

SCHEDULE 6 – CANCER SCREENING PROGRAM

PART A – PROGRAM DESCRIPTION

CCO's Cancer Screening Program seeks to accelerate the reduction in cancer mortality by implementing an integrated, organized, cancer screening program across Ontario to oversee the delivery of cancer screening services. At this time, there are three cancers for which we screen in Ontario: colorectal, breast and cervical.

The Cancer Screening Program continues to focus on:

1. Increasing screening participation.
2. Improving follow-up rates for participants with abnormal results.
3. Improving the quality and appropriateness of screening.

PART B – VOLUMES, FINANCIAL/PERFORMANCE AND REPORTING OBLIGATIONS

Dedicated Funding Envelopes	Funding Branch/Division	TP Parent/Cost Centre
DFE1 – Volumes	Provincial Programs Branch Hospitals and Capital Division	CSP: Vote 1412-01 Cost Center 524370
DFE2 – Regional Funding		
DFE3 – Strategic Initiatives and Oversight		

	Activities	2018/19 Opening	2018/19 Incremental Base	2018/19 One-Time	2018/19 Total Allocation	2019/20 Opening Base	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 1 Subtotal	\$42,936,795	(\$14,260,645)	\$-	\$28,676,150	\$28,416,150	\$-	\$5,330,700	\$-	\$33,746,850	
DFE 1	OBSP Volumes	\$21,163,264	\$1,149,314		\$22,312,578	\$22,312,578				\$22,312,578	<ul style="list-style-type: none"> • 464,678 average risk screens (hospitals) at \$21.57 each • 149 average risk screens (hospitals) at \$83.12 each for HIN Not Required • 322,968 average risk screens (IHF) at \$15.97 each • 153 average risk screens (IHF) at \$82.98 each for HIN Not Required • 35,131 average risk assessments at \$100.00 each • 18,085 high risk screens at \$21.57 each • 1,647 high risk assessments at \$100.00 each • 238 MRI guided biopsies at \$1,800.00 each • 8 FTEs at \$117,000 per FTE OBSP navigator to ensure timely access to high risk services

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											<ul style="list-style-type: none"> 5,581 Genetic assessments at \$300.00 each
	High Risk Lung	\$600,124 (17/18 ending plus \$478,249 reallocated from DFE 2 below)	\$538,725		\$1,138,849	\$1,138,849				\$1,138,849	<ul style="list-style-type: none"> 4,250 LDCT scan volumes at \$62.50 each 5.85 FTEs at \$102,882 per Navigator and 4 FTEs at \$67,841 per clerk to provide navigation and coordination support for screening participants
	GI Endoscopy Services Volumes	\$20,773,407	(\$20,773,407) moved to Sch. 5 – Cancer Programs		\$-						
	FIT		\$4,708,117		\$4,708,117	\$3,932,524 (\$515,593 reallocated to Small Hospitals and \$260,000 reallocated to Regional Funding Costs)		\$5,330,700 (Prorated for 19/20. Annualized amount for 2020/21 will be \$12,106,000)		\$9,263,224	<ul style="list-style-type: none"> 584,798 FIT tests – Cost per test reportable at \$15.84 each. Annualized FIT test for 2020/21; 1,012,533.
	Small Hospital Volume Allocation - not part of GI Endoscopy QBP	\$400,000	\$116,606		\$516,606	\$1,032,199 (\$515,593 reallocated from FIT)				\$1,032,199	<ul style="list-style-type: none"> 1,286 base FIT Positive Colonoscopy at \$63.82 210 incremental FIT Positive Colonoscopy at \$225.00 5,389 incremental Family History Colonoscopy at \$167.54
	DFE 2 Subtotal	\$12,780,923	\$-	\$190,000	\$12,970,923	\$13,040,923	(\$2,585,527)	\$-	\$-	\$10,455,396	
DFE 2	Regional Funding Costs	\$12,603,650 (17/18 ending less \$478,249 reallocated to DFE 1 above)		\$190,000	\$12,793,650	\$12,855,380 (\$260,000 reallocated from FIT)	(\$2,585,527)			\$10,269,853	<ul style="list-style-type: none"> Implement provincial standards and programs for cancer care Ensure service providers meet the requirements and targets set out in their partnership

