

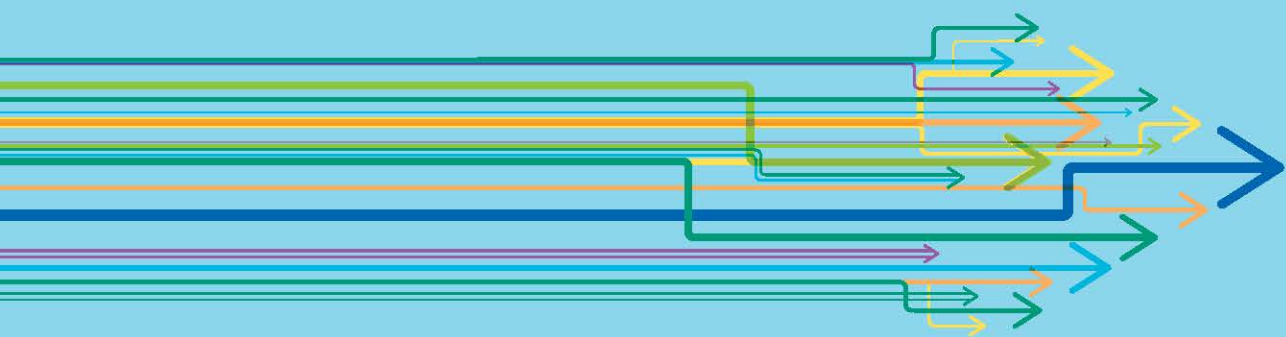
SUSTAINING ACTION TOWARD A SHARED VISION

2012–2017 | Strategic Plan
Business Plan

CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER



2. 2012–2017 BUSINESS PLAN

PLANNING FOR RESULTS

April 2012 marks the sixth year of the Partnership's 10-year term. The organization's second mandate is focused on building on the success of the first five years and amplifying the progress achieved to date. Where the strategic plan provides a high-level road map of the Partnership's next phase of work to advance Canada's national cancer strategy, the business plan provides more detail about the work associated with planned initiatives. Specifically, it outlines the objectives, goals, strategies and measures of outcomes for each initiative, as well as implementation partners, as they are known today. Initiatives are presented by strategic priority and core enabling function.

Approach to planning

The 2012–17 business plan is a rolling plan, rather than a business case or detailed operational plan. The Partnership will review and update it regularly to reflect the organization's progress against desired outcomes; evolution of the program of work, including the achievement of milestones and deliverables; validation of measures; and demonstration of impact. Results of program and initiative evaluations currently underway and scheduled for completion by June 2012 will also inform ongoing business planning, as will the development of an integrated performance measurement strategy by the fall of 2012. The business plan will inform the Partnership's annual corporate plan, which will continue to be a key accountability tool for Health Canada. Any refinements to the business plan will be presented in the relevant annual corporate plan.

Types of initiatives based on project and financial planning status

The Partnership's program of work continues to reflect the national cancer strategy and support the cancer control continuum. This means expanding and deepening some of the work that has started, evolving other areas and developing supporting activities. It also means exploring new opportunities to respond to the changing needs and knowledge of the cancer control community and to leverage existing evidence, best practices and investments, as well as continuing to align efforts with jurisdictional priorities. For business planning purposes, initiatives are categorized as continuing, evolving or new based on planning details as of April 2012.

- **Continuing:** These initiatives are well developed and continue to be a strong fit with the Partnership's mandate and key areas of focus, as well as with the priorities identified for the Partnership in the announcement of its renewal. The continuation of work in these areas builds on the progress and success of the first five years. The business plan includes the five-year high-level work profile.
- **Evolving:** These initiatives are evolving significantly from the Partnership's first mandate. The business plan includes the initial strategies or work plan for 2012/13, which focuses on developing the initiative. Once developed, the multi-year high-level work profile, including outcomes measures, will be brought forward in the annual corporate plan as appropriate.
- **New:** New initiatives are opportunities for further exploration. Over the course of 2012/13 the Partnership will determine whether the organization could add value in these areas and, if so, define the scope of its approach. The fully developed approach and multi-year high-level work profile, including outcomes measures, will be brought forward in the annual corporate plan as appropriate.

For all initiatives, the work profile for each fiscal year and any change in planning status will be brought forward in the annual corporate plan, available through the Partnership's website, partnershipagainstcancer.ca. The following table shows the Partnership's planned initiatives and how they align with the strategic priorities and core enabling functions.

Strategic priorities				
i. Develop high-impact, population-based prevention and cancer screening approaches	ii. Advance high-quality early detection and clinical care	iii. Embed a person-centred perspective throughout the cancer journey	iv. Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases	v. Advance cancer control with and for First Nations, Inuit and Métis communities
Coalitions Linking Action and Science for Prevention	Embedding Evidence in Care — Staging and Synoptic Reporting	Improved Patient-Reported Outcomes	Canadian Partnership for Tomorrow Project	First Nations, Inuit and Métis Action Plan on Cancer Control — Implementation and Evaluation
Healthy Public Policy	Emerging Screening and Early Detection	Survivorship	Canadian Cancer Research Alliance	
CAREX Canada	Multi-jurisdictional Quality Initiatives	Palliative and End-of-Life Care		
Population-Based Screening	Enhancing Canadian Cancer Clinical Trials	Improving Integration Across Care Settings		
Multi-sector Solutions to the Obesity Challenge				

Core enabling functions			
	i. System performance analysis and reporting	ii. Knowledge management through tools, technology, connections and resources	iii. Public engagement and outreach
	System Performance Reporting (including Anticipatory Science)	Cancer Risk Management Modelling and Economic Analysis	Public Engagement and Outreach
		Cancerview.ca	
		Knowledge Transfer and Adoption	
		Analytic Capacity Building and Co-ordinated Data Development	
		Evidence, Synthesis, Guidelines	
Legend <ul style="list-style-type: none"> Continuing Initiatives Evolving Initiatives New Opportunity 			

From strategy to execution

The Partnership employs a number of approaches to engage partners, deliver against its commitments and achieve results across its program of initiatives. These are:

- **Facilitating the creation of networks of experts and key stakeholders to co-create, inform and lead change**, such as the National Colorectal Cancer Screening Network, which enables provinces to learn from one another and plan together to accelerate the roll-out of organized screening in every province while minimizing the duplication of effort
- **Funding evidence-based, multi-year, multi-jurisdictional initiatives that advance change at both the national level and within jurisdictions**, such as synoptic pathology reporting, which is a pan-Canadian effort to adopt and implement standards for cancer pathology reporting through the use of synoptic reports or checklists, and supports jurisdictions' ability to implement standardized reporting, enabling more complete and timely pathology reporting and improve the quality of patient care
- **Co-funding multi-year, multi-jurisdictional legacy initiatives**, such as the Canadian Partnership for Tomorrow Project, which is a national cohort study on the risk factors for cancer and related chronic diseases that involves five jurisdictions, and is the largest study of its kind ever undertaken in the country
- **Supporting the enhancement and evolution of promising practices to benefit the broader community, and the creation of tools available for use by the country**, such as screening for distress and navigation programming to support patients through their cancer journey
- **Developing platforms for knowledge transfer and exchange**, such as the cancerview.ca portal, which is a knowledge hub and online community for those working in cancer control or

affected by cancer, offering trusted, evidence-based content from more than 30 cancer and health partner organizations and enabling pan-Canadian teams to work together virtually

- **Leading initiatives with partners that target system improvement**, such as the System Performance Reporting initiative, which provides comprehensive and nationally comparable reporting on cancer system performance
- **Co-investing in initiatives with other national health organizations to address common priorities**, such as synoptic surgery reporting, an initiative being advanced in partnership with Canada Health Infoway and five jurisdictions to embed pan-Canadian standards into surgical reporting tools to support quality surgical care and more effective treatment

Regardless of the nature of the work being developed and implemented with partners, the Partnership uses a contractual model that specifies objectives, deliverables and timing. This approach ensures that all parties involved are accountable for the initiative.

