Legislative Assembly of Ontario

Assemblée législative de l'Ontario

STANDING COMMITTEE ON PUBLIC ACCOUNTS

CANCER TREATMENT SERVICES

(SECTION 3.02, 2017 ANNUAL REPORT OF THE OFFICE OF THE AUDITOR GENERAL OF ONTARIO)

1st Session, 42nd Parliament
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Legislative Assembly of Ontario

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The Honourable Ted Arnott, MPP
Speaker of the Legislative Assembly

Sir,

Your Standing Committee on Public Accounts has the honour to present its Report and commends it to the House.

Catherine Fife, MPP
Chair of the Committee

Queen's Park
October 2019

Legislative Assembly of Ontario

Assemblée législative de l'Ontario

STANDING COMMITTEE ON PUBLIC ACCOUNTS
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1st Session, 42nd Parliament

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FRANCE GÉLINAS regularly served as a substitute member of the Committee.

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Research Officer

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PREAMBLE

When the Standing Committee on Public Accounts (Committee) was writing this report, Bill 74, the *People's Health Care Act, 2019*, was before the Legislature. Bill 74 received Royal Assent on April 18, 2019. Bill 74 impacts the Local Health Integration Networks, Health Quality Ontario, and Cancer Care Ontario and establishes a new "single agency," Ontario Health.

Bill 74 has implications for the Committee's recommendations presented herein. The Standing Committee on Public Accounts recommends that all recommendations to Cancer Care Ontario in this report be addressed directly to the Ministry of Health and Long-Term Care and/or to Ontario Health.

INTRODUCTION

On October 31, 2018, the Standing Committee on Public Accounts held public hearings on the audit of Cancer Treatment Services (Section 3.02 of the Auditor General's 2017 *Annual Report*) administered by the Ministry of Health and Long-Term Care and Cancer Care Ontario.

The Committee endorses the Auditor's findings and recommendations, and presents its own findings, views, and recommendations in this report. The Committee requests that the Ministry provide the Clerk of the Committee with written responses to the recommendations within 120 calendar days of the tabling of this report with the Speaker of the Legislative Assembly, unless otherwise specified.

ACKNOWLEDGEMENTS

The Committee extends its appreciation to officials from the Ministry of Health and Long-Term Care and Cancer Care Ontario. The Committee also acknowledges the assistance provided during the hearings and report-writing deliberations by the Office of the Auditor General, the Clerk of the Committee, and staff in the Legislative Research Service.

BACKGROUND

The Ministry of Health and Long-Term Care (Ministry) is responsible for determining provincial funding to hospitals and cancer treatment services. Cancer Care Ontario (CCO) is the provincial agency responsible under the Ministry for funding hospitals, collecting cancer data, developing clinical standards and planning cancer services to meet patient needs. CCO was established in 1943 as the Ontario Cancer Treatment and Research Foundation after the implementation of the *Cancer Act*.

Approximately 100 hospitals deliver cancer treatment services across the province's 14 Local Health Integration Networks (LHINs), and 14 of these hospitals are designated as regional cancer centres. Regional Cancer Programs are networks of hospitals and other agencies involved in providing cancer prevention, screening, diagnostic treatment, and support services within each of the province's 14 LHINs.

The main treatments for cancer are surgery to remove the cancerous tissue, radiation, or drug therapy (chemotherapy) to kill or shrink cancerous cells. Cancer is also treated through stem cell transplants. These treatments are not mutually exclusive, and patients can receive more than one. In addition to cancer treatments, patients are supported through symptom management and psychosocial cancer services.

FUNDING

According to the audit, the Ministry and CCO spent approximately $1.6 billion on cancer treatment in 2015/16, most of it for hospital procedures and treatment drugs. CCO spent the bulk of this amount, about $1.2 billion, mainly on the in-hospital costs of cancer surgery, cancer-drug therapy, radiation treatment and other specialized services, such as stem cell transplants.

AUDIT OBJECTIVES AND SCOPE

The objective of the 2017 audit was to assess whether the Ministry, CCO, and Ontario hospitals had effective procedures and systems in place to

- ensure that cancer treatments are provided in a timely and equitable manner to meet Ontarians' needs in a cost-efficient manner and in accordance with applicable standards, guidelines and legislation; and

- measure and publicly report periodically on the results and effectiveness of cancer programs in meeting their intended objectives.