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											<ul style="list-style-type: none"> agreements with Cancer Care Ontario • Provide regional medical radiation technologist services • Plan for effective regional implementation of FIT positive colonoscopies • Leads to provide clinical expert advisory support related to the operational and quality initiatives: <ul style="list-style-type: none"> ○ Regional Primary Care Lead ○ Regional Breast Imaging Lead ○ Regional Colorectal Screening/GI Endoscopy Leads ○ Regional Cervical Screening/Colposcopy Leads • Effective operation of 1 mobile coach • Implement recruitment strategies for the Lung Cancer Screening Pilot for People at High Risk in the Toronto Central region
	Nurse Flex Sigmoidoscopy	\$177,273 (17/18 ending less \$405,000 reallocation to DFE 3 below)			\$177,273	\$185,543				\$185,543	<ul style="list-style-type: none"> • Coordinator and recruitment funding for 2 sites at \$91,200 • MD fees for 218 cases at \$14.43 per case
	DFE 3 Subtotal	\$37,348,788	\$510,296	\$-	\$37,859,078	\$37,859,078	(\$4,991,042)	\$1,240,500	\$-	\$34,108,538	
DFE 3	Program Operations <i>(Formerly Corporate Operations and Strategic Initiatives)</i>	\$2,905,814 (17/18 ending plus \$405,00 reallocated from DFE 2 above, less	\$812,096		\$3,717,910	\$9,245,164 (Includes \$5,661,206 reallocated from Operations)	(\$847,918)			\$8,397,246	<ul style="list-style-type: none"> Operations • Ongoing management of the Cancer Screening program to ensure sustainability and scalability through:

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	\$529,011 reallocated within DFE 3 programs)									<ul style="list-style-type: none"> ○ Contact Centre/Customer Support ○ Lab and Quality Assurance operations ○ Program management, governance and controls ○ Service Delivery & Management (i.e.: Regional Operations, Correspondence, IM/IT) ○ Completion of OBSP Transition project <p>Correspondence</p> <ul style="list-style-type: none"> ● Ongoing operations of all participant-facing correspondence, for all three organized cancer screening programs <p>Administrative Support</p> <ul style="list-style-type: none"> ● Administrative expenses and support areas such as Finance, HR, Legal, Public Affairs, Procurement, Privacy, and Facilities
Correspondence	\$4,931,219 (17/18 ending less \$305,581 reallocated within DFE 3 programs)	\$172,500		\$5,103,719	\$4,960,812				\$4,960,812	<ul style="list-style-type: none"> ● Printing and mailing of program correspondence
Program Design	\$5,151,708 (17/18 ending plus \$87,640 reallocation within DFE 3 programs)	(\$199,812) (Reallocation to Sch 5 for after-hours teletriage)		\$4,951,896	\$4,836,868	(\$1,193,231)			\$3,643,637	<ul style="list-style-type: none"> ● Provides a standard approach to designing organized cancer screening programs that move evidence into action including the development of screening recommendations, position

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										<p>statements and program policies</p> <ul style="list-style-type: none"> Provides cancer screening subject matter expertise to the Cancer Screening program, CCO and external stakeholders Ensures the Cancer Screening program is guided by Clinical and Scientific leadership
Operations <i>(Reallocated to Program Operations)</i>	\$5,737,644 (17/18 ending plus \$571,233 reallocation within DFE 3 programs)	(\$76,430) (Reallocation to Sch 5 for after-hours teletriage)		\$5,661,206	\$0 (\$5,661,206 reallocated to Program Operations)					
Implementation	\$4,598,867 (17/18 ending less \$179,196 reallocation within DFE 3 programs)	(\$90,204) (Reallocation to Sch 5 for after-hours teletriage)		\$4,508,663	\$4,792,094	(\$780,512)			\$4,011,582	<ul style="list-style-type: none"> Planning, designing, and delivering program initiatives through the disciplines of project and change management Maintain high quality, best practice project delivery standards, processes and templates, including project governance <p>GI Endoscopy QBP:</p> <ul style="list-style-type: none"> Provision of program management for the Gastrointestinal Endoscopy Quality Based Procedure (GI Endo QBP) <p>Managing FIT Positive Colonoscopies</p> <ul style="list-style-type: none"> Implement and monitor funding strategy for FIT positive colonoscopies