Five-year budget

When the Partnership's mandate was renewed in March 2011, the organization received a funding commitment of \$250 million for 2012 to 2017. As a result of the March 2012 federal budget there was a reduction to the Partnership's five-year budget of 3.6 per cent, or \$9 million. The reduction will be phased in, with zero reduction for the 2012/13 fiscal year, moving to a three per cent reduction for 2013/14 and a five per cent reduction for the final three years, ending March 31, 2017.

Budget allocation for initiatives as well as business units and functions that support the Partnership as an organization will be refined to reflect this reduced five-year budget and allow for ongoing planning and implementation.

STRATEGIC PRIORITIES

i. Develop high-impact, population-based prevention and cancer screening approaches

Desired outcomes by 2017:

- Leading multi-jurisdictional approaches to cancer and chronic disease prevention will be identified, adopted and implemented
- Changes in evidence-based policy and population-based prevention practices will be demonstrated
- The number of Canadians appropriately participating in population-based cancer screening programs will increase
- Quality will be improved through national reporting of cancer screening quality indicators and through collaborative development of targets in colorectal and cervical cancer screening

Continuing initiatives:

- Coalitions Linking Action and Science for Prevention (CLASP)
- Healthy Public Policy
- National Occupational and Environmental Carcinogens Surveillance Initiative (CAREX Canada)
- Population-Based Screening

New opportunity:

- Multi-sector Solutions to the Obesity Challenge

CONTINUING INITIATIVES

1. Coalitions Linking Action and Science for Prevention (CLASP)

Primary prevention is a cornerstone of cancer control. If successful, it can reduce the risk of cancer. Since cancer and other chronic diseases share similar risk factors, cancer prevention can also improve the overall health of Canadians. Effective primary prevention means moving away from isolated projects and programs and establishing a comprehensive and co-ordinated model to accelerate the adoption of evidence and best practices across provinces and territories.

The CLASP initiative supports pan-Canadian research, practice and policy partnership models that implement high-impact, population-based prevention initiatives focusing on enabling evidence-informed, multidisciplinary and multi-jurisdictional action. The aim is to improve individual and population health by broadening the reach and deepening the impact of cancer and chronic disease prevention efforts.

Objective (strategic priority)

Develop high-impact, population-based prevention and cancer screening approaches

Goal (desired outcome by 2017)

- Expand the implementation of effective multi-jurisdictional prevention interventions to reduce the risk of developing cancer and other chronic diseases that share similar risk factors
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Strategies

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|--|---------|
| • Expand knowledge translation and exchange activities of seven CLASP1 coalitions* | 2012/13 |
| • Renew up to three CLASP1 coalitions for two years, based on external peer review, to expand into new provinces and territories | 2012–14 |
| • Host two CLASP2 consultation workshops and CLASP2 adjudication panel orientation and review meetings** | 2012–14 |
| • Minimum of four new CLASP2 coalitions | 2013–17 |
| • Convene CLASP knowledge exchange meetings and cross-CLASP evaluation support | 2013–17 |

Measures

- CLASP1 Expansion: Seven coalitions funded for an additional six months to deepen the impact and broaden the reach of knowledge translation and exchange activities
- CLASP1 Renewal: Three coalitions renewed and expanded to new provinces and territories by 2013
- CLASP2: Minimum of four new coalitions funded to enable multidisciplinary, evidence-informed action across at least two provinces or territories by October 2013
- Three policy and eight practice changes across local, regional and provincial/territorial jurisdictions by 2016/17
- Growing repository of evidence-informed collaborative processes on how to take population interventions from research to action and back

*CLASP1 refers to the seven CLASP coalitions originally awarded funding during the Partnership's first mandate. CLASP1 Expansion and Renewal refers to the same group or subset of originally funded CLASP coalitions.

**CLASP2 refers to the CLASP coalitions awarded funding after an adjudication process initiated in 2013/14.

Implementation partners

Through a transparent, peer-reviewed adjudication panel process, funding will be awarded for successful proposals for pan-Canadian research, practice and policy partnership coalitions that implement high-impact, population-based prevention initiatives. These initiatives will support evidence-informed, multi-jurisdictional actions to ensure that lessons learned in one jurisdiction inform decisions in others. The coalitions will be expected to leverage initiatives already underway in Canada to deepen their impact. They will also translate knowledge gained from research into practice and policy action, and maximize synergies with related chronic diseases that share risk factors. As well, the coalitions can learn practice and policy solutions from each other. Finally, all coalitions will participate in rigorous evaluations at the project and cross-initiative level.

2. Healthy Public Policy

Healthy public policy is a key component of a comprehensive approach for cancer and chronic disease prevention. Weak links between research evidence of policy effectiveness and policy practice is a key gap that needs to be addressed. Building on the development of the Prevention Policies Directory from the first mandate, inter-jurisdictional knowledge exchange and collaboration will be fostered through a national healthy public policy community of research, practice and policy specialists — including provincial and federal government representatives, non-governmental organizations and academics — to expand evidence-informed cancer and chronic disease prevention policies in Canada.

Objective (strategic priority)

Develop high-impact, population-based prevention and cancer screening approaches

Goal (desired outcome by 2017)

- Increase the number of evidence-informed prevention policies positively influencing the prevention of cancer and chronic disease across Canada

Strategies

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| • Implement knowledge exchange and outreach activities with research, practice and policy specialists across Canada | Ongoing |
| • Maintain and refresh current Prevention Policies Directory and address data gaps, such as municipal and French language policies | 2012/13 |
| • Expand the availability and use of linkages between systematic reviews of policy effectiveness research and the policies in the Prevention Policies Directory | Ongoing |
| • Integrate the Prevention Policies Directory with allied Partnership projects to capture potential synergies, such as CAREX Canada and the CLASP2 consultation workshops | 2012/13 |
| • Evaluate the use of the Prevention Policies Directory, including knowledge exchange and outreach efforts | Ongoing |

Measures

- Increase in the number of research, practice and policy specialists engaged in evidence-informed prevention policy knowledge translation and exchange, with representation from every province and territory (from 10 to 30)
- Increase in the number of Prevention Policies Directory users (from 100 to 850)

- Increase in the percentage of municipal policies in the Prevention Policies Directory (from 10 per cent to 30 per cent)
 - Increase in the number of policies explicitly linked to systematic reviews of policy effectiveness research
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Implementation partners

The National Collaborating Centre for Healthy Public Policy will inform improvements to French language content in the Prevention Policies Directory. This organization will also inform and collaborate on knowledge exchange and capacity-building activities in relation to evidence-informed healthy public policy.

