State of the Union Address
April 29, 2004

Driving quality, accountability and innovation throughout Ontario's cancer system

Strategic Priorities 2003/2004

What we said……What we did

Scope Change	
Integration	
PMH/CCO	
Quality Council	
Information Management	**Implementation Phase**
Surgical Oncology	**Implementation Phase**

Scope of the New CCO

Prevention

Goes to

Family doctor/ health centre

Routine screening

Referred to

Hospital for DI and pathology tests

Referred to

Cancer not diagnosed

Diagnosis of cancer

Surgery

Radiation

Systemic

Palliative care

End of treatment

Continuing treatment

Long-term monitoring and follow up

Relapse

End of life care

Cure

Long-term survival

Death

Research

Strategic Priorities 2003/2004

What we said……..What we did

Scope Change	
INTEGRATION	
PMH/CCO	
Quality Council	
Information Management	**Implementation Phase**
Surgical Oncology	**Implementation Phase**

Partnership

"Never before have 11 separate health care organizations come together voluntarily to agree on a common vision for cancer care and implement changes that involve transfer of money and staff, service improvement of individual programs in context of an overall provincial plan for cancer."

Ministry of Health and Long Term Care

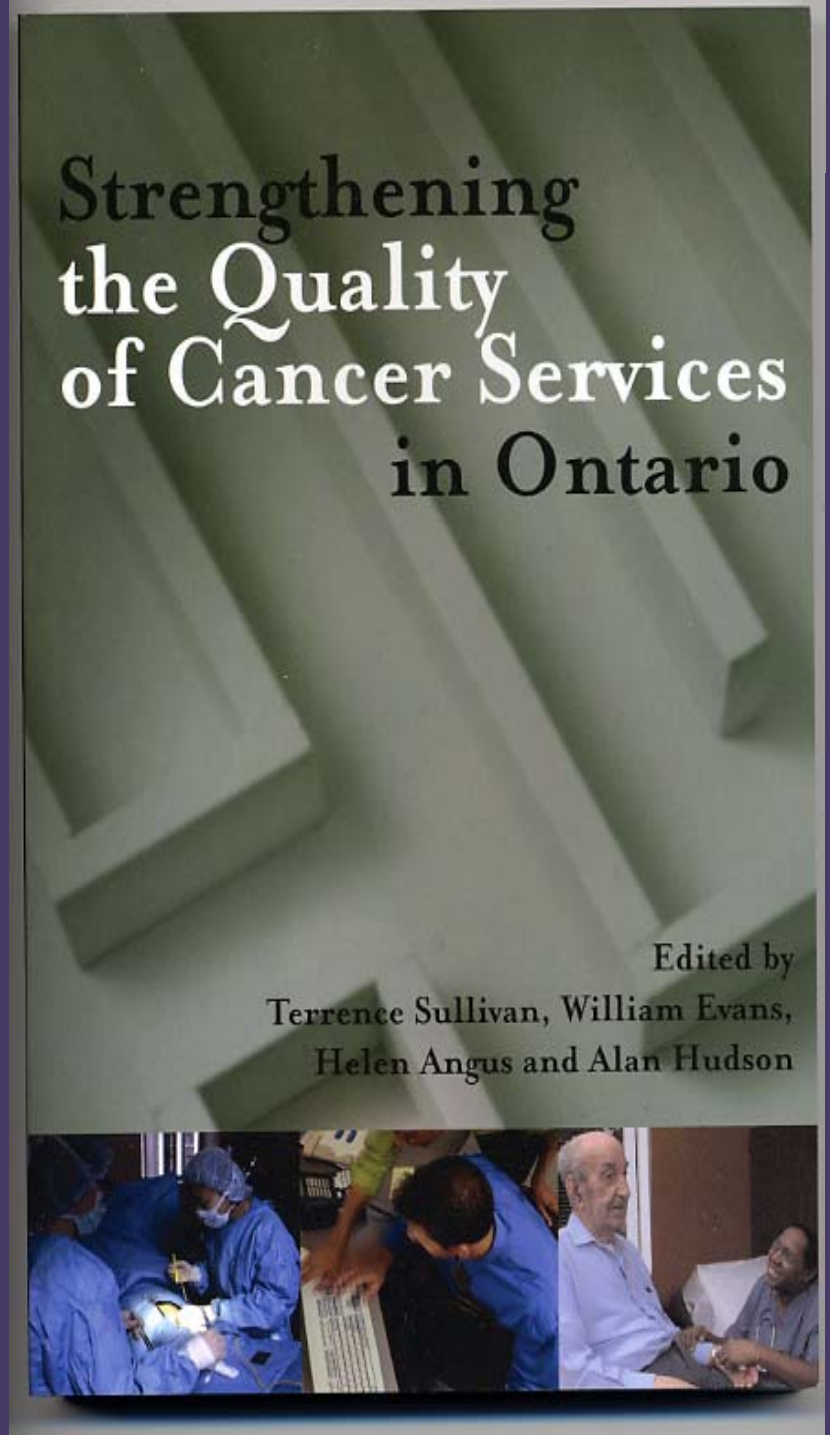
Princess Margaret Hospital

- 22% of provincial radiation
- 32 surgical oncologists
- 10% of provincial systemic therapy
- $ 68 million in research

Strategic Priorities 2003/2004

What we said……..What we did

Scope Change	
Integration	
PMH/CCO	
QUALITY COUNCIL	
Information Management	**Implementation Phase**
Surgical Oncology	**Implementation Phase**



Toronto Star, October 2003

Cancer care failing: Probe

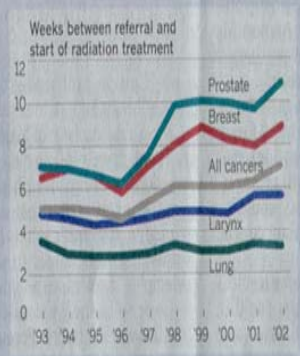
Toronto Star, Sat, Oct 18/03 p A1

Patients often have no support

Cancer care in Ontario

Cancer cases continue to rise as the population grows and ages but the quality of treatment varies dramatically across the province and waiting times for treatment are longer than ever. More people are living with cancer, pushing the estimated treatment bill to over $1.26 billion a year.

1. Waiting times are still too long



2. Quality of care varies across province

	Weeks between referral and start of radiation treatment
Windsor	8.1 weeks
London	8.0
Hamilton	8.1
Toronto*	**7.0**
Ottawa	6.9
Northwestern Ontario	4.6
Northeastern Ontario	5.0
Kingston	6.7
PROVINCIAL AVERAGE	7.0

* Sunnybrook

3. More people are living with cancer

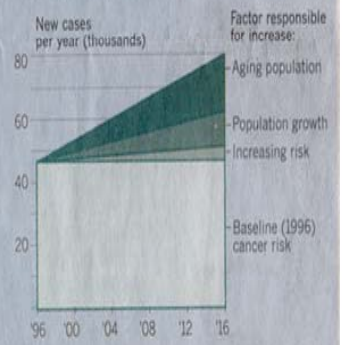
- In 2003, over **400,000** people in Ontario were living with cancer.
- By 2010, the number is expected to increase to nearly **600,000**

What's changing

Men: Prostate cancer continues to increase, while lung cancer incidence is declining.

Women: Breast cancer continues to rise, but 30 years of smoking has made lung cancer the number one killer.

4. Why cancer is rising



SOURCE: Cancer Care Ontario

TORONTO STAR GRAPHIC

What we said…..What we did

Scope Change	
Integration	
PMH/CCO	
Quality Council	
Information Management	**Implementation Phase**
Surgical Oncology	**Implementation Phase**

Shift in Cancer Care Ontario

FROM		TO
Radiotherapy Care Ontario	→	Cancer Care Ontario
30% of the Cancer System	→	100% of the Cancer System
Connected Regional Centres	→	Integrated Regional Programs
Centralized	→	Decentralized
Provider	→	Purchaser
Patient Care	→	System Performance
Measuring Volume	→	Accountability for Volume and Quality
Passive Data Warehouse	→	Dynamic use for Planning & Decisions
Opinion-based Decision Making	→	Evidence-based Decision Making
Error Detection	→	Planned Safety
Internal Reporting	→	Social Reporting

Vision Statement

Working together to create the best cancer system in the world.

Government Advisor/Planner

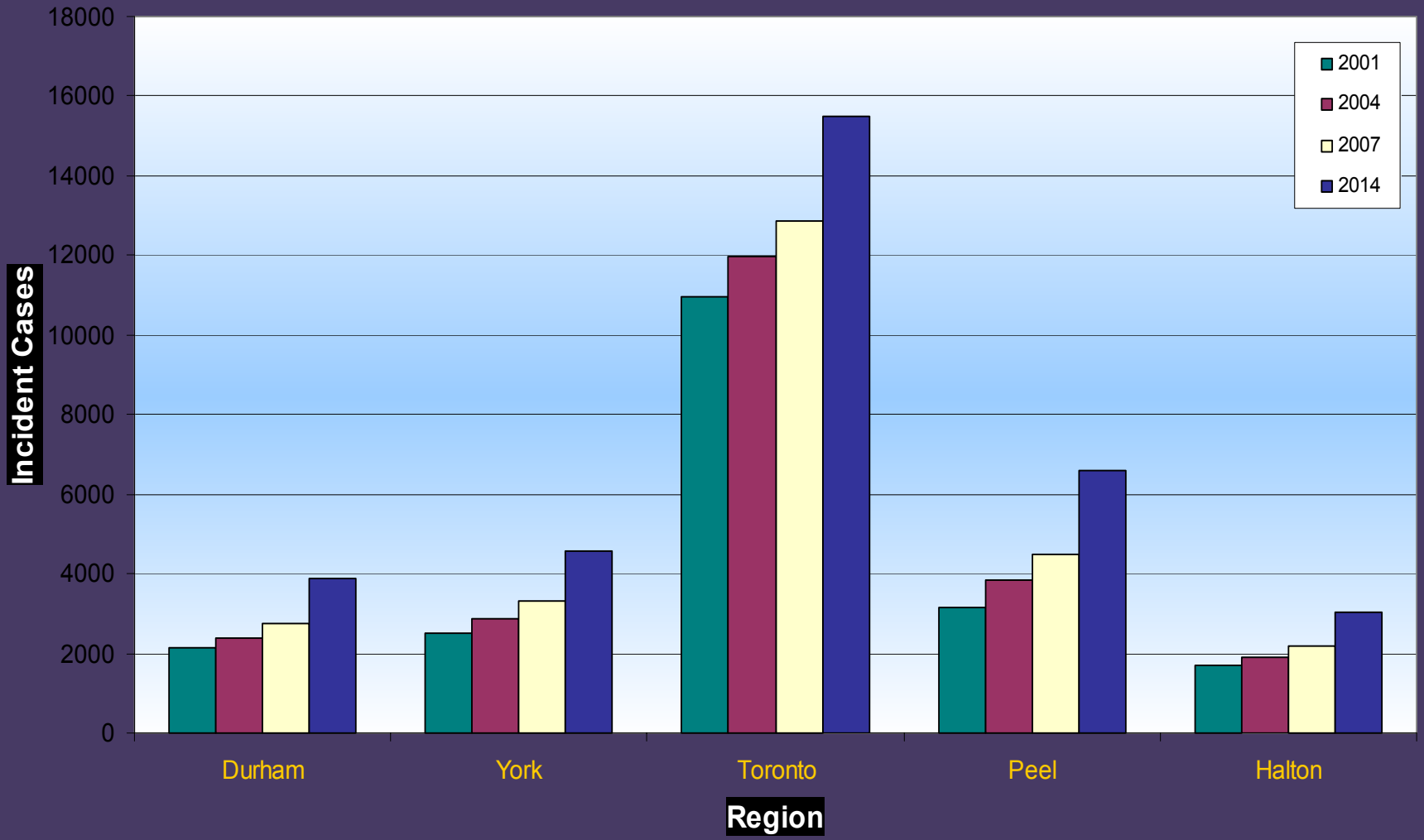
- GTA Cancer Plan
- Provincial Cancer Plan