MAIN POINTS OF AUDIT

Overall, the audit found that CCO, in conjunction with the Ministry and hospitals, has effective procedures and systems in place to ensure that most cancer patients receive treatment in a timely, equitable, and cost-efficient manner. However, it also found that some Ontarians' needs are not being met in the areas of stem cell transplants, access to take-home cancer drugs, radiation treatment, positron emission tomography (PET) scans, symptom management and psychosocial oncology services. The Auditor found that wait times for some urgent cancer surgeries and diagnostic services need improvement. The report also stated that patient-safety standards at private specialty clinics need improvement. The report also stated that second medical reviews need to be done for radiation treatment plans and diagnostic imaging (DI) results.

ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE

A number of issues were raised in the audit and before the Committee. The Committee considers the following issues to be of particular importance.

The Committee heard that 90,000 new cases of cancer are expected to be diagnosed in Ontario, yet despite the growing burden of cancer, survival for nearly all cancer types is improving and mortality rates are declining for breast, colorectal, and lung cancers.

The Ministry told the Committee it has worked to improve cancer treatment services through a number of initiatives coordinated by Cancer Care Ontario. CCO representatives explained that the following four areas structure its approach to improving and funding cancer services:

- the use of high-quality data to identify opportunities for improvement;
- implementation of Ontario Cancer Plans to provide focus and direction;
- strong links between CCO and local health care providers with a clear chain of accountability in the implementation of the Ontario Cancer Plans; and
- performance management and improvement, with funding provided through a contract requiring adherence to the standards and agenda in the Ontario Cancer Plans.

In 2018/19 the Ministry allocated $416 million for cancer drugs, $403 million for cancer surgery, $181 million for chemotherapy treatment, $141 million for radiation treatment, and $141 million for cancer treatment for acute leukemia, neuroendocrine tumours and sarcoma. The Ministry stated the Auditor's recommendations have resulted in improvements at the Ministry and CCO.

Radiation Treatment

The Auditor found that CCO failed to administer radiation therapy to its goal of 48% of cancer patients, citing patients' distance from radiation centres and limited physician referrals; and that hospitals failed to consistently perform reviews of radiation treatment plans according to guidelines. The Committee asked CCO about its plan to reduce geographical barriers and improve equity of access for radiation treatment.

The Committee heard that the 10-year Radiation Treatment Capital Investment Strategy is critical to increasing access to radiation services. CCO stated its priority is to balance providing care as close to home as possible while ensuring it delivers high quality care. CCO's new investment strategy (updated in March 2018) is under review by the Ministry and includes plans for a new set of linear accelerators (units that provide radiation therapy). The Ministry explained it has lowered the province-wide radiation target to 42% as a result of updated evidence.

The Ministry told the Committee a range of individuals, from primary care physicians to surgeons, need an improved awareness of radiation treatment and its benefits. CCO's Radiation Treatment Program (RTP) has provided each region with specific reports to identify strategies to increase radiation access. RTP has also engaged regions to increase peer review of treatment plans and is working to standardize the review process. In 2017-18, 89% of radiation treatment plans were peer reviewed (the target is 80%).

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

1. **The Ministry of Health and Long-Term Care and Cancer Care Ontario should**

   a) **address geographical barriers to patient access to radiation services with the goal of reducing them; and**

   b) **report their plans for the new linear accelerators recommended by Cancer Care Ontario to the Standing Committee on Public Accounts.**

Wait Times for Urgent Cancer Surgeries

The Auditor found many Ontarians experience long wait times for cancer surgeries, which did not meet the 14-day target for urgent surgeries. The Committee asked the Ministry what it has done to improve wait times for cancer surgeries.

