

SCHEDULE 5 – CANCER PROGRAMS

PART A – PROGRAM DESCRIPTION

Cancer Care Ontario (CCO) is funded by MOHLTC to deliver cancer treatment volumes and programs through 14 Regional Cancer Programs located within each Local Health Integration Network (LHIN). Regional Cancer Programs are responsible for implementing provincial standards and programs for cancer care and ensuring service providers meet the requirements and targets set out in their partnership agreements with Cancer Care Ontario. Regional Cancer Programs respond to local cancer issues, coordinate care across local and regional healthcare providers, and work to continually improve access to care, wait times and quality.

PART B – VOLUMES, FINANCIAL/PERFORMANCE AND REPORTING OBLIGATIONS

Dedicated Funding Envelopes				Funding Branch/Division				TP Parent/Cost Centre			
Treatment Volume and Integrated Cancer Programs – DFE1				Provincial Programs Branch, NAMD				Vote 1412-01 Cost Center: 524331			
New QBP Carve out Volumes – DFE2											
Quality/Strategic Initiatives and Oversight – DFE3											
Enterprise Support – DFE4											
Activities	2018-19 Opening	2018-19 Incremental Base	2018-19 One-Time	2018-19 Total Allocation	2019-20 Opening	2019-20 Administrative Efficiency	2019-20 Incremental Base	2019-20 One-Time	2019-20 Total Allocation	2019-20 Deliverables	
	(A)	(B)	(C)	D = (A+B+C)	(E)	(F)	(G)	(H)	I = (E+F+G+H)		
DFE1 – Total	\$902,612,841	(\$23,630,528)	\$327,000	\$879,309,313	\$879,212,313	(\$3,130,000)	\$175,135,876	\$0	\$1,051,218,189		
Acute Leukemia treatment	\$25,896,290	\$4,649,130		\$30,545,420	\$30,545,420				\$30,545,420	Febrile Neutropenia admissions: 31 (\$11,728 each) Incremental inductions: 191 (\$107,000 each) Inpatient consolidations: 152 (\$7,200 each) Other Funding: \$8,643,697	
Bile Duct	\$356,308			\$356,308	\$356,308				\$356,308	Laparotomies: 5 (\$20,772 each) Initial Assessment: 8 (\$24,036 each) Patients receiving initial treatment prior to liver transplant: 2 (\$23,136 each) Patients receiving follow up treatment after liver transplant: 2 (\$6,369 each)	
Genetic Testing - HER2NEU, BRAF, KRAS, ALK, EGFR, PD-L1, BRCA, LYNCH	\$6,021,969	\$2,333,347	\$327,000	\$8,682,316	\$8,355,316				\$8,355,316	HER2/neu – IHC: 15,761 (\$80 each) HER2/neu - ISH: 5,017 (\$388 each) BRAF: 1,131 (\$250 each) eRAS: 1,433 (\$400 each) ALK – ISH: 5,801 (\$40 each) ALK – FISH: 161 (\$400 each) EFGR: 5,650 (\$300 each) PD-LI Testing: 8,925 base (\$90 each) BRCA: 533.33 (\$750 each) T790M: 461 (\$300 each) Lynch – IHC: 6,612 (\$100 each) Lynch – BRAF: 514 (\$250 each) Lynch – Methylation: 564 (\$300 each)	
Cancer Surgery QBP	\$183,554,645	\$97,777 Includes (\$1,600,851)		\$183,652,422	\$183,652,422		\$204,250,022 Includes 174,102,074		\$387,902,444	Approximately 51,149 cases, adjusted for each hospital CMI	