GTA 2014 Report

Regional Population Definitions for GTA Planning Purposes

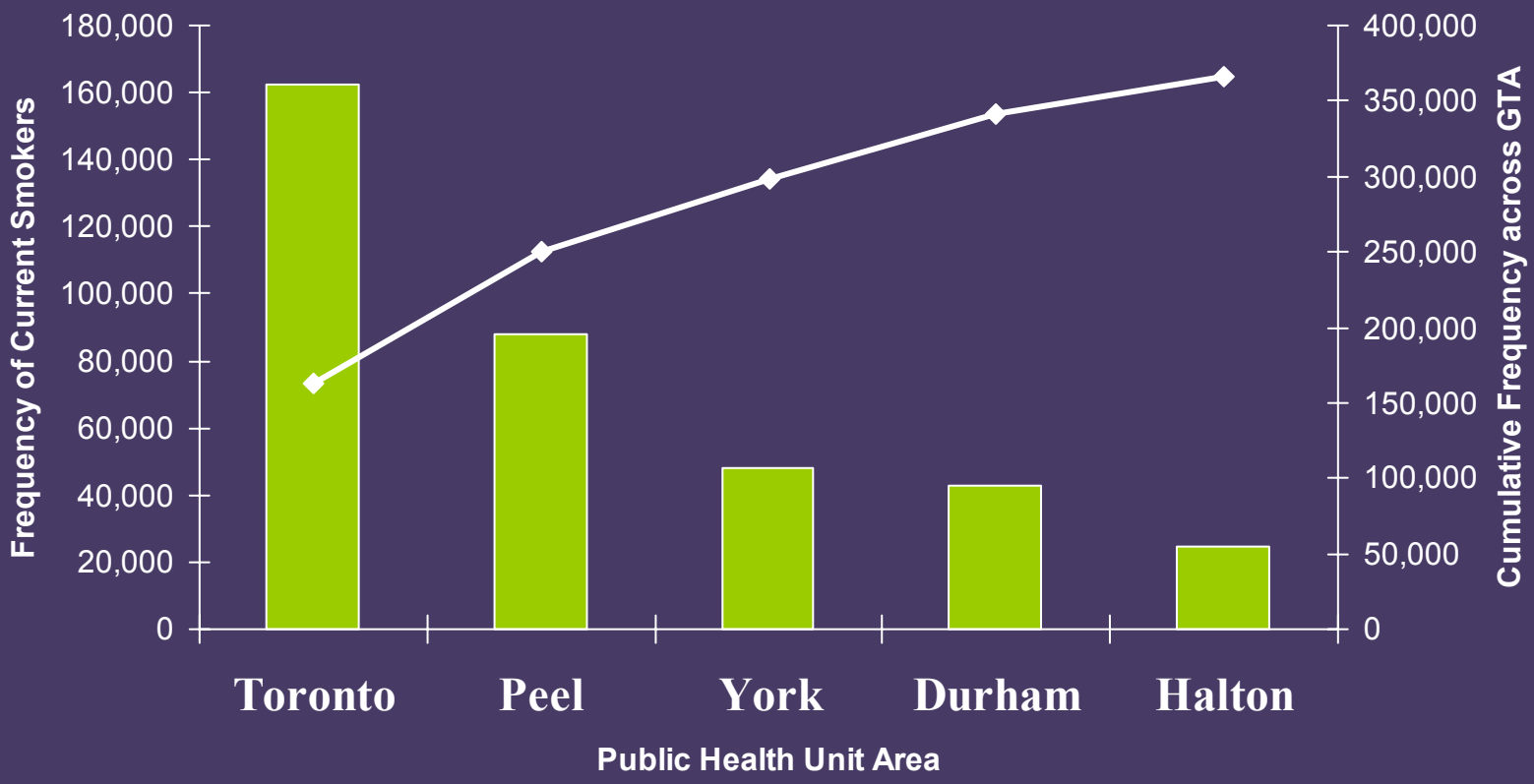
GTA 2014 Report

Change in Incidence for Regions in the GTA



Frequency of Obese Adults in the GTA

Both sexes combined (20-64 yrs) 2003



Source : Rapid Risk Factor Surveillance System, 2003.

Note : Bars denote weighted estimates within each PHU;
White line denotes cumulative sum across the GTA

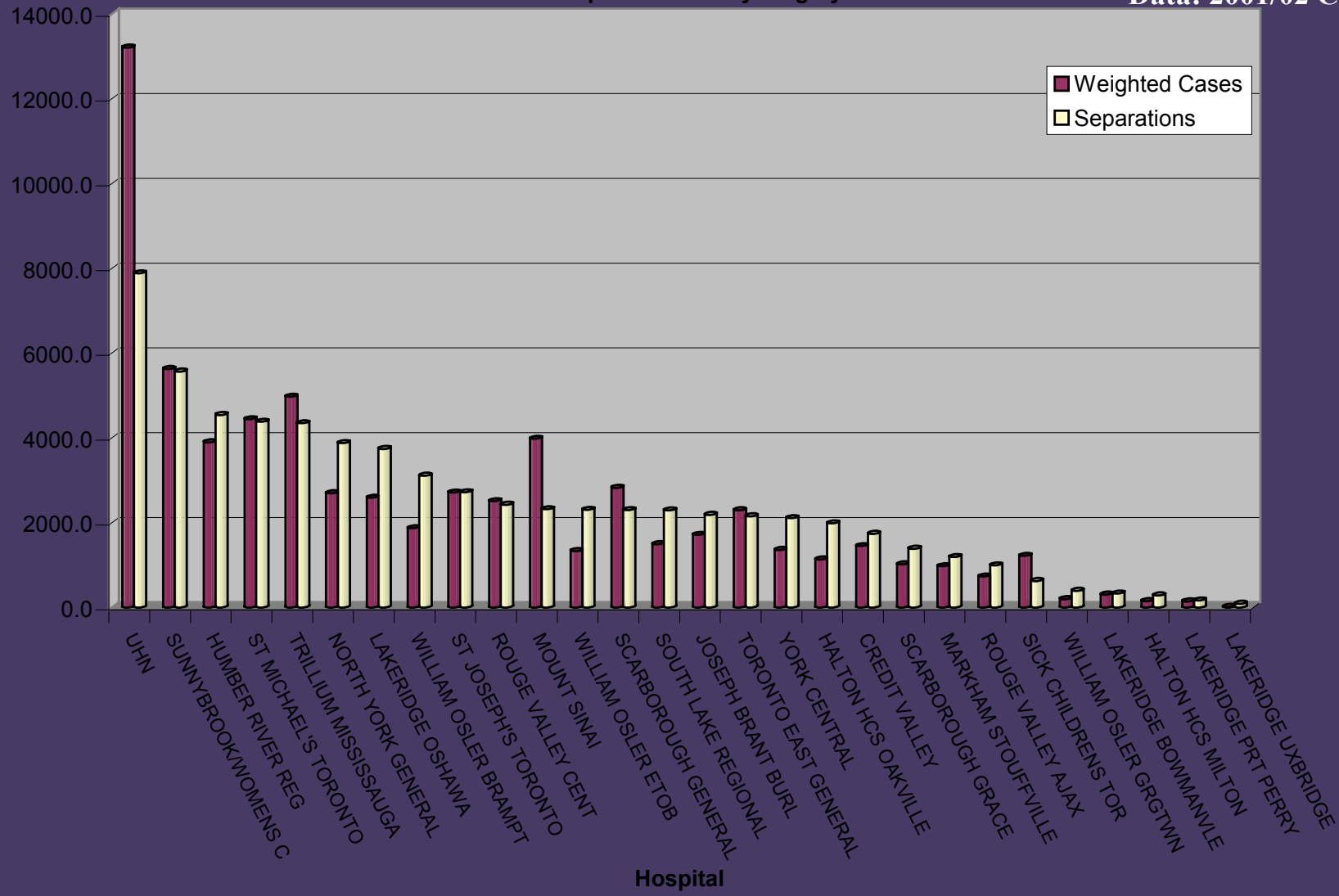
GTA 2014 Report

Total Oncology Surgical Activity (Weighted Cases / Separations) By Hospital

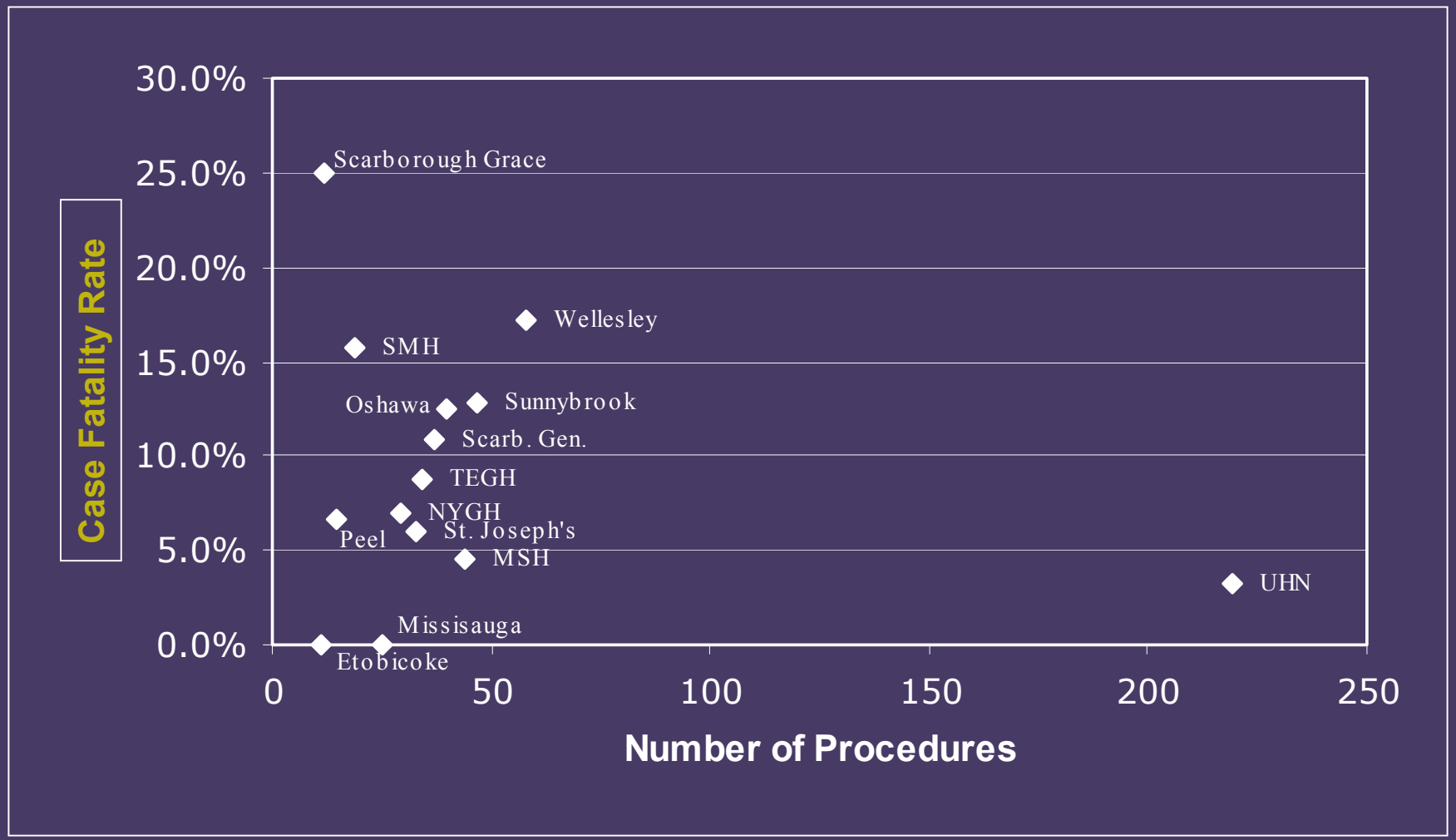
Determined by the 'Oncology Flag' and 'Surgery Related Procedures' methodologies