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										<p>Breast Imaging Data Collection</p> <ul style="list-style-type: none"> Determining the best system to support the Ontario Breast Screening Program and mammography Quality Management Program <p>HR Lung Cancer Screening Pilot:</p> <ul style="list-style-type: none"> Continue pilot site support and management activities Refine pilot design (as required), develop indicators for the interim evaluation and finalize the interim evaluation report Initiate development of indicators for final evaluation report <p>FIT Kit Implementation:</p> <ul style="list-style-type: none"> Execute communication and change management activities with providers and regions. Complete go-live of FIT as the screening test for ColonCancerCheck Initiate activities to decommission gFOBT Transition to operations complete <p>HPV Testing Implementation</p> <ul style="list-style-type: none"> Planning for the implementation of HPV testing, including finalizing recommendations for program delivery model, finalizing a minimum data set to capture HPV testing information

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										<ul style="list-style-type: none"> Initiate requirements documentation for technical changes including, data collection tool(s), reporting Develop stakeholder engagement and communications plan Initiate communication and change management activities with stakeholders and regions
Quality Management	\$4,695,753 (17/18 ending plus \$396,997 reallocation within DFE 3 programs)	(\$107,854) (Reallocation to Sch 5 for after-hours teletriage)		\$4,587,899	\$4,500,335	(\$821,218)	\$1,066,900 (reallocated from Sch 5 Cancer)		\$4,746,018	<ul style="list-style-type: none"> Measure, analyze, evaluate and report on Cancer Screening performance to drive continuous improvement Provide internal and external data and information requests Provide program analytic and information management support for Cancer Screening, QBPs and QM Release 2019 quality audit & feedback reports at the regional, facility, and physician level Work with regional clinical leadership to provide quality improvement support at the physician and facility level
Provincial Leads	\$786,918 (17/18 ending less \$87,640 reallocated within DFE 3 programs)			\$786,918	\$786,918				\$786,918	<p>Provincial Leads to:</p> <ul style="list-style-type: none"> Provide strategic direction to monitor quality within the screening programs Develop evidence-based guidance for the system; work with health professionals and organizations to implement best practices province-wide

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Cancer Screening Product Management	\$8,035,616 (17/18 ending plus \$389,435 reallocated within DFE 3 programs)			\$8,035,616	\$8,231,638	(\$1,026,935)	\$173,600 (reallocated from Sch 5 Cancer)		\$7,378,303	<ul style="list-style-type: none"> • Acquire, process and manage all data and information used to support screening operations, client correspondence and reporting including the Screening Activity Report (SAR) <ul style="list-style-type: none"> ○ Includes data from 130 Gi-Endoscopy Clinics, 220 OBSP sites, private Laboratories, 5 MOHLTC data feeds and CCOs cancer registry ○ SAR report is refreshed monthly for all PEM model primary care physicians ~8,600. • Manage and execute on all daily and weekly correspondence campaigns for the 3 cancer screening campaigns <ul style="list-style-type: none"> ○ 24 daily and weekly campaigns are managed across the 3 cancer screening programs • Manage the implementation of screening program enhancements to all the systems/product supporting cancer screening <ul style="list-style-type: none"> ○ There are several integrated systems/products supporting cancer screening ie InScreen • Manage the technical stack of the systems/products supporting the cancer screening programs ensuring

