Surgical Oncology Program
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Investment in Cancer Surgery Case Volumes

Introduction

In November 2004, the Ontario government announced $10-million in funding to increase the volume of cancer surgery for the year. The funds were allocated with an emphasis on reducing waiting times and surgical program development. This increase was part of the larger provincial program to improve access to health care services in the province.

The funding for cancer surgery was part of a larger initiative announced by the Ontario government in September 2004. The Health Results Team was established by the government with the purpose of reducing waiting times and improving access to specific health care services. Five priority areas were identified for reducing waiting times, including cancer care. The investment in cancer surgery case volumes was one of the first steps taken by the government to improve waiting times.

The first phase of funding was administered to 25 hospitals in Ontario and included gastrointestinal, genitourinary, gynecological, head and neck, hepatobiliary, neurological, musculoskeletal, and thoracic cancers. In total, 1701 additional cases of cancer surgery were funded across the province.

The second phase of funding is currently underway.

Distributing the second phase funds

In order to receive funding for increased surgical volumes, hospitals must meet certain criteria. Each hospital should have a commitment to a programmatic approach or organized service for the delivery of surgical cancer services. Ideally, hospitals should deliver care in a multidisciplinary setting and there should be a commitment to the development of tumour boards and rounds within the hospital, as well as a commitment to quality assurance and improvement processes.

Regional Vice Presidents (RVPs) and hospital CEOs have played an important role in the second phase of funding. The RVPs and CEOs were charged with providing direction for surgical program planning in the regions and ensuring that the appropriate hospitals within the regions were considered for additional funding. The RVPs have also been responsible for undertaking consulting with the regions to refine the allocation of funding.

In order to determine which hospitals would receive additional funding, Cancer Care Ontario's Committee for Surgical Investment reviewed all index cases for 2002–2003. Index cases were identified by expert reviewers as cases that represented surgical oncology activity. Canadian Institute of Health Information's 'Canadian Classification of Health Interventions' procedure coding data was used to determine the volumes of surgical oncology activity by hospital. Case distribution to hospitals was based on the following criteria:

1. The hospital had to meet a base threshold number of cases to demonstrate a critical volume of activity.
2. Regional distribution across the province was considered.
3. Subspecialty distribution across the province was considered.
4. The hospital must demonstrate a capacity to perform the incremental increases in cancer surgery and, if previously funded, have demonstrated acceptable performance.
5. High complexity cases were distributed preferentially to larger, high-volume centres

Case distribution and the Costing methodology were approved by the Ministry of Health and Long-Term Care (MOHLTC).

Key outcomes resulting from the process

The investment in cancer surgery case volumes will improve wait times for cancer surgery and implement improved processes for wait time data capture by Cancer Care Ontario (CCO). This reflects the increased accountability of the participating hospitals to CCO and the MOHLTC. In addition, CCO has the opportunity to implement other quality improvement initiatives, such as cancer staging and the use of pathology checklists—key sources of information to understand the quality of care and outcomes for cancer patients. Participating hospitals should have a commitment to establishing multidisciplinary cancer surgery services and developing tumour boards. As well, hospitals should have a commitment to implementing quality assurance processes as directed by CCO.