Includes both inpatient and day surgery volumes

Data: 2001/02 CIHI DAD

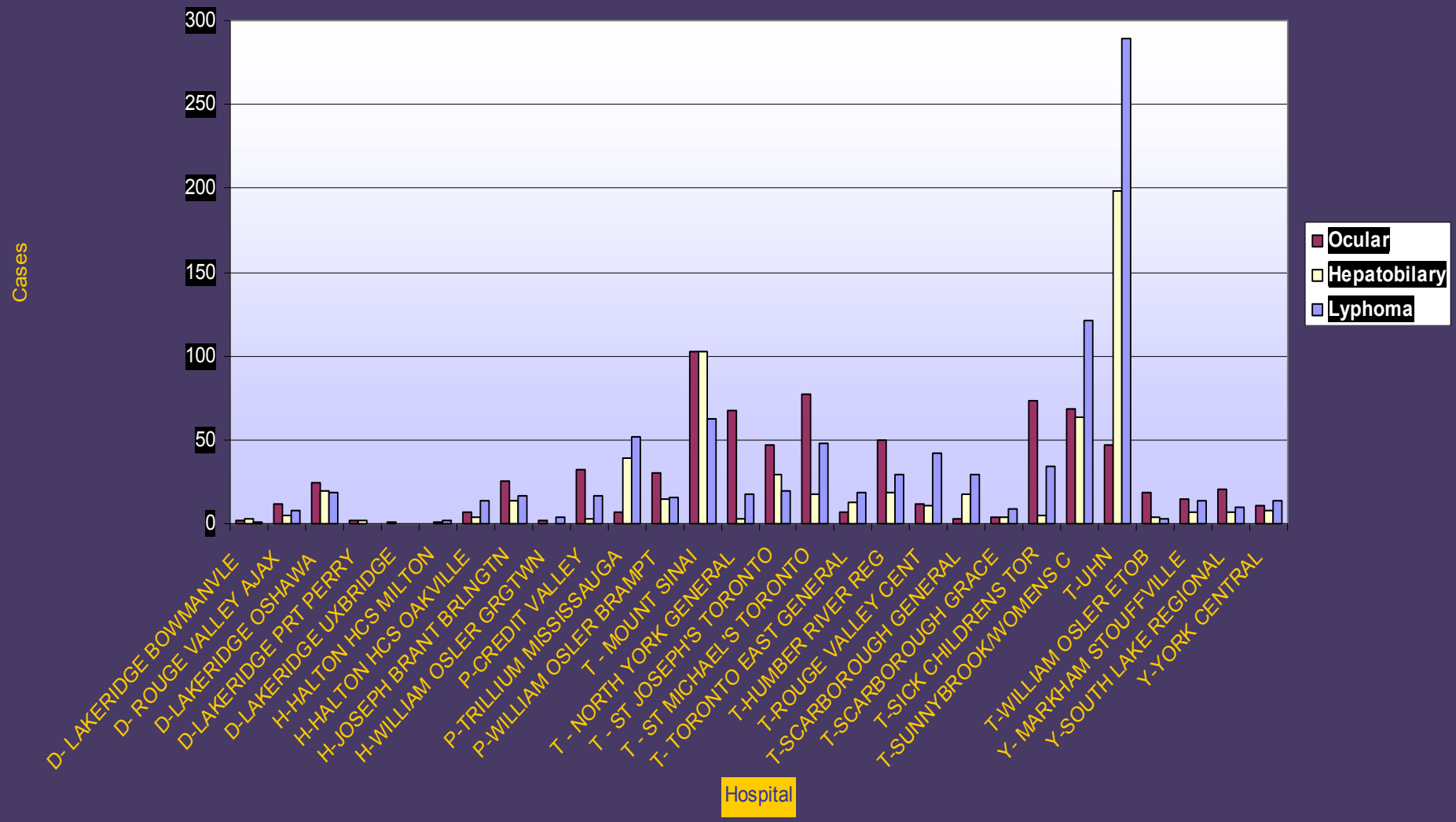


Whipple Procedures: Mortality Rate vs. Case Volume, 1997-98

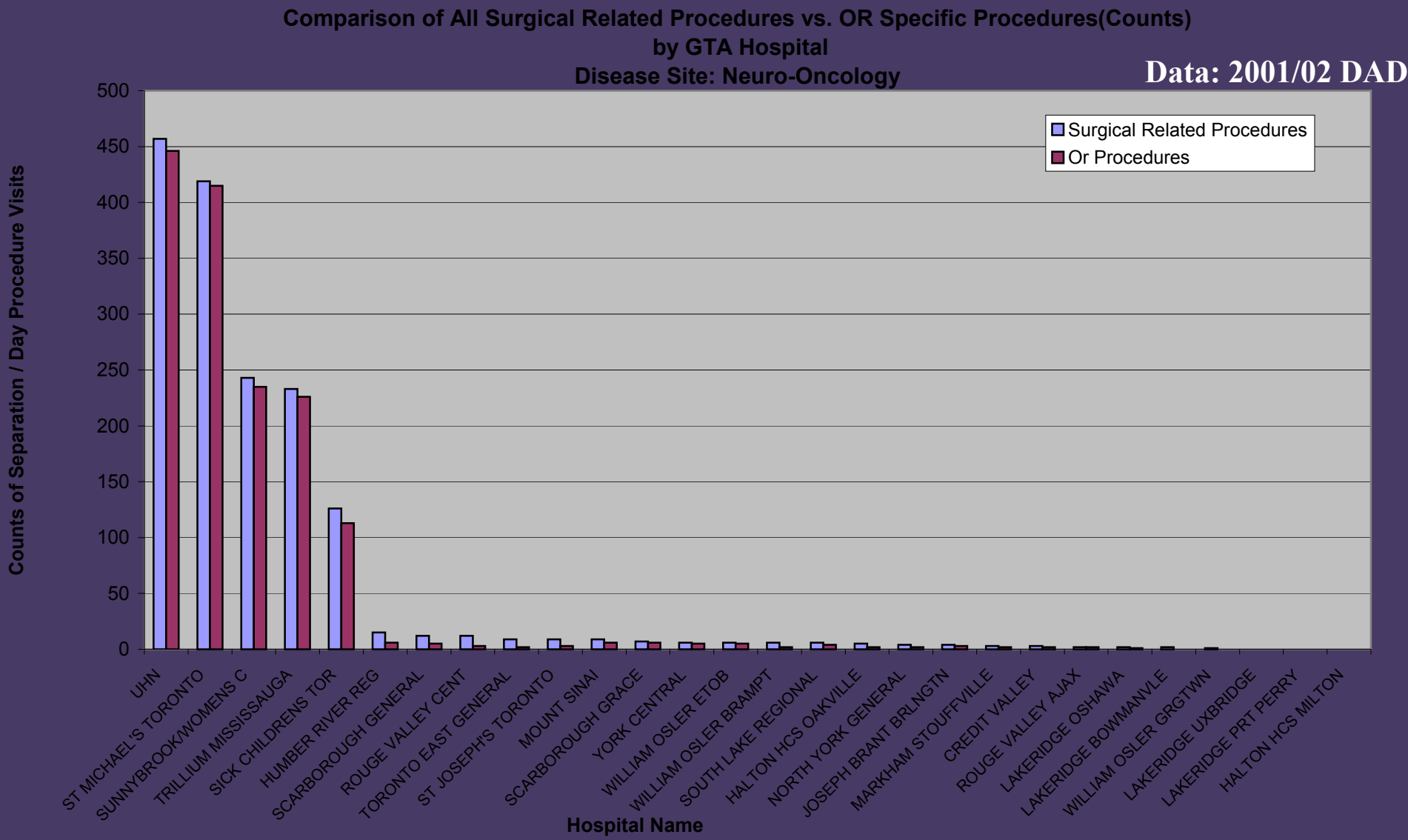


GTA 2014 Report

Surgical OR Procedures
Disease Site Group I - Ocular, Hepatobilary, Lymphoma

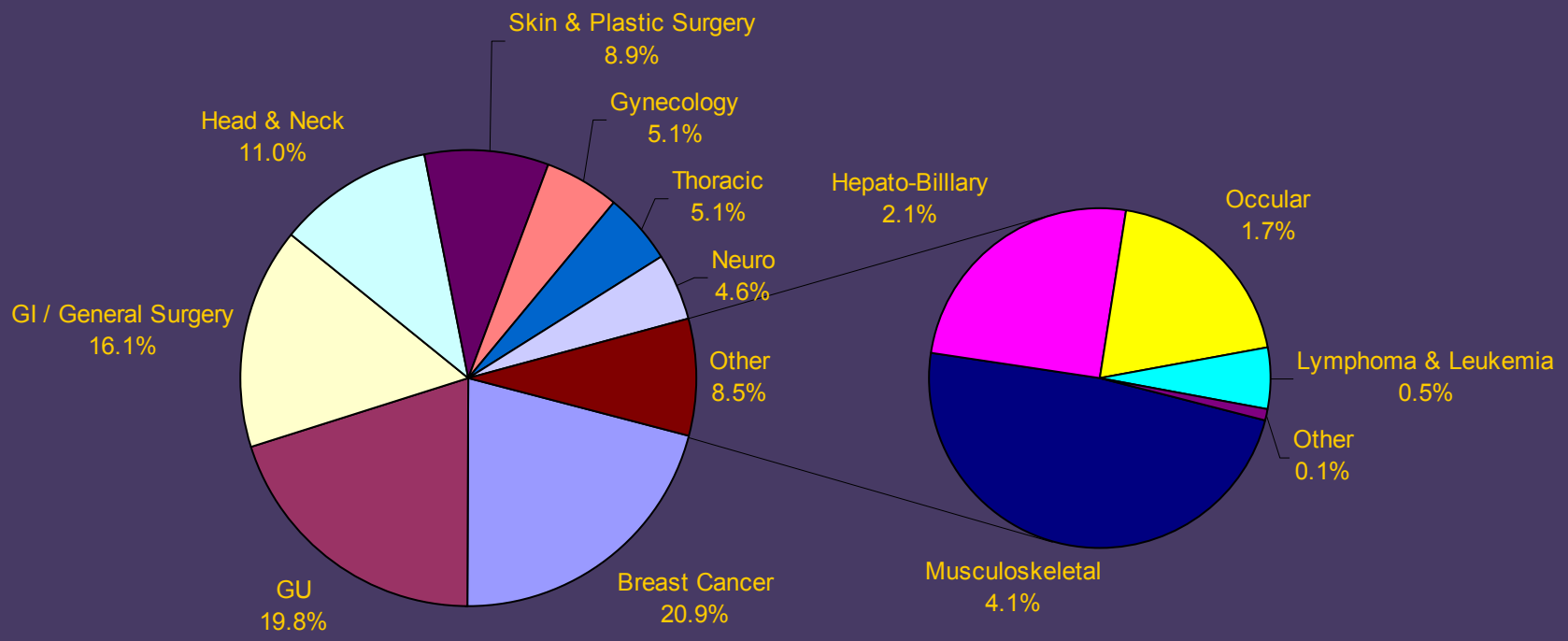


GTA 2014 Report



GTA 2014 Report

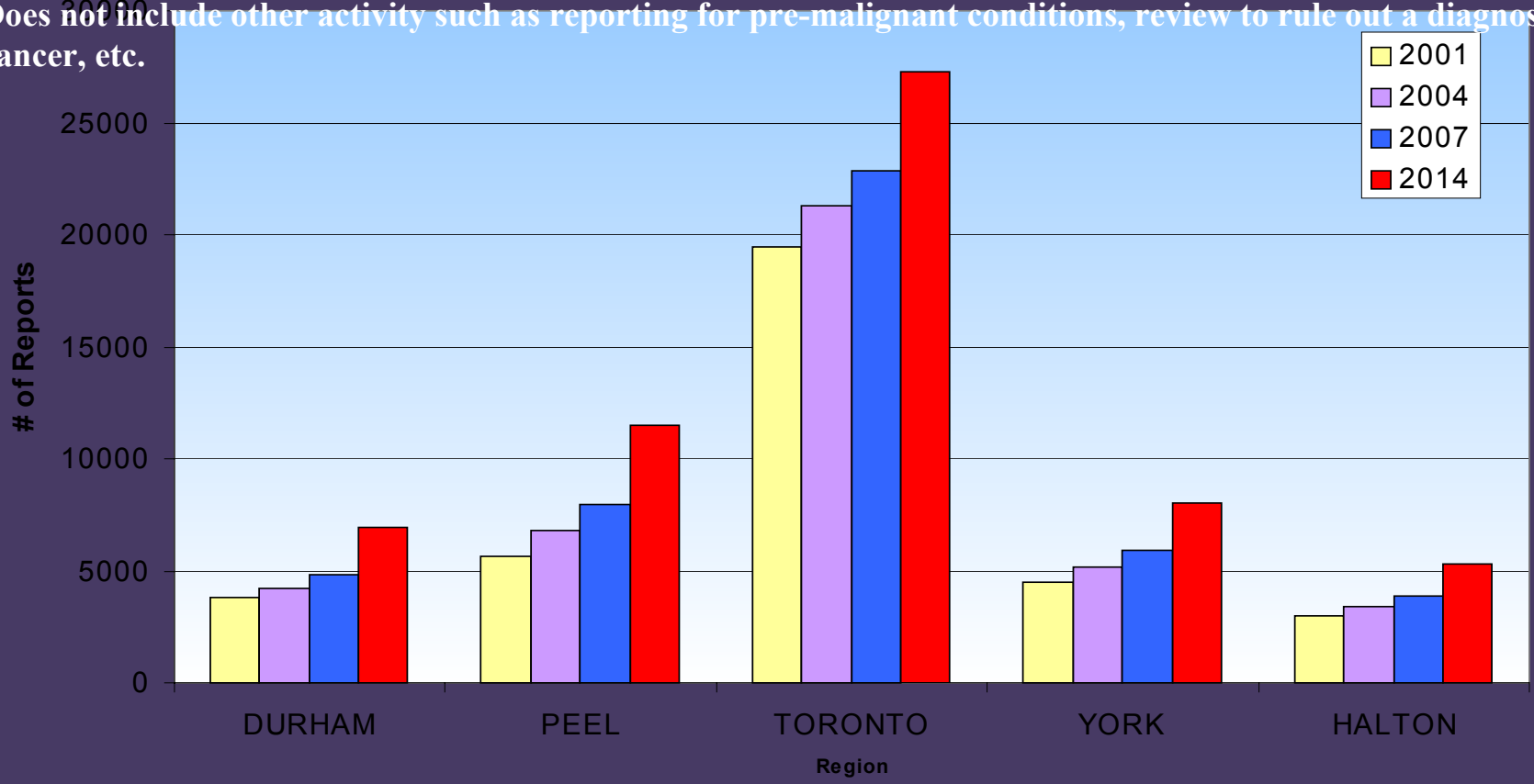
Disease Site Distribution of Surgical Activity Requiring OR Time & Resources
Based on Oncology Flag & 'OR Procedures' Flag
2001/2002 CIHI DAD Data