CCO told the Committee while overall wait times for cancer surgery are improving, its biggest challenge is meeting the 14-day target for urgent surgeries. CCO also explained there are a variety of factors that affect wait times between hospitals, such as issues of capacity, process or leadership. The audit stated wait times are affected by the availability of operating rooms, wait time for surgical preparations, such as MRIs and CT scans, and the complexity of patients' conditions. CCO supports Regional Cancer Programs, regional cancer surgery leadership, and local hospitals by providing analysis and information to understand why patients are not receiving the treatment within the 14-day target. CCO's Access to Care (ATC) Team is running a pilot to find ways to support facilities with the highest wait times.

The Committee asked about the accountability framework to ensure that service providers meet wait times. The Ministry stated CCO's Performance and Issues Management Guidelines determine the protocols for monitoring and managing wait time performance. The Regional Cancer Programs are accountable for coordinating the quality improvement objectives. For hospitals with poor performance, CCO works closely with the hospital (including local clinicians, administrations, and executives) to resolve the issue. Funding can be withheld from hospitals with chronically poor performance.

The Committee also asked CCO about its plans to implement a centralized referral system. CCO said a centralized referral system could work for a group of surgeons or a group of hospitals but noted challenges might arise in coordinating with hospitals and health care providers to build and implement such a system. CCO indicated it hopes to learn best practices for developing a centralized referral system by supporting the Pan-LHIN Referral Management Initiative.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

2. **The Ministry of Health and Long-Term Care should**

   a) **work with hospitals to reduce discrepancies in wait times for urgent cancer surgery among hospitals;**

   b) **work with Cancer Care Ontario and hospitals to explore a centralized referral system for cancer surgeries and make real-time wait times publicly available for each hospital; and**

   c) **report the outcomes of the Pan-LHIN Referral Management Initiative on implementing a centralized referral system to the Standing Committee on Public Accounts.**

Take-Home Cancer Drugs

The Auditor reported a discrepancy in cancer drug cost coverage between in-hospital cancer drugs (which are covered) versus take-home cancer drugs, even though most patients do not have a choice regarding whether they receive the drugs in hospital or take them at home. Further, the audit found that for cases of take-home cancer drugs, applying for financial support can be burdensome and time-consuming for health care providers and patients.

The Committee asked the Ministry how much it would cost the Province to pay for patients' take-home cancer drugs. The Ministry responded previous estimates suggested costs could range from approximately $100 million to multiple hundreds of millions.

The Ministry said that it has implemented a number of changes to improve timeliness for accessing take-home drugs and patient experience for take-home cancer drugs, including implementing a telephone request service for a select group of medications and developing a Special Authorization Digital Information Exchange (SADIE), which will allow patients to request take-home cancer drugs digitally. The Ministry stated it has also streamlined applications for the Trillium Drug Program (TDP).

There are two main financial support programs for cancer drugs: TDP provides financial assistance for high prescription-drug costs in excess of 3 to 4% of an individual's household income and the Exceptional Access Program (EAP) helps an individual access drugs not covered by the Ontario Drug Benefit (which is available to all Ontario residents at age 65 or older). The Ministry noted that SADIE will also simplify the EAP process by changing it from a manual, paper and fax-based system to a digital, online service.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

3. **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**

   a) **developing criteria for cancer patients to automatically qualify for the Trillium Drug Program;**

   b) **developing criteria for cancer drugs to automatically qualify for the Exceptional Access Program; and**

   c) **reducing the need for health care providers to fill out patient applications for the Trillium Drug Program and Exceptional Access Program.**

4. **The Ministry of Health and Long-Term Care and Cancer Care Ontario should report to the Standing Committee on Public Accounts**

   a) **on how well the Special Authorization Digital Information Exchange (SADIE) worked and how useful it was; and**

   b) **more precise cost estimates for take-home cancer drugs.**

Safe Usage of Take-Home Drugs

The Auditor reported an increase in the number of patients taking oral cancer drugs at home. However, since the majority of hospitals did not provide full-day educational sessions for patients starting take-home cancer drugs, patients received inadequate guidance and training for using take-home cancer drugs.