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	(A)	(B)	(C)	D = (A+B+C)	(E)	(F)	(G)	(H)	I = (E+F+G+H)	
		Reduction Hospital Adjustment					reallocated from DFE 2			
Cancer Surgery Volumes	\$83,973,283	(\$50,680,075) Includes (\$50,939,527) moved to DFE2 under CSA QBP		\$33,293,208	\$33,293,208		(\$33,293,208)		\$0	
Cancer Surgery - HIPEC	\$4,289,772			\$4,289,772	\$4,289,772				\$4,289,772	59 cases (\$72,708 each)
Interventional Radiology	\$3,434,643			\$3,434,643	\$3,434,643				\$3,434,643	RFA: 1,286 (\$2,123 each) RFA – additional probes: 92 (\$1,323 each) TACE-Outpatient: 22 (\$3,599 each) TACE-Inpatient days: 72 (\$5,345 each) Kyphoplasty: 17 (\$4,713 each) Vertebroplasty: 22 (\$1,755 each)
GI Endoscopy QBP	\$107,252,098	\$24,985,262 Includes (\$1,772,800) Non-HSFR hospital recovery, (\$116,600) transfer to the Cancer Screening Program and inclusion of \$20,773,407 from Sch 6 – Cancer Screening Programs		\$132,237,360	\$132,237,360		(\$485,516)		\$131,751,844	Weighted cases: 801,948.05 (\$161.18 each) Other funding (stents, RNFS, pilcams): \$2,493,857
High Cost Therapy							\$2,400,000		\$2,400,000	Dinutuximab and Sargramostim for Treatment of Pediatric High-Risk Neuroblastoma: 7 patients (various rates)
Integrated Cancer Program operating	\$90,195,169			\$90,195,169	\$90,195,169				\$90,195,169	Operation of the Integrated Cancer Program.
Neuroendocrine tumours (NETs)	\$2,747,484	\$3,733,376		\$6,480,860	\$6,480,860				\$6,480,860	Ga68-DOTATATE PET Scans: 317 (\$3,016 each) Radiopharmaceutical Treatment: 451 (various rates) Clinical and Regulatory Coordination:

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										<ul style="list-style-type: none"> Health Canada and Ethics board engagement required to ensure patients have access under current regulatory framework Patient consent, registration, documentation and relevant data collection/submission as per Health Canada CTA requirements Additional testing, diagnostics, etc, as per Health Canada CTA requirements Adverse Event monitoring, documentation, reporting to Health Canada Without this Clinical and Regulatory Coordination support, patients would not have access to these agents for therapy or PET scanning. 										
Ocular Brachytherapy	\$668,392	\$170,984		\$839,376	\$839,376				\$839,376	108 (\$7,772 each)										
Positron Emission Tomography (PET) Volumes	\$15,350,820	\$1,812,486		\$17,163,306	\$17,393,306				\$17,393,306	<p>Uninsured FDG PET scans (PET Access, Registry, Clinical Trial): 3,267 scans (\$1,100 avg rate)</p> <p>Uninsured FDG PET Cardiac Access Scans: 399 scans (\$1,353 avg rate)</p> <p>Insured FDG PET scans: 13,678 scans (\$869 avg rate) of which IHF is detailed below:</p> <table border="1" data-bbox="2268 1032 2556 1265"> <thead> <tr> <th>Insured IHF</th> <th>19/20</th> </tr> </thead> <tbody> <tr> <td>MyHealth</td> <td>2,000</td> </tr> <tr> <td>KMH</td> <td>2,000</td> </tr> <tr> <td>Advanced PET/CT</td> <td>700</td> </tr> <tr> <td>IHF Subtotal</td> <td>4,700</td> </tr> </tbody> </table> <p>Rb-PET scanning: funding 3 sites (\$380,000 each). Sites are purchasing RB generators (a fixed cost.)</p>	Insured IHF	19/20	MyHealth	2,000	KMH	2,000	Advanced PET/CT	700	IHF Subtotal	4,700
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Radiation - Medical Physicist Training	\$1,080,000			\$1,080,000	\$1,080,000				\$1,080,000	Fund regional cancer programs to support and maximize the number of Medical Physics										

