cancer care ontario | action cancer ontario

Ontario Cancer Plan 2008–2011

Progress Report 2008–2009

Better cancer services every step of the way

Contents

2008–2009: A year of milestones in

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President and CEO
Cancer Care Ontario

The year 2008 marked a major milestone for Cancer Care Ontario, as we celebrated 65 years since our establishment in 1943 as the Ontario Cancer Treatment and Research Foundation. This milestone is notable not merely for the number of years but for the sustained adaptation of our model for the delivery of cancer services in Ontario, particularly in the last decade.

The year was also notable because of the launch of Cancer Care Ontario's 2008–2011 Ontario Cancer Plan, a three-year blueprint for improving the entire cancer system. The Plan sets out the most important actions that need to be taken to control cancer and improve quality of care and access for patients. As you will see over the next few pages, with the support of our partners we are moving forward with our four key initiatives: transforming how we screen for cancer, improving access to diagnostics, developing Regional Cancer Programs, and preparing the province for discoveries in molecular oncology.

To support the goals of the Ontario Cancer Plan as well as the provincial government's strategic priorities relating to wait times, eHealth and access to care, we also launched the companion 2008–2011 Information Strategy. This strategy, which will guide our information, information technology and eHealth initiatives over the next three years, expands our focus beyond cancer to other areas of access and quality in the healthcare system that ultimately affect Ontario's ability to deliver timely and quality cancer services.

an ongoing quest to build a better cancer system

Even as we present, in this annual progress report, our collaborative achievements in 2008 against the goals set out in the Plan and the areas that require greater attention now, we recognize our journey is far from over. The burden of cancer continues to weigh heavily on us all and will grow heavier still as our population ages.

To help ensure Ontario's cancer system can cope with this increasing burden, the provincial government has recently provided funding for key initiatives such as our regional systemic treatment program, multidisciplinary cancer conferences across the province, intensity modulated radiation therapy, and the Ontario Cancer Symptom Management Collaborative. But there is much more work to be done. Over the next 10 years Ontario will see a 40 per cent growth in the number of people living with cancer, and we cannot afford to stand still.

As we close 2008–2009, we recognize the areas where we made significant achievements and areas where we must now focus our collaborative efforts. We must continue to invest in Ontario's cancer system, even through these tough economic times, to ensure we prevent as many cases of cancer possible, detect the disease as early as possible through effective screening, and ensure everyone in Ontario gets the best possible cancer care. Our cancer services must evolve based on sound evidence, and through performance measurement and management.

Together with our partners, we must stay the course and remain committed to the goals we set out in the 2008–2011 Ontario Cancer Plan.

* * * * *

To view an online version of this report, and of the 2008–2011 Ontario Cancer Plan, visit our website at www.cancercare.on.ca.

We must stay the course

83,220
Ontarians will be diagnosed with cancer in 2017, according to today's projections. This is about 19,000 more than was predicted for 2008.

26,800
Ontarians died from cancer in 2008

27,300
Ontarians are expected to die from cancer in 2009

Our plan of action: The goals and priorities of the 2008–2011 Ontario Cancer Plan

The ultimate goal of the 2008–2011 Ontario Cancer Plan is to transform the province's already good cancer system into a *great* system that can significantly reduce the incidence of cancer, improve outcomes through early detection, and give all Ontarians access to high-quality, timely and patient-focused cancer care. To achieve this overarching objective, Cancer Care Ontario has identified six key goals and the initiatives necessary to advance these goals. Of these initiatives, we have identified four priorities that are central to the 2008–2011 Ontario Cancer Plan.

SIX KEY GOALS

1. Reduce the incidence of cancer
2. Reduce the impact of cancer through effective screening and early detection
3. Ensure timely access to effective diagnosis and high-quality cancer care
4. Improve the patient experience across the continuum of care
5. Improve the performance of Ontario's cancer system
6. Strengthen Ontario's ability to translate cancer research into improvements in cancer services and control

FOUR KEY PRIORITIES

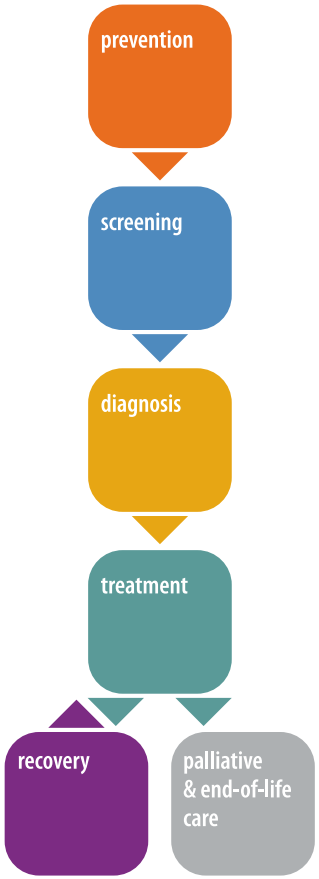
1. Transform how we screen for cancer
2. Streamline and speed up cancer diagnosis
3. Continue to develop Regional Cancer Programs to deliver consistently high-quality services across the province
4. Prepare our services to respond to and make best use of the discoveries in molecular oncology

This progress report:

- Sets out key achievements along the cancer care continuum
- Ties achievements to the relevant goal(s) and key initiative(s) identified in the 2008–2011 Ontario Cancer Plan

The cancer journey

Better cancer services every step of the way



cancer care ontario

action cancer ontario

An overview of achievements in 2008–2009

The cancer care continuum

The six goals of the Ontario Cancer Plan span the entire continuum for cancer care – from prevention and screening to diagnosis, treatment, recovery and palliative and end-of-life care. Below is an overview of how our achievements from the past year against the Ontario Cancer Plan affect the various stages of the cancer journey. Each milestone is preceded by the goal(s) it supports.