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										<ul style="list-style-type: none"> that they are on supported technology platforms <ul style="list-style-type: none"> o Need to ensure that the technical stack for the 10 major systems/products are on supported technologies, plan for and implement upgrades as required • Manage and implement all changes to systems/products required to support the new FIT test and the decommissioning of the FOBT test • Contribute to planning for the implementation of HPV
My CancerIQ	\$505,249			\$505,249	\$505,249	(\$321,228)			\$184,021	<ul style="list-style-type: none"> • Update content on My CancerIQ, as needed to ensure accuracy and currency based on algorithm changes, prevention and screening guidelines and resource linkages. • Continue to promote tool organically to both public and health care provider audiences.
Grand Total	\$93,066,507	(\$13,750,349)	\$190,000	\$79,506,150	\$79,316,150	(\$7,576,569)	\$6,571,200	\$-	\$78,310,781	
Fiscal Grand Total Rounded	\$93,066,500	(\$13,750,300)	\$190,000	\$79,506,200	\$79,316,200	(\$7,576,600)	\$6,571,200	\$-	\$78,310,800	
Annualized Allocation	\$93,066,500	(\$13,750,300)	\$190,000	\$79,506,200	\$79,316,200	(\$7,576,600)	\$13,346,500	\$-	\$85,086,100	

CCO manages and monitors performance of the Cancer Screening Program on an ongoing basis. The key performance indicators that CCO measures to assess programmatic performance are outlined below. Where appropriate, 2019/20 Program targets are outlined.

Performance Indicators	Indicator Frequency	2019-20 Program Target	Target Notes
Participation rate	Annual	CCC (Overdue for colorectal cancer test) = 41% OBSP (Mammography) = 63% OCSP (Pap) = 65%	Overdue for colorectal cancer indicator developed in 2012-13 to account for colonoscopy tests performed for participants eligible for FOBT. Indicator includes participants overdue for FOBT, colonoscopy or flexible sigmoidoscopy.
Retention rate	Annual	OBSP (Mammography) = 85% OCSP (Pap) = 80%	
Follow up rate	Annual	CCC (Colorectal)= 78% OCSP (Pap) = 81%	
Invasive cancer detection rate	Biennial	N/A	Target not appropriate. Indicator most meaningful when interpreted in context of abnormal call rate, cancer detection rate, and the population cancer rate. Programs should strive to achieve the greatest number of cancers detected while limiting unnecessary tests and cancers missed at screen or assessment (as per CPAC guidelines).
Positive predictive value	Biennial	N/A	Target not appropriate. Indicator most meaningful when interpreted in context of cancer detection rate and abnormal call rate. Desired value lies between a range of values balancing screen test sensitivity and specificity

CCO will submit a performance scorecard to the MOHLTC every year in June and on the settlement report on the indicators listed in the table above. For each indicator reported in the scorecard there will be a relevant graph tracking progress of the indicator, an interpretation of the graph and actions outlined for how CCO will either sustain performance or improve performance.

In addition to the production of this scorecard, CCO engages in many additional quality management activities to ensure the Program is on track to meeting its goals throughout the year. These include:

- Quarterly discussions with the Regional Cancer Programs to review their performance and support performance improvement. These discussions include some additional indicators specifically around access and quality.
- The production of monthly regional reports outlining regional performance to enable the regions to track, monitor and improve their performance. These reports include process and outcomes indicators.
- Release of annual quality audit & feedback reports including key quality and safety indicators at the regional, facility, and physician level to support quality improvement.

- -Lead engagement with regional clinical leadership to provide quality improvement support at the physician and facility level.
- Distribution of the Screening Activity Reports to help physicians improve their screening rates by identifying groups of patients in need of screening and follow-ups. It also allows primary care physicians to compare their screening rates to those of other physicians in their Local Health Integration Network (LHIN), as well as throughout the province.
- Distribution of a regional view of the Screening Activity report to Regional Primary Care leads, allowing them to identify areas of their region or practices where screening rates may be outliers.
- Contribution of outcome indicators and interpretation to the annual Cancer System Quality Index (CSQI).
- Publication of screening data tables made available annually on the CCO website.
- Production of an integrated “themed” program evaluation report. This will be a printed publication produced annual, with the first report out in 2015 focused on participation and program retention.

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:					

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

3. 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.