CCO stated it has established a Pharmacy Oncology Task Force to examine Ontario's service model for take-home cancer drugs with the mandate to deliver recommendations and advice to CCO.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

5. **Cancer Care Ontario should**

   a) **establish guidelines and educational programs on the safe use of take-home cancer drugs for patients; and**

   b) **ensure pharmacists who dispense cancer drugs receive specialized cancer drug therapy training, if required by Cancer Care Ontario.**

Oversight of Cancer Drug Therapy Provided at Private Specialty Clinics

Private specialty clinics offer cancer drugs to patients who are willing to pay out-of-pocket or through private insurance coverage. However, the audit found that many private clinics are not regulated or licensed by the Ministry or CCO.

CCO stated it continues to work with the Ministry to review the options for supervising the quality and safety of the clinics.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

6. **The Ministry of Health and Long-Term Care and Cancer Care Ontario should**

    a) **determine what standards, if any, are needed to provide oversight to private specialty clinics;**

    b) **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; and**

    c) **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.**

Cancer Drug Dosing

The Ministry conducted a review of the province's cancer-drug supply system and found there were significant inadequacies in the communication and implementation of drug specifications and preparations.

The Ministry noted that the Ontario College of Pharmacists has adopted the National Association of Pharmacy Regulatory Authorities' (NAPRA) Model Standards for Pharmacy Compounding (expected to be in effect January 1, 2019). In addition, the Ontario College of Pharmacists has adopted NAPRA's Pharmacy Practice Management System's (PPMS's) Supplementation Requirements on Traceability and Bulk Preparation Labelling, which adds three additional requirements for labelling and recordkeeping for bulk preparations.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

7. **The Ministry of Health and Long-Term Care should work with hospitals, to**

    a) **implement the Ministry's 2013 recommendation regarding the traceability of computer-based clinic and hospital records for patients and their treatments; and**

b) review the recommendations from the Standing Committee on Social Policy's 2014 report, *Diluted Chemotherapy Drugs*, to prevent improper dosing of cancer treatments.

Cancer Drug Shortages

The Auditor found that Ontario has not established a clear provincial protocol or guidelines to manage cancer-drug shortages (there have been at least three cancer drug shortages since 2014). The Committee asked what steps the Ministry had taken to prevent cancer-drug shortages in Ontario.

The Committee heard that drug shortages can happen for a number of reasons and cannot be avoided entirely. The Ministry noted it works closely with Health Canada and other jurisdictions to determine which drugs will be affected by shortages. Ontario relies on regional clinical leadership to assess and prepare for international or national cancer-drug shortages.

In response to the audit, CCO released provincial guidance on drug shortages and the Ministry approved funding for therapeutic alternatives to reduce the impact of shortages on patients. The Ministry has started to provide shortage updates and alerts to the health care system.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

8. The Ministry of Health and Long-Term Care and Cancer Care Ontario should

a) establish provincial protocols and guidelines to manage drug shortages;

b) develop a province-wide network to communicate with LHINs, hospitals, pharmacies, and health care providers about anticipated and impending cancer-drug shortages; and

c) assist hospitals to develop policies on appropriate cancer-drug inventory levels and handling cancer-drug shortages.

Stem Cell Transplants

The audit found that the Ministry failed to adequately meet patients' need for stem cell transplants and delayed initiatives to increase the province's stem cell transplant capacity. Consequently, the audit noted that Ontario will not have the capacity to meet demand for stem cell transplants until 2020/21. There are two types of stem cell transplants: autologous (from yourself) and allogeneic (from someone else).

The Committee asked the Ministry about its strategy to reduce wait times for stem cell transplants. Ministry representatives told the Committee that stem cell transplant wait times are down from 12 weeks on average to 3.7 weeks for an allogeneic transplant. The Ministry said that it reduced wait times by establishing a stem cell consultation group, increasing bed capacity by approving new capital

projects, relying on various health care providers other than physicians, and changing the funding model to ensure hospitals are properly resourced for the transplant as well as for pre- and post-transplant care.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

9. **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.**

Symptom-Management Support

The Auditor found that some cancer patients failed to receive adequate symptom-management support which is important to help those with less severe symptoms avoid unnecessary hospital emergency room visits.

The Committee asked about the cost of treating cancer patients who return to the emergency room versus the cost of implementing a symptom-management program.

