

Chapter 3

Section 3.01

Cancer Treatment Services

Standing Committee on Public Accounts Follow-Up on Section 3.02, 2017 Annual Report

On October 31, 2018, the Standing Committee on Public Accounts (Committee) held a public hearing on our 2017 audit of Cancer Treatment Services. The Committee tabled a report on this hearing in the Legislature in October 2019. A link to the full report can be found at www.auditor.on.ca/en/content/standingcommittee/standingcommittee.html.

The Committee made 21 recommendations and asked the Ministry of Health (Ministry), formerly part of the Ministry of Health and Long-Term Care, and Cancer Care Ontario (CCO), which was integrated into a new provincial agency, Ontario Health, in December 2019, to report back by March 2020. The Ministry and CCO within Ontario Health [OH(CCO)] formally responded to the Committee on March 2, 2020. The status of each of the Committee's recommended actions is shown in **Figure 1**.

We conducted assurance work between April 15, 2020, and June 25, 2020, and obtained written representation from the Ministry and OH(CCO) that effective October 5, 2020, they have provided us with a complete update of the status of the recommendations made by the Committee.

Overall Conclusion

As of October 5, 2020, 48% of the Committee's recommended actions had been fully implemented, and 41% of the recommended actions were in the process of being implemented. There has been little or no progress on 9% of the recommended actions. One of the recommended actions will not be implemented. Specifically, the Ministry informed us that it would not develop criteria for cancer drugs to automatically qualify for the Exceptional Access Program (EAP) because it believes that the case-by-case evaluation process of the EAP is a consistent and fair way to optimize sustainability for the health-care system. The reasons it cites to support its decision are given in the response to **Recommendation 3**. The Office of the Auditor General of Ontario continues to believe that developing and putting into effect criteria for automatic qualification of cancer drugs for the EAP has potential benefits for patients and oncologists, and for the health-care system in Ontario.

Figure 1: Summary Status of Actions Recommended in October 2019 Committee Report

Prepared by the Office of the Auditor General of Ontario

	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	2	1	1			
Recommendation 2	3	1	2			
Recommendation 3	3	2			1	
Recommendation 4	2	2				
Recommendation 5	2		1.5	0.5		
Recommendation 6	3	1		2		
Recommendation 7	2	1	1			
Recommendation 8	3	3				
Recommendation 9	1	1				
Recommendation 10	2		1	1		
Recommendation 11	2	2				
Recommendation 12	2	2				
Recommendation 13	2		2			
Recommendation 14	1		1			
Recommendation 15	1		1			
Recommendation 16	1		1			
Recommendation 17	3	1	2			
Recommendation 18	1	1				
Recommendation 19	1		1			
Recommendation 20	1		1			
Recommendation 21	2	1	1			
Total	40	19	16.5	3.5	1	0
%	100	48	41	9	2	0

Detailed Status of Recommendations

Figure 2 shows the recommendations and status details that are based on responses from the Ministry and OH(CCO), and our review of the information provided.