PREVENTION

GOALS 1 & 6: Occupational Cancer Research Centre set to open

GOALS 1 & 6: Ontario Health Study is now underway

GOAL 1: Development of healthy living guidelines to reduce cancer risks

SCREENING

GOAL 2: Province-wide implementation of ColonCancerCheck

GOAL 2: Ontario Breast Screening Program hits the one-million mark in 2009

DIAGNOSIS

GOAL 3: Diagnostic assessment pilot projects implemented across Ontario

DIAGNOSIS & TREATMENT

GOAL 3: Report of the Molecular Oncology Task Force released

GOAL 3: Further expansion of capacity through the addition of new facilities and equipment

TREATMENT

GOAL 3: Increased adoption of intensity modulated radiation therapy

GOAL 3: Rollout of a provincial implementation plan for multidisciplinary cancer conferences (MCCs)

GOAL 3: Provincial systemic treatment strategic plan nears completion

RECOVERY & PALLIATIVE & END-OF-LIFE CARE

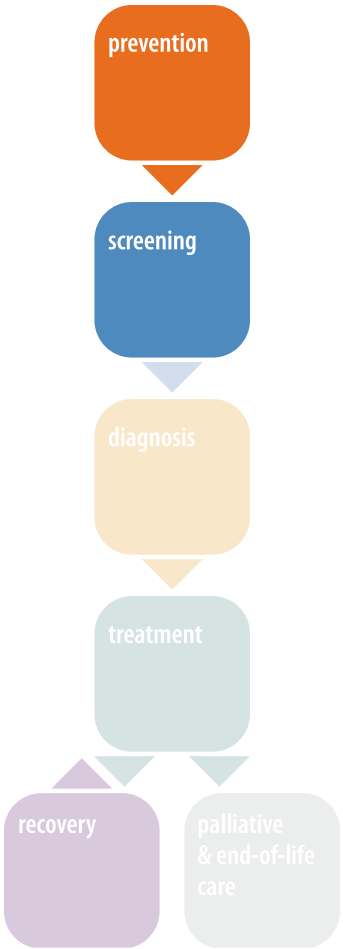
GOAL 4: Establishment of a Psychosocial Oncology Program

ACCOMPLISHMENTS ACROSS CONTINUUM

GOAL 5: Mapping the disease pathway for colorectal cancer

GOAL 5: Launch of the Cancer Care Ontario 2008–2011 Information Strategy

Achievements in cancer prevention and screening



GOALS 1&6

PREVENTION: Occupational Cancer Research Centre set to open

GOAL 1. Reduce the incidence of cancer
GOAL 6. Strengthen Ontario's ability to translate cancer research into improvements in cancer services and control

Exposure to carcinogens in the workplace is a preventable cause of cancer. Yet Ontarians continue to be subjected to workplace carcinogens and to suffer the effects of past exposures, as demonstrated by the rising rates of mesothelioma – a type of cancer caused by exposure to asbestos – particularly among male workers. To fully understand and reduce this risk, Ontario must develop a comprehensive surveillance strategy and undertake greater research in this area.

In 2008, Cancer Care Ontario, the Canadian Cancer Society, Ontario Division, and the Workplace Safety and Insurance Board solidified a million dollar commitment to creating the province's first Occupational Cancer Research Centre. With support from the funding organizations, worker and business leaders, the Ontario Ministry of Labour and the research community, the research undertaken by the centre will help prevent occupational cancer by identifying and eliminating exposures to carcinogens in the workplace.

In 2009–2010 | The new centre is scheduled to open in early 2009. Working with key workplace partners, Cancer Care Ontario will manage a centre of experts who will collaborate with a network of other scientists across the province.

GOALS 1&6

PREVENTION: Ontario Health Study is now underway

GOAL 1. Reduce the incidence of cancer
GOAL 6. Strengthen Ontario's ability to translate cancer research into improvements in cancer services and control

Ontario Health Study

"A little bit of your time could help reduce the risk of cancer and heart disease for future generations."

Over the past year, Cancer Care Ontario, the Ontario Institute for Cancer Research, and the Canadian Partnership Against Cancer have been working together to launch the Ontario Health Study, a large, long-term research project – known previously as the Ontario Cancer Cohort study – to better understand risk factors and early markers for cancer and other chronic diseases. Beginning in late February 2009, residents of Owen Sound, Timmins and Mississauga will be invited to volunteer in three pilot sites. Information gathered from participants, such as where they live and work, their diet, and exercise habits will enable researchers to understand factors that may contribute to the development of cancer and other chronic diseases.

In 2009–2010 | The first study centre in Mississauga will open its doors in March 2009. The Ontario Health Study aims to recruit 30,000 participants by March 31, 2010.

GOAL 1

PREVENTION: Development of healthy living guidelines to reduce cancer risks

GOAL 1. Reduce the incidence of cancer

More than one-third of all cancers can be attributed to poor diet, obesity and inactivity. In the 2008–2011 Ontario Cancer Plan, Cancer Care Ontario made a commitment to contribute to provincial efforts to reduce cancer risks through strategies that promote healthy eating and active living.

As part of this commitment, we have developed the *Healthy Eating, Healthy Weights and Physical Activity Guidelines for Public Health* – the first time a cancer agency in Canada has established public health guidelines for the primary prevention of cancer. Scheduled for completion in April 2009, this report is the result of the new public health standards mandated recently by the Ministry of Health and Long-Term Care and aligns with our commitment to support the province's efforts to promote physical activity and healthy living.