The Urban Public Health Network will inform the expansion of the Prevention Policies Directory to include municipal policies and knowledge exchange activities in relation to Canadian municipalities.

3. CAREX Canada

CAREX Canada provides national, provincial and territorial occupational and environmental carcinogen exposure surveillance information and tools that can be used to support evidence-informed programs and policies and expand occupational and environmental surveillance strategies that can contribute to lowering cancer incidence and mortality.

Objective (strategic priority)

Develop high-impact, population-based prevention and cancer screening approaches

Goal (desired outcome by 2017)

- Increase the availability and use of occupational and environmental carcinogen exposure data and increase the number of evidence-informed policies across Canada to reduce environmental and occupational exposures to carcinogens, thereby contributing to cancer prevention

Strategies

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|--|---------|
| • Implement knowledge translation and outreach activities | Ongoing |
| • Maintain and refresh current CAREX databases and address data gaps, including incorporating five new provincial data sources into the CAREX system and updating all risk estimates using the results of the 2011 Canadian Census | Ongoing |
| • Integrate CAREX data sets with allied Partnership projects to capture potential synergies, such as the Prevention Policies Directory, Cancer Risk Management Model, CLASP2 consultation workshop, Cancer Control P.L.A.N.E.T. Canada and the Canadian Partnership for Tomorrow Project | Ongoing |
| • Evaluate the use of CAREX, including knowledge translation and outreach efforts | Ongoing |

Measures

- Increase in the number of stakeholders trained to use CAREX tools (from 150 to 500) and participating in CAREX network (from 150 to 400)
- Increase in the number of occupational exposure policies (from 5 to 25) and environmental policies (from 106 to 156) in Prevention Policies Directory

- Partnerships with additional federal, provincial and territorial agencies to expand the data collection and monitoring of occupational and environmental carcinogens across Canada

Implementation partners

The Partnership works with the University of British Columbia on CAREX Canada — CAREX is located at the university.

4. Population-Based Screening

Building on the current function of the pan-Canadian networks for cervical and colorectal cancer screening, the Partnership will continue to advance population-based cancer screening in Canada. The Partnership will explore its potential role in supporting population-based breast cancer screening.

Objective (strategic priority)

Develop high-impact, population-based prevention and cancer screening approaches

Goals (desired outcomes by 2017)

- Increase appropriate participation in, and the quality of, cervical and colorectal cancer screening programs
- Enable an evidence-based approach to considering HPV vaccination status within cervical cancer screening

Strategies

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| • Continue collaboration on and alignment with provincial and national priorities through regular network meetings | Ongoing |
| • Continue national reporting of cancer screening quality indicators | 2012–17 |

• Establish consensus on national targets for colorectal screening and cervical screening	2012–17
• Continue development of participation strategies, such as Colonversation and cervical guideline uptake	Ongoing
• Continue development and implementation of quality initiatives	Ongoing
• Obtain consensus on national priorities regarding appropriate cervical cancer screening approaches for a population vaccinated against HPV, a non-vaccinated population and a mixed population, and support the advancement of priorities that require national action	2012–17

Measures

- Increased number of Canadians appropriately participating in population-based screening programs
 - Collaboratively developed participation targets for colorectal and cervical cancer screening
 - Demonstrated quality improvements through national reporting of cancer screening quality indicators
 - Established consensus on national priorities regarding appropriate cervical cancer screening approaches for a population vaccinated against HPV, a non-vaccinated population and a mixed population, and provinces and territories working toward a consistent, evidence-based approach
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Implementation partners

The Partnership currently hosts pan-Canadian networks for colorectal cancer screening and cervical cancer screening. Network members are nominated by provincial and territorial deputy ministers of health or cancer control program leads. Therefore, governments and screening programs are well represented. The networks' main goal is to ensure consensus and co-ordination on programmatic policy, including high-quality screening services designed for measurable impact. Membership also includes representatives from key related national organizations such as the Canadian Cancer Society, the Public Health Agency of Canada and the Canadian Medical Association, as well as other professional societies and organizations. Network priorities align with the priorities of the Canadian Breast Cancer Screening Initiative hosted by the Public Health Agency of Canada.

Three key priorities to address population-based screening are program development and implementation, quality assurance and screening awareness through the use of common tools and resources.

The Partnership's screening portfolio provides the infrastructure to lead the networks' projects. Network members volunteer on a rotating basis to participate in working groups.

NEW OPPORTUNITY

1. Multi-sector Solutions to the Obesity Challenge

The Partnership is exploring an opportunity to develop new multi-sector models to address complex challenges associated with obesity prevention. An extensive multi-sector and multi-jurisdiction consultation process is being conducted in 2012/13 to inform development of a business plan for Partnership consideration. If approved, the new initiative would begin in 2013/14.

ii. Advance high-quality early detection and clinical care

Desired outcomes by 2017:

- Evidence and system performance information will be used consistently to reflect and inform co-ordinated action in the area of quality
- Tools, evidence, standards and guidelines will be adopted and integrated within clinical practice to improve quality and benefit patient care, leading to system efficiency
- More consistent action to ensure quality in patient care will be identified and undertaken together with cancer agencies and programs

Continuing initiative:

- Embedding Evidence in Care – Synoptic Reporting and Staging

Evolving initiatives:

- Emerging Screening and Early Detection
- Multi-jurisdictional Quality Initiative

New opportunity:

- Enhancing Canadian Cancer Clinical Trials

CONTINUING INITIATIVE

1. Embedding Evidence in Care – Synoptic Reporting and Staging

This initiative builds on the success of synoptic pathology and surgery reporting and staging implementation. These investments were made to support the depth and consistency of information collected for pathology and surgery, to embed guidelines in practices and to enable clinicians to access comparative results

about practice. Specifically, this will translate into improved quality and standardization of reporting and care in the areas of pathology and surgery. In addition, it will result in increased efficiencies by shortening report turnaround and improving availability of reports to manage patient care, by streamlining processes to obtain data required to determine cancer stage, and by reducing reliance on manual processes to gather data for registries.

Objective (strategic priority)

Advance high-quality early detection and clinical care

Goal (desired outcome by 2017)

- Tools, standards and guidelines adopted and integrated into practice to support consistent and more efficient reporting, and improved quality of reporting and patient care

Strategies

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| • Implement electronic synoptic pathology reporting (minimum of six provinces) | 2013–17 |
| • Implement electronic synoptic surgical reporting (continued expansion in existing five provinces through co-funding with Canada Health Infoway and jurisdictions) | 2012–17 |
| • Prepare and execute a development and maintenance strategy for clinical and electronic synoptic surgical reporting standards and for reporting templates (including additional standards development) | 2012–17 |
| • Co-ordinate disease site panels to provide clinical input on standards | 2012–17 |
| • Organize knowledge transfer mechanisms with clinical community and vendor education sessions | Ongoing |

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|---|---------|
| • Facilitate development of a national surgical outcomes database | 2012–17 |
| • Implement data quality initiatives | 2012–17 |

Measures

- Increased percentage of:
 - Pathologists using College of American Pathologists checklists
 - Pathologists using electronically enabled synoptic pathology reporting
 - Surgeons using electronic surgical synoptic reporting
 - Improved percentage compliance with standards for reporting
 - Increased efficiency by improved turnaround time for the availability of pathology and surgical results
 - 90 per cent stage capture for all cancers across Canada
-

Implementation partners

For pathology, active partners will include the jurisdictions, specifically organizations with responsibility for laboratory medicine and diagnostics; delivery partners such as regional health authorities, cancer agencies and pathologists; clinical leaders and e-health organizations. This initiative will also continue existing collaborations with the Canadian Association of Pathologists, the College of American Pathologists and Canada Health Infoway to support the setting and maintenance of pan-Canadian clinical standards for pathology reporting.