Figure 2: Committee Recommendations and Detailed Status of Actions Taken

Prepared by the Office of the Auditor General of Ontario

Committee Recommendation	Status Details
<p>Recommendation 1</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care and Cancer Care Ontario should:</p> <ul style="list-style-type: none"> address geographical barriers to patient access to radiation services with the goal of reducing them; Status: In the process of being implemented by December 31, 2023. report their plans for the new linear accelerators recommended by Cancer Care Ontario to the Standing Committee on Public Accounts. Status: Fully implemented. 	<p>In November 2018, OH(CCO) released a 10-year plan, called the Radiation Treatment Capital Investment Strategy, to the Ministry and hospital partners. This plan was intended to guide investments for new and existing radiation treatment facilities until the end of 2028 to help reduce geographical barriers to patient access to radiation services. OH(CCO) expected to update the plan in 2023.</p> <p>During our follow-up, we found that some hospitals have installed new radiation machines or plan to do so in order to expand their radiation treatment facilities and improve patient access. For example:</p> <ul style="list-style-type: none"> Royal Victoria Hospital installed one new radiation machine in 2019. William Osler Health System is developing a proposal to add six new machines. Other hospitals have also submitted capital projects to the Ministry for adding new radiation machines. These hospitals include Southlake Regional Health Centre (one new machine); Windsor Regional Hospital (one new machine); and Thunder Bay Regional Health Sciences Centre (one new machine). <p>OH(CCO) informed us that it would continue to work with the Ministry's Health Capital Investment Branch and hospitals to secure funding approvals to ensure that radiation treatment capacity is available where and when it is needed.</p> <p>OH(CCO) reported its plans for the new linear accelerators to the Standing Committee on Public Accounts as part of OH(CCO)'s 10-year plan, the Radiation Treatment Capital Investment Strategy, released in November 2018. This plan provided details relating to the recommended timeline for adding radiation treatment machines to the system.</p> <p>Specifically, the 2018 plan indicated that the radiation equipment life cycle for linear accelerators and other high-energy treatment machines has been extended from nine to 12 years to achieve savings that can be reinvested into replacing other equipment and treatment-planning software. The plan was expected to be updated in 2023.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> report the outcomes of the Pan-LHIN Referral Management Initiative on implementing a centralized referral system to the Standing Committee on Public Accounts. Status: In the process of being implemented by March 31, 2023. 	<p>The Ministry asked the Local Health Integration Networks (LHINs) to initiate the development of a provincial eReferral strategy to help streamline the referral process across the province. The eReferral strategy is a progression of work that started with the formation of the Pan-LHIN Referral Management Working Group in October 2015. To guide the provincial eReferral strategy's work, a Provincial eReferral Strategy Steering Committee was struck in the fall of 2018 that includes representation from all 14 LHINs.</p> <p>Over its course of development, the provincial eReferral strategy has evolved into the current Transitions in Care strategy, which aims to help reduce time to referral and inappropriate referrals, and improve access to information for both providers and patients.</p> <p>The Ministry indicated that eReferral implementations in Ontario are currently lacking provincial co-ordination, and there is limited integration between the LHINs. It noted that the current Transitions in Care strategy could help address these challenges through co-ordination and standardization of clinical, technical and other processes. The Ministry anticipated that eReferrals would be standardized and expanded to other regions across Ontario by March 31, 2023.</p>
<p>Recommendation 3</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care and Cancer Care Ontario should further simplify and streamline the request and application process for financial support for take-home cancer drugs by:</p> <ul style="list-style-type: none"> developing criteria for cancer patients to automatically qualify for the Trillium Drug Program; Status: Fully implemented. 	<p>The Trillium Drug Program (Trillium) provides coverage for prescription drugs for households with high drug costs relative to their income.</p> <p>The Ministry noted that it had made applying for financial assistance from Trillium more efficient and flexible for patients, as well as streamlining and enhancing transparency of the criteria. As of May 1, 2018, the application for Trillium has included mandatory consent to verify income information with the Canadian Revenue Agency for the 2018/19 fiscal year. This helps cancer patients who meet the criteria to automatically qualify for Trillium. Specifically, benefits for patients include faster application processing by reducing back-and-forth letters that result from incomplete income information; automatic renewal with no requirement for annual paper-based proof of income; and no disruption to drug coverage due to delays in providing paper-based proof of income.</p> <p>Following stakeholder engagement and a review of public feedback, the Ministry developed an enhanced downloadable Trillium application form with mandatory fields to assist applicants in completing their application, and to help ensure completeness and improve accuracy. The Ministry posted the new application form and guide on its website on December 20, 2019.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> developing criteria for cancer drugs to automatically qualify for the Exceptional Access Program; Status: Will not be implemented. 	<p>The Ministry informed us that it would not implement this recommendation because it has found the case-by-case evaluation process of the Exceptional Access Program (EAP), as opposed to an automatic qualification process, to be a consistent and fair way to optimize sustainability for the health-care system.</p> <p>The EAP is designed to facilitate access to drugs that are not listed on the Ontario Drug Benefit Program Formulary. All drugs considered through the EAP are reviewed on a case-by-case basis to ensure that the patient's condition meets the clinical criteria. A request for consideration must be submitted by a physician or nurse practitioner. The EAP then evaluates the submitted clinical information against approved funding criteria which, for take-home cancer drugs, typically follow the same requirements as negotiated nationally through the pan-Canadian Pharmaceutical Alliance.</p> <p>The Ministry explained that without an EAP evaluation process, these costly products might be used for conditions and situations where their safety, effectiveness and value have not been evaluated. All drugs funded by the Ontario Drug Benefit Program, whether on the Formulary or through the EAP, have clinical criteria that are developed by medical experts. These criteria are evidence-based, relying on research, testing and other information to determine which conditions or diseases a drug should be funded for. Funding based on clinical evidence is important to maintain equity, consistency and sustainability for costly drugs and to ensure that patients with cancer and other life-threatening or serious conditions are being treated with drugs that have proven to be safe and effective, and that demonstrate outcomes and value to justify the use of public funds.</p> <p>The Ministry noted a rise in the cost of new take-home cancer treatments in the past decade, with typical treatment costs ranging between \$50,000 and \$130,000 per patient in a single year. Therefore, it stated that the case-by-case process used for the EAP is a consistent and fair way to optimize sustainability for the health-care system by ensuring that funding is provided for evidence-based and cost-effective therapies for all Ontarians, irrespective of the health condition for which they require financial assistance for drug coverage.</p>
<ul style="list-style-type: none"> reducing the need for health care providers to fill out patient applications for the Trillium Drug Program and Exceptional Access Program. Status: Fully implemented. 	<p>The Ministry noted that the web-based IT solution that it introduced, called Special Authorization Digital Information Exchange (SADIE), is making the submission of requests for drugs, including cancer drugs, more efficient for prescribers. SADIE is available to all Ontario physicians and nurse practitioners to support patients' needs for appropriate and timely access to drugs covered through the Exceptional Access Program (EAP).</p> <p>In October 2019 the Ministry also introduced a Telephone Request Service (TRS) for cancer drugs, which enables prescribers to phone the EAP to orally request funding for most take-home cancer drugs and receive a funding decision during the call. Through TRS, an approval can be processed within an hour for urgent requests that had earlier required a three-business-day turnaround. The added advantage of the TRS for cancer drugs is that prescribers are able to discuss the funding criteria with EAP assessors directly during the call to better understand the requirements.</p> <p>The Ministry further noted that health-care providers do not fill out patient applications or supply clinical information for the Trillium Drug Program (Trillium). Trillium applications collect information only about household members and request consent to verify income with the Canada Revenue Agency, as noted in a previous recommended action.</p>

Committee Recommendation	Status Details
<p>Recommendation 4</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care and Cancer Care Ontario should report to the Standing Committee on Public Accounts:</p> <ul style="list-style-type: none"> on how well the Special Authorization Digital Information Exchange (SADIE) worked and how useful it was; Status: Fully implemented. <ul style="list-style-type: none"> more precise cost estimates for take-home cancer drugs. Status: Fully implemented. 	<p>The Ministry replied that as SADIE is a web-based IT solution, it has made review of drug requests through the Exceptional Access Program (EAP) more efficient for prescribers and the Ministry, resulting in faster decisions to support patient care. SADIE has been fully accessible to more than 230 prescribers since April 1, 2019. Beginning July 1, 2019, SADIE became accessible to all physicians and nurse practitioners in Ontario. Any drug request to the EAP can be submitted through SADIE.</p> <p>The Ministry provided the following examples to show how well SADIE worked and how useful it was:</p> <ul style="list-style-type: none"> The Ministry has released over 250 drug-specific request forms. These are “smart” forms that elicit the necessary clinical details to determine if the patient meets the funding criteria through the EAP. As a result of these “smart” forms, the number of incomplete submissions for drugs requested via SADIE has been reduced by 75% versus fax-based forms. Any EAP request can be submitted via SADIE, many taking the prescriber as little as two minutes to complete. 70% of all requests submitted through SADIE have been assessed within one business day. There has been positive feedback from users, some of whom have completely abandoned the fax-based process in favour of SADIE. <p>Based on the 2018/19 Ontario Drug Benefit Program drug list price and private insurance data, the Ministry’s preliminary estimate for expanding dollar coverage of take-home cancer drugs to all Ontarians was approximately \$540 million in 2020/21.</p> <p>The Ministry added the following side notes to this estimate:</p> <ul style="list-style-type: none"> This estimate is in addition to current expenditures on cancer medications through the New Drug Funding Program and the Ontario Drug Benefit Program. This estimate includes coverage for (1) anti-cancer drugs used to treat cancer indications only; and (2) anti-cancer drugs used to treat cancer that may also be used to treat other non-cancer-related indications. While drugs that are used to prevent, manage or relieve side effects from cancer or anti-cancer treatments are funded in inpatient hospital settings (such as anti-nausea medications), they are not included in the estimate. Unlike anti-cancer drugs, these cancer-supportive therapies do not target cancer cells, and they are also used in the treatment of other conditions that are not cancer-related.