GOAL 2

SCREENING: Province-wide implementation of ColonCancerCheck

GOAL 2. Reduce the impact of cancer through effective screening and early detection

Colorectal cancer is the second leading cause of cancer deaths in Ontario, claiming the lives of thousands of men and women each year. In 2008, it is estimated that about 3,250 Ontarians – 1,750 men and 1,500 women – died of this disease. Studies have shown that regular screening can reduce deaths from colorectal cancer, with patients having a 90 per cent chance of being cured if the cancer is detected early, compared with only 10 per cent if it is detected at an advanced stage. Yet less than 20 per cent of Ontarians 50 years and older have been screened for colorectal cancer.

In April 2008, Cancer Care Ontario and the Ontario Ministry of Health and Long-Term Care implemented ColonCancerCheck, a province-wide, population-based colorectal cancer screening program and the first of its kind in Canada. Through this groundbreaking program, eligible Ontarians can obtain a colorectal cancer screening kit, called a fecal occult blood test or FOBT, from their primary healthcare provider. For those individuals without a primary healthcare provider, FOBT kits can be obtained through a pharmacist or ordered through Telehealth Ontario. Participants who have an abnormal FOBT result, or who are at increased risk of colorectal cancer because of family history, are recommended to have a colonoscopy.

300,000
Canadians participating in the national cohort across Canada

150,000
Ontarians being recruited to participate in the Ontario Health Study, which will last about 10 years

We are mounting a broad-based, sustained and focused campaign to promote healthy diets and physical activity. We envision an Ontario where, by the year 2020, we could realize the following improvements:

10%

obesity rate, based on a definition of obesity as body mass index of over 30

90%

of Ontarians consuming five or more servings per day of fruits and vegetables

90%

of Ontarians participating in moderate to vigorous activity most days of the week

ColonCancerCheck's goal is to increase screening from approximately 20 per cent to 55 per cent within five years, and to 65 per cent within 10 years. During the program's first year:

- Over 400,000 ColonCancerCheck FOBT kits were sent out across the province in early 2008 to family physicians and pharmacists, along with a comprehensive provider education package.
- Between April 1, 2008 and December 31, 2008, Ontarians completed approximately 280,000 ColonCancerCheck FOBT kits. Over 11,000 have had a positive (abnormal) result. Research shows that about one in 10 individuals with a positive FOBT will be found to have colorectal cancer after undergoing further investigation.
- ColonCancerCheck funded over 37,000 additional colonoscopies within 71 hospitals in Ontario.
- To help increase screening rates through provider education, Cancer Care Ontario launched its Provincial Primary Care Network. The network of 14 primary care leaders will work with healthcare providers within their regions to improve screening and cancer detection rates across the province.

In 2009–2010 | We are building a leading-edge technology solution to identify eligible screening participants, track screening participation and support quality and performance management across the program. The system, which will be implemented in September 2009, will have the capacity to automatically send invitations, recalls and reminders to ColonCancerCheck participants and to support primary care providers in managing their patients. We will launch a feasibility pilot for 2009–2010 to ensure the successful use of this approach. If this recall and reminder system works effectively, it will have significant application for other areas of chronic disease prevention. In the meantime, we will also continue to work with our partners, including the Ontario government, to transform cancer screening on a broader scale and create a high-quality, organized screening program encompassing breast, cervical and colorectal cancers.

3 million

The number of Ontarians eligible for regular colorectal cancer screening through ColonCancerCheck

GOAL 2

SCREENING: Ontario Breast Screening Program hits the one-million mark in 2009

GOAL 2. Reduce the impact of cancer through effective screening and early detection

We know that regular breast screening saves lives. Between 1989 and 2004, the number of Ontario women dying from breast cancer dropped by 33 per cent – a decrease that can be attributed largely to more women in the province getting mammograms.

Ontario's target is to have 70 per cent of women aged 50 to 69 participate in regular breast screening by the year 2010. This target goes up to 90 per cent by 2020. In 1990, Cancer Care Ontario established the Ontario Breast Screening Program to promote screening participation through an organized system that, among other things, automatically issues screening invitations and recalls to eligible patients, informs patients of screening results, and tracks participation and survival statistics.

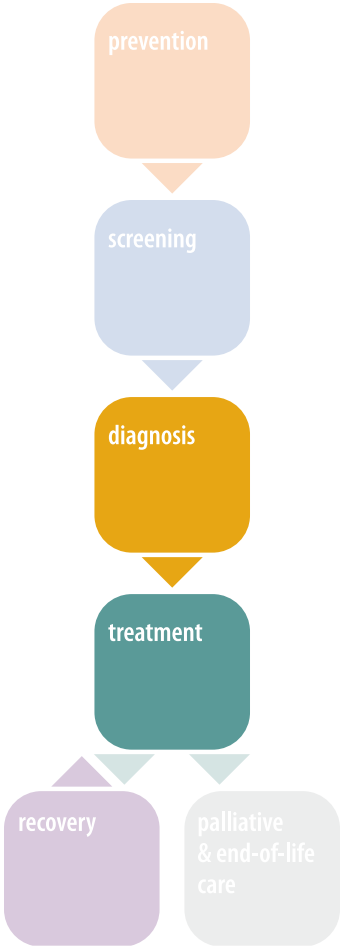
In 2009 | The Ontario Breast Screening Program will hit a milestone in March, when it expects to have screened one million Ontario women for breast cancer since the program administered its first mammogram in July 1990.