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										Residents starting the two-year Ontario Clinical Physics Residency Program. Monitor the number of Medical Physics Residents who successfully complete the provincial "A" Oral exam. Monitor the hiring of newly graduated medical physicists. Medical physicists Trainees – 20 FTE (\$54,000 each)
Radiation Volumes	\$102,805,100	\$3,933,100		\$106,738,200	\$106,738,200				\$106,738,200	Radiation: 33,418 (\$3,194 average rate)
Regional Clinical Leadership Stipends	\$5,812,750			\$5,812,750	\$5,812,750	(\$3,130,000)			\$2,682,750	Fund stipends for regional leads in each of the following areas: <ul style="list-style-type: none"> • Primary Care • Pathology/Lab • Cancer Imaging • Radiation Oncology • Surgical Oncology • Systemic Treatment • Palliative Care • Psychosocial Oncology • Patient Education
Sarcoma – chemotherapy volumes; molecular diagnostics / expert pathology / sequencing	\$3,013,839			\$3,013,839	\$3,013,839		(\$488,800)		\$2,525,039	Sarcoma Pathology: 3,583 (various rates) Sarcoma Chemotherapy: 612 (various rates)
Systemic QBP	\$195,780,638	(\$14,665,915) Includes (\$30,854,457) unmodeled recovery		\$181,114,723	\$181,114,723		\$2,753,378		\$183,868,101	Bundle 1 (consult and re-consult) – approx. 79,262 volumes Bundle 2 (parenteral adjuvant/neo-adjuvant or curative therapy) – approx. 75,594 volumes Bundle 3 (parenteral palliative treatment) – approx. 91,306 volumes Bundle 4 (other) – approx. 357,137 volumes Bundle 5 (support for satellite facilities) - \$1,353,219
Stem Cell Transplants –	\$70,379,641			\$70,379,641	\$70,379,641				\$70,379,641	Autologous: 312 cases (\$42,000 each) Auto Pre-Transplant: 740 cases (\$4,200 each)

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	autologous / allogeneic-related / allogeneic – unrelated / cord / photopheresis										Auto Harvesting: 312 cases (\$4,600 each) Auto Day 1 transfers: 40 cases (\$50,800 each) Allogeneic-Related: 78 cases (\$129,000 each) Allogeneic-Unrelated: 182 cases (\$129,000 each) Allo Pre-Transplant: 547 cases (\$14,700 each) Allo R Harvesting: 78 cases (\$5,600 each) Allo U Graft Procurement: 182 cases (\$31,100 each) High cost drugs: 76 cases (\$20,000 each) Cord: cases (\$258,000 each) Photopheresis: 18 cases (\$55,549.82 each) and 211.91 cases (\$2,372 each)
	DFE2 – Total	\$0	\$174,102,074		\$174,102,074	\$174,102,074		(\$91,718,354)		\$82,383,720	
DFE 2	CSA QBP (GU, Neuro, Lung, Esoph and HBP)		\$174,102,074 Includes (\$50,939,527) moved from DFE1 under Cancer Surgery Volumes		\$174,102,074	\$174,102,074		(\$174,102,074) Reallocated to DFE 1 under Cancer Surgery Volumes		\$0	
	CSA QBP (Gastric, Abdominal, Endocrine, etc.)							\$82,383,720		\$82,383,720	Approximately 13,967 surgeries of various complexities at different rates
	DFE 3 – Total	\$48,910,869	\$6,608,704	\$935,633	\$56,455,206	\$52,691,054	(\$13,519,707)	(\$1,240,501)	\$150,000	\$38,080,846	
DFE 3	Other Programs	\$11,649,979	\$715,924 (\$346,493 reallocated to Symptom and Side Effect Management below)		\$12,365,903	\$11,634,443	(\$2,943,737)		\$150,000	\$8,840,706	Synoptic Reporting in Radiology: <ul style="list-style-type: none"> Confirm and socialize a CCO Synoptic Reporting strategy (Pathology, Radiology and Surgery), and the landscape assessment of current practice with relevant stakeholders. Advance development of a synoptic reporting template for use in lung cancer surgery. Peer Review Quality Assurance <ul style="list-style-type: none"> Support regions in the development and implementation of a regional plan to increase peer review for palliative intent. Develop benchmark targets for regional and provincial Peer Review performance (radical and palliative intents) Personalized Medicine Strategy