Committee Recommendation	Status Details
<p>Recommendation 5</p> <p>The Standing Committee on Public Accounts recommends that Cancer Care Ontario should:</p> <ul style="list-style-type: none"> establish guidelines and educational programs on the safe use of take-home cancer drugs for patients; <p>Status: In the process of being implemented by March 31, 2021.</p>	<p>OH(CCO) noted that it established a Pharmacy Oncology Task Force (Task Force) to examine Ontario's pharmacy service model for take-home cancer drugs. The mandate of this Task Force was to provide recommendations and advice to OH(CCO) on potential provincial pharmacy service models for take-home cancer drugs in order to optimize safe, high-quality, person-centred care. The output of this work included recommendations on patient and provider education related to safe medication use, toxicity monitoring and adherence to proper use of drugs. The final report was completed and provided to the Ministry on March 25, 2019, and posted on OH(CCO)'s website on April 25, 2019.</p> <p>OH(CCO) has also developed patient education resources for the safe use of take-home cancer drugs. One remaining resource is expected to be finished by the fourth quarter of 2020/21, and all content is expected to go live on OH(CCO)'s website at this time.</p> <p>In addition, the Regional Cancer Programs (Programs) have undertaken additional work to support patient education. For example:</p> <ul style="list-style-type: none"> The Programs have improved oral chemotherapy monitoring by developing and implementing individualized plans for regular toxicity monitoring, as well as assessing patient adherence to treatment. The Programs that identified patient education as a gap could develop specific education tools and resources for take-home cancer drugs. The Programs have implemented the projects planned for 2019/20 relating to educational programs on the safe use of take-home cancer drugs. As part of project close-out, key learnings were presented to the regions in July 2020.

Committee Recommendation	Status Details
<ul style="list-style-type: none"> ensure pharmacists who dispense cancer drugs receive specialized cancer drug therapy training, if required by Cancer Care Ontario. Status: In the process of being implemented by March 31, 2025 (for hospital pharmacies). Little or no progress (for community pharmacies). 	<p>OH(CCO) initiated discussion with the Ontario College of Pharmacists about training and education programs required for pharmacists. OH(CCO) also developed the Regional Systemic Therapy Program Standards for Training and Education for Providers. These evidence-based standards have been finalized and were published in July 2019, and can be accessed through OH(CCO)'s website.</p> <p>OH(CCO) also surveyed the Regional Cancer Programs (Programs) on take-home cancer drugs in the summer of 2019 and analyzed the survey results to identify gaps in training. These survey results were shared with the Programs as well as the Ontario College of Pharmacists, and will inform future local, regional and provincial quality improvement projects. OH(CCO) had planned to share the survey results, as well as a detailed implementation plan to address gaps identified in the March 2019 Task Force report, with the Ministry in the fourth quarter of 2019/20; however, this meeting was cancelled in light of the COVID-19 pandemic and will be rescheduled in the near future.</p> <p>As well, OH(CCO) stated that it would continue to collaborate with the Ontario College of Pharmacists to explore any opportunities to establish training and education standards for pharmacists who are managing medication used in systemic therapy. Specifically:</p> <ul style="list-style-type: none"> Pharmacists working in hospital pharmacies would be required to follow training and education standards by the end of 2024/25. However, this timeline may be delayed by the COVID-19 pandemic if the facilities are not able to send pharmacists for training in 2020/21. OH(CCO) will continue to dialogue with the Ontario College of Pharmacists on educational requirements for community pharmacies. The Ontario College of Pharmacists has not mandated these requirements for all pharmacists working in the community pharmacies.
<p>Recommendation 6</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care and Cancer Care Ontario should:</p> <ul style="list-style-type: none"> determine what standards, if any, are needed to provide oversight to private specialty clinics; Status: Fully implemented. 	<p>OH(CCO) revised the Regional Models of Care for Systemic Treatment: Standards for the Organization and Delivery of Systemic Treatment, which were published in July 2019. This document presents a practical framework and standards to guide the delivery of systemic treatment (that is, cancer drug treatment) across the province, both within Regional Cancer Centres and in other facilities such as private specialty clinics. The primary goal is to provide safe, evidence-based systemic cancer treatment, maximizing the efficient use of resources and employing the principle of person-centred care with an emphasis on providing care as close to home as possible.</p> <p>These standards apply to any facility that prepares and administers systemic treatment and can be used to determine if private infusion clinics are meeting best practices.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> work with the College of Physicians and Surgeons of Ontario to review and assess the need for inspections of cancer drug treatments at private specialty clinics; Status: Little or no progress. 	<p>In September 2018, OH(CCO) issued a briefing note to the Ministry providing an update on the private infusion clinics in Ontario and highlighting areas of concern. OH(CCO) also recommended that the Ministry explore opportunities for the College of Physicians and Surgeons of Ontario to oversee the private infusion clinics and for the Ontario College of Pharmacists to oversee the compounding areas. Without oversight, the identified risks for patients treated in private infusion clinics are that they may be receiving:</p> <ul style="list-style-type: none"> treatments where OH(CCO) safe handling guidelines (and other safety-related guidelines) are not followed; treatments that are not evidence-informed and not funded by OH(CCO) (not consistent with current guidelines or not generally accepted best practice by oncologists in Ontario); medications prepared in compounding areas that are not accredited pharmacies by the Ontario College of Pharmacists; or systemic treatments prescribed by a physician without oncology or hematology training. <p>The Ministry informed us that it continues to support this recommendation and was planning to work with the College of Physicians and Surgeons of Ontario continuously to explore the feasibility of including cancer drug therapy treatments in the College's inspections of private specialty clinics by March 31, 2021 (pending legislative approval of the <i>Oversight of Health Facilities and Devices Act, 2017</i>).</p>
<ul style="list-style-type: none"> update the Standing Committee on Public Accounts on the options that were considered for supervising the quality and safety of the clinics and explain which option was chosen and why. Status: Little or no progress. 	<p>The <i>Oversight of Health Facilities and Devices Act, 2017</i> is currently pending legislative approval. This Act was designed to consolidate oversight of independent health facilities and out-of-hospital premises, and potentially also oversight of non-regulated facilities and services, including private specialty clinics.</p> <p>OH(CCO) helped co-ordinate discussions with the Regional Cancer Programs concerning private infusion clinics. Voluntary local or regional partnerships between the Regional Cancer Centres and private infusion clinics were proposed as an option to obtain some oversight on the quality and safety of care delivered at these clinics. Other options would continue to be developed, and no option had been chosen yet.</p>