Aboriginal Cancer Care Unit takes a stand against colorectal cancer

Colorectal cancer rates among First Nations people in Ontario have risen rapidly over the last five decades. To help improve understanding and awareness of colorectal cancer screening in aboriginal communities, Cancer Care Ontario's Aboriginal Cancer Care Unit created a program called *Let's Take a Stand Against … Colorectal Cancer*. Provincial implementation is now underway with dissemination of materials, train-the-trainer sessions, stakeholder and Aboriginal newsletter publications, media pitches and webpage development, all focused on colorectal cancer prevention and screening.

Our screening targets for 2010–2011	How we're doing so far
• Mammography screening of 70% of Ontario women aged 50 to 69 years old • Cervical screening of 85% of eligible Ontarians • Colorectal screening of 40% of eligible Ontarians	• 63% of eligible Ontario women are screened for breast cancer, a rate relatively unchanged since 2000–2001 • 70% of Ontario women aged 20 to 69 were screened at least once for cervical cancer between 2003 and 2005 • 21% of Ontario women and 19% of Ontario men, all aged from 50 to 74 years old, received a fecal occult blood test in the last two years according to statistics from 2005–2006 Source: Cancer System Quality Index 2008

Improving the diagnostic and treatment phases of the cancer journey



GOAL 3

DIAGNOSIS: Diagnostic assessment pilot projects implemented across Ontario

GOAL 3. Ensure timely access to effective diagnosis and high-quality cancer care

The period between symptom and diagnosis is a stressful time for patients, as they wait for their test results. To reduce wait times for diagnosis, minimize repeated tests, and improve the patient experience and treatment outcomes, Cancer Care Ontario is working to streamline the diagnostic assessment process at cancer centres across the province. Building on initiatives from last year we supported four demonstration projects aimed at streamlining assessment processes.

Here are some highlights and results of these projects:

- **Credit Valley Hospital Diagnostic Assessment Unit at the Carlo Fidani Peel Regional Cancer Centre:** By creating a multidisciplinary team of healthcare and diagnostic services providers and establishing a central point of contact and referrals for patients with suspected breast cancer, this unit reduced median time from suspicion to biopsy by 60 per cent, or from 38 days to 15 days. Median time from suspicion to diagnosis also improved 53 per cent, from 42 to 20 days.
- **Streamlined Centre for Out-Patient Endoscopy (SCOPE) at Sunnybrook Health Sciences Centre:** This project implemented a central intake unit that books colonoscopies for eligible patients at one of the three collaborating hospitals: North York General Hospital, Sunnybrook Health Sciences Centre and Toronto East General Hospital. The result: 78 per cent reduction in wait times from family physician referral to colonoscopy for patients with positive (abnormal) fecal occult blood test results, and over 81 per cent reduction for patients with a family history of colorectal cancer.
- **Grand River Regional Thoracic Diagnostic Assessment Unit at Grand River Regional Cancer Centre:** To improve care and reduce wait times for patients with suspected lung cancer, this unit implemented a streamlined process model that included an integrated diagnostic clinic space within the cancer centre and a nurse navigator to work directly with patients and their families. Within 16 months, the unit was able to reduce the time between referral and diagnosis to 69 days from 113 days.
- **Erie St. Clair Lung Diagnostic Assessment Program at Windsor Regional Cancer Centre:** In 2006, it took an average of 120 days for patients at Windsor Regional Cancer Centre to find out whether or not they had lung cancer. By creating a centralized referral process and a patient database that facilitates patient flow, the Erie St. Clair Lung Diagnostic Assessment Program reduced its median wait time from suspicion to diagnosis to 44 days.

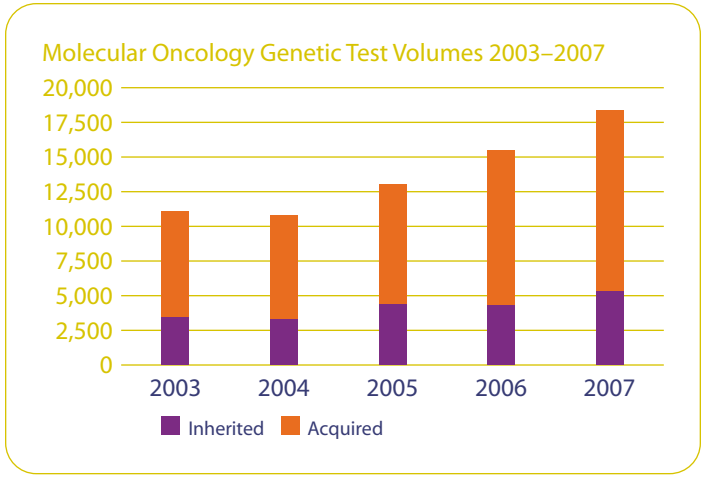
In 2009–2010 | Based on key learning from these four demonstration projects, Cancer Care Ontario will expand diagnostic assessment process improvement initiatives to additional sites across the province. The models, which conformed to the Organizational Standards for Diagnostic Assessment Programs introduced by Cancer Care Ontario in 2007, are not dependent on any particular administrative or organizational structure. We are working to ensure these models are transferrable to other organizations. Based on learnings from the pilot, we are also working towards province-wide measurement and performance improvement in the assessment phase of the cancer journey.