GTA 2014 Report

Projected Increase in Pathology Reports With Increase in Incidence

Average reports per incident case based on the number of reports with confirmed diagnosis received by the OCR
Does not include other activity such as reporting for pre-malignant conditions, review to rule out a diagnosis of cancer, etc.



Avg Reports per Incident Case					
Lung	1.22	Breast	1.92	Other*	1.99
Prostate	1.51	Colorectal	1.69	*Weighted average	

GTA 2014 Report

Diagnostic Imaging

Survey of clinicians on oncology-related DI suggests:

- Every cancer patient receives an extensive array of imaging over a period of time, depending on the cancer. E.g., for breast cancer:
  - Staging -- up to 100% of patients may receive a chest and breast MRI, a bone scan, a mammogram, biopsy and breast ultrasound. -- Up to 75% have a chest and abdominal CT.
  - Treatment -- 100% of patients receiving radiation therapy, will have a CT scan for planning.
  - Follow-up -- up to 100% of patients have an annual chest CT scan, nuclear medicine scan and mammogram; 50% of patients have an ultrasound; 20% have a biopsy and 10% a chest MRI.
  - Follow-up for patients will be over a ten year period of time.
- The high increase in incidence and prevalence in the GTA will have a dramatic impact on the need for imaging

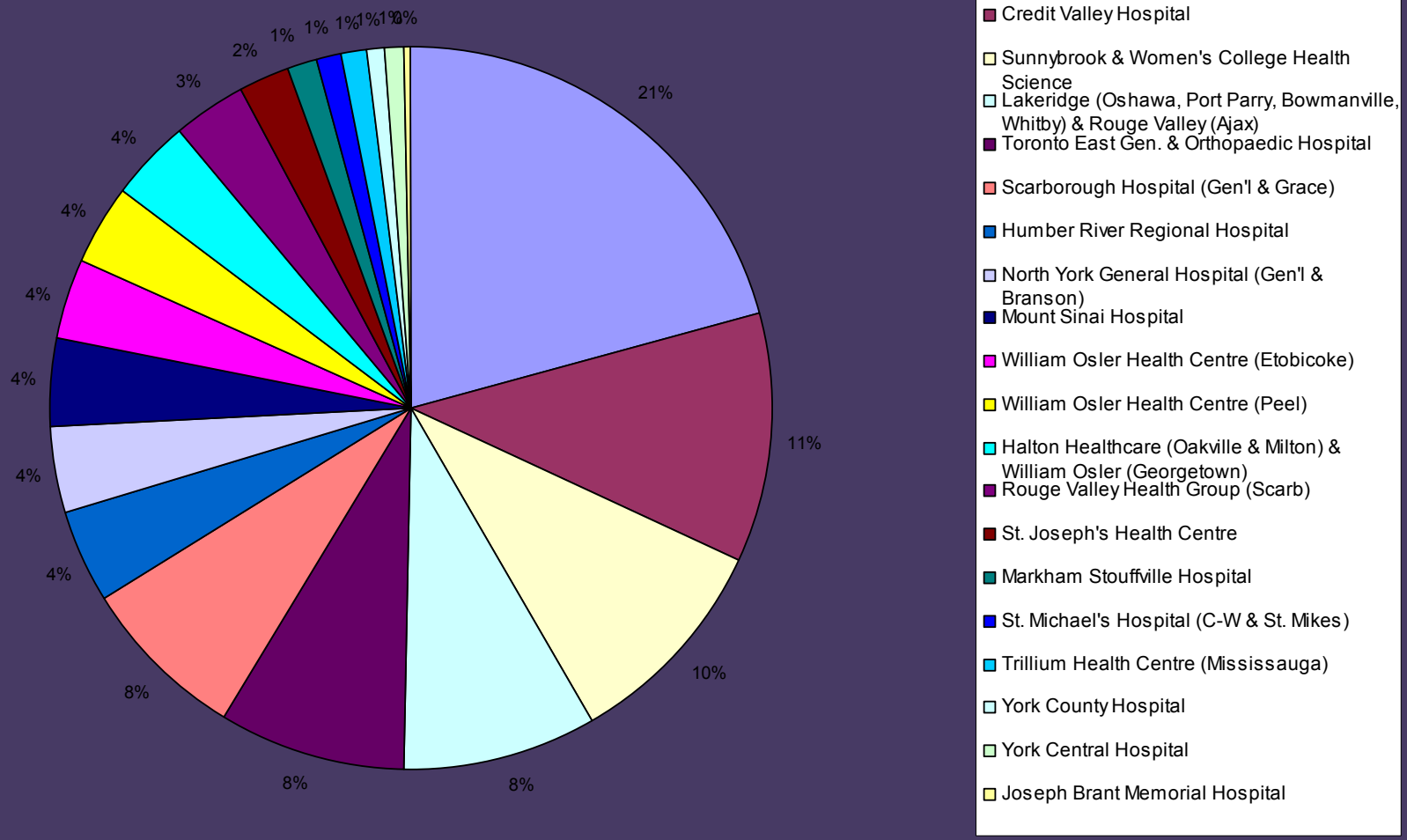
Diagnostic Imaging

The survey also suggests that:

- No common provincial standards for oncology-specific imaging.
- There is a gap between current practice and suggested average requirements for imaging. E.g.,
  - Opinion was that 100% of patients with prostate cancer could benefit from abdominal ultrasound
  - Providers indicated they currently provide this test to 25-70% of patients.

GTA 2014 Report

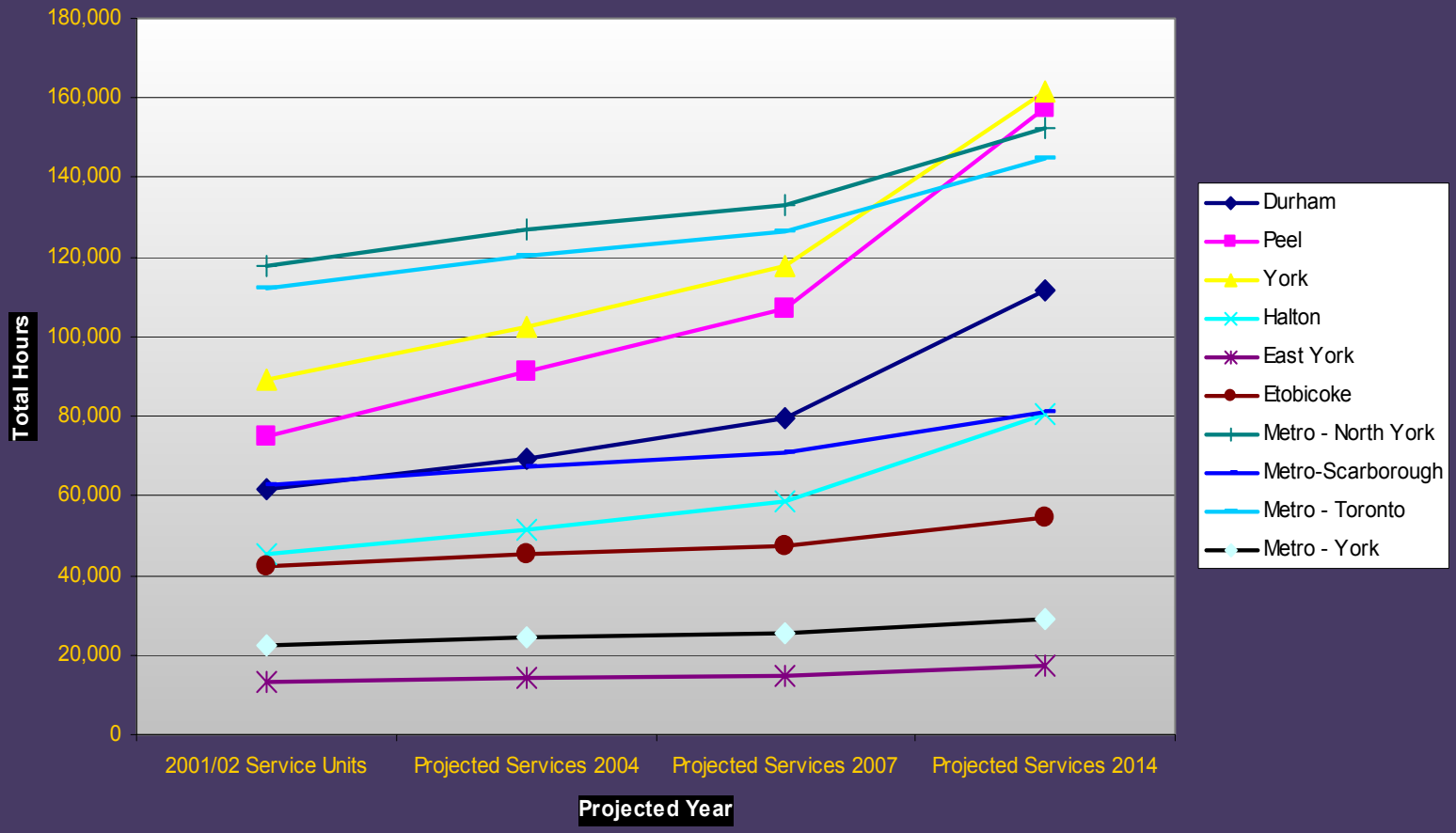
Approximate Distribution of GTA Systemic Therapy Volumes Among Hospitals



*Based on a combination of reported OHIP billing data and MIS visits data Fiscal Year 01/02. Hospitals have been grouped together where data limitations have required.