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										<ul style="list-style-type: none"> • Develop models of care recommendations for clinical cancer genetic services • Develop a plan to transition oversight of hereditary cancer testing to CCO in 20/21. Planning activities will include the following: <ul style="list-style-type: none"> ○ Review and updating of testing menus ○ Current state assessment of test volumes, wait times, referral patterns, reporting practices, costs and testing methods ○ Update analysis of Out of Country request for hereditary cancer testing to inform what testing should be available within the province <p>Systemic Drug Formulary</p> <ul style="list-style-type: none"> ▪ Update existing and create new regimen information sheets using a style guide developed with patient and caregiver input ▪ KTE strategies for the CCO 2019 Antiemetic Report ▪ Maintain on-line formulary information, ensuring information for clinical practice, reimbursement programs and the operationalization of the systemic treatment funding model. <p>Prevention System Quality Index</p> <ul style="list-style-type: none"> • Complete the research, data analysis and writing for the 2020 PSQI report, which reports on indicators of system-level policies and programs that can reduce cancer risk factors and exposures in the Ontario population. <p>Optimizing Cancer Care</p> <ul style="list-style-type: none"> • Maintain full program operations with monthly data submissions from regions, and quarterly data analysis and reporting.

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										<ul style="list-style-type: none"> Monitor escalation protocols for poor or declining performance, and manage regional performance. Plan for the expansion of cessation initiatives to broader target populations within RCPs
Indigenous Cancer Strategy Initiatives	\$2,820,648	\$800,000		\$3,620,648	\$3,620,648	(\$342,856)			\$3,277,792	<ul style="list-style-type: none"> Develop and begin to implement the new First Nation, Inuit, Métis and urban Indigenous Cancer Strategy (Strategy 4) to help cancer care partners in Ontario jointly develop, fund and implement cancer care policies and programs that directly improve patient care, and enhance the performance of the cancer system with Indigenous peoples in a way that honors Indigenous approaches to Well-being. Continue to support sustained engagement with First Nation, Inuit, Métis and urban Indigenous community partners, and implementation of Regional Indigenous Cancer Plans in 13 Regional Cancer Programs, to improve patient outcomes. Measure, Monitor and Evaluate work is embedded within all of the initiatives of the Indigenous Cancer Care Unit to ensure that we are able to deliver on evidence based approaches to improving person-centred care.
Case by Case Drug Program	\$225,207			\$225,207	\$197,580	(\$3,232)			\$194,348	<ul style="list-style-type: none"> Ensure timely and consistent review of CBCRP applications Review performance indicators and implement quality improvement activities including policy enhancements and monitoring of performance indicators as required
Diagnostic Assessment Program	\$3,343,583			\$3,343,583	\$2,157,779	(\$2,157,779)			\$0	
Disease Pathway Management	\$1,140,364	(\$76,437) Reallocated to Symptom and		\$1,063,927	\$4,005,684	(\$556,560)			\$3,449,124	<ul style="list-style-type: none"> Pathway maps: Maintain best practices for pathway mapping, continue to manage maps, and concordance evaluation.

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		Side Effect Management below								<ul style="list-style-type: none"> · Update existing cancer pathway maps with up-to-date evidence: lung, breast, thyroid, oropharyngeal, bladder, prostate, endometrial, ovarian and cervical. · Launch inaugural esophageal pathway map. · Develop a generic methodology to measure pathway concordance and understand the relationship of concordance with outcomes • Horizon scanning to identify improvement priorities and catalyze action from the disease site perspective in collaboration with the Cancer Leads and their cancer advisory committees • Execution of the Breast Diagnostic Phase Improvement Project: A Multi-Program Quality Initiative focused on streamlining and standardizing care for all individuals undergoing breast diagnostic assessment.
Evidence Building Program (EBP)	\$1,367,328			\$1,367,328	\$1,322,940	(\$182,364)			\$1,140,576	<ul style="list-style-type: none"> • Manage and support Drug Advisory Committees in conducting horizon scans, identifying funding gaps, preparing drug submissions and Evidence Building Proposals, and providing case-specific, clinical, or health system advice on drug funding • Support initiatives to enhance drug funding sustainability including 1) analyzing data on approved EBP drugs for clinical- and cost-effectiveness; and 2) assessing prioritization of pipeline and existing drugs using clinician input and real-world evidence evaluations • Continue evaluating and updating the Evidence Building Program drug submission and review policy.
Gynecology Oncology Group	\$635,000			\$635,000	\$635,000				\$635,000	<ul style="list-style-type: none"> • Administration support to gynecology groups