GOAL 3

DIAGNOSIS: Report of the Molecular Oncology Task Force released

GOAL 3. Ensure timely access to effective diagnosis and high-quality cancer care

Recent advances in molecular oncology and genetics-based testing now make it possible to predict risk of cancer, diagnosis and prognosis, and response to personalized treatments. While the province has, in recent years, seen more than 40 laboratory testing and clinical services sites established for cancer risk assessment and genetic counseling, much more needs to be done to meet the growing demand for these services and ensure quality and safety for patients. This area of rapid technology development requires closer quality control and better access coordination for patients and providers in Ontario.



In 2008, Cancer Care Ontario established a molecular oncology task force to report on the challenges and opportunities in this new frontier, and make recommendations on how to best deliver molecular oncology-based programs in Ontario. The task force's report, *Ensuring Access to High Quality Molecular Oncology Laboratory Testing and Clinical Cancer Genetic Services in Ontario* was released in January 2009.

The recommendations in the report focus on:

- oversight of test approvals
- performance measurement and reporting
- system capacity and planning
- ensuring quality and safety through the consistent application of practice guidelines and standards
- improving access to meet growing demand for such tests
- a sustainable system for evaluating and funding new cancer tests

A copy of the report is posted on our website at www.cancercare.on.ca.

There are **9** molecular genetics and **11** cytogenetics labs in Ontario formally recognized by the Ministry of Health and Long-Term Care.

Between 2003 and 2007, molecular oncology (cytogenetics and molecular) testing volumes in Ontario labs for which volumes are tracked rose to 28,517 tests from 18,771 – a 52 per cent increase.

Prostate testing now more widely available in Ontario

The Ontario government expanded access to PSA testing in January 2009 by making it available at community laboratories and hospitals for patients whose primary care providers have ordered the test for symptomatic or high risk men. PSA tests measure the level of prostate-specific antigens in the blood, with elevated levels signaling a potential for prostate cancer or a non-cancerous condition such as inflammation or enlargement of the prostate.

453

The estimated number of patients that will have been treated at the portable radiation treatment unit in Barrie during the facility's first year in operation. This exceeds the initial projection of 400.

Next steps | Cancer Care Ontario is now actively working with our partners to implement the recommendations to ensure Ontarians have equitable access to high-quality molecular oncology laboratory testing and clinical cancer genetic services in the province. We will work with the Ministry of Health and Long-Term Care to establish an oversight body responsible for system planning, ensuring access to genetic tests for cancer, and for building a regulatory framework to warrant the quality and safety of these tests.

GOAL 3

DIAGNOSIS & TREATMENT: Further expansion of capacity through the addition of new facilities and equipment

GOAL 3. Ensure timely access to effective diagnosis and high-quality cancer care

To ensure Ontarians have timely access to effective diagnosis and high-quality cancer care, we need to have the appropriate facilities and equipment in place across the province. In 2008, Ontario continued to increase its capacity to deliver timely, quality cancer services in every region. The effectiveness of these investments is particularly evident in wait times for radiation treatment, which have improved despite the continued increase in demand.

- Introduction of two radiation machines at Carlo Fidani Peel Regional Cancer Centre in Missisauga and one machine at R.S. McLaughlin Durham Regional Cancer Centre in Oshawa
- Replacement of older radiation equipment with new and more advanced units in 11 regional cancer centres
- Opening of portable radiation treatment facilities in Barrie and Ottawa, with both units capable of delivering intensity modulated radiation therapy
- New or continuing construction on facilities in Ottawa, Kingston, Barrie, Algoma, Newmarket and Niagara

GOAL 3

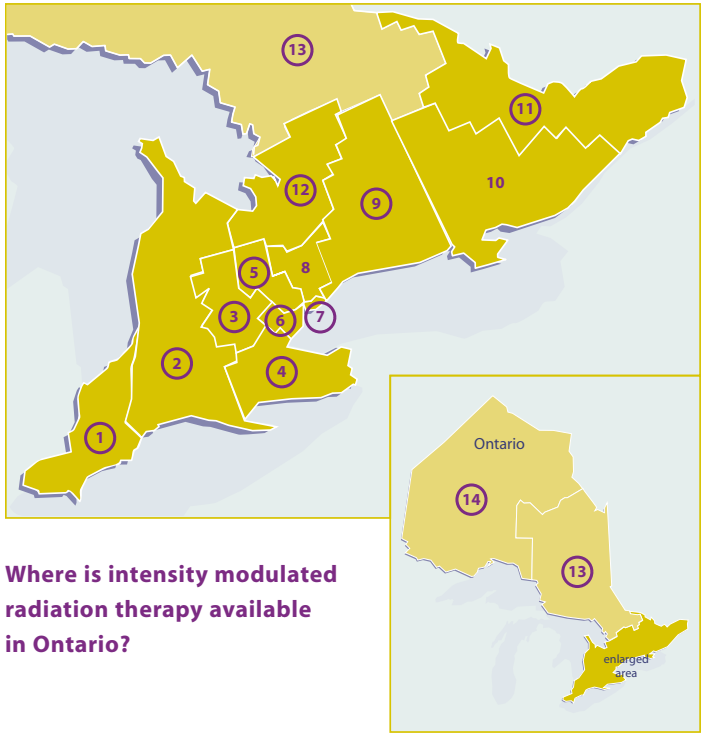
TREATMENT: Increased adoption of intensity modulated radiation therapy

GOAL 3. Ensure timely access to effective diagnosis and high-quality cancer care

Intensity modulated radiation therapy – or IMRT for short – is an advanced mode of high-precision radiotherapy that uses computer-controlled X-ray accelerators to deliver high doses of radiation to a cancer while significantly decreasing damage to surrounding healthy tissues and minimizing side effects.