GTA 2014 Report

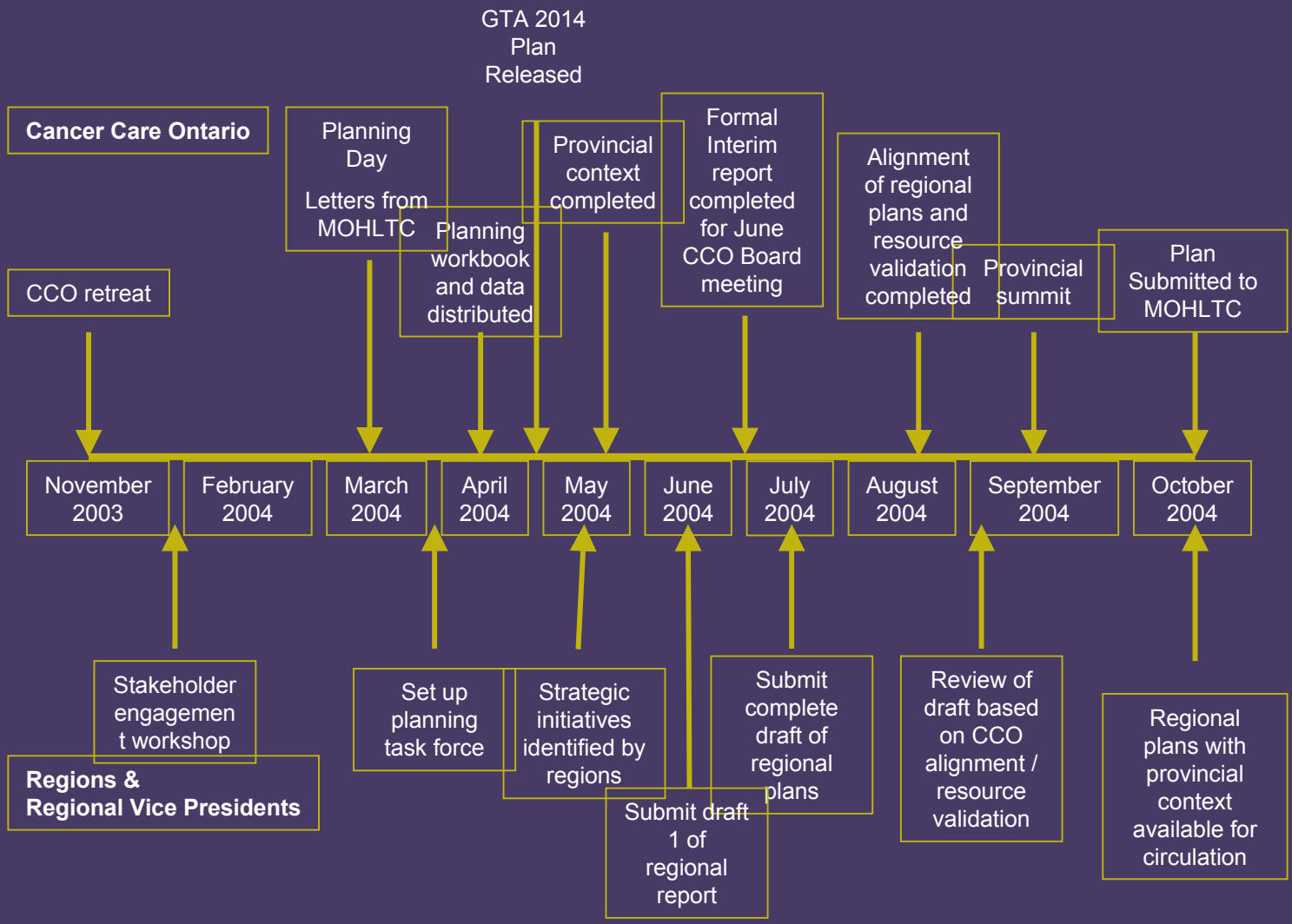
GTA 2014: CCAC Projections of Personal Support Services from 01/02 to 2014



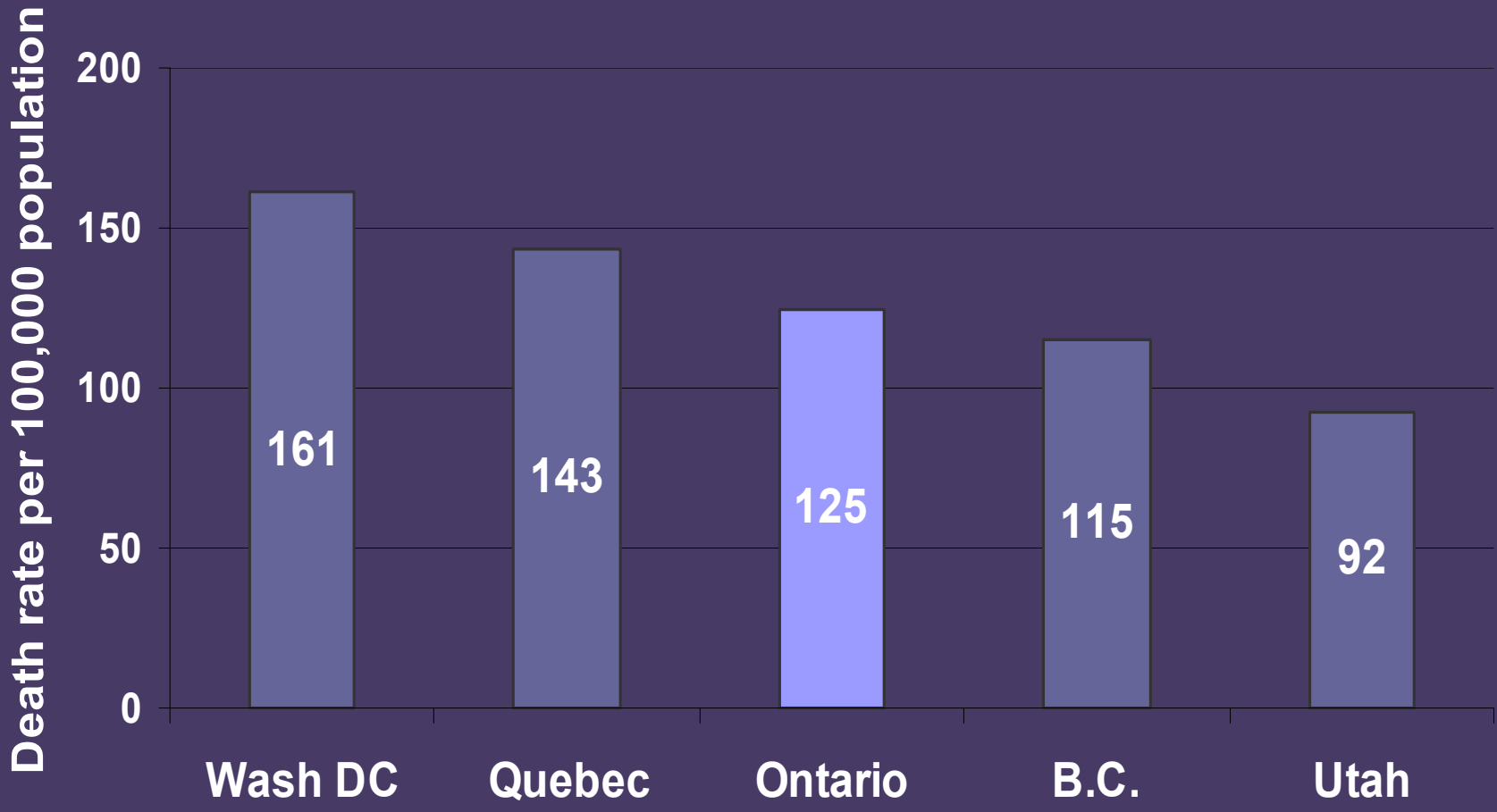
Provincial Cancer Plan

- The provincial cancer plan will map out how CCO and its partners will advance the vision and strategic goals for the Ontario cancer system over the next three years.
- Focus on making better use of ~ $2 Billion currently being spent on cancer care across system.
- Resource distribution and coordination of cancer services in province as whole, and in each area of province.
- Clear targets, timelines and action plans that are designed to advance the overall strategic goals of the cancer system.

Provincial Cancer Plan - Major Milestones



Cancer death rates in North America 1995 - 1999 (both sexes)



Source: Cancer in North America (CINA) 2002
Age-standardized to world standard population

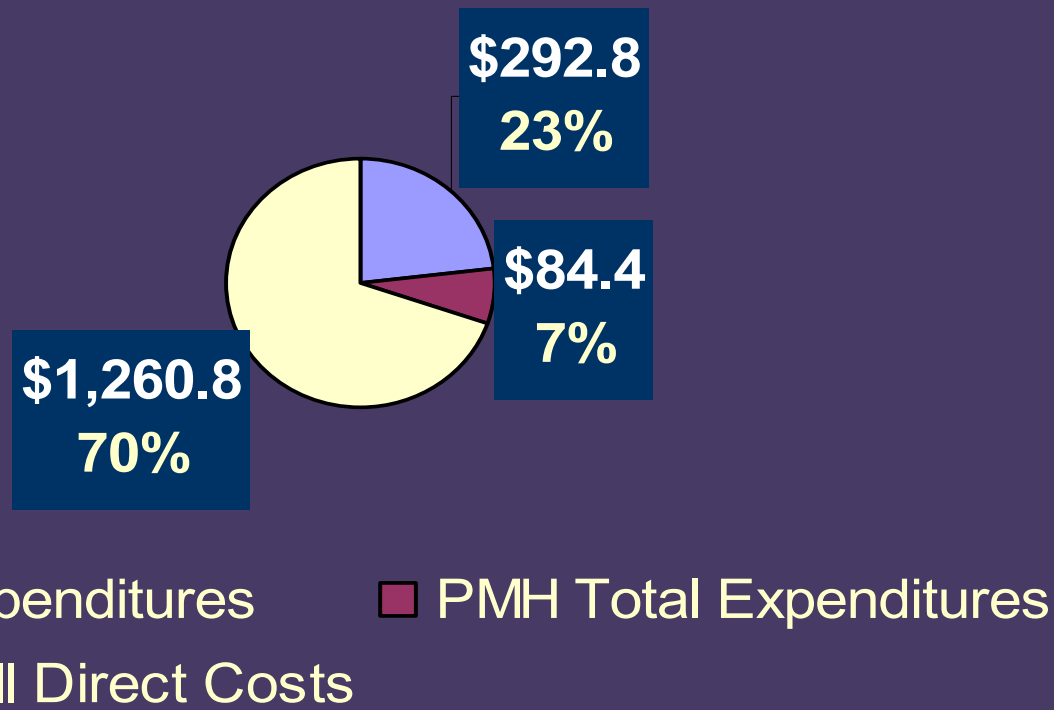
Cancer System - Strategic Goals

Over the next 10 years we will together to improve:

- Access
- Measurement and reporting
- Evidence-based decision making
- Effective use of resources
- Outcomes (reduce burden)

Cancer Care Ontario and Princess Margaret Hospital Represent a Minority (30%) of Spending On Cancer Services in Ontario:

CCO and PMH Total Projected Expenditures for Year Ended March 31, 2003 as Proportion of Overall Ontario Direct Costs for Cancer, 2002 (e) ($millions)



Cancer Care Ontario: Levers of Influence

- Advisor to government and chief planner
- Fiscal
- Social reporting on cancer system performance
- Knowledge transfer

Fiscal

- Manage Performance Contracts
- Wide Application of Multi-Year Approach to Funding Cancer services
- Alternate Payment for Physicians Services
- Building New Centres and Expand Capacity

Projects Completed in 2004

- Grand River Regional Cancer Centre
- Hamilton Regional Cancer Centre – Radiation Treatment Rooms
- Northwestern Ontario Regional Cancer Centre (Thunder Bay)
- Radiation Replacement Projects:
  - TSRCC CT Simulator
  - ORCC Radiation Treatment Room
  - KRCC Radiation Treatment Room

Capital Projects in Construction

- Peel Regional Cancer Centre – Projected Completion – May 2005
- Durham Regional Cancer Centre – Projected Completion – October 2006
- Hamilton Regional Cancer Centre – Projected Completion – January 2005
- London Regional Cancer Centre Radiation Expansion – Projected Completion – July 2004
- Northeastern Ontario Regional Cancer Centre (Sudbury) – Projected Completion – January 2005

Projects in Planning

- Southlake Regional Cancer Centre
- Simcoe Muskoka Regional Cancer Centre

Projects in Development

- Kingston Regional Cancer Centre
- Ottawa Regional Cancer Centre
- Niagara Regional Cancer Centre
- Algoma Regional Cancer Centre