Committee Recommendation	Status Details
<p>Recommendation 7</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care should work with hospitals, to:</p> <ul style="list-style-type: none"> implement the Ministry's 2013 recommendation regarding the traceability of computer-based clinic and hospital records for patients and their treatments; <p>Status: In the process of being implemented by December 31, 2020.</p> <ul style="list-style-type: none"> review the recommendations from the Standing Committee on Social Policy's 2014 report, <i>Diluted Chemotherapy Drugs</i>, to prevent improper dosing of cancer treatments. <p>Status: Fully implemented.</p>	<p>The Ministry noted that it had been working with partners including Health Canada, the Ontario College of Pharmacists, the Ontario Hospital Association and OH(CCO) to determine whether the implementation of this recommendation could be considered complete. This work was expected to be completed by the end of December 2020.</p> <p>The Ministry explained that it had to work with the Ontario College of Pharmacists (College) to implement this recommendation because the College is responsible for overseeing the pharmacists in hospital pharmacies. The role of the College is to regulate the profession in the public interest. The <i>Safeguarding Health Care Integrity Act, 2014 (Act)</i> was passed in December 2014, and provisions relating to the College's oversight of hospital pharmacies came into effect with the required amendments to the regulation of the <i>Drug and Pharmacies Regulation Act</i> approved on August 1, 2016. The Act provides the College with the authority to license and inspect pharmacies within public and private hospitals in the same manner as it currently licenses and inspects community pharmacies; to enforce licensing requirements for hospital pharmacies; and to make regulations to establish the requirements and standards for licensing, operation and inspection of hospital pharmacies.</p> <p>The Ministry informed us that all recommendations from the review of the chemotherapy drug supply system that can be implemented directly by the Ministry had been completed.</p> <p>The Ministry also informed us that the Ontario College of Pharmacists has also implemented the standards developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) for pharmacy compounding in Ontario. These standards cover three areas: non-hazardous sterile preparations, hazardous sterile preparations, and non-sterile preparations. Therefore, implementing these standards also helps address the recommendations from the Standing Committee on Social Policy's 2014 report, <i>Diluted Chemotherapy Drugs</i>, to prevent improper dosing of cancer treatments.</p>

Committee Recommendation	Status Details
<p>Recommendation 8</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care and Cancer Care Ontario should:</p> <ul style="list-style-type: none"> establish provincial protocols and guidelines to manage drug shortages; Status: Fully implemented. develop a province-wide network to communicate with LHINs, hospitals, pharmacies, and health care providers about anticipated and impending cancer-drug shortages; Status: Fully implemented. assist hospitals to develop policies on appropriate cancer-drug inventory levels and handling cancer-drug shortages. Status: Fully implemented. 	<p>The Ministry informed us that, together with OH(CCO), it has established routine practices for stakeholder communication and drug sharing at the provincial level. They have adopted a practice to prioritize patients, which relies on information about cancer drug shortages and other data, in addition to a way to assess the impact of drug shortages in consultation with provincial cancer leads and clinical experts.</p> <p>OH(CCO) informed us that it also developed an action plan for drug shortages that includes consultation with stakeholders to refine and formalize the current process. In addition, OH(CCO) drafted the Drug Shortages Management Protocol (Protocol) to manage responses during drug shortages.</p> <p>The Protocol was approved and began operating in April 2020. The purpose of this protocol is to outline OH(CCO)'s role and processes for responding to cancer drug shortages at the provincial level. OH(CCO) used Health Canada's Multi-Stakeholder Steering Committee on Drug Shortages Communication and Notification Protocol as a guide.</p> <p>The Ministry informed us that it had been using an online tool, Ontario Drug Stock Monitoring, to share information with hospitals, pharmacies and health-care providers. Materials posted on this website include OH(CCO) and Ministry memos on drug shortages updates, manufacturer information and other resources. The Ministry developed and launched an inventory tracking tool called DTrack, which allows the Ministry to collect real-time inventory levels to track cancer and non-cancer drug shortages. OH(CCO) supports the Ministry in inventory management at the regional level.</p> <p>The Ministry and OH(CCO) have created an online communication network at the provincial level for OH(CCO) to communicate directly with hospital pharmacies and regional cancer leads. Additionally, the Ministry emails Health Canada's drug supply alerts, Ontario's drug supply alerts and OH(CCO)'s memos to hundreds of stakeholders including hospital pharmacies, community pharmacies, professional associations and regulatory bodies for Ontario pharmacists and physicians.</p> <p>OH(CCO) and the Ministry have been updating stakeholders via drug shortage memos. These memos have contained information on supply status, duration of shortages and patient prioritization or drug conservation strategies as required. OH(CCO) and the Ministry have also improved information sharing on manufacturer supply levels. Additionally, OH(CCO) has developed clinical guidance and drug conservation strategies.</p> <p>Unlike cancer agencies in other provinces, OH(CCO) is not involved in the purchase or distribution of cancer drugs in Ontario. Inventory is managed locally at the hospital level and regionally by the Local Health Integration Networks (LHINs). During a drug shortage, stock redistribution is led by the hospital and LHIN-level protocols.</p>

