-centred care results in improved health outcomes, wiser application of resources and greater patient and family experience.
  - *Education toolkits for patients, living donor candidates and healthcare providers:* Kidney transplantation is associated with better patient outcomes and significantly lower costs to the healthcare system. However, kidney transplantation is a complex process. The Ontario Renal Network, in partnership with Trillium Gift of Life Network, is developing education toolkits to ensure healthcare providers at CKD programs and transplant programs have the knowledge and resources required to provide quality education on kidney transplantation and living donation, as well as to enable patients and living donor candidates to make informed decisions.
  - *Equity in engagement:* CCO will assess the current state of equity in patient and family engagement at both system and regional levels. CCO will develop recommendations to increase health equity at the care, organization and system levels to inform engagement policy.
- **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 and other chronic diseases in order to ensure 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. As well, we need to promote healthy behaviours in patients who have been diagnosed with cancer to improve their treatment outcomes, increase survival and prevent recurrences.
  - *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.
  - *My CancerIQ:* My CancerIQ is an online tool designed to educate Ontarians about their cancer risk and what they can do to lower their risk. Since its launch in February 2015, over 200,000 people have completed cancer risk assessments and received personalized health action plans.

- *Smoking cessation in the Regional Cancer Programs:* Research has demonstrated that if cancer patients quit smoking they have much better response to treatment, fewer complications and a reduction in mortality of up to 40%. Approximately 20% of patients being treated in the Regional Cancer Programs are current smokers, so Cancer Care Ontario is working with the Programs to counsel patients about the benefits of quitting and referring them to smoking cessation programs.

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 2017-20 Annual Business Plan highlights how we intend to continue this work.



# CCO PEOPLE AND CULTURE 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 People and Culture strategy is key to attracting and retaining the right people and creating a work environment where employees can do their best work.

## **Priorities and Actions**

People and Culture priorities will be the continued building of contemporary human resources management functionality and practice.

The introduction of additional modules within the Human Capital Management System (known as Workday) will continue to add efficiency and control to human resources processes and provide management with full employee data to support effective workforce planning. In addition to the previously introduced performance management functionality, the applicant tracking functionality will allow CCO to re-engineer its recruitment process and reduce time to hire needed resources.

The Employee Engagement Survey and Action Planning Program will continue to provide relevant employee data and recommend changes to allow CCO to create a work environment where employees are inspired to do their best work. These efforts will be expanded to provide planning guidance for the workplace of the future, embracing new generations of technology-savvy employees while minimizing CCO's physical footprint.

Talent development will focus on the establishment of a Leadership Development capacity to provide CCO people leaders with the skills to lead a diverse employee base in the execution of organizational strategies and programs. An extension of this initiative will be a planned and comprehensive succession plan for leadership roles within CCO to provide continuity, reduce risk and maintain organizational knowledge.

## **Environmental Change**

There are no anticipated changes to the workforce environment other than those related to CCO's expanding responsibilities and accountabilities within the healthcare system which may require increased investment in CCO's workforce. Workforce expansion would reflect the growth in CCO's scope and mandate, the expansion of accountability initiatives related to cancer and renal, and a strategy of reducing the use of external consultants.

## **Compensation Strategy**

### *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.

### *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.

### *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.

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 also conducts limited direct survey information gathering from other public bodies in the healthcare agency sector within the Greater Toronto Area.

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.

### **Executive Compensation**

On September 6, 2016 the Ontario government published the Executive Compensation Framework under the Broader Public Sector Executive Compensation Act. This will require CCO to review and define an Executive compensation program which complies with the requirements of this Regulation no later than September 5, 2017.

# CCO COMMUNICATION PLAN

Positioned within the agency as a key corporate business partner, CCO's Marketing Communications department leverages line-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 enable CCO to effectively communicate with its many audiences.

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 OCP IV and ORP II, as well as CCO's corporate strategy—that support the priorities of the Ministry of Health and Long-Term Care.

The Marketing Communications department provides a full range of communications services, including strategic counsel, marketing, event planning, issues management and media relations, creative design and social media expertise. 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.

## **Corporate Communications Approach**

Using CCO's business plan and corporate strategy as a platform, CCO's marketing communications team 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 CCO is and the value of the organization in driving health system quality improvements. This is critical, as much of CCO's communications effort is grounded in raising awareness and supporting change initiatives throughout the province.

The marketing 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 *Patients First: Action Plan for Health Care*. It is a key driver in achieving CCO's priorities laid out in OCP IV, ORP II and the corporate strategy.