For staging, in the first mandate, the Partnership worked with all provincial cancer agencies and programs across Canada to advance the capture of staging information; these partnerships will be maintained. The Partnership will expand engagement of clinicians from all disciplines across the country in maintaining collaborative staging standards. In addition, active implementation of collaborative staging initiatives will continue in some provinces, building on work initiated in this mandate. The Partnership will also maintain collaborative relationships with Statistics Canada, the Canadian Council of Cancer Registries and the Public Health Agency of Canada, as well as with international organizations such as the Union for International Cancer Control and American Joint Committee on Cancer, particularly in relation to the maintenance of standards and data quality efforts.

For cancer surgery, a collaborative model has already been established for the continued work with five provincial jurisdictions (Alberta, Manitoba, Ontario, Quebec and Nova Scotia). The cancer agency, specific organizations or health authorities, plus Canada Health Infoway and the Partnership, will further expand implementation. The future plan will also engage surgeons from all provinces in the development of standards and outcome metrics. This initiative is structured as formal contracts between the three types of partners — jurisdictional participants, Canada Health Infoway and the Partnership — so it is clear who is funding what type of work. Generally, jurisdictions and Canada Health Infoway are funding implementation, with the Partnership focusing its future investments on supporting the standards and outcomes development component on a pan-Canadian basis.

EVOLVING INITIATIVES

1. Emerging Screening and Early Detection

There is a need to address screening as evidence emerges to support new modalities, such as low-dose computed tomography scanning to detect lung cancer, and to consider screening that may be targeted only to high-risk groups or occurs outside of population-based programs. In addition, and given that screening tests do not exist for many cancers, detection of cancer through early signs and symptoms also needs to be addressed to minimize delays to diagnosis.

Objective (strategic priority)

Advance high-quality early detection and clinical care

Goals (desired outcomes by 2017)

- Develop a better understanding of measures of efficiency in screening, and of potential reasons for and patterns of delayed cancer detection in Canada
- Build capability to respond to new evidence on screening modalities to support planning, service delivery and, where appropriate, national action

Strategies

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|---|---------|
| • Develop work plan on priorities for national action to address emerging screening and early detection | 2012/13 |
| • Develop work plan on priorities for national action arising from the multi-stakeholder lung cancer screening forums held in 2011/12 | 2012/13 |

- Analyze results of the International Cancer Benchmarking Partnership (Module 2) project, develop an understanding of potential delays to diagnosis in Canada and scope priorities for national action

Measures

- To be developed as part of the planning process
-

Implementation partners

When a synthesis of evidence highlights a specific, new or unique area of interest or controversy, such as recent evidence relating to lung cancer screening, further collaboration and expert opinion and discussion are needed to assist with planning.

In the same way population-based networks are formed, the Partnership invites provincial and territorial deputy ministers of health, cancer control leaders and representatives of related national multidisciplinary organizations to identify an individual with particular interest in and influence on the subject to participate in relevant two pan-Canadian forums. These forums will review practical implications, resource issues and other potential concerns from a multidisciplinary perspective. Participants prioritize these topics and then determine what, if any, national action is required. The outcome of the forums may be an informal network that meets regularly but less frequently than do the population-based screening networks, addressing the priorities set during the forums.

This model was piloted in 2011/12 with a lung cancer screening forum. There is an opportunity in 2012/13 to approach prostate cancer screening in a similar way to respond to new evidence expected in 2012.

2. Multi-jurisdictional Quality Initiative

The goal of this initiative is to build on the foundation laid in the first mandate to leverage a national approach to identifying gaps in quality, synthesize the evidence about the gaps and identify potential quality initiatives. The Partnership also aims to develop strategic, targeted plans to inform quality initiative development locally.

Objective (strategic priority)

Advance high-quality early detection and clinical care

Goals (desired outcomes by 2017)

- Use evidence and system performance measures to reflect on and inform co-ordinated action on quality
- Increasingly systematic and consistent efforts to ensure quality in patient care are identified and undertaken together with clinical leaders, care providers and system level stakeholders, including cancer agencies and programs

Strategies

- | | |
|---|---------|
| • Scope and gather information on potential priority quality initiatives and identify potential initiative partners through consultation and collaboration with provincial cancer agency and program leads, national organizations, professional bodies and thought leaders | 2012/13 |
| • Synthesize findings and develop a synergistic business plan for the program of work | 2012/13 |

Measures

- To be developed as part of the planning process

Implementation partners

The Quality Initiatives portfolio will take a blended approach to working with partners. With input from the field (clinical, policy and methodological), the System Performance Reporting initiative and provincial cancer agencies and programs, the Partnership will identify areas for enhancement in cancer control. Once areas have been identified, the Partnership will disseminate a plan to identify specific approaches and areas of focus, and project teams will be determined. In the area of quality it has been, and will continue to be, important to partner with professional associations delivering care, facilities and agencies administering and overseeing care, and other national organizations with specific expertise and mandates to enhance delivery of care in cancer. Engaging partners and stakeholders will be key throughout the process, from developing initiative plans to achieving goals and from implementation to evaluation. In the case of partnering with other national organizations to collaboratively develop tools such as standards, a network approach will be taken, with all relevant cancer stakeholders involved from the outset.

NEW OPPORTUNITY

1. Enhancing Canadian Cancer Clinical Trials

The Partnership is exploring an opportunity to facilitate the development of a multi-stakeholder collaboration to enhance the efficiency and effectiveness of academic centre–driven Canadian cancer clinical trials.

iii. Embed a person-centred perspective throughout the cancer journey

Desired outcomes by 2017:

- Patients, survivors, caregivers and families will be engaged to identify priorities for, and inform enhancements to, health system design, and workplace and community supports
- Improved measurement of patient and family experiences along the clinical pathway will take place, including measurement of access to and timeliness of care, perceptions of quality and long-term consequences of the disease
- Community care, primary care and oncology practitioners will be better equipped to support patients through the cancer journey
- Advancements will be made in a collaborative approach to palliative and end-of-life care across care settings, informed by elements of the Quality and End-of-Life Care Coalition of Canada's *Blueprint for Action*

Evolving initiatives:

- Improved Patient-Reported Outcomes
- Survivorship
- Palliative and End-of-Life Care

New opportunity:

- Improving Integration Across Care Settings

EVOLVING INITIATIVES

1. Improved Patient-Reported Outcomes

This initiative will build on work to date to enable a person-centred approach to cancer care, further advancing the adoption of practices supported by the tools and resources developed nationally in the

first mandate. Measurement will be used to assess progress in the adoption of these practices and potentially to identify new ways to understand the patient experience.

