
MINISTRY OF HEALTH AND LONG-TERM CARE

4.08—Cancer Care Ontario

(Follow-up to VFM Section 3.08, 1999 Annual Report)

BACKGROUND

Cancer Care Ontario (CCO) was established in 1997 to integrate cancer services throughout Ontario. CCO's primary task is "to ensure that people in Ontario continue to receive high-quality cancer treatment." CCO also aims to reduce the number of people affected by cancer in the future by increasing prevention and screening efforts. CCO operates eight regional cancer centres, the Ontario Breast Screening Program, and the Ontario Cancer Registry, and it advises the Ministry of Health and Long-Term Care on cancer issues.

During the 1998/99 fiscal year, Cancer Care Ontario had expenses totalling approximately \$209 million, of which \$173 million was provided by the Ministry of Health.

In our 1999 audit, we found that certain standards set to ensure that people in Ontario receive high-quality cancer care were not being met:

- Only 32% of CCO's patients requiring radiation therapy received it within the recommended four weeks from referral.
- The Ontario Breast Screening Program had insufficient mechanisms to monitor whether screening centres were meeting required performance standards and to ensure that high-risk women were identified for screening.

Although CCO generally managed its resources adequately, we noted that:

- The required Memorandum of Understanding between the Ministry and CCO setting out CCO's role and powers and the Ministry's expectation regarding CCO's administration was not in place.
- Cancer Care International had not been managed with due regard for economy.

We made a number of recommendations for improvement to CCO and the Ministry and received their commitments to take the necessary corrective action.

CURRENT STATUS OF RECOMMENDATIONS

According to information provided by CCO and the Ministry of Health and Long-Term Care, substantive action has been taken with respect to some recommendations in our *1999 Annual Report*, while action is planned or in progress for the remaining recommendations. Outlined below is the current status of all recommendations made in our *1999 Annual Report*.

ACCOUNTABILITY

Recommendation

To clarify CCO's role and responsibilities and the Ministry's expectations regarding CCO's administration, the Ministry should expedite:

- *revisions to the Cancer Act; and*
- *the establishment of a Memorandum of Understanding with CCO.*

Current Status

In November 1999, the Ministry and CCO signed a Memorandum of Understanding. The Ministry indicated that, before undertaking the complexities of a review of the *Cancer Act*, it wished to stabilize the role and responsibilities of CCO as outlined in the Memorandum of Understanding and as specified by the February 2000 Management Board of Cabinet's *Directive for Agency Establishment and Accountability*. A time frame for revising the *Cancer Act* was not yet established.

TREATMENT

Radiation Therapy—Patient Waiting Times for Radiation Treatment

Recommendation

To ensure patients' access to radiation therapy is improved, CCO, in conjunction with the Ministry, should develop and implement a long-range planning and funding process that integrates equipment and staffing requirements for radiation therapy.

Current Status

CCO indicated that work was underway to refine the cost-per-case funding as was recommended by the Task Force on Human Resources for Radiation Services in February 1999. We were informed that a recommendation from the Joint Policy and Planning Committee, University Health Network/Princess Margaret Hospital, and CCO would be submitted to the Ministry during the current year.

Radiation Therapy—Radiation Equipment Availability

Recommendation

To help ensure the best outcomes for patients from radiation treatment, CCO, in conjunction with the Ministry, should implement a plan that provides the most effective radiation treatment equipment for patients.

Current Status

In October 2000, CCO and the University Health Network/Princess Margaret Hospital submitted a plan to the Ministry for replacing and upgrading the province's current inventory of radiation treatment machines. This plan included replacing existing older cobalt technology with the more advanced generation of high-energy linear accelerators. The Ministry indicated that it

was currently reviewing this plan and was expecting it to be finalized early in the 2001/02 fiscal year.

Clinic Waiting Lists

Recommendation

To help ensure that all cancer patients receive care within the recommended time frame, CCO:

- *establish standards for waiting times from patient referral to initial clinic appointment; and*
- *ensure that patient waiting times for all types of clinic appointments are tracked and appropriately followed up.*

Current Status

CCO indicated that:

- standards for waiting times were now in place at all regional cancer centres;
- it was collaborating with the Institute for Clinical Evaluative Studies on a project that includes consultation and research into the management of radiation therapy waiting lists in Ontario;
- a task force was established to make recommendations regarding prospective tracking of waiting times within CCO; and
- it was in the process of piloting a new system for tracking waiting times in two of its regional cancer centres.