In 2008:

- We published standards to guide the implementation and organization of IMRT services for optimized patient safety and quality of care. *Organizational Standards for the Delivery of Intensity Modulated Radiation Therapy (IMRT) in Ontario* can be found on our website.
- In December 2008, the Ontario government committed funds to accelerate expansion of IMRT services through the introduction of an IMRT quality assurance program and clinical coaching teams that will support regional cancer centres in meeting the quality and safety criteria laid out in the standards. Disease-specific IMRT guidelines and indications will also be developed to support the expansion of IMRT services.
- In October 2008, we began conducting IMRT training courses, with the goal of training 160 care providers over the next 18 months. These providers will come from different disciplines and will include radiation oncologists, radiation therapists and medical physicists.



Where is intensity modulated radiation therapy available in Ontario?

This map of the province's Local Health Integration Networks shows where IMRT services are offered.

1 Windsor Regional Cancer Centre (Erie St. Clair)
2 London Regional Cancer Program (South West)
3 Grand River Regional Cancer Centre (Waterloo Wellington)
4 Juravinski Cancer Centre (Hamilton Niagara Haldimand Brant)
5 & 6 Carlo Fidani Peel Regional Cancer Centre (Mississauga Halton / Central West)
7 Princess Margaret Hospital, Odette Cancer Centre (Toronto Central)
8 Stronach Regional Cancer Centre at Southlake (Central)
9 R. S. McLaughlin Durham Regional Cancer Centre (Central East)
10 Cancer Centre of Southeastern Ontario (South East)
11 The Ottawa Hospital Cancer Centre (Champlain)
12 Simcoe Muskoka Regional Cancer Centre (North Simcoe Muskoka)
13 The Hôpital Regional de Sudbury Regional Hospital – Regional Cancer Program (North East)
14 Regional Cancer Care – Northwest (North West)

12 out of 13

radiation programs in Ontario provide some intensity modulated radiation therapy or IMRT. When the 2008–2011 Ontario Cancer Plan was released in March 2008, only six radiation programs in the province delivered IMRT and only for a subset of eligible patients.

160

care providers from different disciplines are expected to complete comprehensive IMRT training courses between October 2008 and April 2010.

Multidisciplinary cancer conferences are gaining ground in Ontario

Multidisciplinary cancer conferences are increasingly becoming a standard component of cancer care at the Grand River Regional Cancer Centre, part of the Waterloo Wellington Regional Cancer Program. In 2007, Grand River began hosting MCCs based on a standard published by Cancer Care Ontario, reviewing 449 cases in 93 meetings. Last year, the total of cases reviewed by MCC rose to 532 – a 24 per cent increase – with total meetings increasing to 112 for the year.

"Multidisciplinary cancer conferences are a great way for physicians to get input from practitioners in other disciplines and to explore options they might not have thought about themselves," says Paulette Gienow, MCC coordinator for the Waterloo Wellington Regional Cancer Program. "At our meetings we try to represent as many cancer care disciplines as possible, so we invite surgeons, medical oncologists, radiation oncologists, radiologists and nurses as well as dietitians and social workers and clinical trials representatives."

Grand River also uses videoconferencing technology to enable healthcare providers from other hospitals in Waterloo Wellington to participate in the MCCs, which focus on five disease sites: breast, lymphoma, thoracic, gastrointestinal and genitourinary. Gienow says Grand River is now working on a chart audit to assess the impact of MCCs on treatment outcomes.

GOAL 3

DIAGNOSIS & TREATMENT: Rollout of a provincial implementation plan for multidisciplinary cancer conferences (MCCs)

GOAL 3. Ensure timely access to effective diagnosis and high-quality cancer care

Multidisciplinary cancer conferences – also known as tumour boards – provide a forum where healthcare professionals from radiation, surgery, chemotherapy and other health disciplines can collaboratively discuss the diagnosis and treatment of individual cancer patients. This collaborative approach can improve the patient experience and lead to better outcomes.

A review we conducted in 2008 revealed that only a small proportion of cancer patients in Ontario have access to multidisciplinary cancer conferences. We also learned through this review that many conferences do not fulfill the criteria laid out in the provincial standards.

With this in mind, we undertook the following activities in 2008:

- We worked with Regional Cancer Programs to set targets for expanding the use of MCCs. A current state assessment and technology scan was completed to identify enablers of and barriers to implementation, and a strategy has been developed to help increase the adoption of MCCs by Ontario providers.
- We tested our MCC Online Tracker. The information collected through this Internet-based tool will be analyzed and used for province-wide measurement of MCCs. Thanks to the tracker, Cancer Care Ontario will, for the first time, be able to measure compliance with MCC standards and other best practices that improve the effectiveness of multidisciplinary cancer conferences.

In 2009–2010 | Work is also ongoing to implement multidisciplinary cancer conferences for prostate, thoracic, breast and colorectal surgery.

GOAL 3

TREATMENT: Provincial systemic treatment strategic plan nears completion

GOAL 3. Ensure timely access to effective diagnosis and high-quality cancer care

Between now and 2010, the demand for systemic treatment, or chemotherapy, in Ontario is expected to grow by as much as 17 per cent, an increase spurred by the emergence of new cancer drugs and drug combinations as well as the growing number of cancer patients requiring treatment. So far we have been able to stabilize wait times for chemotherapy – the result of recent investments by the Ontario government to improve our capacity to deliver this service. But in the face of growing demand and already strained resources, it will become more and more difficult to sustain, let alone improve, access to systemic treatment in Ontario. Among other things, we need more medical oncologists in our regional cancer centres, and we need a more effective way to allocate funding and resources for systemic treatment across regional cancer centres and partners hospitals in each region.