Objective (strategic priority)

Embed a person-centred perspective throughout the cancer journey

Goals (desired outcomes by 2017)

- Ensure a common measurement framework and core set of indicators are in use across Canada to measure improvements in the patient experience
 - Ensure a common set of evidence-informed assessment tools and programmatic resources are supporting patient-centred program design and implementation
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Strategies

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| • Collaborate with the System Performance Reporting initiative and a steering committee of cancer agency and program representatives to develop a systematic approach to identify a common set of measures of patient experience, such as improvements in the management of symptoms (for example, pain, fatigue and anxiety or overall distress) | 2012/13 |
| • Develop an overall strategy to support organizations and jurisdictions in implementing a person-centred approach to care | 2012/13 |
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Measures

- To be developed as part of the planning process
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Implementation partners

This initiative will directly engage provincial cancer agencies and programs or treatment centres to implement and measure provincially reported indicators of improvement in the patient experience. The initiative will build on work, toolkits, evidence-based guidelines and resources developed in the first mandate. The initiative also includes the development and maintenance of practice guidelines and stewardship of those guidelines with third parties. As well, it will engage clinicians, organizational partners such as the Canadian Association of Psychosocial Oncology, and other professional-practice organizations.

2. Survivorship

The objectives of this opportunity are to:

- Create an enhanced survivorship interface on cancerview.ca and consider expanding existing survivorship tools and resources that are available through the online portal
- Explore workplace strategy that addresses the needs and concerns of multiple stakeholders, such as patients, families, employers and benefits managers, in supporting the cancer experience, with issues related to returning to work as a potential focus
- Continue to expand and support the adoption of *The Truth of It* video series to include a broad range of survivors, caregivers and health-care professionals through cancerview.ca

Objective (strategic priority)

Embed a person-centred perspective throughout the cancer journey

Goals (desired outcomes by 2017)

- Engage patients, survivors and families in identifying priorities for, and informing enhancements to, system design, and workplace and community supports
 - Make connections among existing services and supports to improve the ability of survivors and others to understand what is available in their jurisdiction and to access what they need
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Strategies

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| • Transition and align existing Partnership survivorship initiatives, such as CancerChatCanada.ca | 2012/13 |
| • Complete scan, survey and consultations with survivors, caregivers, employers, insurers, benefits managers and professional associations, and develop a survivorship strategy that includes priorities for workplace and community supports | 2012/13 |
| • Collaborate with the cancerview.ca initiative, and with partners such as the Canadian Cancer Society, to prepare a strategy for the development of an enhanced survivorship interface on cancerview.ca | 2012/13 |
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Measures

- To be developed as part of the planning process
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Implementation partners

The Partnership will develop and implement the survivorship strategy and plan with patients, survivors, caregivers, employers, insurers, benefits managers and professional associations. Partnerships will include those with national organizations such as the Canadian Cancer Society, employer associations and other groups.

3. Palliative and End-of-Life Care

This initiative will identify, develop and implement one or more high-impact, multi-jurisdictional, integrative initiatives to address a component of the Quality and End-of-Life Care Coalition of Canada's *Blueprint for Action* to improve palliative and end-of-life care in Canada. This will be done by:

- Building on and getting endorsement for advancing the *Blueprint for Action*, a consistent framework for palliative care in Canada
- Developing capacity to report on palliative care and building on the Partnership's experience over its first mandate
- Mobilizing the palliative community and leveraging existing networks around a sustained high-impact initiative to improve palliative care in Canada to benefit those with cancer and other conditions

Objective (strategic priority)

Embed a person-centred perspective throughout the cancer journey

Goal (desired outcome by 2017)

- Advance the establishment of a collaborative approach to palliative and end-of-life care across care settings that is informed by elements of the Quality and End-of-Life Care Coalition of Canada's *Blueprint for Action*

Strategies

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|---|---------|
| • Engage health system and policy leaders to confirm shared priorities and opportunities in the area of palliative and end-of-life care | 2012/13 |
| • Define the palliative and end-of-life care initiative, including the multi-jurisdictional, integrative projects that the Partnership will support at a national level, and develop an action plan | 2012/13 |

Measures

- To be developed as part of the planning process

Implementation partners

The Palliative and End-of-Life Care initiative will enable quality-based improvements to the end-of-life experience for all Canadians by advancing a component of the *Blueprint for Action* developed by the Quality End-of-Life Care Coalition of Canada. The Coalition includes over 30 organizations with an interest in palliative care, including profession-specific associations, disease-based patient advocacy groups and pan-Canadian organizations representing the end-of-life continuum, particularly the Canadian Healthcare Association and the Canadian Home Care Association. Efforts in this domain will be co-ordinated with efforts of the coalition by working with the Canadian Hospice Palliative Care Association.

NEW OPPORTUNITY

1. Improving Integration Across Care Settings

The Partnership is exploring an opportunity to engage primary care and oncology system leaders, cancer agencies and programs, clinical leaders and patients to identify strategies to improve the provision of more integrated patient care across these settings.

iv. Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases

Desired outcomes by 2017:

- The Canadian Partnership for Tomorrow Project will be a well-recognized and well-used platform optimized for cancer and chronic disease research — with a particular emphasis on cancer and cardiovascular disease — and the enrolment of any eligible Canadian wishing to participate will be facilitated
- Co-ordinated cancer research investments and associated actions will maximize the impact of research across the entire cancer control spectrum

Continuing initiatives:

- Canadian Partnership for Tomorrow Project
- Canadian Cancer Research Alliance

CONTINUING INITIATIVES

1. Canadian Partnership for Tomorrow Project

The Canadian Partnership for Tomorrow Project is a living population laboratory designed to improve our understanding of the interaction and long-term impact of behavioural, environmental and genetic risk factors for cancer and related chronic diseases such as diabetes and

heart and lung disease. The project is a 30-plus-year national cohort study, the largest of its kind conducted in Canada. More details are available through partnershipfortomorrow.ca.