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Clinical Quality Improvement and Measurement	\$869,678			\$869,678	\$918	(\$918)			\$0	
Models of Care	\$1,873,625	(\$76,437) Reallocated to Symptom and Side Effect Management below		\$1,797,188	\$1,489,493	(\$189,036)			\$1,300,458	<ul style="list-style-type: none"> Conduct a cost analysis research study of NAMOC models in partnership with ICES. Develop recommendations for a new model of care for treatment-related toxicity management and the approach for their implementation and evaluation. Develop recommendations for a new model of care for genetic counselling services and the approach for their implementation. Provide consultation to OPCN on the implementation approach for the Palliative Health Services Delivery Framework.
Models of Care – Complex Malignant Hematology	\$4,000,000			\$4,000,000	\$3,889,491	(\$42,925)			\$3,846,566	<ul style="list-style-type: none"> Model Implementation: Support the implementation and evaluation of the CMH Models of Care recommendations in the RCPs. Training for New Roles: Accelerate development and implementation of self-sustaining CMH specific training programs for key members of the multi-disciplinary team. Specialist Training: Provide time-limited support for Acute Leukemia and Stem Cell Transplant (SCT) fellowships. Evaluation, Planning, and Oversight: Develop approach to assess cost-related impact of the CMH Models of Care Recommendations. Evaluation, Planning and Oversight: Evaluate and sustain the new CMH/SCT models of care to strengthen health human resources planning.
Multidisciplinary Case Conferences (MCC)	\$847,449			\$847,449	\$786,485				\$786,485	<ul style="list-style-type: none"> Maintain high-quality MCCs across the province Perform ongoing performance management activities and distribute MCC Report in Q1 and Q3

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Occupational Cancer Research Centre (OCRC)		\$400,000		\$400,000	\$400,000	(\$8,622)			\$391,378	<ul style="list-style-type: none"> ▪ Complete formation of governance structure and advisory committee ▪ Expand linkage to data from the Workplace Safety and Insurance Board for the years 2016, 2017, and 2018 ▪ Expand the ODSP website to include more data and information
Ontario Cancer System Management Collaborative	\$1,894,820			\$1,894,820	\$1,839,566	(\$45,772)			\$1,793,793	<ul style="list-style-type: none"> • Improve symptom screening and management across the province through measurement, performance management, and the dissemination of clinician and patient symptom management guides, including ongoing evaluations and funding for the hardware/software needs of ISAAC partner hospitals • Evaluate the pilot projects testing patient-reported outcome measures for head and neck cancer and depression. Make a recommendation on whether these PROMs should be implemented provincially based on findings • Implement quality improvement initiatives to address gaps identified through the provincial prostate cancer PROM evaluation • Select and identify patient-reported outcome measures for future disease-specific implementations
Out of Country requests for Cancer Services	\$603,719			\$603,719	\$548,464	(\$10,980)			\$537,484	<ul style="list-style-type: none"> ▪ Adjudicate individual applications for out-of-country cancer services and provide funding recommendations to the Ministry ▪ Continuously monitor and enhance operational performance ▪ Conduct horizon scanning and advise on system planning and implementation ▪ Continuously review and revise program policy and processes for how applications are adjudicated
Patient Experience	\$2,361,758	(\$107,854) Reallocated to Symptom and		\$2,253,904	\$1,935,039	(\$390,621)			\$1,544,418	<ul style="list-style-type: none"> • Advance the collection and use patient of experience and engagement data to

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		Side Effect Management below								<ul style="list-style-type: none"> improve the person-centredness of the Ontario cancer system Develop policies and partnerships to characterize and address clinician burnout in oncology Assess funding and capacity gaps to improve access to quality Psychosocial Oncology services in the province Advance the quality of oncology patient education in the province
Positron Emission Tomography (PET) Program	\$2,475,651		\$540,500	\$3,016,151	\$2,190,397	(\$12,633)			\$2,177,763	<ul style="list-style-type: none"> Continue to support provincial PET scanning, including oversight and support for established and emerging indications (OHIP-covered indications, PET Registries, Clinical Trials, PET Access (case-by-case review), and evidentiary review) Continue to build awareness of the use of PET scanning to improve utilization, and support system-level planning including demand and capacity assessment Support Ontario access to new radiopharmaceuticals (PET imaging agents) through Health Canada approved studies Continue to enhance reporting capabilities and system quality oversight through improved data collection for PET scanning (Sustaining, enhancing and supporting operations of PET e-tool)
Primary Care – Embed Evidence at the Point of Care for Primary Care Providers	\$317,714			\$317,714	\$0				\$0	
Program in Evidenced Based Care	\$1,562,000			\$1,562,000	\$1,562,000	(\$170,000)			\$1,392,000	<ul style="list-style-type: none"> Improve the quality of cancer care, through the development, dissemination and evaluation of evidence-based guidelines and other advice documents.
Regional Systemic Treatment Program Oversight	\$2,091,359			\$2,091,359	\$2,091,359	(\$11,097)			\$2,080,262	<ul style="list-style-type: none"> Establish cancer program concordance to the 2019 Regional Models of Care for Systemic Treatment standards.