CCO responded that it has signed a contract with Bayshore HealthCare to provide a triage system as its symptom-management program. The contract has an annual value of $1.1 million and will provide 24/7 telephone access to registered oncology nurses for approximately 26,000 patients per year. The Committee heard that the program will have an approximate three-to-four fold return on investment and result in a significantly lower number of emergency room visits.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

10. **Cancer Care Ontario should work with hospitals to**

    a) **measure and assess how the use of the telephone triage system under the Ministry's symptom-management program affects emergency room visits and patients' wellbeing; and**

    b) **analyze how other forms of digital communications could be utilized to enhance patient care.**

Psychosocial Oncology Services

The Auditor found that more than half of the regional cancer centres did not have a dedicated psychiatrist, occupational therapist, psychologist, speech language pathologist or physiotherapist on site. Further, while the majority of regional cancer centres offered psychosocial services at all stages of the cancer journey, the majority (54%) of community hospitals only offered psychosocial services to cancer patients at the treatment stage.

CCO has established a task force to examine the Psychosocial Oncology (PSO) Service Delivery Framework that was developed in April 2018 to standardize psychosocial care for patients across the province during and after treatment.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

11. Cancer Care Ontario should work with hospitals to

a) establish province-wide standards for the delivery of psychosocial services; and

b) increase the availability of psychosocial oncology services for cancer patients at all stages of the cancer journey.

Advances in PET Scans

The audit found that Ontario performed fewer PET scans than any other province and that 41% of PET scan capacity was unused in 2016/17. The audit also found that Ontario has not updated the eligibility criteria or OHIP coverage rules for PET scans since 2013, and has been slow to adopt new PET scan technology.

The Committee asked about the Ministry's progress in improving PET scan access for Ontarians. The Committee heard that the Ministry is reviewing CCO's long-term capital plan and its plans for new and replacement technology. The Ministry told the Committee it has expanded access to PET scanners and is working with CCO to review new indications (new uses for the scans) and new technology.

The Ministry explained that emerging evidence is now applied more quickly to determine which PET scans can be covered by the Ontario Health Insurance Plan (OHIP). CCO now allows patients to access PET scans where medical evidence is evolving or for exceptional access cases.

The Committee asked why the Ministry is reliant on the Ontario Medical Association (OMA) to update which PET scans are covered by OHIP. The Ministry explained the eligibility criteria for OHIP-insured PET scans is in the Schedule of Benefits for Physician Services and that the Ministry must consult with the OMA on any changes made to the Schedule.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

12. The Ministry of Health and Long-Term Care should

a) streamline the process for adopting and funding new PET scan technology; and

b) 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.

Regional Variations in Wait Times for CT Scans and MRIs

The Auditor reported in 2016/17 that 48% of patients did not receive their less urgent CT scans within the wait-time target of 10 days. During the same year, 47% of patients did not receive their less urgent cancer-related MRIs within the wait-time target of 10 days. The Auditor reported that the wait times for less urgent CT scans and MRIs done in 2016/17 varied significantly depending on the hospital.

The Ministry told the Committee based on advice from CCO, it provided one-time targeted funding to high-risk cancer patients in 2017/18 and 2018/19 to reduce wait times for CT scans and MRIs. The Ministry is examining ways to use central referral in booking programs to improve Diagnostic Imaging (DI) referrals and reduce wait times for MRI and CT scans.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

13. The Ministry of Health and Long-Term Care should

a) implement a centralized referral and booking process for CT scans and MRIs in order to improve wait times for cancer patients; and

b) assess whether it should continue providing ongoing funding for high-risk cancer patients to reduce wait times.

Peer Review Program for Diagnostic Imaging

The audit found that misinterpreted diagnostic scans can have severe implications for patients whose cancer is undiagnosed or diagnosed incorrectly.

The Ministry noted it has asked Health Quality Ontario (HQO) to develop a pilot project during 2018/19 to implement the DI Peer Review Program in selected community-based hospitals.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

14. 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.

Biopsy Wait Times

In 2016/17, approximately 9% of biopsies were performed in hospital operating rooms; the remaining 91% were performed in clinics or hospital procedure rooms. The Auditor found that fewer than half of biopsies performed in hospital operating rooms in 2016/17 met the Ministry's target wait time of 14 days.