Objective (strategic priority)

Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases

Goal (desired outcome by 2017)

- Ensure that the Canadian Partnership for Tomorrow Project is a well-recognized and well-used platform optimized for cancer and chronic disease research — with a particular emphasis on cancer and cardiovascular disease — and the enrolment of any eligible Canadian wishing to participate is facilitated

Strategies

- | | |
|--|---------|
| • Complete core recruitment in Alberta, British Columbia, Ontario, Quebec and Atlantic region | 2012/13 |
| • Establish support for cohort maintenance | 2012–17 |
| • Prepare a plan for re-contacting participants and inform the model that will be used for the future | 2012/13 |
| • Plan for and recruit participants outside current regions | 2012–16 |
| • Develop, pilot and begin operation of a national bio-repository and processes to facilitate access to data and samples | 2012–17 |
| • Complete collection of bio-samples as set out in core protocol | 2012–16 |
| • Define cardiovascular disease measures and begin study implementation | 2012–15 |

- Develop sustainability options for the cohort project by 2015 and implement by 2017

Measures

- Incorporation of:
 - Cardiovascular disease measures
 - Data from individuals across Canada, including the territories
 - Collection of bio-samples in core protocol complete
 - Bio-repository and processes to access data and samples established
-

Implementation partners

There are partners at the implementation, funder, sponsor and scientific levels involved in guiding this study. These sponsors include the BC Cancer Agency, Alberta Health Services – Cancer Care, Ontario Institute for Cancer Research, Université de Montreal, CHU Sainte-Justine Mother and Child University Hospital Center, Cancer Care Nova Scotia and Dalhousie University. Core funding partners are the Alberta Cancer Foundation, Alberta Innovates – Health Solutions, Génome Québec and the Ontario Institute for Cancer Research. Each of these organizations has made cash or in-kind contributions to support the overall development and creation of the cohort or to enrich the nature of local data collection. The Strategic Advisory Council consists of the sponsors identified above, certain funding partners, a scientific expert and members of the public. The Council’s role is to advise the Partnership on the strategic direction of the cohort, as well as to provide a forum for the sponsors and key funders to discuss their priorities and commitments to the cohort. The International Scientific Advisory Board consists of international experts in population health research and provides counsel to the Partnership and the five project principal investigators.

Other partners include the Ethical, Legal and Social Issues Task Force, which helps the Partnership develop policy and guidance for the project, and the Public Population Project in Genomics and the Harmonization Task Force, which help ensure that the data and samples collected by the five project cohorts are harmonized nationally.

2. Canadian Cancer Research Alliance

The Canadian Cancer Research Alliance is a group of 33 Canadian cancer research funders. This initiative focuses on ensuring strong national co-ordination of members' activities. It is a forum for identifying new collaborations and for advancing the Pan-Canadian Cancer Research Strategy.

Objective (strategic priority)

Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases

Goal (desired outcome by 2017)

- Maximize the impact of research funding, facilitate co-ordination in shared infrastructure and resources and optimize Canada's cancer research funding system through a pan-Canadian approach

Strategies

- | | |
|--|---------|
| • Develop and publish reports on cancer research investment in Canada, including trend analysis reports on specific areas of investment, a 10-year trend analysis and a bibliometric analysis of cancer research in Canada | 2012–17 |
| • Organize and execute at least one cancer research conference | 2013–17 |

- | | |
|--|---------|
| • Develop annual progress reports on the Pan-Canadian Cancer Research Strategy | 2013–15 |
| • Continue involvement in the International Cancer Research Partnership | 2012–17 |
| • Lead the establishment of specific funding opportunities using data and sample sets from the Canadian Partnership for Tomorrow Project | 2012/13 |
| • Develop provincial cancer research asset maps | 2013–17 |
| • Continue implementation of an integrated cancer research strategic plan and develop a new strategic plan | 2012–17 |

Measures

- Hosting a minimum of one national research conference rated positively by stakeholders (researchers, funders, etc.); specific measures for stakeholder evaluation to be developed
 - Brokering the establishment of at least two collaborative, multi-funder research initiatives
 - Evidence that research reports inform decision-making and priority-setting, such as data use in member research strategies and survey assessing utility
 - Renewed pan-Canadian research strategy
-

Implementation partners

The 33 cancer research funders that make up the Canadian Cancer Research Alliance are working with the Partnership to implement the Pan-Canadian Cancer Research Strategy. This collaboration could be in the form of leading key initiatives, such as Partnership-funded translational research undertaken by the Terry Fox Research Institute, forming research funding collaborations or simply providing data for research investment reports.

The Partnership provides secretariat support for the Canadian Cancer Research Alliance; the Partnership and the Canadian Cancer Research Alliance are co-located.

v. Advance cancer control with and for First Nations, Inuit and Métis communities

Desired outcomes by 2017:

- Community-based health human resource skills and capacity will be increased, as will awareness of cancer control and chronic disease prevention, among First Nations, Inuit and Métis peoples
- First Nations, Inuit and Métis peoples across Canada will have increased access to and use of leading culturally responsive cancer control resources and services, including leading models of cancer care in rural and remote locations
- First Nations, Inuit and Métis leadership will be further engaged in cancer control efforts, and collaboration across sectors will be enhanced to maximize cancer control among First Nations, Inuit and Métis peoples

Continuing initiative:

- First Nations, Inuit and Métis Action Plan on Cancer Control – Implementation and Evaluation

CONTINUING INITIATIVE

1. First Nations, Inuit and Métis Action Plan on Cancer Control – Implementation and Evaluation

In the first mandate, the Partnership facilitated the development of the First Nations, Inuit and Métis Action Plan on Cancer Control, engaging First Nations, Inuit and Métis stakeholders — patients, leadership, expert partners, governments and organizations involved in First Nations, Inuit and Métis health, cancer control and chronic disease prevention.

The Action Plan's strategic priorities include:

- Understanding community awareness and behaviours with respect to cancer and chronic disease prevention and cancer screening
- Identifying culturally responsive resources and services
- Mapping the cancer care pathways and documenting leading models of care in remote and rural First Nations, Inuit and Métis communities
- Identifying existing systems of First Nations, Inuit and Métis patient identification as a means to improve patient navigation
- Engaging First Nations, Inuit and Métis leadership in cancer control efforts and exploring cross-sectoral opportunities

The focus of the next mandate will be putting new evidence into action — disseminating and facilitating adaptation of leading cancer control practices with and for First Nations, Inuit and Métis peoples. In developing the Action Plan, the Partnership led a comprehensive consultation and planning process in an effort to strengthen collaboration, minimize duplication and thus maximize outcomes.

Objective (strategic priority)

Advance cancer control with and for First Nations, Inuit and Métis communities

Goals (desired outcomes by 2017)

- Increase community-based health human resource skills and capacity, and increase awareness of cancer control and chronic disease prevention among First Nations, Inuit and Métis peoples
 - Increase access to and use of leading culturally responsive resources and services among First Nations, Inuit and Métis peoples, including leading models of cancer care in rural and remote locations
 - Further engage First Nations, Inuit and Métis leadership in cancer control, and enhance collaboration across sectors to maximize efforts to address cancer control, including chronic disease prevention, among these populations
-

Strategies

- | | |
|---|---------|
| • Establish support for the detailed Action Plan for 2013–17, building on the results of the five baseline projects developed collaboratively | 2012/13 |
| • Implement First Nations, Inuit and Métis Action Plan on Cancer Control | 2013–16 |
| • Evaluate and determine next steps | 2016/17 |
-

Measures

- First Nations, Inuit and Métis leadership, experts and organizations supportive of, and engaged in, Action Plan implementation

- Provinces and territories, as well as cancer agencies and programs and other key stakeholders, incorporating Action Plan findings in their work
 - Growing repository of leading and promising practices in First Nations, Inuit and Métis cancer control available on cancerview.ca
 - Greater cross-sectoral collaboration, including national and regional First Nations, Inuit and Métis leadership, to maximize efforts in addressing cancer control
 - Co-development of at least three people-specific initiatives with communities, including partnership with government agencies and other non-governmental organizations
-

Implementation partners

The following partners are engaged in the 2011/12 Action Plan information gathering phase and will continue to be engaged in Action Plan implementation:

- First Nations, Inuit and Métis communities, including national and regional Aboriginal organizations
- Health system and cancer agencies and programs, such as the Canadian Association of Provincial Cancer Agencies and individual provincial cancer agencies and programs
- Provincial and territorial ministries of health and Aboriginal affairs
- First Nations and Inuit Health regions
- Disease-specific organizations, such as the Heart and Stroke Foundation, The Lung Association and the Canadian Cancer Society
- Other partners, such as Health Canada First Nations and Inuit Health Branch, the Public Health Agency of Canada, the Canadian Institute for Health Information, Statistics Canada and the Institute of Aboriginal Peoples' Health

CORE ENABLING FUNCTIONS

i. System performance analysis and reporting

Desired outcomes by 2017:

- A key set of agreed-upon cancer control performance targets for the country will be in place, as will system performance measures to inform quality improvements
- Nationally comparable system performance reporting will continue to be used as a key tool to drive system change

Continuing initiative:

- System Performance Reporting

CONTINUING INITIATIVE

1. System Performance Reporting

The Partnership will continue to support the ongoing enhancement and expansion of system performance reporting efforts. It will also build on the collaboration with its partners to develop a comprehensive picture of how population and patient needs throughout the patient journey are being met.

Objective (core enabling function)

System performance analysis and reporting

Goal (desired outcome by 2017)

- Establish a key set of agreed-upon cancer control performance benchmarks and/or targets for the country and continue to use system performance measures to drive system change

Strategies

- | | |
|---|---------|
| • Develop cancer system performance reports, including one “omnibus” report | 2012–17 |
| • Develop cancer control performance targets and benchmarks | 2013–17 |
| • Conduct special studies to explain factors influencing system performance patterns | 2012–17 |
| • Conduct analyses and produce focus reports on system performance indicators related to special populations, starting with geographic remoteness and rurality, and subsequently other groups such as First Nations, Inuit and Métis peoples, specific socioeconomic groups, new immigrants, etc., as well as focus reports on specific disease sites and cancer control modalities | 2012–17 |
| • Expand measures of patient experience and patient-centred care | 2012–17 |
| • Develop a full range of indicators of system efficiency | 2012–17 |
| • Convene Anticipatory Science panels | 2012–17 |
| • Optimize the reach, usefulness and usability of system performance information through a range of reporting products and tools, and other knowledge transfer and exchange strategies | 2012–14 |

Measures

- Improved partner understanding of performance gaps and successes and support for system change as a result of the system performance reports

- Evidence that special reports, analysis and syntheses of expert opinion are used for planning, decision-making and practice improvement
 - Up to five consensus-based national system performance benchmarks and/or targets developed
-

Implementation partners

The main partners for the System Performance Reporting initiative are the provincial cancer agencies and programs. Each province is represented on the Strategic Advisory Group and the Technical Working Group for System Performance. The Strategic Advisory Group provides input and advice on the direction of system performance measurement and reporting, including expansion into new domains, as well as interpretation of system performance information. The Technical Working Group provides input and advice on methodology and data issues related to indicator development, collecting the required data from provinces and submitting it to the Partnership.

A strategy is in place to ensure that provincial data and information requests from System Performance Reporting and other Partnership initiatives align, thereby avoiding redundancy and minimizing the burden on provinces. The initiative will also work with provincial cancer agencies and programs to conduct a number of exploratory studies aimed at explaining gaps and other variations in key system performance indicators to better inform quality improvement strategies. These studies may involve retrospective chart reviews, surveys or other primary data collection mechanisms.

Nationally, the initiative works closely with a number of partners, including Statistics Canada, the Canadian Institute for Health Information and the Public Health Agency of Canada. The initiative partnered with Statistics Canada to access and analyze key data sets required for indicator development, including the Canadian Cancer

Registry, the Canadian Community Health Survey and the Canadian Vital Statistics Database. The initiative has been collaborating closely with the Canadian Institute for Health Information toward the joint development of a number of key indicators for cancer surgery, including wait times and surgery rates. The Partnership and the Canadian Institute for Health Information are working on producing a joint report on breast cancer surgery in 2012. The Partnership plans to continue and expand these collaborations in the new mandate, and has also worked with the Public Health Agency of Canada on reporting indicators for breast cancer screening.

ii. Knowledge management through tools, technology, connections and resources

Desired outcomes by 2017:

- Cancerview.ca will become the go-to hub for information, tools and virtual collaboration for practitioners and professionals, as well as for people affected by cancer
- New capacity will be created to support analysis and use of evidence
- Innovative resources will be used to estimate long-term impacts of policy and program change on cancer, including economic effects, and to evaluate the impact of a co-ordinated approach
- Stakeholders will be able to use evidence in practice through knowledge syntheses, resources and toolkits for action
- Adoption strategies will be co-ordinated by leveraging tools, knowledge and experience

Continuing initiatives:

- Cancer Risk Management Modelling and Economic Analysis
- Cancerview.ca

Evolving initiatives:

- Partnership Knowledge Transfer and Adoption
- Evidence, Synthesis, Guidelines
- Analytic Capacity Building and Co-ordinated Data Development

CONTINUING INITIATIVES

1. Cancer Risk Management Modelling and Economic Analysis

The Cancer Risk Management Model platform, available through cancerview.ca/cancerriskmanagement, is a web-based tool that allows users to estimate the long-term impact of policy and program change, including economic impact. The tool will continue to evolve with the addition of breast and prostate models to the existing lung, colorectal and HPV and cervical models — accounting for over 55 per cent of all cancer cases in Canada — and with the development of a model for cancer as a whole.

Objective (core enabling function)

Knowledge management through tools, technology, connections and resources

Goals (desired outcomes by 2017)

- Innovative resources to estimate long-term impacts of policy and program change in cancer, including economic effects, continue to evolve and be adopted
- Support policy and program stakeholders in decision-making
- Quantify the economic impact of a co-ordinated cancer control strategy within the broader context of cancer

- Establish an approach to measuring the economic impact of the Partnership's work to implement Canada's cancer strategy

Strategies

- | | |
|--|---------|
| • Develop breast and prostate cancer models | 2012–16 |
| • Develop an approach to estimate the total economic burden of cancer in Canada | 2012–17 |
| • Implement model maintenance and enhancements, such as risk factors and new models, including ability to conduct comprehensive analysis of the economic costs of cancer and return on investment of a co-ordinated approach | 2012–17 |
| • Support adoption and use by cancer control community | 2012–17 |
-

Measures

- Evidence of use of Cancer Risk Management Model platform in policy and decision-making processes
 - Use of the Cancer Risk Management Model to assess potential impact of pan-Canadian co-ordinated strategy
 - Micro-site use and uptake: increase in the number of active users (by jurisdiction and type of user)
 - Contributions to a body of work to measure cost-effectiveness and efficiency of co-ordinated cancer control
-

Implementation partners

The Partnership works with many partners on the Cancer Risk Management Model platform. It is advised by a steering group with membership that includes experts from the modelling, health economics and cancer control communities. Content-specific advice, such as that regarding cervical cancer and HPV immunization, leverages the Partnership's existing advisory structures in other strategic initiatives. The organization's provincial partners, specifically the cancer agencies and programs, and some research groups with a specific interest in economic assessment, including the Institute for Clinical and Evaluative Sciences and the Canadian Centre for Applied Research in Cancer Control, actively use the model.