Activity Analysis

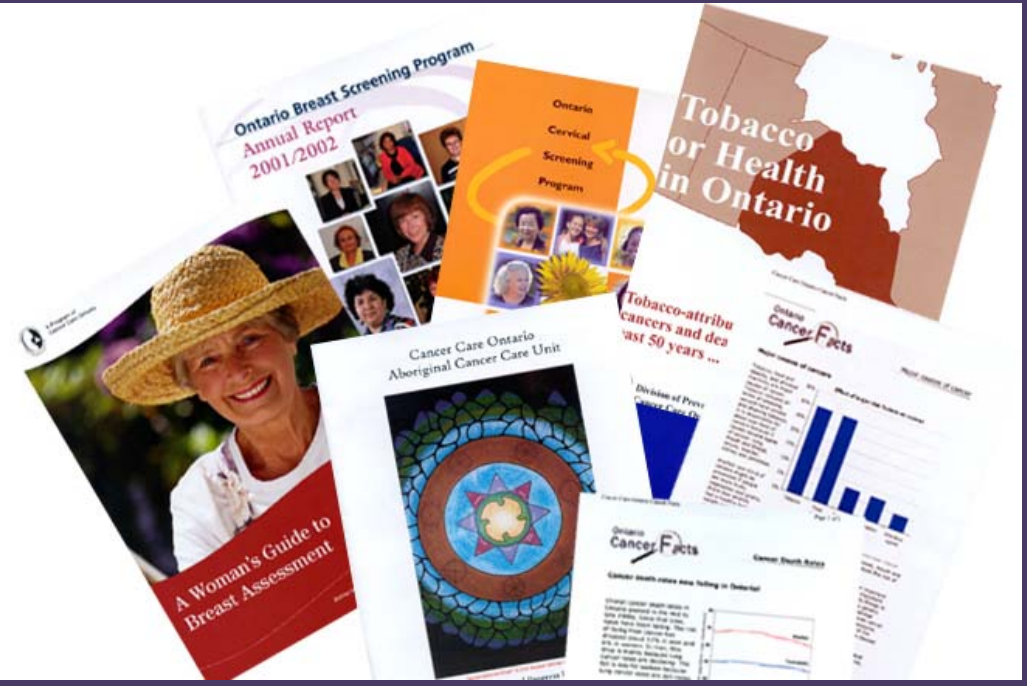
	2002/03	2003/04	Difference
New Radiation Cases	24,705	24,302	(1.6%)
New Systemic Cases	16,553	16,780	1.4%

- The reduction in new radiation cases in 2003/04 was due in part to SARS and utilization drop affecting the GTA area

Social Reporting

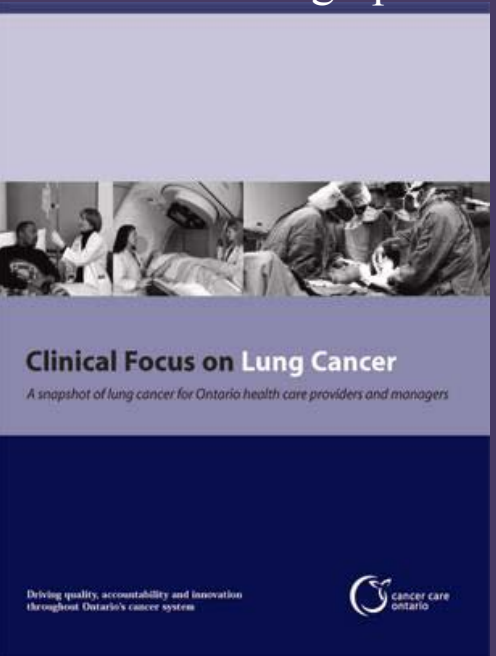
- Report from the Cancer Quality Council of Ontario
- Radiation Wait times posting on Internet
- Surgical Oncology pilot project
- Cancer Indicators for System, Regional Planning and Program management

Knowledge Transfer

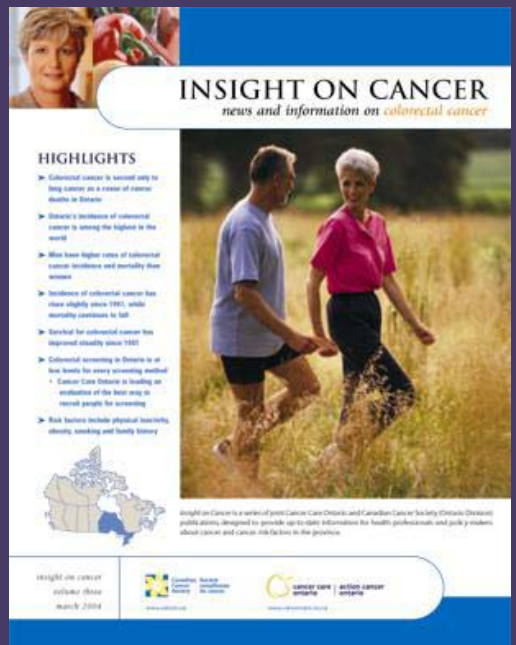


- Expert Reports for Specific Audiences

clinical monographs



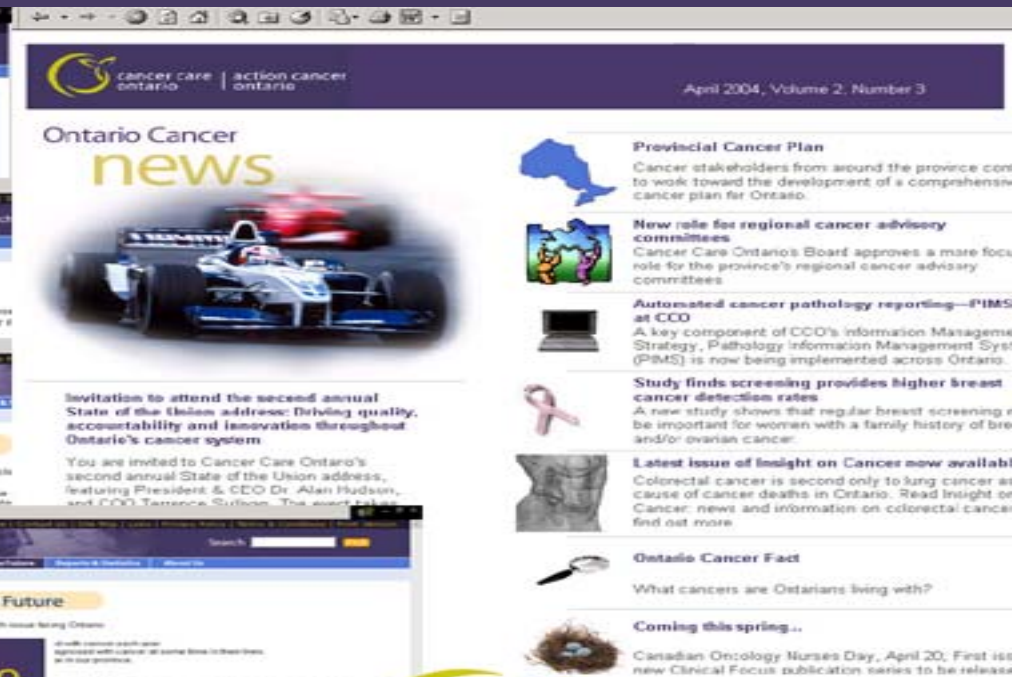
insight on cancer

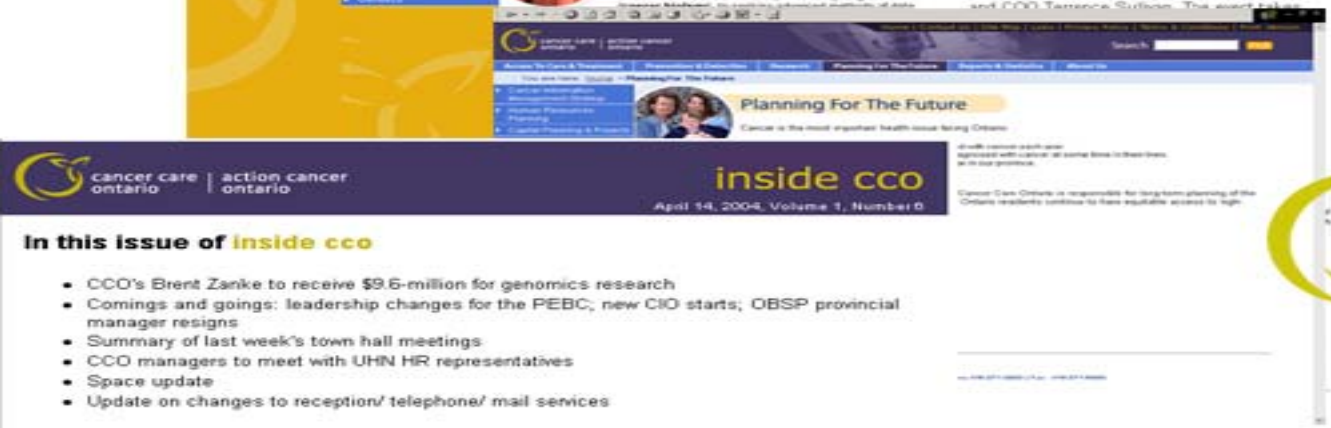


- Program in Evidence Based Care
- Clinical Leadership/ Engagement
- Research Outputs

Communication Improvements

- Provincial electronic newsletter
- New electronic Internal Newsletter
- New Website + Intranet





CCO Intranet Launch June 2004

Strategic Initiatives (12-18 months)

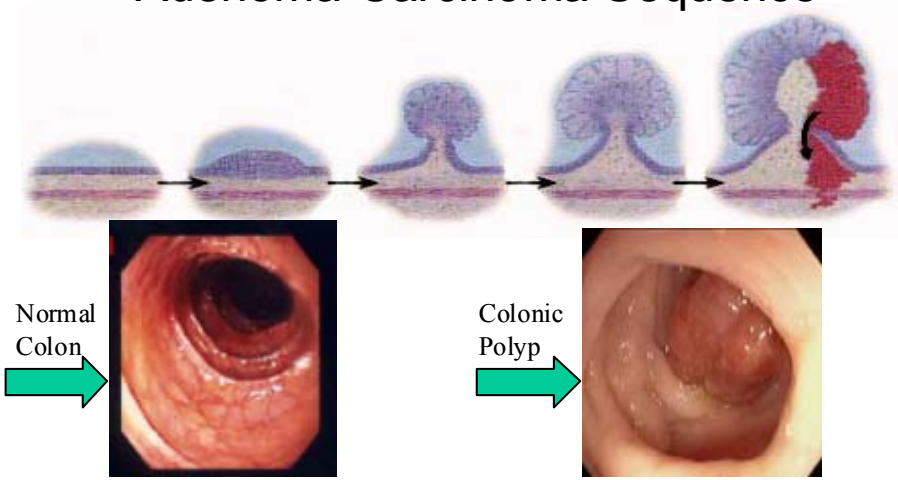
1. Provincial Cancer Plan/Regional Plans
2. Cancer Research Agenda
3. Performance Management (Hospital Agreements)
4. Performance Measurement (Quality Indicators)
5. Access
6. Prevention & Screening

CCO and Cancer Research

- CCO has unique legislative mandate for Cancer Research
- External Review in Fall of 2003
- Refocus on Limited Priorities Aligned to Mission and unique strengths
- Limited Number of Research Priorities
- CCO will play a lead Role in Provincial Research Coordination

Taking on Quality

Adenoma-Carcinoma Sequence



Life-Time Risk of Developing Colorectal Cancer (Canada): Men: 1/16 (6.3%) Women: 1/18 (5.6%

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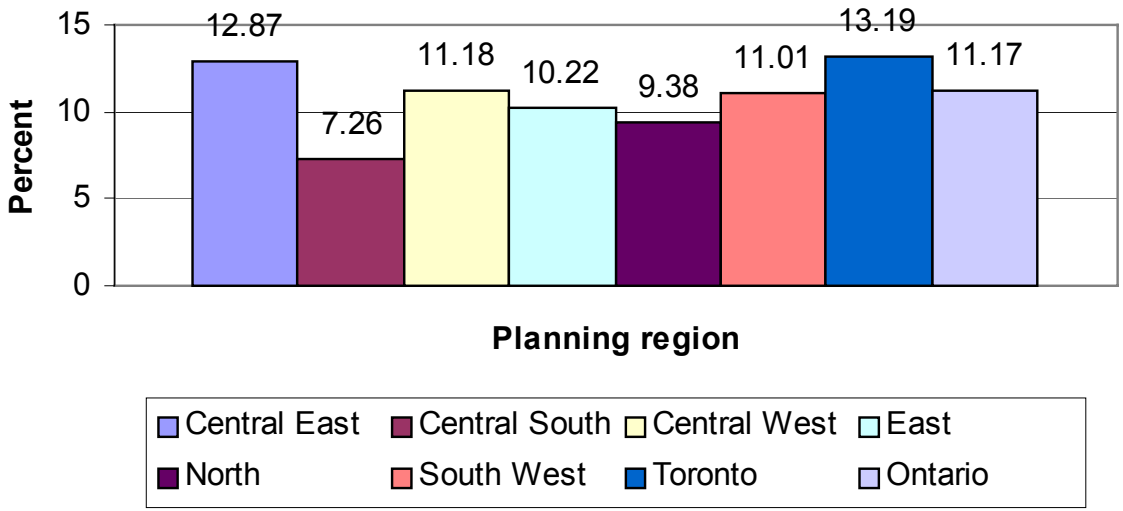
Age-sex adjusted percent of the population (age 50-74) having at least 1 FOBT between Jan 1, 2001 and Dec 31, 2002 by region