The Committee asked CCO for updated wait times for biopsies by types of cancer and if CCO has explored establishing different target wait times depending on the type of biopsies.

CCO told the Committee that there is currently no standardized provincial approach to data capture for diagnostic procedures in a fully equipped operating room. Further, due to the complexity, location, and resources involved, the feasibility of data capture for biopsies performed in clinics and outside of hospitals is yet to be determined. For the facilities that submitted at least one Oncology Diagnostic procedure from April 2018 to February 2019, the median wait time for a biopsy performed in a fully equipped operating room was 15 days. CCO stated it is currently leading a multi-year initiative to refine data capture for diagnostic procedures.

CCO told the Committee it developed a universal 14-day target because diagnostic testing is required to confirm a diagnosis of cancer, including the priority level.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

15. **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.**

Funding for Radiation Services

The Auditor found that in 2015/16, CCO funding for hospitals providing radiation services was distributed inequitably: 13 hospitals were funded based on the number of radiation consultations and one was funded based on the number of radiation courses delivered. In 2015/16 the Ministry provided funding for 12 hospitals that expanded existing facilities or built new ones, based on the number of patient visits, not radiation consultations or treatments.

The Ministry is currently reviewing CCO's Radiation QBP (quality-based procedure) Business Case and indicated it will work with CCO and other partners to explore radiation treatment as a QBP. QBPs are one of the three funding mechanisms used by the Ministry under Health System Funding Reform.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

16. **Cancer Care Ontario should evaluate and revise the funding methodology for radiation services.**

Funding for Cancer Drug Therapy

CCO stated it has worked with the Ministry to implement the new funding model (Quality Based Procedure) which is intended to reflect the actual cost of funding cancer drug therapy.

Cancer Funding

The Auditor found the Ministry did not provide cancer funding to CCO on a timely basis, which prevented hospitals from properly planning and prioritizing their activities for the year. The audit also noted that cancer funding from CCO to hospitals, and from the Ministry to CCO, is volume-based or fixed – no funding is performance-based. The Ministry responded that it is exploring opportunities to incorporate performance-based funding in its current hospital funding model.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

17. The Ministry of Health and Long-Term Care should

a) review and assess if integrating an aspect of performance-based funding would incentivize hospitals to improve cancer treatment services;

b) provide CCO with timely funding decisions to facilitate proper planning and budgeting of cancer services; and

c) explore multi-year funding options for CCO to assist with proper planning and budgeting of cancer services.

Accountability Structure of Regional Vice Presidents

The Auditor found that CCO failed to routinely administer annual performance evaluations for regional vice-presidents who are responsible for managing regional cancer centres and their respective cancer programs. Further, CCO did not adequately consult with hospitals or the Ministry when determining cancer related performance indicators and targets. CCO explained it has amended the role description for regional vice-presidents to articulate the reporting structure and responsibilities, and has scheduled all regional vice-president performance evaluations for 2017/18. CCO stated it had solicited feedback on its indicators and targets from hospital stakeholders and held discussions with the Ministry.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

18. 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.

Cancer Care for Indigenous Peoples

The Committee asked the Ministry and CCO about opportunities for improvement for the Aboriginal Patient Navigators and provincial Aboriginal Cancer Strategy. CCO responded that its approach is to understand what would make the system more effective for, and establish relationship protocols with, First Nations, Inuit, Métis, and Indigenous peoples. CCO explained the Aboriginal Cancer Strategy includes strategies to ensure the system is accessible and effective for Indigenous people across Ontario.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

19. **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.**

20. **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.**

Technological Innovation

The Committee asked the Ministry if it has plans to increase the use of robotic surgery. The Ministry responded it regularly examines the application of, and evidence for, new technologies, for surgery or radiation. Benefits for patients include decreased length of hospital stay and fewer complications.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

21. **The Ministry of Health and Long-Term Care should**

    a) **complete a cross-jurisdictional scan to learn the best practices in medical technology innovation for cancer treatments or procedures; and**

    b) **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.**

CONSOLIDATED LIST OF COMMITTEE RECOMMENDATIONS

The Standing Committee on Public Accounts recommends that:

1. **The Ministry of Health and Long-Term Care and Cancer Care Ontario should**

   a) **address geographical barriers to patient access to radiation services with the goal of reducing them; and**

   b) **report their plans for the new linear accelerators recommended by Cancer Care Ontario to the Standing Committee on Public Accounts.**

2. **The Ministry of Health and Long-Term Care should**

   a) **work with hospitals to reduce discrepancies in wait times for urgent cancer surgery among hospitals;**

   b) **work with Cancer Care Ontario and hospitals to explore a centralized referral system for cancer surgeries and make real-time wait times publicly available for each hospital; and**

   c) **report the outcomes of the Pan-LHIN Referral Management Initiative on implementing a centralized referral system to the Standing Committee on Public Accounts.**

3. **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**

   a) **developing criteria for cancer patients to automatically qualify for the Trillium Drug Program;**

   b) **developing criteria for cancer drugs to automatically qualify for the Exceptional Access Program; and**

   c) **reducing the need for health care providers to fill out patient applications for the Trillium Drug Program and Exceptional Access Program.**

4. **The Ministry of Health and Long-Term Care and Cancer Care Ontario should report to the Standing Committee on Public Accounts**

   a) **on how well the Special Authorization Digital Information Exchange (SADIE) worked and how useful it was; and**

   b) **more precise cost estimates for take-home cancer drugs.**

5. **Cancer Care Ontario should**

   a) **Establish guidelines and educational programs on the safe use of take-home cancer drugs for patients; and**

b) ensure pharmacists who dispense cancer drugs receive specialized cancer drug therapy training, if required by Cancer Care Ontario.

6. The Ministry of Health and Long-Term Care and Cancer Care Ontario should

a) determine what standards, if any, are needed to provide oversight to private specialty clinics;

b) 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; and

c) 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.

7. The Ministry of Health and Long-Term Care should work with hospitals, to

a) implement the Ministry's 2013 recommendation regarding the traceability of computer-based clinic and hospital records for patients and their treatments; and

b) review the recommendations from the Standing Committee on Social Policy's 2014 report, *Diluted Chemotherapy Drugs*, to prevent improper dosing of cancer treatments.

8. The Ministry of Health and Long-Term Care and Cancer Care Ontario should

a) establish provincial protocols and guidelines to manage drug shortages;

b) develop a province-wide network to communicate with LHINs, hospitals, pharmacies, and health care providers about anticipated and impending cancer-drug shortages; and

c) assist hospitals to develop policies on appropriate cancer-drug inventory levels and handling cancer-drug shortages.

9. 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.

10. Cancer Care Ontario should work with hospitals to

a) measure and assess how the use of the telephone triage system under the Ministry's symptom-management program affects emergency room visits and patients' wellbeing; and

b) analyze how other forms of digital communications could be utilized to enhance patient care.

11. Cancer Care Ontario should work with hospitals to

a) establish province-wide standards for the delivery of psychosocial services; and

b) increase the availability of psychosocial oncology services for cancer patients at all stages of the cancer journey.

12. The Ministry of Health and Long-Term Care should

a) streamline the process for adopting and funding new PET scan technology; and

b) 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.

13. The Ministry of Health and Long-Term Care should

a) implement a centralized referral and booking process for CT scans and MRIs in order to improve wait times for cancer patients; and

b) assess whether it should continue providing ongoing funding for high-risk cancer patients to reduce wait times.

14. 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.

15. 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.

16. Cancer Care Ontario should evaluate and revise the funding methodology for radiation services.

17. The Ministry of Health and Long-Term Care should

a) review and assess if integrating an aspect of performance-based funding would incentivize hospitals to improve cancer treatment services;

b) provide CCO with timely funding decisions to facilitate proper planning and budgeting of cancer services; and

c) explore multi-year funding options for CCO to assist with proper planning and budgeting of cancer services.

18. 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.

19. 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.

20. 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.

21. The Ministry of Health and Long-Term Care should

a) complete a cross-jurisdictional scan to learn the best practices in medical technology innovation for cancer treatments or procedures; and

b) 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.