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										<ul style="list-style-type: none"> ▪ Develop the 2020-2024 Systemic Treatment Provincial Plan ▪ Determine current state for models of care regarding dispensing of take home cancer drugs in cancer centres. ▪ Continue to facilitate ongoing operations as well as refinements and enhancements regarding the systemic treatment funding model, including reviewing, and updating as needed, delisting of regimens which are no longer considered to be standard of care.
Quality Reporting and Improvement, Quality Management, Cancer Screening	\$5,142,581	\$500,000		\$5,642,581	\$4,270,490	(\$3,029,989)	(\$1,240,501)		\$0	
Stage Capture and Pathology Operations	\$1,886,891			\$1,886,891	\$1,879,895	(\$104,702)			\$1,775,193	<ul style="list-style-type: none"> ▪ Stage Capture <ul style="list-style-type: none"> • Timeliness of AJCC TNM 8th Edition stage collection: 75% of 2018 cases have been staged within 18 months from date of diagnosis. N.B., the actual year of staging considered will be <u>calendar</u> 2018. ▪ Pathology Operations <ul style="list-style-type: none"> • 100% of Genetic facilities submitting at least one synoptic biomarker report • Maintain Data Quality rates – 90% Synoptic rate; 90% Completeness rate • Performance rates – TAT target is set at 85% ▪ Maintain Surgical Pathology rates – 25% or under for Radical pT2 prostatectomy margin involvement rate; 90% or above on Colon lymph node retrieval rate
Specialized Services Oversight	\$1,398,091			\$1,398,091	\$1,096,402	(\$13,269)			\$1,083,133	<ul style="list-style-type: none"> • Initiate implementation of a CAR-T cell therapy provincial plan

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											<ul style="list-style-type: none"> Ongoing monitoring and refinements to wait time indicators for Stem Cell Transplant and Acute Leukemia Further development of Sarcoma quality metrics
	Survivorship	\$403,424	(\$96,500)		\$306,924	\$586,973	(\$41,987)			\$544,986	<ul style="list-style-type: none"> Develop performance indicators and expand survivorship data cohort to measure the quality of follow-up care in Ontario. Support the harmonization of pediatric and adult cancer data sets and establish partnerships to improve follow-up care for adolescents and young adults (including adult pediatric survivors)
	Symptom Side Effect Management	\$0	\$2,254,702 Includes \$1,289,380 (of which \$607,220 reallocated from DFE 3 above, \$107,850 from DFE 4 below, \$474,310 from sch 6 – Cancer Screening Programs, \$100,000 from sch 11 Access to Care	\$395,133	\$2,649,835	\$2,254,702	(\$965,322)			\$1,289,380	<ul style="list-style-type: none"> Provide continued support and implementation of the provincial oncology nursing tele-triage program to provide timely symptom management support and reduce preventable ED visits after hours ok Aide in the evaluation of the provincial oncology nursing tele-triage program through the provision of ongoing data to members of the PROs and Symptom Management Team
	Synoptic Reporting	\$0	\$2,295,306		\$2,295,306	\$2,295,306	(\$2,295,306)			\$0	
	DFE 4 – Total	\$33,613,241	\$920,146		\$34,533,387	\$37,131,905	(\$8,461,711)	\$0		\$28,670,194	
DFE 4	Enterprise Support	\$33,613,241	\$920,146 (\$107,854 reallocated to Symptom and Side Effect Management above)		\$34,533,387	\$37,131,905	(\$8,461,711)	\$0		\$28,670,194	<ul style="list-style-type: none"> Support areas such as Finance, HR, Legal, Public Affairs, Procurement, Privacy, Facilities, Tech Services, and Project Management Office.
	DFE 5 – Total	\$0	\$1,400,000		\$1,400,000	\$1,400,000		\$0		\$1,400,000	