Committee Recommendation	Status Details
<p>Recommendation 9</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care should work with Cancer Care Ontario and hospitals to implement a process to regularly assess the future need for stem cell transplants.</p> <p>Status: Fully implemented.</p>	<p>The Ministry noted that it had expedited the planning and construction of investment projects in the following six facilities after assessing the need for increased access to stem cell transplants:</p> <ul style="list-style-type: none"> • University Health Network (Princess Margaret Hospital); • The Ottawa Hospital; • Hamilton Health Sciences; • Sunnybrook Health Sciences Centre; • London Health Sciences Centre; and • The Hospital for Sick Children. <p>To expedite the review and approval of projects that address facilities' capacity for stem cell transplants, the Ministry's Health Capital Investment Branch streamlined the capital planning process by combining the planning stage submissions (Stage 1: Proposal and Stage 2: Functional Program) and/or design development stage submissions (Stage 3.1 and Stage 3.2), where appropriate.</p> <p>The Ministry's Health Capital Investment Branch continues to expedite the review of project submissions relating to stem cell transplants.</p>
<p>Recommendation 10</p> <p>The Standing Committee on Public Accounts recommends that Cancer Care Ontario should work with hospitals to:</p> <ul style="list-style-type: none"> • measure and assess how the use of the telephone triage system under the Ministry's symptom-management program affects emergency room visits and patients' well-being; Status: In the process of being implemented by December 31, 2020. • analyze how other forms of digital communications could be utilized to enhance patient care. Status: Little or no progress. 	<p>OH(CCO) informed us that, in partnership with the vendor, Bayshore HealthCare, it had established 24/7 oncology nursing tele-triage support for cancer patients to address toxicity issues and reduce the use of emergency rooms. To date, 65 of the total 74 hospitals have implemented Bayshore's program. Data from December 2019 showed that 74% of all calls received by Bayshore's nurses were managed by the nurse and 26% were advised to visit the emergency room. OH(CCO) also has been working on the analytics capabilities to track these patients and see if they followed the nursing advice to visit the emergency room, and if so, if they were admitted or treated as outpatients (indicating appropriate use of the emergency room).</p> <p>OH(CCO) continued working with Bayshore to introduce 24/7 oncology nursing tele-triage support at the remaining nine hospitals by December 31, 2020.</p> <p>As part of its Toxicity Management Advisory Committee recommendation to improve the monitoring of patient symptoms, OH(CCO) conducted an analysis of various types of digital communication. It determined an electronic tool (eTool) to be the most appropriate form of communication. OH(CCO) informed us that clinical content development for the eTool was underway, and a proof-of-concept was being designed that would be reviewed with Ontario Health.</p> <p>OH(CCO) explained that the eTool project would go to Ontario Health for approval because of changes in the provincial health-care system and the transition of CCO into Ontario Health, and that timelines may change depending on the direction given.</p>

Committee Recommendation	Status Details
<p>Recommendation 11</p> <p>The Standing Committee on Public Accounts recommends that Cancer Care Ontario should work with hospitals to:</p> <ul style="list-style-type: none"> establish province-wide standards for the delivery of psychosocial services; Status: Fully implemented. increase the availability of psychosocial oncology services for cancer patients at all stages of the cancer journey. Status: Fully implemented. 	<p>OH(CCO) released a report called <i>Recommendations for the Delivery of Psychosocial Oncology Services in Ontario</i> to specify the standard of psychosocial care expected for cancer patients and their families. This report aimed to ensure that necessary psychosocial services were provided consistently and in a timely manner to all cancer patients and their families in Ontario.</p> <p>OH(CCO) noted that recommendations in this report were based on person-centred care principles and core values, as well as existing models of care across Canada. The service delivery framework was released in the first quarter of 2018/19 and was available on OH(CCO)'s website.</p> <p>OH(CCO)'s Psychosocial Oncology Program collaborated with its capacity planning team to develop a long-term strategy, as well as capacity and human resource recommendations relating to psychosocial services. Initial analysis was completed for social workers and dietitians.</p> <p>In addition, hospitals completed system gap analysis to explore appropriate levels of funding of psychological oncology services for cancer patients and their families. OH(CCO) reported back to the Regional Cancer Programs on key observations and next steps for this work.</p> <p>OH(CCO) noted that it was developing a new radiation funding model with psychosocial oncology services built in. This work requires consensus from experts to quantify radiation patients' needs for these services. Expert panels were convened for disciplines including occupational therapy, physiotherapy, dietetics, social work and speech language therapy. In January 2020, consensus had been finalized for all expert panels but physiotherapy. Completion of this work would address the need to establish provincial standards and allow hospitals to determine if they are appropriately resourced based on the standards.</p> <p>OH(CCO) completed the capacity analysis of psychosocial oncology services for social work, dietetics, speech language therapy, occupational therapy, physical therapy and psychology. The analysis determined how many full-time equivalent staff are required during the consultation and treatment phases for cancer patients.</p>