To ensure the province is able to keep pace with the rising demand for this critical service, Cancer Care Ontario has made a commitment to improve access to systemic treatment across the province through coordinated expansion. Over the past year, a number of activities were undertaken to develop a Regional Systemic Treatment Program in every LHIN. To this end:

- Regional plans were developed for the organization of outpatient chemotherapy in Ontario that will see an increasing number of less complex cases treated in local community hospitals, allowing patients to be treated closer to home.
- Targets were established to assess the status of high priority safety standards in all hospitals delivering chemotherapy.
- The first phase of a new funding model for systemic treatment was completed and implemented to allow for more equitable allocation of incremental case funding to cancer centres, taking into account the resource requirements of the various types of chemotherapy services.

Next steps | In the coming months, we will finalize the Provincial Plan for Systemic Treatment, which will make recommendations for the ongoing implementation of the standards for systemic treatment and for funding community hospitals that provide systemic treatment. The Plan will also address human resource challenges by fostering a coordinated, multidisciplinary team approach to providing systemic treatment. We will also present the province with a proposed new funding model for systemic therapy, which we believe will be critical to expanding chemotherapy capacity in community hospitals.

Despite growing demand for cancer services in Ontario, wait times for treatment are, overall, improving steadily.

	Volumes	Wait Times
Surgery	↗	↙
Radiation Treatment	↗	↙
Systemic Treatment	↗	→

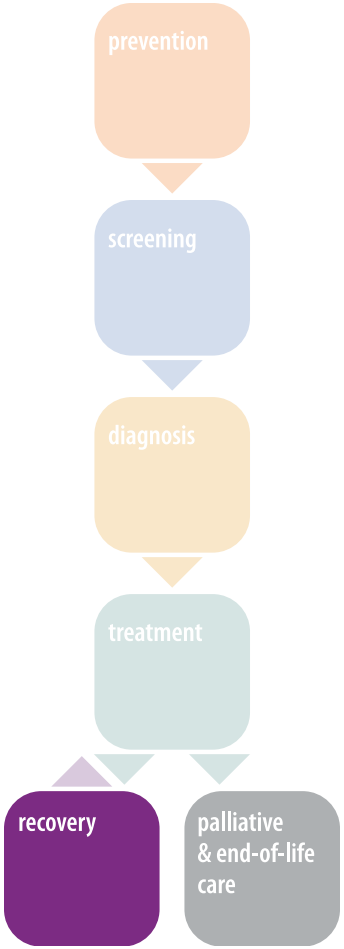
$400,000

The total funding provided by the Ontario government each year to support the growing cost of radioactive targeted therapy, an innovative treatment for a rare form of cancer known as neuro-endocrine tumours.

$12,000

The approximate cost per patient of radioactive targeted therapy. Each year, between 300 to 400 Ontarians are affected by neuro-endocrine tumours.

Improving patient care and support through recovery and palliative and end-of-life care



GOAL 4 — RECOVERY & PALLIATIVE & END-OF-LIFE CARE: Establishment of a Psychosocial Oncology Program

GOAL 4. Improve the patient experience across the continuum of care

Cancer's impact goes beyond what it does to the human body; this disease also places a great emotional strain on patients and their families. With this in mind, Cancer Care Ontario has established a Psychosocial Oncology Program with a mandate to develop activities and initiatives that support patients through their cancer journey and enhance quality of life for them and their families. The Psychosocial Oncology Program is currently working on two key projects:

- **Ontario Cancer Symptom Management Collaborative**, a project funded by the Ontario government which brings together a variety of experts from across the province to promote earlier identification, documentation and communication of patients' symptoms. This leads to optimized symptom management and collaborative care planning.
- **Development of evidence-based resources,** starting with the following two publications: *Provider-Patient Communication: A Report of Evidence-Based Recommendations to Guide Practice in Cancer*, and *Advance Care Planning with Cancer Patients: Guideline Recommendations*. Both publications are available on our website.

In 2009–2010 | In the year ahead, the Psychosocial Oncology program will focus on increasing interprofessional collaboration amongst healthcare providers. We will also work to implement the standards set out in our evidence-based documents. Currently no jurisdiction in Canada has such standards in place to guide care.

Enhancing the patient experience across the cancer continuum

GOAL 5

THE CANCER JOURNEY: Mapping the disease pathway for colorectal cancer

GOAL 5. Improve the performance of Ontario's cancer system

To improve the experience of patients, we need to understand how patients move between different services and providers along their journey. In the 2008–2011 Ontario Cancer Plan, we introduced disease pathway management, a new approach to the way we set priorities for cancer control, plan cancer services and improve the quality of care in Ontario.

In 2008 we brought together experts from across the colorectal cancer continuum to map out the patient journey and measure performance at each step. The result was a practical framework for measuring and evaluating performance along the patient journey – from prevention and diagnosis to palliative and end-of-life care – for specific cancers. Based on the framework, we developed a Priorities for Action plan for disease pathway management for colorectal cancer. In December we gathered colorectal cancer stakeholders and they concluded with agreement on a number of key actions, including:

- Improvement of processes so that colorectal cancer screening is more accessible to Ontarians
- Development of tools for measuring and supporting the patient experience across the colorectal cancer journey
- Measurement and reduction of the time between suspicion of disease and diagnosis of colorectal cancer

Raising the bar on cancer stage data capture in Ontario

Nine out of 12 regional cancer centres that submit cancer stage data to Cancer Care Ontario met or exceeded the 90 per cent stage capture rate target we set for 2007–2008 – a marked improvement over 2005–2006, when only one centre surpassed the target. While this is good news, even more positive developments are now underway. In March 2008, Cancer Care Ontario began to expand its collection of cancer stage data beyond regional cancer centres. Our goal? By 2010, we aim to capture 80 per cent of stage cancer data from all hospitals in Ontario that see cancer patients, not just regional cancer centres and the hospitals that host them. Ultimately we intend to increase our capture rate to 90 per cent across all disease sites.