Practice Guidelines

Recommendation

CCO should periodically assess the usage and effectiveness of its practice guidelines and take corrective action where warranted.

To reduce duplication of effort by regional cancer centres (RCCs) and to better ensure consistent patient treatment, CCO should consider having RCCs jointly develop interim practice guidelines.

Current Status

We were advised by CCO that initiatives were underway to address these recommendations. For example:

- A series of evaluation studies that had relevance to the use of guidelines in Ontario were conducted. For example, these studies were expected to enable CCO to effectively monitor the introduction of guidelines in the areas of hormonal management of prostate cancer.
- One study of compliance with practice guideline recommendations was completed and published. A second study assessed whether provincial practices were consistent with the guidelines on the management of early-stage breast cancer. Preliminary results were being

discussed with CCO's Breast Disease Site Group, which developed the treatment guidelines. Further studies of compliance with other guidelines were at various stages of development.

- Several studies were undertaken to determine the attitudes of Ontario oncologists towards practice guidelines and the impact of clinical practice guideline recommendations on organizational decision-making. This was expected to enable CCO to better understand the barriers to compliance with practice guidelines and would guide future efforts to ensure optimal compliance.

According to CCO, as the provincial guideline initiative has grown and developed, it has produced more than 45 documents on topics that experts in the Disease Site Groups have considered to be of high priority. This has greatly reduced the need for regional cancer centres to develop interim guidelines. As a result, the duplication of effort that occurred in the past has been substantially reduced.

DRUG FORMULARY

Recommendation

To encourage the use of equally effective but less costly treatment regimens, CCO should identify the most cost-effective drug regimens for treating different types of cancer and make this information available to medical practitioners prescribing cancer treatment.

Current Status

According to CCO, its Drug Formulary was posted on its Web site and provided information on the cost of drugs and chemotherapy regimens. All chemotherapy agents had been posted on the Web site, and disease-specific chemotherapy regimes were being progressively posted as their review by provincial Disease Site Groups was completed.

We were advised by CCO that the cost of chemotherapy regimens is considered by the Policy Advisory Committee of the New Drug Funding Program when it makes recommendations for the use of new agents. If there is clear evidence that regimens are equivalent in terms of the major outcome of importance (usually survival), the Committee only approves the least costly regimen. More expensive agents are only available for restricted indications when the standard regimen would not be medically appropriate.

SCREENING PROGRAMS

Ontario Breast Screening Program—Information and Data Collection

Recommendation

To assist CCO in developing a strategy to achieve coverage targets for the Ontario Breast Screening Program (OBSP), the Ministry should examine ways of making available the mammography information it maintains on the OBSP's target population.

Current Status

In 1999, CCO obtained access to the Ministry's Registered Persons Database after signing an agreement about its use and the use of hospital data through the Canadian Institute of Health Information to enhance the quality of the Ontario Cancer Registry.

CCO requested approval from the Ministry to use the data for a linkage between the OBSP database and the Ontario Cancer Registry in order to identify all cancers occurring in women screened by the OBSP. CCO indicated that once this approval is received, CCO intends to initiate a request to explore how the Registered Persons Database and other ministry databases can be made available to CCO for program planning uses.

Ontario Breast Screening Program—Effectiveness Measures

Recommendation

CCO should enhance its data collection systems to enable it to assess the effectiveness of the OBSP.

Current Status

According to CCO, a process to routinely capture further information for breast cancers detected by the OBSP, such as pathology/cytology reports and regional cancer centre reports, was developed. This will ensure more complete data on tumor size, nodal status, and metastasis information of breast cancers and thereby allow the evaluation of program effectiveness. Routine linkages with the Ontario Cancer Registry were pending ministry approval.

Ontario Breast Screening Program—Cancers Missed at Screening

Recommendation

To improve the effectiveness of the OBSP, Cancer Care Ontario should:

- *develop protocols for informing radiologists and radiology co-ordinators of the results of radiological panel reviews; and*
- *monitor cancers missed at screening by site and responsible radiologist and take appropriate follow-up or corrective action.*

Current Status

Substantive action has been taken on this recommendation. Protocols for informing radiologists and radiology co-ordinators of the results of radiological panel reviews were developed. According to CCO, the films from missed-at-screening interval cancers are being reviewed by the reading radiologist with the radiology co-ordinator.