	Activities	2018-19 Opening	2018-19 Incremental Base	2018-19 One-Time	2018-19 Total Allocation	2019-20 Opening	2019-20 Administrative Efficiency	2019-20 Incremental Base	2019-20 One-Time	2019-20 Total Allocation	2019-20 Deliverables
		(A)	(B)	(C)	D = (A+B+C)	(E)	(F)	(G)	(H)	I = (E+F+G+H)	
DFE 5	Patient Navigators		\$1,400,000 inclusion from Sch 16 – Nursing Programs		\$1,400,000	\$1,400,000		\$0		\$1,400,000	<ul style="list-style-type: none"> Support Clinical Patient Navigators in each RCP to help navigate patients through their cancer journey.
	Fiscal Grand Total	\$985,136,951	\$159,400,396	\$1,262,633	\$1,145,799,980	\$1,144,537,346	(\$25,111,418)	\$82,177,021	\$150,000	\$1,201,752,949	
	Grand Total Rounded (A)	\$985,137,000	\$159,400,400	\$1,262,600	\$1,145,800,000	\$1,144,537,300	(\$25,111,400)	\$82,177,000	\$150,000	\$1,201,752,900	
	Cash Flow – IFIS Payment Notice dated Oct. 31, 2019 (B)					\$1,144,537,332	(\$36,860,000)	\$81,017,522		\$1,188,694,854	
	Cash Adjustment (A-B)					(\$32)	\$11,748,600	\$1,159,478	\$150,000	\$13,058,146	
	Annualized Allocation (Rounded)	\$985,137,000	\$159,400,400	\$0	\$1,144,537,400	\$1,144,537,300	(\$25,111,400)	\$82,177,000	\$0	\$1,201,602,900	

CCO manages and monitors performance of the Cancer Regional Program on an ongoing basis

Performance Indicators	Reporting Period	2019/2020 Annual Improvement Target
Systemic Treatment – Referral to consult wait time: percentage of patients seen by a medical oncologist within 14 days of referral	Quarterly	75%
Smoking Cessation – Percentage of new ambulatory cancer cases that were screened for tobacco use in the past 6 months	Quarterly	80%
Symptom Management – Percentage of cancer patients in the Regional Cancer Centre who were screened at least once per month for symptom severity using ESAS or EPIC	Quarterly	65%
Pathology and Laboratory Medicine – Pathology post-surgical turn-around time for all disease sites: percentage of reports received within 14 days	Quarterly	85%

Annual Improvement Target – these are targets set annually for performance improvement purposes.

PART C – REPORTING FORMAT

1. Initiative Name					
Budget	YTD Budget	Year to Date (YTD) Actual	YTD Variance	2019-20 Year-End Forecast	2019-20 Forecast Variance
Deliverables:					
Progress Report:					

1. Initiative Name					
Budget	YTD Budget	Year to Date (YTD) Actual	YTD Variance	2019-20 Year-End Forecast	2019-20 Forecast Variance
Deliverables:					
Progress Report:					

1. Initiative Name					
Budget	YTD Budget	Year to Date (YTD) Actual	YTD Variance	2019-20 Year-End Forecast	2019-20 Forecast Variance
Deliverables:					
Progress Report:					

PART D – PAYMENT SCHEDULE

For the purposes of this Schedule “**Funding Period**” means a period of approximately 2 weeks as follows:

- (a) a period beginning on the 1st day of a month and ending on approximately the 15th day of the same month; and
- (b) a period beginning on approximately the 16th day of a month and ending the last day of the same month;

and “**Funding Periods**” shall have the corresponding meaning.

The Province shall provide:

- (a) the first installment of Funds for the period commencing on the Effective Date and ending on the last day of the Funding Period that immediately precedes the date on which the Province provides the first installment of Funds;
- (b) all other installments of Funds in equal amounts over future Funding Periods.