CCO's communications activities aim to:

- drive clear and consistent communications and engagement approaches that support CCO in achieving its objectives and that position the organization as a credible health system partner;
- 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.

## **Alignment with Strategic Priorities**

The Marketing Communications department works to ensure that all its efforts align with and reinforce the priorities set out in Ontario's *Patients First: Action Plan for Health Care*, OCP IV, ORP II and CCO's corporate strategy.

## **Alignment with MOHLTC Communications and Marketing Division**

In addition to following the communications protocols set out in the communications schedule of the Memorandum of Understanding, CCO's Marketing Communications department meets each month with the MOHLTC's Communications and Marketing Division (CMD) to review and discuss CCO's communications statement of work which encompasses upcoming key initiatives, target audiences, in-market timing and any opportunities or risks for the MOHLTC to be aware of. The meetings are attended by communications representatives from CCO and CMD and attendees from other parts of MOHLTC, the Minister's Office, Cabinet Office and Provincial Office at the discretion of CMD.

## **Key Audiences**

CCO continues to work towards developing 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.

## **Performance Measurement**

Communications performance metrics are developed based on the unique qualities and program objectives of each individual marketing communications campaign. An example of commonly used metrics includes: email open rates, click-through numbers, bounce rates; media tone, media impressions spokesperson mentions, key message pickup; social media impressions, engagement, conversion, community size growth; and other metrics as appropriate.

In addition, each month, CCO's Marketing Communications department shares with CMD a report consisting of an analysis of the previous month's media and social activity.

As well, the following communications performance indicators are tracked, analyzed and reported quarterly to CCO's Executive Team:

- *Media tone*: The percent of CCO-related media coverage mentions with a positive or balanced tone.
- *Spokesperson inclusion and key message pickup*: The percent of articles where a CCO spokesperson was mentioned and/or CCO key message was included in a story.
- *Impressions – Social media*: The actual sum of views acquired on content posted by CCO across Facebook, Twitter and LinkedIn.
- *Impressions – Traditional media*: The estimated sum of a publication's circulation, pass-on readership, online readership and television/radio broadcast audience.
- *MyCancerIQ risk assessments*: The total number of risk assessments completed in MyCancerIQ.
- *MyCancerIQ site visits*: The total number of site visits in MyCancerIQ.

## CCO PERFORMANCE MANAGEMENT

As the government’s principal advisor on the cancer and kidney care systems, as well as on access to care for key health 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 kidney care systems are established annually, and performance against these priorities is 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 CKD treatment activities, and cancer screening and drugs.

CCO is funded to oversee the delivery of cancer screening services, cancer treatment volumes and kidney care services. Within each CCO program, key performance indicators are identified to ensure successful implementation of quality improvement initiatives.

**Improvement Targets** are targets set for performance improvement purposes.

Performance Indicators	Improvement Target
Percentage of Palliative Radiation Treatment Courses peer reviewed	30%
Referral to a lung Diagnostic Assessment Program to diagnosis or rule out: <ul style="list-style-type: none"> <li>Percentage of patients diagnosed or ruled out within 28 days</li> </ul>	65%
Percentage of cancer patients in the Regional Cancer Centre who were screened for symptom severity using ESAS at least once per month	70%
Pathology post-surgical turn-around time for all disease sites: <ul style="list-style-type: none"> <li>Percentage of reports received within 14 days</li> </ul>	85%
Percentage of prevalent chronic dialysis patients on an independent dialysis modality	28%
Proportion of patients receiving access creation surgery within recommended timeframe: <ul style="list-style-type: none"> <li>Priority 2: percent of cases completed within 14 days</li> <li>Priority 3: percent of cases completed within 28 days</li> </ul>	<ul style="list-style-type: none"> <li>Priority 2: 75%</li> <li>Priority 3: 80%</li> </ul>
Percentage of patients with deferred chronic dialysis start	75%
Proportion of programs with a Primary Care Engagement Plan	100%

CCO manages and monitors performance of the Cancer Screening Program on an ongoing basis. The key performance indicators that CCO measures to assess programmatic performance are outlined below.