Ontario Breast Screening Program—Standards and Guidelines

Recommendation

To help ensure that breast screening centres are delivering services in a consistent and effective manner, CCO should:

- *monitor the performance of screening centres and, where standards are not being met, investigate and take corrective action as necessary; and*
- *develop mechanisms to ensure that high-risk women are identified for screening.*

Current Status

CCO stated that routine screening outcomes were calculated for the entire province, for each OBSP screening centre, for individual nurse examiners, and for radiologists up to 1998. As a result:

- Information for each screening centre was sent to each region's regional administrator, medical co-ordinator, and radiology co-ordinator.
- Individual nurse examiner results were distributed to the provincial nurse examiner and to the appropriate regional administrator.
- Individual radiologist results were sent to the provincial radiologist-in-chief and to the appropriate regional radiology co-ordinator. After reviewing these results at the regional radiology co-ordinators' quarterly meetings, the co-ordinators take the results to all reading radiologists in their regions.

An ad hoc group met and reviewed the scientific evidence to provide CCO with guidance in the review of the scientific evidence and OBSP's role in screening high-risk women who are below the age of 50. According to CCO, the OBSP Strategic Management Committee put the issue of screening women under the age of 50 on its agenda for discussion and was to give advice to the OBSP.

Ontario Breast Screening Program—Interval Breast Cancers

Recommendation

To help ensure that OBSP outcomes are reported as accurately as possible and that those outcomes remain within acceptable standards, CCO should:

- *ensure that all relevant CCO data are included when calculating OBSP interval cancer rates; and*
- *assess the impact of clinical breast exams on interval cancer rates.*

Current Status

We were advised by CCO that a process was developed for conducting routine linkages between the OBSP and the Ontario Cancer Registry. In 1998, all data up to 1996 were linked. Data up to 1998 will be linked once written authorization is received from the Ministry.

Cervical Screening Program

Recommendation

To enable CCO to develop a more effective cervical screening program and to be in a position to better monitor the achievement of objectives, the Ministry should:

- *facilitate access to appropriate cervical screening information; and*
- *develop protocols to use data for statistical purposes while safeguarding the privacy of patient information, including information received from private laboratories.*

Current Status

The Ministry indicated that it was continuing to work with CCO to identify the data elements CCO wishes to receive from the Ministry's laboratory information system. This is an intermediate phase while work on the CCO/private partnership information system is completed. The Ministry's Memorandum of Understanding with CCO for access to the Registered Persons Database and its use by CCO contains stringent protocols with respect to the use of personal health information for statistical purposes.

QUALITY ASSURANCE

Recommendation

To enable it to ensure the delivery of high-quality cancer care in Ontario and to identify and act on significant variances among regional cancer centres (RCCs), CCO should:

- *expedite the development of performance indicators and co-ordinate RCC quality improvement activities;*
- *ensure that all RCCs consistently report quality improvement activities; and*
- *take timely corrective action as necessary.*

Current Status

We were advised by CCO that at its monthly meetings CCO's Quality of Care and Ethics Committee oversees the development of performance indicators and monitors current indicators. At the time of our follow-up, the indicators included measures of cancer centre and cancer system workloads and responses to workloads. For example:

- A patient satisfaction survey was being developed for all regional cancer centres.
- Indicators of regional cancer centre compliance with the capture of tumor-stage information, and tumor histology were provided to all cancer centres at regular intervals.
- Work was underway to measure compliance with practice guidelines and to determine the best performance indicators for the Breast and Cervical Screening programs.

According to CCO, the Quality Advisory Committee discusses the quality improvement initiatives at each RCC and this information was to be posted on CCO's Intranet site. Through the sharing of Canadian Council on Health Services Accreditation's reports among the centres, issues of common concern can be identified and co-ordinated quality improvement initiatives can be achieved.

CANCER PREVENTION

In our 1999 Annual Report, we indicated that we would follow up on CCO's progress in this area in the near future.

Current Status

We were advised that CCO established a prevention and screening network in each region of Ontario. The intent is to bring together local organizations to identify priorities and to plan, implement, and co-ordinate local programs. The Ontario Network for Cancer Prevention links these regional networks with Cancer Care Ontario and provincial stakeholders.

According to CCO, cancer prevention activities were being implemented on a limited basis due to funding constraints. Long-term implementation plans for priority cancer prevention activities were developed and were awaiting Ministry funding.

In 2000, CCO published *Ontario's Cancer Prevention Blueprint 2000*. The Blueprint states that "the reduction of exposure to the causes of cancer must be made a priority" since the majority of cancers can be prevented. Priorities for cancer prevention include tobacco control, nutrition, physical activity, healthy body weight, and reducing exposure to occupational and environmental carcinogens.