Staging, which refers to the process of determining the extent of a cancer patient's disease, is important because it helps care providers decide on the most appropriate treatment. Accurate cancer stage information is critical to understanding the impact of cancer treatment, and improving prevention, early detection and treatment strategies. It also helps improve the cancer system since it is used for planning and managing cancer services and for evaluating, measuring and reporting on cancer treatment patterns and outcomes.

3,000

The total number of clinicians who will be submitting wait time information to Cancer Care Ontario as of March 2009. This means we will be capturing wait times data for more than 90 per cent of all surgical and diagnostic imaging cases in the province and a large fraction of colonoscopy activity in Ontario.

68%

The percentage of systemic treatments in Ontario being ordered using Cancer Care Ontario's computerized physician order entry system – an electronic drug ordering system that reduces prescribing errors and improves patients' safety by, among other things, eliminating hard-to-read handwriting and flagging drug interactions. Currently, 16 sites in the province use this system. Cancer Care Ontario's goal is to achieve a 90 per cent adoption rate by 2012.

In 2009–2010 | With the completion of a disease pathway map for colorectal cancer, Cancer Care Ontario will work with our partners to develop improvement projects, create tools for patients, care providers and system planners, and continue to monitor progress on the Priorities for Action. In addition, building on the learning from the experience with colorectal cancer, disease pathway management will be applied to additional disease sites, starting with lung cancer in 2009.

GOAL 5

THE CANCER SYSTEM: Launch of the Cancer Care Ontario 2008–2011 Information Strategy

GOAL 5. Improve the performance of Ontario's cancer system

To build the best cancer system for Ontarians, we need a robust information management infrastructure capable of supporting the entire system and keeping up with the fast-changing demands for cancer care. In partnership with the Ministry of Health and Long-Term Care, Cancer Care Ontario has developed a comprehensive information strategy that addresses the needs of cancer patients as well as the needs of the government's Access to Care program, established to improve access to health care for all Ontarians. We believe that supporting this broader program will, ultimately, have a positive impact on the cancer system.

Launched last year, the 2008–2011 Cancer Care Ontario Information Strategy is a comprehensive plan that will guide our information, information technology and eHealth activities in support of the Ontario Cancer Plan and the Access to Care priorities in Ontario in association with e-Health Ontario. Recent milestones against this information strategy include:

- Transition of pivotal Access to Care information technology initiatives to Cancer Care Ontario, namely the province's Emergency Department Reporting System, Critical Care Information System and Surgical Efficiency Target Program.
- Implementation of key IT elements of the government's Emergency Room/Alternate Level of Care Wait Time Strategy. As a first step, public reporting of emergency department wait times began in February of this year. Cancer Care Ontario is now working to capture near real-time data on patients waiting for a more appropriate level of care at hospitals and post acute care facilities. We are also supporting the implementation of local electronic referral solutions among healthcare providers in each of the province's Local Health Integration Networks.
- Expansion of the Wait Time Information System to cover all ophthalmological, orthopedic and general surgery. This will provide a comprehensive view of the services requiring hospital operating room resources, including cancer surgery.
- Continued expansion and enhancement of iPort™, Cancer Care Ontario's health information reporting platform that supports healthcare providers and system planners.

Next steps: The journey continues

- Roll out of a strategy aimed at increasing our capacity to use the Internet more effectively to communicate and interact with our regional cancer system partners, cancer patients and the general public. To advance this strategy, we have invested in technology that will help us manage our Web properties more efficiently and support online collaboration.

Next steps | Cancer Care Ontario will continue to leverage information technology to advance the goals in the 2008–2011 Ontario Cancer Plan. We will work closely with eHealth Ontario, the new agency responsible for harnessing technology to improve patient care and safety, to forge ahead with the province's transformation agenda.

The successes achieved in 2008 are but steps in our journey to build the best cancer system for Ontarians – and there remains a great distance to be travelled. Improving access is not a destination; it is a point of departure towards advancing quality and performance in all cancer services.

There remain areas that require unwavering effort and attention. We must not lose sight of provincial targets for cancer screening. We must remain committed to the implementation of standards for lung and esophagus cancer surgeries (thoracic surgery standards) across the province. We must ensure Ontario keeps pace with quality and access in molecular oncology and genetics. We must continue to leverage information management and technology to improve the performance of the cancer system. And we must organize and expand our capacity to provide bone marrow/stem cell transplantation, based on a comprehensive set of recommendations we presented this year to the Ontario government.

Achieving our vision of building the world's best jurisdiction-wide cancer system for Ontarians calls for many partners along the way. The challenges of today's economic climate also call for greater efficiency and improved productivity in cancer services. In the face of these challenges, we need to be agile and resourceful, even more so than we have been in the past. And we need to continue working together, guided by the 2008–2011 Ontario Cancer Plan and bound by our solid commitment to reduce the toll of cancer on our citizens and provide the best care for those touched by the disease.

Learn more

We invite you to visit our website to view an online version of this progress report and of the 2008–2011 Ontario Cancer Plan.

www.cancercare.on.ca

We will improve the performance of the cancer system by driving quality, accountability and innovation in all cancer-related services.

cancer care ontario | action cancer ontario

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