Committee Recommendation	Status Details
<p>Recommendation 12</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care should:</p> <ul style="list-style-type: none"> streamline the process for adopting and funding new PET scan technology; Status: Fully implemented. make a referral for PET scans based on appropriate criteria defined by CCO and negotiate with the Ontario Medical Association to update the Schedule of Benefits for Physician Services. Status: Fully implemented. 	<p>The Ministry informed us that it and OH(CCO) had enacted processes to support the adoption and funding of new radioactive tracers in positron emission tomography (PET) scanning, while complying with Health Canada regulatory requirements. For example:</p> <ul style="list-style-type: none"> A new PET scan radioactive tracer for neuroendocrine cancer patients obtained Health Canada and Ontario Cancer Research Ethics Board approvals in the fourth quarter of 2018/19 and has been available for use since mid-March 2019. A new radioactive tracer for PET scans for recurrent prostate cancer has been approved and available at six hospital sites across the province. These sites are London Health Sciences Centre, University Health Network (Princess Margaret Hospital), St. Joseph's Healthcare Hamilton, The Ottawa Hospital, Sunnybrook Health Sciences Centre, and Thunder Bay Regional Health Sciences Centre. <p>The Ministry informed us that OH(CCO) had developed and distributed referral forms with all eligibility criteria for PET scans. By having all eligibility criteria on one form, referring physician specialists have all the information they need in one location and can refer their patients for scans more easily.</p> <p>In addition, OH(CCO) revised its website that launched in July 2019 (www.petscansontario.ca) to better guide physicians and patients to information relevant to patient care and referrals. A comprehensive communication plan to support outreach to referring physicians in areas where PET is underused was reviewed with the PET Steering Committee in fall 2019 and was approved.</p> <p>Additionally, the Schedule of Benefits for Physician Services was revised on October 1, 2019, to include two new fee codes that make PET for myocardial perfusion imaging an insured service.</p>

Committee Recommendation	Status Details
<p>Recommendation 13</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care should:</p> <ul style="list-style-type: none"> implement a centralized referral and booking process for CT scans and MRIs in order to improve wait times for cancer patients; Status: In the process of being implemented by March 31, 2023. assess whether it should continue providing ongoing funding for high-risk cancer patients to reduce wait times. Status: In the process of being implemented by March 31, 2021. 	<p>As mentioned in Recommendation 2, the Ministry has been supporting electronic referrals (eReferral) through the System Coordinated Access program, which has expanded to seven LHINs across the province. eReferral, which is a starting point for developing a centralized referral system, is an electronic referral (rather than fax-and-paper referral) from primary care providers to specialists and other patient support services. eReferral helps reduce wait times, automate scheduling, and minimize scheduling delays. As of March 31, 2020, over 130,000 eReferrals had been processed through the System Coordinated Access program.</p> <p>Integration work to support common referral processes, including central intake for cancer services, is in development. For example, the System Coordinated Access program has been working with the regional cancer care program in Waterloo-Wellington to set up eReferral for cancer services in the region. The initial implementation has focused on referrals to colonoscopies for people with positive test results for the fecal immunochemical test (FIT). eReferrals are sent to central intake for booking colonoscopy appointments, and wait times are published. eReferrals under the System Coordinated Access program include centralized referral and booking processes for MRI and CT scanning services and expansion of diagnostic imaging pathway. Since April 1, 2020, the province began developing a provincial eServices program that will be integrating eConsult and eReferral programs initially. Other eServices such as eOrdering and ePrescribing will be integrated in the future.</p> <p>The Ministry anticipated that eReferrals, including a centralized referral and booking process for CT scans and MRIs, would be standardized and expanded to other regions across Ontario by March 31, 2023.</p> <p>OH(CCO) drafted recommendations for the Ministry to continue funding additional procedures for high-priority MRI and CT patients. In the fourth quarter of 2019/20, OH(CCO) provided the Ministry with a detailed analysis of hospital MRI and CT capacity (operating hours and capital equipment) and identified additional funding needed to achieve access targets.</p> <p>In addition, the business unit analyzed the impact of one-time funding targeted to MRI for cancer patients, including patients under the High Risk Ontario Breast Screening Program (OBSP), at the end of the 2019/20 fiscal year to determine if the funding achieved wait-time reductions. The Ministry leveraged the diagnostic imaging funding recommendations and the impact analysis of targeted funding to provide additional targeted funding for 2020/21.</p> <p>At the beginning of 2020/21, the Ministry transferred program oversight of MRI funding for OBSP patients to the OBSP under OH(CCO). From 2020/21 onwards, allocation and oversight of this funding will be managed by OH(CCO). The Ministry will continue to monitor the MRI wait times related to OBSP to ensure funding is being used to achieve its intended goal (i.e., improved MRI wait times from high risk OBSP patients).</p>

Committee Recommendation	Status Details
<p>Recommendation 14</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care should work with Cancer Care Ontario and hospitals to implement a province-wide mandatory peer-review program for diagnostic imaging based on recommendations from Health Quality Ontario.</p> <p>Status: In the process of being implemented by March 31, 2022.</p>	<p>In 2018/19, Health Quality Ontario (now referred to as the Quality business unit in Ontario Health) initiated a Diagnostic Imaging Peer Learning Community, a program supporting radiology teams in Ontario hospitals to set up peer learning programs for imaging services. The program is based on recommendations in Health Quality Ontario's expert panel report on diagnostic imaging quality and aligns with guidelines from the Canadian Association of Radiologists. This peer learning community is meant to work with various stakeholders on continuous quality improvement for diagnostic imaging.</p> <p>As of March 2020, the program had been launched in the following four hospitals:</p> <ol style="list-style-type: none"> 1. Campbellford Memorial Hospital 2. Perth and Smiths Falls District Hospital 3. Markham Stouffville Hospital 4. Windsor Regional Hospital <p>The program was also in the process of being set up in the following seven hospitals:</p> <ol style="list-style-type: none"> 1. Bluewater Health 2. Brockville General Hospital 3. Grey Bruce Health Services 4. Hamilton Health Sciences 5. Lakeridge Health 6. St. Joseph's Healthcare Hamilton 7. St. Joseph's Health Centre Toronto <p>The Diagnostic Imaging Peer Review program is voluntary. A discussion between the Ministry and Ontario Health is needed about the future of the program depending on resources. Project completion date is expected to be March 31, 2022.</p>

