Building a Sustainable Cancer System in Ontario

2016 ARCC Conference
May 9, 2016

Michael Sherar, PhD
President & CEO
CCO
Recognizing ARCC’s Contributions

ARCC Network

Research

Capacity Building
Recent ARCC Milestones

- Renewed funding
- Survivorship program developed and formalized
- 800 members and counting
- Changes in leadership
Building a Sustainable Cancer System

- Health Human Resources
- Drugs
- Appropriate Care
- Allocation of Resources
- Efficiency
The Healthcare Landscape in Ontario

How the Money is Being Spent in Ontario - 2014

- Hospitals: 28% of health spending, $23B
- Drugs: 17% of health spending, $13B
- Physicians: 17% of health spending, $14B

Source: Canadian Institute for Health Information, National Health Expenditure Trends, 1975 to 2014.
About CCO – Our Role

$ 19.3 M  Access to Care (ATC) & eCTAS

$ 632.1 M  Chronic Kidney Disease

$ 36.6 M  Radiation Equipment

$ 93.3 M  Cancer Prevention & Screening

$ 316.4 M  Provincial Drug Reimbursement Program

$ 733.9 M  Hospital Cancer Funding

$ 79.5 M  CCO Program Support

$ 1,915.0 Million

Programs

<table>
<thead>
<tr>
<th>Programs</th>
<th>As of Mar 31-16</th>
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</thead>
<tbody>
<tr>
<td>Hospital Cancer Funding</td>
<td>38.32%</td>
</tr>
<tr>
<td>Provincial Drug Reimbursement Program PDRP (cancer)</td>
<td>16.52%</td>
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<tr>
<td>Cancer Prevention &amp; Screening</td>
<td>4.87%</td>
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<tr>
<td>Radiation Equipment</td>
<td>1.91%</td>
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<tr>
<td>TOTAL Cancer</td>
<td>61.62%</td>
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<tr>
<td>Chronic Kidney Disease</td>
<td>33.01%</td>
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<tr>
<td>Access to Care (ATC) &amp; eCTAS</td>
<td>1.01%</td>
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<tr>
<td>CCO Program Support</td>
<td>4.36%</td>
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CCO’s Approach and Action Plan

Ontario Cancer Plan IV
2015-2019

Ontario Renal Plan II
2015-2019
Models of Care
Models of Care Program

**GOAL 1**
Develop and implement new models of care to promote value for money

**GOAL 2**
Identify and address regulatory, funding, and other policy changes to sustain new models of care

**GOAL 3**
Enhance the accuracy of HR planning by incorporating the impact of model of care
Transition of Well Follow-Up to Primary Care

Outcomes

- ~10,000 patients transitioned (breast and colorectal cancer) between 2011 and 2015
- ~20,000 fewer visits to oncologists, ~5,000 hours freed up

Why it’s better and less costly

- Less oncology hours and training required
- Infrastructure support for oncologist is more intensive than for primary care
Outcomes

- 24 Clinical Specialist Radiation Therapists at nine centres
- Eight of them in palliative care
- CSRT role redirected ~16,000 hours of work from radiation oncologists between 2014 and 2018

Why it’s better and less costly

- Less oncologist hours and training required
- Ensures high-quality, person-centred care
Impact of Models of Care on Sustainability

Provincial Estimated Model Impact on Request for Radiation and Medical Oncology from Implementation of Breast and Colorectal well follow up and CSRT models, 2014-2018, Ontario

<table>
<thead>
<tr>
<th>Models of Care by Specialist</th>
<th>2014 Change in requested positions</th>
<th>2015 Change in requested positions</th>
<th>2016 Change in requested positions</th>
<th>2017 Change in requested positions</th>
<th>2018 Change in requested positions</th>
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</thead>
<tbody>
<tr>
<td>Radiation Oncology</td>
<td></td>
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<tr>
<td>Impact of new models</td>
<td></td>
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<tr>
<td>• Well follow up</td>
<td>-1.5 FTE (-30%)</td>
<td>-2.3 FTE (-43%)</td>
<td>-2.6 FTE (-49%)</td>
<td>-3.4 FTE (-63%)</td>
<td>-3.8 FTE (-55%)</td>
</tr>
<tr>
<td>• CSRT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical Oncology</td>
<td></td>
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<tr>
<td>Impact of new models</td>
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</tr>
<tr>
<td>• Well follow up</td>
<td>-2.0 FTE (-25%)</td>
<td>-1.1 FTE (-14%)</td>
<td>-1.2 FTE (-14%)</td>
<td>-1.3 FTE (-15%)</td>
<td>-1.5 FTE (-17%)</td>
</tr>
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Example: in 2015 the projected demand for radiation oncologist was 5.3 FTEs. The models of care adjustment reduced the request by 2.3 FTEs (-43%).
## Provincial Oncology Alternative Funding Plan (POAFP)

<table>
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<tr>
<th>New positions</th>
<th>Approved in the POAFP by the MOHLTC</th>
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<tbody>
<tr>
<td></td>
<td>2015/16</td>
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<tr>
<td>Medical Oncologists (MO)</td>
<td>28 FTE</td>
</tr>
<tr>
<td>Radiation Oncologists (RO)</td>
<td>16 FTE</td>
</tr>
<tr>
<td>Gynecologic Oncologists (GO)</td>
<td>7 FTE</td>
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Maximizing Scope of Practice

The Registered Nurse Flexible Sigmoidoscopy (RNFS) Program

- First program of its kind in Canada and launched in 2007 as a pilot
- Based on strong evidence
- Approx. 15,000 procedures performed as of April 2016
- 15 nurses across 7 regions and 9 sites
- Now being integrated into ColonCancerCheck program
- Raised important considerations and key learnings (e.g., compensation for providers)
What are other jurisdictions doing?

- Mammograms are read by radiographers and nurses in the UK
- Colposcopy guided biopsies are conducted by specialist nurses in the UK and USA
- Supportive care and symptom management is provided by pharmacists in the USA and Australia
New Settings of Care - Oral Chemotherapy

Oral Chemotherapy

- Emerging as a standard treatment option for many cancers
- Change is being driven by the market and we need to come up with a different model to meet the demand
- May help mitigate growing burden on cancer centres, but introduces new issues of safety, accessibility, equity and responsiveness
  - Solution can be less expensive if designed properly
New Settings of Care - Home Dialysis

![Graph showing the percentage of patients on home dialysis from 2010 to 2015. The graph indicates an increase in home dialysis rates over the years.](image-url)
The Ontario Palliative Care Network

• Established March 11, 2016

• Principal advisor to the government for quality, coordinated palliative care in Ontario

• Will bring forward recommendations for provincial standards and guidelines and support regional implementation of high-quality, high-value palliative care

• Allows us to look at different settings of care (e.g. hospital, community care access centre, home) as well as providers of care (e.g. specialist, nurse, voluntary professional) to determine best option for individual patient
Challenges and Barriers to Change

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<tr>
<th>Political Context</th>
<th>Cancer System Context</th>
<th>Regional Context</th>
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<tbody>
<tr>
<td>Strong Leadership &amp; Relationships</td>
<td>Training</td>
<td>Compensation</td>
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<tr>
<td>Legal Implications</td>
<td>Scope</td>
<td>Professional and Patient Acceptability</td>
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Measuring our Performance

• We’re making progress with certain initiatives, but need to look at bigger picture – still much to be done

• Opportunities exist, but so do barriers

• Need to apply key learnings from smaller initiatives to drive broader, system-level success
Thank You