Making a Difference with Colorectal Cancer

Colorectal Cancer Initiatives

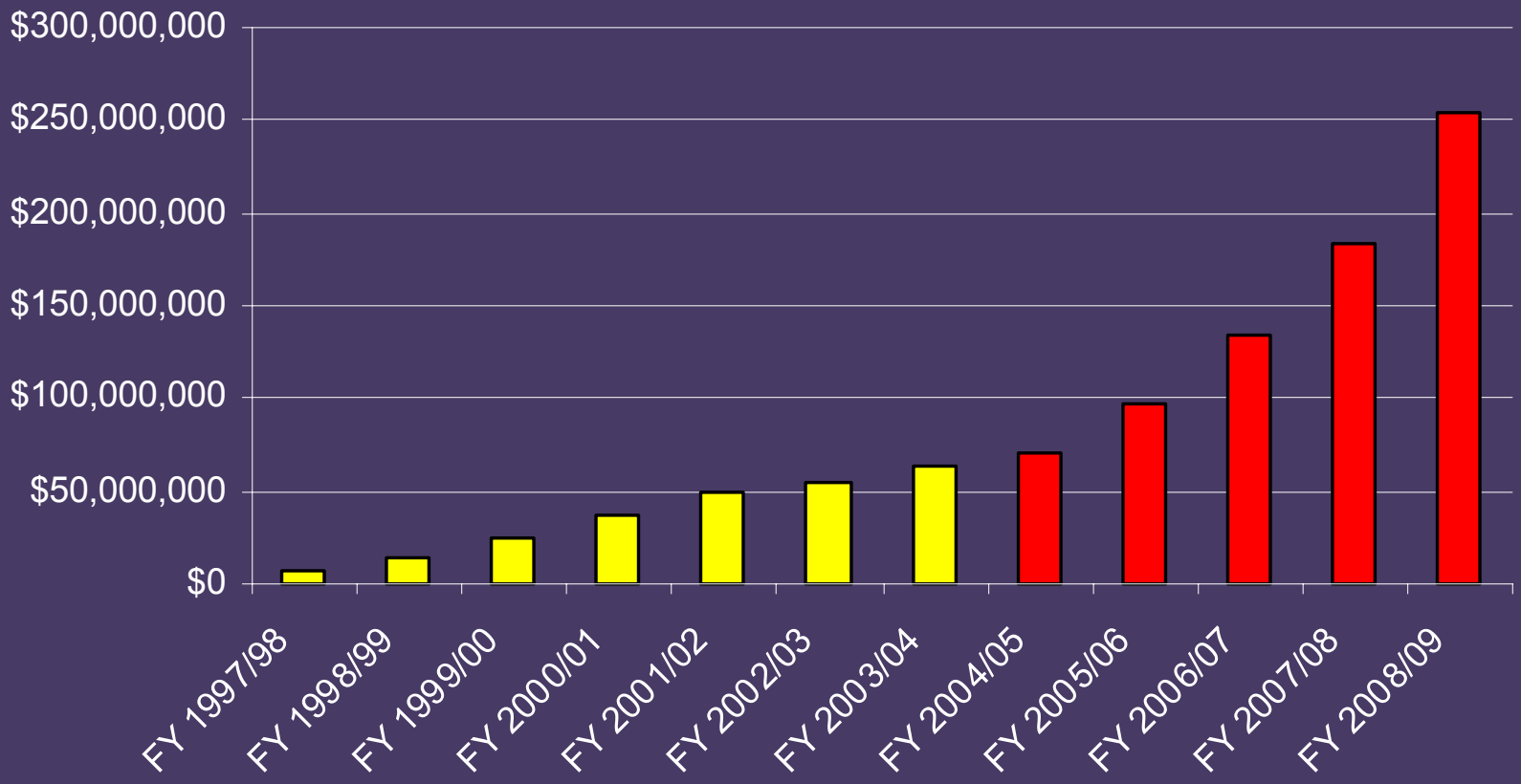
- Cancer Quality Council of Ontario Launched - October 2002
- Quality Council hosts first Signature Event on Colorectal Cancer - June 2003
- First ever Provincial Pilot on FOBT launched - July 2003
- Proceeding of Colorectal Cancer Event published - October 2003
- Insight on Cancer - Focus on colorectal cancer - March 2004
- Dr. Linda Rabanek releases Ontario Colorectal Screening Atlas in conjunction with Quality Council - March 2004
- $9.6M Research funding awarded to Dr. Brent Zanke from Genome Canada for Genomics and Colorectal Cancer - April 2004
- Quality Council task force on Non Physicians performing Flexible Sigmoidoscopy - April 2004

Some Challenges Ahead..

Two Major Issues:

- Fiscal
- Wait Times

New Drug Funding Program Expenditures: Projected 5-year Growth



Reference: CCO, NDFP April,2004

2003/04 Financial Report

- 2003/04 annual operating budget: $320.0M
- Funding to ICP's: 242.0M
- New Drug Funding Program: 64.7M

- CCO will balance its operating budget for 2003/04.

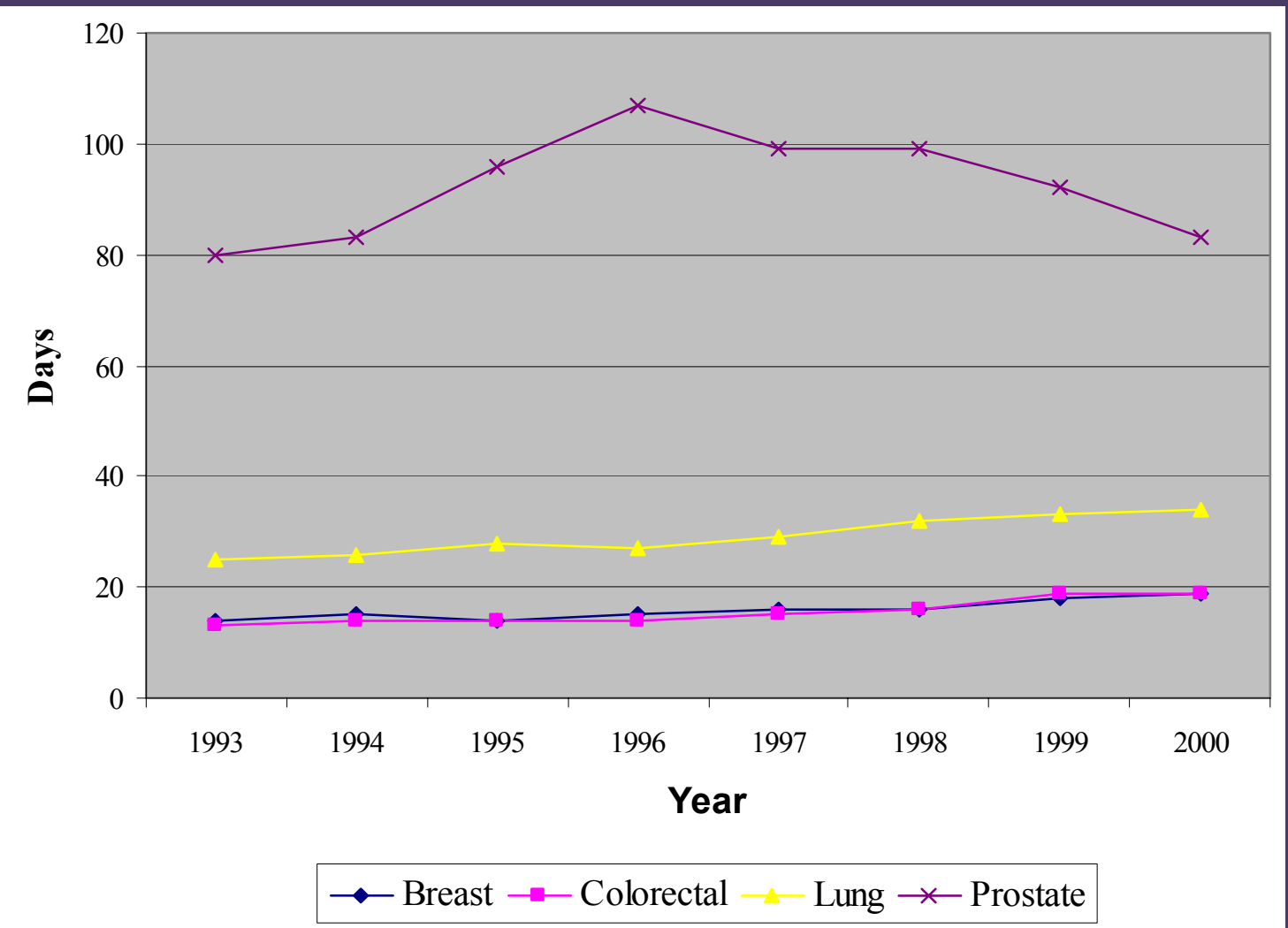
- CCO will record an extraordinary write-off of $11.0M for pension plan assets and minor equipment in 2003/04.

- As at December 31, 2003, CCO started pension plan windup process. Pension plan assets value of $195M will be distributed to members.

- CCO will be monitoring its cash flow closely as it awaits 2004/05 funding approval.

Waiting for cancer surgery

Median waits (consultation to treatment, in days) for major cancer surgery in Ontario(1993-2000; from Siminovic et al, 2003 forthcoming)