Committee Recommendation	Status Details
<p>Recommendation 15</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care, Cancer Care Ontario, and hospitals should, in a consistent manner, regularly track and monitor wait times for biopsies performed in clinics, hospital procedure rooms, and hospital operating rooms.</p> <p>Status: In the process of being implemented by March 31, 2023.</p>	<p>OH(CCO) noted that it was leading projects to improve data capture around access to biopsy surgery procedures, aimed at better understanding delays to definitive diagnosis. The objective is to improve data available on biopsy wait times that would inform performance management. Three project streams target areas where potential barriers to diagnostic services had been identified:</p> <ul style="list-style-type: none"> • diagnostic biopsies in diagnostic imaging or interventional radiology; • diagnostic biopsies in specialized procedure or clinic facilities; and • diagnostic procedures in fully equipped operating rooms. <p>OH(CCO) provided recommendations and digital options or solutions in March 2020 aimed at improving wait-time information on biopsy procedures for performance management purposes. The project requires provincial engagement, technical development and operational integration at various facilities that do not currently report data on diagnostic procedures. Implementation timing and pace depends on the Ministry's priorities and funding. Data collection is projected to be implemented over three years by March 31, 2023 upon Ministry approval.</p>
<p>Recommendation 16</p> <p>The Standing Committee on Public Accounts recommends that Cancer Care Ontario should evaluate and revise the funding methodology for radiation services.</p> <p>Status: In the process of being implemented by April 30, 2022.</p>	<p>OH(CCO) informed us that it was developing the radiation quality-based procedure funding model in close partnership with stakeholders across the province and the Ministry.</p> <p>OH(CCO) completed the identification of clinical best practices in radiation treatment in December 2019 and the associated costing in May 2020. It planned to phase in the radiation quality-based procedure funding model and have it fully implemented by April 30, 2022.</p>
<p>Recommendation 17</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care should:</p> <ul style="list-style-type: none"> • review and assess if integrating an aspect of performance-based funding would incentivize hospitals to improve cancer treatment services; <p>Status: In the process of being implemented by March 31, 2021.</p>	<p>The Ministry informed us that it had been exploring opportunities to incorporate performance-based funding in its current hospital funding model, based on lessons learned internationally and from Ontario's Emergency Department Pay-for-Results program.</p> <p>The Ministry launched a pilot project called Linking Quality to Funding (LQ2F) in acute care hospitals across the province from April 2018 to April 2019. The project simulated the linking of funding to outcomes of care that matter to patients such as patient-centredness, effectiveness and safety. (No actual funding was provided to hospitals for changes in their performance on the indicators.) At the conclusion of the pilot, hospital performance data was analyzed to demonstrate how performance on a small set of quality indicators would theoretically impact hospital funding.</p> <p>During the pilot period, none of the quality indicators were cancer-specific, as this was not in the scope of the LQ2F pilot. If, when evaluated, the pilot is deemed to be an appropriate methodology for linking quality of care to funding, the inclusion of cancer-specific indicators would be investigated in consultation with key stakeholders and providers. This work was expected to be completed by March 31, 2021.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> provide CCO with timely funding decisions to facilitate proper planning and budgeting of cancer services; Status: Fully implemented. explore multi-year funding options for CCO to assist with proper planning and budgeting of cancer services. Status: In the process of being implemented by April 1, 2021. 	<p>The Ministry began the 2018/19 OH(CCO)'s Master Accountability Agreement approvals process in December 2017 and received Minister's approval and funding confirmation in the first quarter of 2018/19. This was an improvement from 2017, when we noted in our audit that OH(CCO) had only received funding commitments late in the fiscal year. For 2019/20, the Ministry approved OH(CCO)'s Master Accountability Agreement (including confirmed funding) in November 2019. This delay was due to the transition planning of CCO to Ontario Health.</p> <p>Before the transition to Ontario Health, CCO submitted an annual business plan, which provided a three-year outlook on various programs (both current and new) and funding requirements for each program. The Ministry noted that it would work with OH(CCO) to approve its latest business plan and that OH(CCO) would request any new funding that it may require through the provincial government's annual exercise for multi-year planning.</p> <p>As CCO has transitioned to Ontario Health as of December 2019, the Ministry informed us that it would review and determine whether the current process will remain the same. This review was expected to be completed by April 1, 2021.</p>
<p>Recommendation 18</p> <p>The Standing Committee on Public Accounts recommends that Cancer Care Ontario should regularly collaborate with the Ministry of Health and Long-Term Care, Local Health Integration Networks, and hospitals when determining cancer-related performance indicators and targets. Status: Fully implemented.</p>	<p>OH(CCO) informed us that it collaborated with the Ministry and the Local Health Integration Networks (LHINs) to establish priority indicators and targets. In developing the 2019/20 priority indicators, OH(CCO) asked the regional vice-presidents to share the indicators with stakeholders (including hospital CEOs and LHINs) for feedback. Additionally, OH(CCO) held regular meetings with the Ministry, LHINs and hospitals. For example:</p> <ul style="list-style-type: none"> On February 27, 2018, a meeting was held to discuss OH(CCO)'s Regional Performance Scorecard, review indicators and targets for the 2018/19 fiscal year, and discuss potential alignment with LHIN priority indicators. On August 20, 2019, a meeting was held to discuss OH(CCO)'s Performance and Issues Management Guidelines (including review of indicators and targets for the 2019/20 fiscal year) as well as OH(CCO)'s Issues and Crises Management Guideline.