Performance Indicators	Performance Target
Screening Participation rate  <i>(Overdue for colorectal cancer indicator developed in 2012-13 to account for colonoscopy tests performed for participants eligible for FOBT. Indicator includes participants overdue for FOBT, colonoscopy or flexible sigmoidoscopy)</i>	<ul style="list-style-type: none"> <li>CCC (overdue for colorectal cancer test) = 41%</li> <li>OBSP (Mammography) = 63%</li> <li>OCSP (Pap) = 65%</li> </ul>
Screening Retention rate	<ul style="list-style-type: none"> <li>OBSP (Mammography) = 85%</li> <li>OCSP (Pap) = 80%</li> </ul>
Screening Follow up rate	<ul style="list-style-type: none"> <li>CCC (Colorectal)= 78%</li> <li>OCSP (Pap) = 81%</li> </ul>

## 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 from delivering on its commitments.	CCO has launched a re-designed human resources program focused on identifying the root causes of attrition and low employee engagement, and has developed target strategies for each.	Medium
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

Risk	Mitigation	Residual Risk Rating
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
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
<p>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.</p>	<p>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.</p>	<p>Medium</p>
<p>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.</p>	<p>CCO is working with its partners to determine next steps and reasonable timelines for reporting.</p>	<p>Medium</p>
<p>There is a risk related to CCO's perceived role in the oversight of image quality with respect to cancer screening in Ontario.</p>	<p>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.</p>	<p>Medium</p>



## CCO OPERATING BUDGET

CCO Operating Budget In 000s	2017/18		2018/19		2019/20	
	Base	One-Time	Base	One-Time	Base	One-Time
<b>Cancer Programs</b>	\$980,961	\$5,109	\$985,137	-	\$985,137	-
QBP - Volumes	-	-	-	-	-	-
Growth Volume Funding	\$901,694	\$4,810	\$902,613	-	\$902,613	-
Quality/Strategic Initiatives and Specialized Oversight	\$45,653	\$299	\$48,911	-	\$48,911	-
Enterprise Support	\$33,613	-	\$33,613	-	\$33,613	-
<b>Cancer Screening</b>	\$93,172	-	\$93,172	-	\$93,172	-
Growth and Small Hospital Volumes	\$42,459		\$42,459		\$42,459	
Regional Funding	\$13,769		\$13,769		\$13,769	
Strategic Initiatives and Oversight	\$36,944		\$36,944		\$36,944	
<b>Ontario Renal Network</b>	\$649,945	-	\$649,945	-	\$649,945	-
Growth Volume Allocations	\$627,379		\$627,379		\$627,379	
CKD Program Leases	\$4,383		\$4,383		\$4,383	
Quality and Strategic Initiatives	\$18,182		\$18,182		\$18,182	
<b>New Drug Funding Program</b>	\$378,839	-	\$378,839	-	\$378,839	-
New Drug Funding Program	\$378,839	-	\$378,839		\$378,839	
Exceptional Access Program			-		-	
<b>Aboriginal Tobacco Program</b>	\$500	\$365	\$500		\$500	
<b>FNIM Renal Expension</b>		\$1,047	-		-	
<b>Access to Care</b>	\$18,498	-	\$18,498		\$18,498	
<b>eCTAS</b>	\$1,313	\$886	\$1,313		\$1,313	
<b>Expanding PRO: Orthopedic Surgery</b>	\$662	\$298	\$1,323		\$1,323	
<b>Dementia</b>		\$650	-		-	
<b>Ontario Palliative Care Network</b>	\$4,030		\$4,030		\$4,030	
<b>Nursing Policy and Innovation</b>	\$1,400		\$1,400		\$1,400	
<b>Diagnostic &amp; Medical Equipment</b>	-	\$34,500	-		-	
<b>Clinical Specialist Radiation Therapist</b>						
<b>Total Funding</b>	<b>\$2,129,319</b>	<b>\$42,855</b>	<b>\$2,134,157</b>	<b>-</b>	<b>\$2,134,157</b>	<b>-</b>

## FULL TIME EMPLOYEES (FTEs)

FTEs	2017/18
	YTD Sept
Other Cancer Program	515.6
Aboriginal Tobacco Program	4.8
Access to Care	127.4
Dementia	4.0
eCTAS	4.9
Integrated Cancer Screening	211.2
New Drug Funding Program	14.5
Ontario Renal Network	77.5
Ontario Palliative Care Network	14.7
<b>Total FTEs</b>	<b>974.5</b>

## INITIATIVES INVOLVING THIRD PARTIES

Initiative	Funder
Occupational Cancer Research Centre	Canadian Cancer Society
Assessing the Human and Economic Burden of Occupational Cancer in Canada	Ministry of Labor
	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 Addictions 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