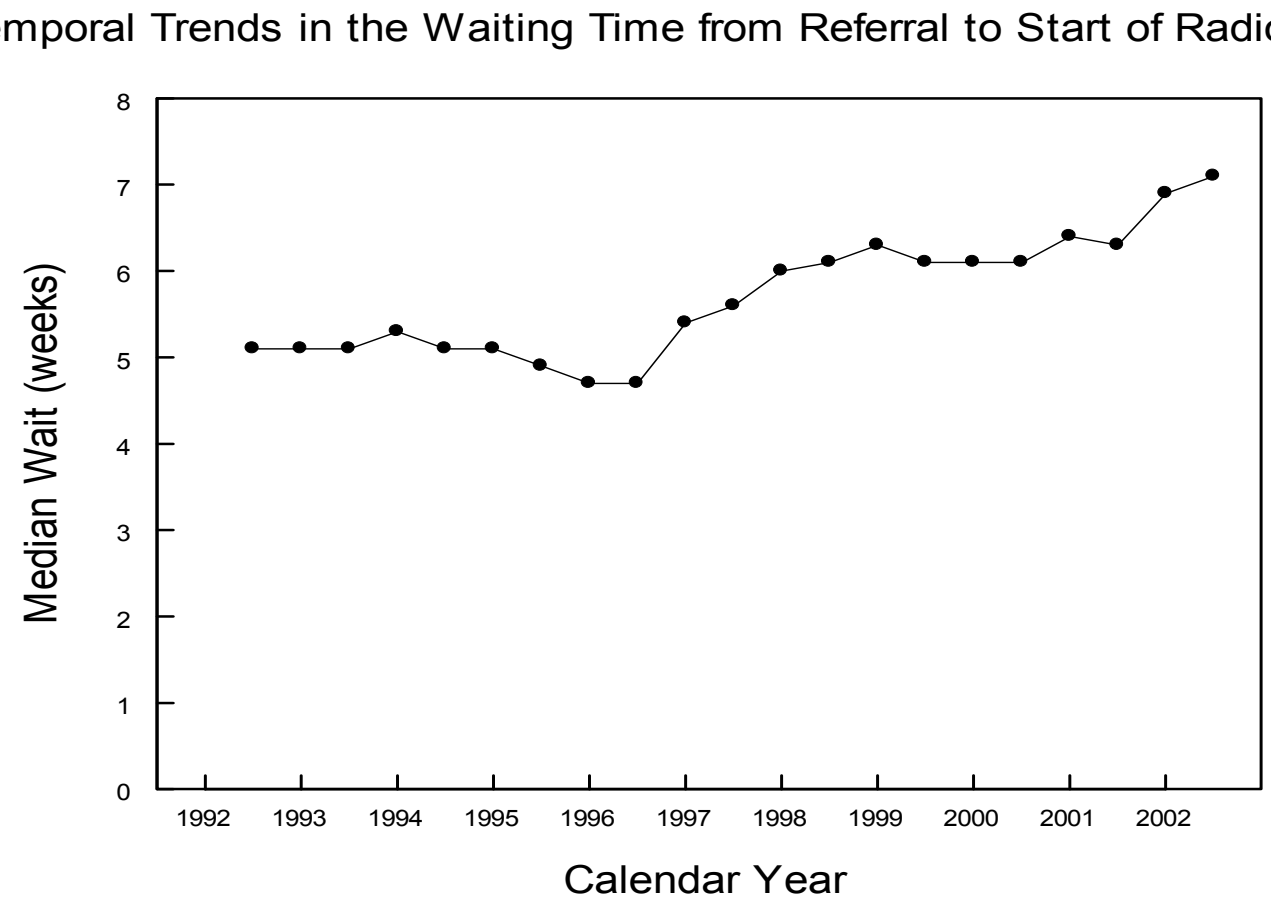
Prostate up 4%

Lung up 36%

Colorectal up 46%

Breast up 36%

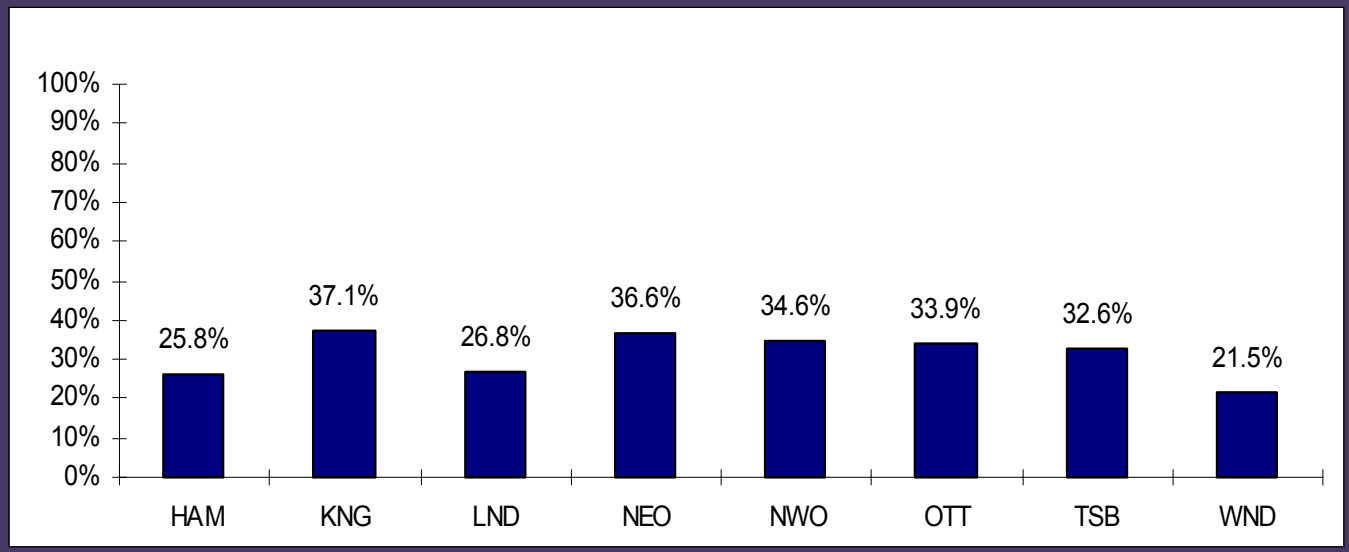
Waiting for Radiation Therapy



Source: Strengthening the Quality of Cancer Services in Ontario.

Waiting for Radiation Therapy

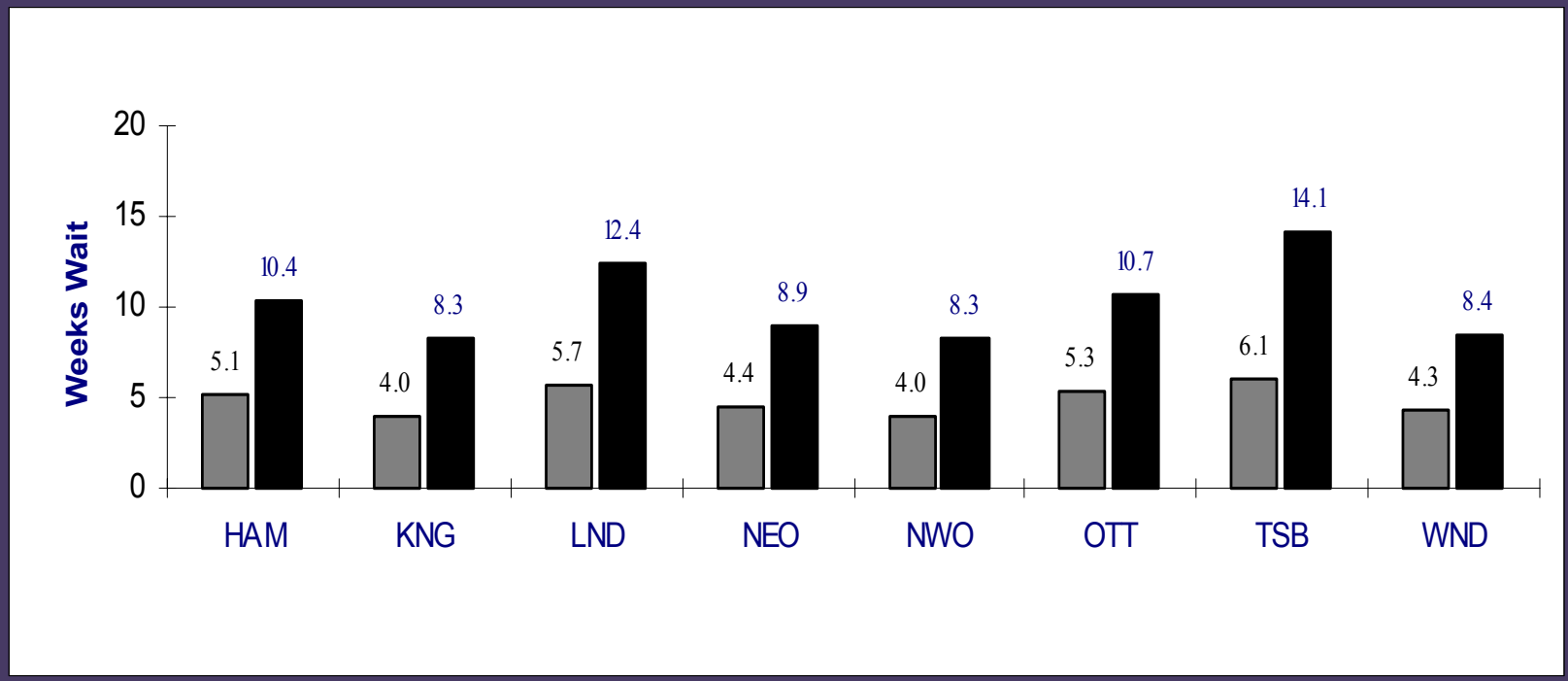
Percentage of radiotherapy cases treated within the recommended maximum wait times, by treatment center, February 2003- January 2004



Source: Cancer Care Ontario, Wait Time Reports (2003)

Waiting for Systemic Therapy

50th and 90th Percentile By Centre – CORE January 2003 to December 2003
ALL DISEASE SITES



Source:Cancer Care Ontario, Wait Time Reports (2003)

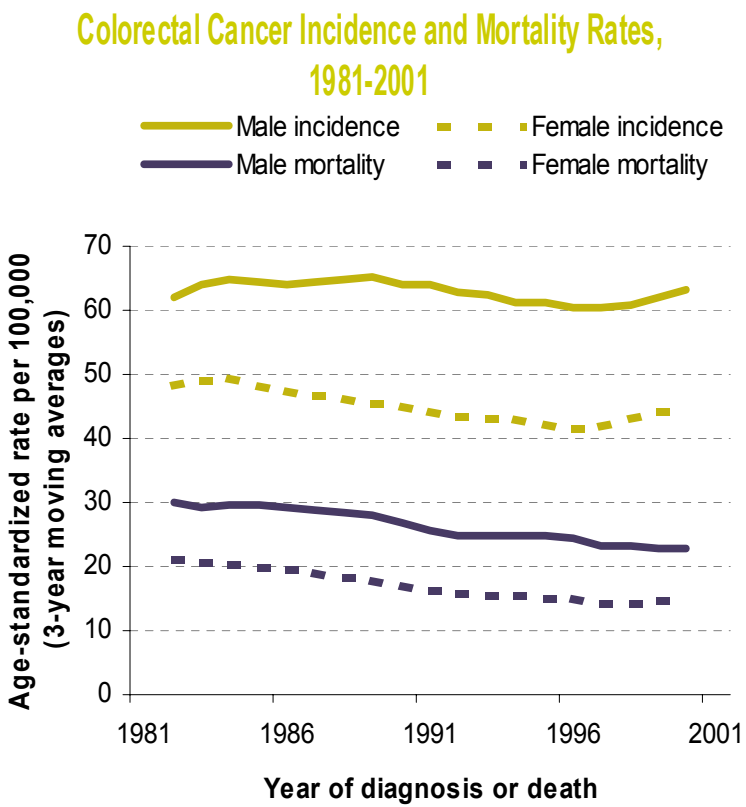
Four Strategies for Lowering Wait Times (CQCO)

- Reduce demand for services by reducing risk factors for cancer and promoting early detection
- Increase supply of cancer resources in Ontario
- Coordinate access to cancer services at the point of entry into the cancer system
- Increase efficient use of existing cancer resources

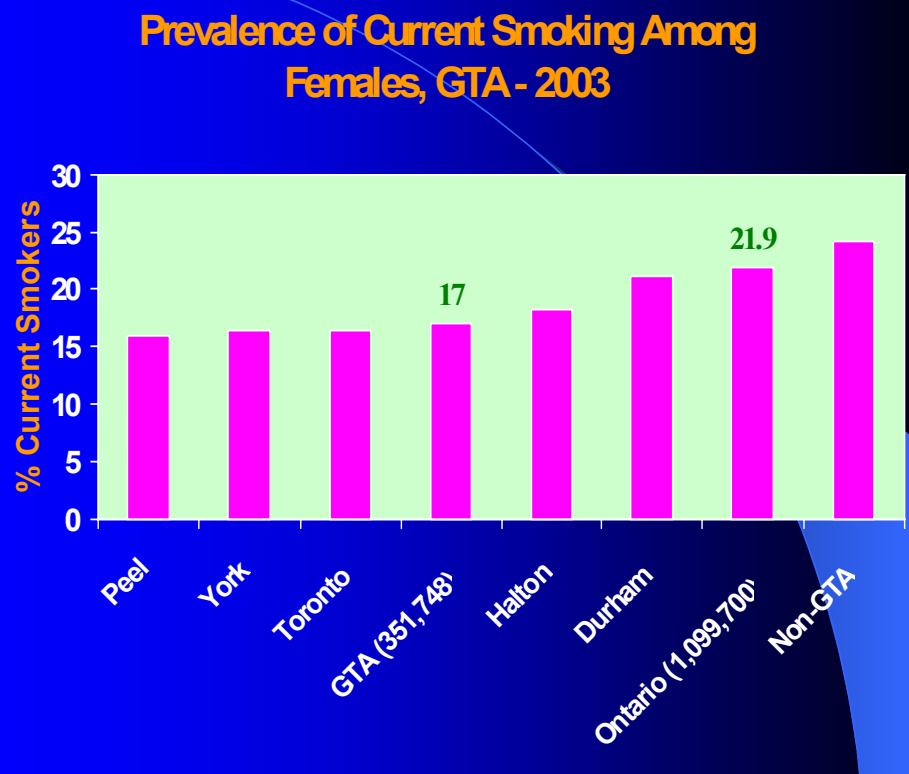
The New Cancer Care Ontario:

"Never Mistake motion for Action."

Ernest Hemingway



Source: Cancer Care Ontario (Ontario Cancer Registry, 2003)



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Thank you

- Hospital CEO's
- Hospital Boards
- Regional Vice-Presidents
- Penny Thomsen, CCS, Ontario Division
- Government of Ontario
- All other stakeholders