Committee Recommendation	Status Details
<p>Recommendation 19</p> <p>The Standing Committee on Public Accounts recommends that Cancer Care Ontario should continue to support the Aboriginal Patient Navigator program and strengthen its relationships with First Nations, Métis, Inuit, and Urban Indigenous communities.</p> <p>Status: Fully implemented.</p>	<p>OH(CCO) informed us that it had been supporting Indigenous Navigators at nine regional cancer programs across the province (North West, North East, Champlain, South East, Central East, Toronto Central, North Simcoe Muskoka, South West, and Erie St. Clair). These programs were identified based on the population, number and size of communities within their areas. An Indigenous Navigator offers services and supports for Indigenous people and their families living with cancer, from diagnosis and treatment through to recovery, or to palliative or end-of-life care. Specifically, the Indigenous Navigators have provided the following services:</p> <ul style="list-style-type: none"> • facilitating and co-ordinating access to cancer services for palliative and supportive care; • addressing cultural and spiritual needs; and • networking with Indigenous and non-Indigenous partners to make the cancer journey a culturally safe experience. <p>OH(CCO) noted that it would continue to develop and foster relationships as well as funding and putting into effect cancer care initiatives with and for Indigenous partners and communities as guided by the <i>First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2019-2023)</i>. These initiatives aim to improve the performance of the cancer system with and for First Nations, Inuit, Métis and Urban Indigenous peoples. The cancer strategy was launched digitally on March 4, 2020.</p>
<p>Recommendation 20</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care should ensure health care practitioners regularly providing cancer care treatment to Indigenous Peoples complete Indigenous Cultural Safety Training.</p> <p>Status: Fully implemented.</p>	<p>In 2015, OH(CCO) launched the Indigenous Relationship and Cultural Safety (IRCS) courses, which stress the importance of front-line health-care professionals providing effective person-centred care through understanding and applying First Nations, Inuit, Métis and Urban Indigenous cultural safety practices. The courses address a key recommendation of the Truth and Reconciliation Commission of Canada report, to provide skills-based training in cultural competency, conflict resolution, human rights and anti-racism.</p> <p>The Ministry informed us that the IRCS courses are available free of charge and have been certified by the College of Family Physicians of Canada. Since the launch of these courses in 2015, there have been over 31,000 course enrolments and over 25,000 course completions, representing a completion rate of about 81%.</p> <p>The IRCS courses have been included in many Canadian medical school curriculums, including family medicine resident courses at the University of Ottawa and Queen's University, and undergraduate medical courses at McMaster University. Indigenous leads at the University of Toronto succeeded in their campaign to have the IRCS courses offered by all six medical schools in Ontario starting in the fall of 2019. The courses are also widely promoted within several nursing and social work schools. Other institutions that have made the completion of the IRCS courses part of their curriculum include the Pallium Foundation of Canada, Indigenous Services Canada (for primary care nurses), and public health units.</p> <p>The Ministry noted that the Learning Management System housing the IRCS would be active until September 2020, and that transition from CCO to Ontario Health would require finding a longer-term or sustainable model to host the courses beyond 2020. It also noted that work is underway to have the IRCS accredited with the Royal College of Physicians and Surgeons of Canada in order to engage and support specialists.</p>

Committee Recommendation	Status Details
<p>Recommendation 21</p> <p>The Standing Committee on Public Accounts recommends that the Ministry of Health and Long-Term Care should:</p> <ul style="list-style-type: none"> complete a cross-jurisdictional scan to learn the best practices in medical technology innovation for cancer treatments or procedures; <p>Status: Fully implemented.</p>	<p>The Ministry noted that OH(CCO) had adopted several processes to identify and prioritize issues and best practices in cancer treatment. OH(CCO) had been funding Ontario cancer leads and provincial program heads, and regional clinical leads, whose role descriptions include jurisdictional scanning to identify and prioritize issues as well as best practices and innovations in medical technology and cancer treatment.</p> <p>The eight Ontario cancer leads also convene and chair provincial cancer advisory committees that meet regularly, with jurisdictional scanning for emerging technologies as a standing agenda item.</p> <p>In addition, the provincial PET Steering Committee has performed regular jurisdictional scans to identify emerging technologies (for example, PET/MRI) and oversee the evaluation of emerging technologies through PET registries (real-world evaluations) and/or provincial PET clinical trials. OH(CCO)'s advisory committee on molecular oncology also performs jurisdictional scans to identify new trends, opportunities and risks associated with genetic testing.</p> <p>The Ministry informed us that OH(CCO) does not conduct health technology assessments but does provide advice and input. An example of this work is the business case submitted to the Ministry regarding proton beam therapy. In 2018, the Ministry requested OH(CCO) to provide a feasibility assessment of introducing proton beam therapy in Ontario versus sending patients out of country for treatment. OH(CCO) was asked to outline the current and projected need for this therapy and do a budget impact analysis. It recommended building an in-province proton beam therapy facility, on the basis that operating this facility in Ontario would improve patient experience, reduce health inequities, and improve health outcomes. The Ministry noted that its Capital Investment Branch had submitted an application for a planning grant for developing a comprehensive business plan for an Ontario proton beam therapy facility, including a review of candidate technology, siting options, engineering and construction considerations, and costs.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> explore potential savings to the health care system and/or benefits for patients deriving from the implementation of technological improvements, including robotic surgery, for cancer treatments or procedures. <p>Status: In the process of being implemented by December 31, 2021.</p>	<p>The Ministry noted that cancer advisory committees chaired by the Ontario cancer leads, which are funded by OH(CCO), typically monitor emerging evidence on new technologies for cancer treatments and partners with OH(CCO)'s Program in Evidence Based Care to develop evidence-based clinical guidance on new interventions once there is a knowledge base of scientific evidence.</p> <p>The Ministry also informed us that OH(CCO) had been working with the Ontario Health Technology Advisory Committee, which is a committee of Health Quality Ontario, to provide input on cancer-related technology assessment. The funding recommendation associated with each would include a budget impact analysis that potentially could identify cost savings for the health system.</p> <p>The Ontario Health Technology Advisory Committee has identified and reviewed several cancer-related topics in collaboration with OH(CCO). Examples include:</p> <ul style="list-style-type: none"> a robotic surgical system for radical prostatectomy; use of cell-free circulating tumour DNA to manage lung cancer; gene expression profiling tests for early stage invasive breast cancer; ultrasound as an adjunct to mammography for breast cancer screening; and MRI as an adjunct to mammography for breast cancer screening in women at less than high risk for breast cancer. <p>With integration into Ontario Health, CCO and Health Quality Ontario (now referred to as the Quality business unit in Ontario Health) are discussing the feasibility of establishing processes to better align the completion of health technology assessments when adoption of new technologies is recommended in various OH(CCO)'s clinical guidance. A cost benefit assessment of an emerging cancer surgery and/or other technology will be proposed to trial this new process. It is expected that this work will be undertaken in 2020 through to the end of December 2021.</p>