According to the Blueprint, CCO's initial targets for cancer prevention are tobacco, diet, and physical activity because "they are the most important targets for cancer prevention" based on the total number of cancers attributable to these factors. In the area of tobacco control, activities include:

- CCO staff working closely with the Ministry and its partners on the Ontario Tobacco Strategy; and
- participating in the Ontario and National campaigns for Action on Tobacco.

With respect to diet and cancer prevention, CCO's activities include:

- supporting the joint efforts of the Ontario Collaborative Group on Diet and Cancer, which has reviewed scientifically based guidelines for diet and physical activity; and
- assisting the Ministry in planning for a broadly based nutrition strategy and a network to support intervention development, surveillance, and evaluation of nutritional interventions.

Scientific reviews were also undertaken on the benefits of regular physical activity in reducing the risk of cancer, as well as on cancer risk associated with various environmental exposures. In addition, we were advised by CCO that it has established working relationships with other chronic disease prevention initiatives that share similar risk factors (for example, heart disease, stroke, and diabetes).

MANAGING RESOURCES

Managing Research

Recommendation

To help foster cost-effective initiatives among cancer research groups in Ontario and to generate appropriate information for selecting researchers, programs, and initiatives to support, CCO should:

-
- *develop standard processes for approving, monitoring, and evaluating research projects; and*
 - *better co-ordinate the research efforts of the regional cancer centres and monitor the research activities of other organizations.*

Current Status

We were advised by CCO that it has undertaken a number of initiatives with respect to research:

- A searchable database for research projects was developed. A complete data set exists for the 1998/99 fiscal year, and the data set for the 1999/2000 fiscal year was nearing completion.
- Research workshops on supportive care and occupational and environmental carcinogenesis were organized and held in 1999/2000.
- An inter-centre lecture series was established to improve dissemination of research findings between centres.
- A proposal for major restructuring of the research division was being developed to enhance co-ordination of research between centres.

Cancer Surveillance Systems

Recommendation

The Ministry should clearly define CCO's mandate regarding cancer surveillance and should ensure that CCO has the authority it requires to meet that mandate.

To improve the usefulness of the Ontario Cancer Registry, CCO should further develop standards and guidelines for the type of data to be collected.

Current Status

Substantive action has been taken on these recommendations. The Memorandum of Understanding between CCO and the Ministry signed in November 1999 defines CCO's role in cancer surveillance. According to CCO, along with other related initiatives, it was implementing comprehensive standards for cancer registries that are promulgated by the North American Association of Central Cancer Registries.

Financial Controls—Potential Conflicts of Interest

Recommendation

To help ensure that the right goods and services are purchased at the right prices and to avoid potential conflicts of interest, CCO should:

- *eliminate actual or potential conflicts prior to awarding contracts; and*
- *inform vendors that proposals should detail all incentives and benefits.*

Current Status

According to CCO, since 1999:

- CCO's conflict-of-interest policy has been reinforced and posted on CCO's Intranet site. This policy will be amended to reflect the various applicable clauses in Management Board Secretariat's conflict-of-interest policy, which CCO received in February 2001. The revised policy will come into effect after it receives approval from the various committees and the board of CCO.
- CCO's finance department has reviewed all large contracts for goods and services. For example, the contracts for supply of radiation equipment have been negotiated with suppliers through centralized committees; and large information service contracts are centrally negotiated in conformity with Management Board Secretariat guidelines.

Financial Controls—Administration of Consulting Contracts

Recommendation

To better ensure that value for money is received from consultants, CCO should:

- *enforce compliance with its policy that written explanations be obtained where competitive acquisition policies are not followed;*
- *require that contracts contain measurable deliverables, rates, time frames, and termination clauses; and*
- *ensure written evaluations are prepared on the work performed by consultants.*

Current Status

Substantive action has been taken on this recommendation. According to CCO, since the beginning of 2000, all consultant contracts have been reviewed by the finance department. Managers were being requested to keep written explanations where competitive quotes were not available or could not be obtained. The finance department was also ensuring that contracts contained measurable deliverables.

Cancer Care International

Recommendation

In future:

- *the Ministry and CCO should ensure that proper approvals are obtained for the creation of any subsidiaries and their disposition;*
- *start-up costs should be kept to a minimum; and*
- *expenses should be properly documented and supported.*

Current Status

The Memorandum of Understanding between the Ministry and CCO incorporated the requirement for appropriate approvals. In addition, we were advised by CCO that there have not been any new subsidiaries created since the time of our last audit.