The capacity to develop this type of microsimulation modelling is very limited in Canada, but a highly skilled team from Statistics Canada and the University of Ottawa has been contracted to deliver the models, with a multidisciplinary team as content experts.

2. Cancerview.ca

The cancerview.ca platform will continue to evolve as the go-to hub for information, tools and virtual collaboration for practitioners and professionals, as well as for people affected by cancer.

Objective (core enabling function)

Knowledge management through tools, technology, connections and resources

Goals (desired outcomes by 2017)

- Enable better cancer control decision-making
- Enable more effective knowledge exchange
- Enable access to trusted knowledge available at the point of need

- Reduce unnecessary duplication of effort
- Accelerate implementation and uptake of cancer control knowledge and evidence

Strategies

- | | |
|---|------------------------|
| • Expand content generation, including showcasing partner news, resources, tools, addition of guest contributors or bloggers, development of new micro-sites, and design and implementation of interfaces and online products for new initiatives, etc. | 2012–17 |
| • Develop detailed plans to support initiatives and portfolios across the Partnership’s work, such as public engagement and prevention | 2012–17 |
| • Pilot and fully implement a content syndication initiative, including streamlining creation and maintenance of common content and information for use by partners | 2012–17 |
| • Implement marketing and adoption activities | 2012–17 |
| • Facilitate white labelling, with partner opportunities to be assessed individually | As opportunities arise |
| • Refresh and redesign cancerview.ca | 2014/15 |
| • Evaluate use of cancerview.ca | 2012–17 |
-

Measures

- Use of and user satisfaction with cancerview.ca, including perceived impact of the site in enabling and accelerating decision-making and knowledge exchange, and reducing unnecessary duplication
- Level of engagement and number of content and collaborative group spaces partners

- Evaluation of white labelling and virtual collaboration initiatives, as well as the extent to which cancerview.ca facilitates the acceleration of specific cancer control initiatives
-

Implementation partners

The collaborative approach involves:

- Targeted implementation of partnerships, such as a consortium that includes the Canadian Cancer Society
- Advisory mechanisms, such as a content advisory committee
- Working groups on specific initiatives, such as provincial administrators for Canadian cancer trials
- Partnerships to profile content, resources, news and tools of the Partnership's partners
- Partners leveraging the infrastructure to support collaborative action, both for the work to advance the cancer strategy and to support other initiatives, such as jurisdictions using collaborative group spaces
- Partnerships for the delivery of services and resources on the portal, such as the Li Ka Shing Knowledge Institute at St. Michael's Hospital in Toronto

Partners supporting cancerview.ca include:

- All provincial cancer agencies and programs
- The Canadian Cancer Society
- National health organizations, such as Canada Health Infoway, the Canadian Institute for Health Information, Public Health Agency of Canada, the Canadian Institutes of Health Research and Statistics Canada

- Patient-focused partner organizations, such as the Canadian Cancer Action Network, Willow and grassroots survivorship organizations
- Hospitals

The Partnership's white labelling strategy also provides opportunities for partners to leverage the entire portal infrastructure to support their operational needs with a look and feel specific to their organization. An example is the pan-Canadian Oncology Drug Review (pCODR), which took advantage of this opportunity to establish its online presence. The provincial and territorial ministries of health, excluding Quebec, established pCODR to assess the clinical evidence and cost effectiveness of new cancer drugs and to use this information to make recommendations to the provinces and territories to guide their drug funding decisions. The Partnership's collaboration with pCODR will continue into the next mandate; additional partners may pursue this approach over the next five years.

EVOLVING INITIATIVES

1. Partnership Knowledge Transfer and Adoption

This initiative will support knowledge transfer, exchange and adoption across the Partnership. It will include the creation of toolkits, resources and evaluation instruments to help Partnership initiatives measure their impact from a knowledge management perspective. This support will provide a novel approach to fostering knowledge transfer and adoption of information, tools and resources resulting from efforts across the Partnership's initiatives.

Objective (core enabling function)

Knowledge management through tools, technology, connections and resources

Goal (desired outcome by 2017)

- Ensure greater cohesion in the Partnership's efforts to evaluate its initiatives to better support and understand the impact of knowledge transfer, exchange and adoption across the organization

Strategies

- | | |
|--|---------|
| • Commission an assessment of Partnership evaluation work to assess approaches to measuring the knowledge management component of the organization's mandate | 2012/13 |
| • Based on assessment results, develop a knowledge transfer and exchange toolkit, engage the Partnership's divisions to validate the toolkit, and develop an implementation plan to embed evaluation practices and support adoption of the toolkit | 2012/13 |

Measures

- To be developed as part of the planning process

Implementation partners

As an element of the Partnership's core enabling functions, this initiative will work with all business areas of the organization on support for, and a common measurement approach to, knowledge adoption. An advisory group of experts in this type of measurement will guide the work.

2. Evidence, Synthesis, Guidelines

The body of evidence to inform clinical and policy decisions is rapidly expanding. The Evidence, Synthesis and Guidelines initiative builds on the Partnership's work on guidelines in the first mandate to support the need for evidence in cancer control. The aim of this opportunity is to:

- Facilitate access to evidence syntheses and other knowledge products, such as Cochrane reviews, guidelines via the Standards and Guidelines Evidence repository, and prevention policies tied to research through the Prevention Policies Directory and Health Systems Evidence, to support both efforts to advance the cancer strategy and those working in cancer control broadly
- Develop models of collaboration with partners to provide an evidence synthesis function
- Provide supports, such as training, tools and resources, to foster evidence-informed practice within the Partnership and the cancer control community, including groups such as anticipatory science expert panels, guidelines leaders forums, staging and pathology disease site expert panels

Objective (core enabling function)

Knowledge management through tools, technology, connections and resources

Goal (desired outcome by 2017)

- Enable stakeholders to use evidence in practice through knowledge syntheses, resources and toolkits for action
-

Strategies

- | | |
|--|---------|
| • Understand and plan for the Partnership's evidence needs | 2012/13 |
| • Provide tools and resources to foster evidence-informed practice within the Partnership and the cancer control community | 2012/13 |

Measures

- To be developed as part of the planning process

Implementation partners

Partners engaged in the Partnership's work in the guidelines area in the first mandate include guideline development groups from every provincial cancer agency and program. The Partnership's Capacity Enhancement Program based at McMaster University provided training, mentorship and support in the development and maintenance of a guidelines repository. The Partnership will explore additional partnerships with organizations involved in the identification, synthesis and reporting of evidence, such as the Cochrane Collaboration, the Canadian Agency for Drugs and Technologies in Health, and other organizations producing evidence products, to identify opportunities to leverage existing infrastructure. The Partnership will maintain linkages and joint efforts with provincial cancer agencies and programs, clinicians and guideline development experts for the co-ordination of guideline development to support the activities of the strategy.

3. Analytic Capacity Building and Co-ordinated Data Development

Limited availability of strong analytic capacity in Canada to conduct specialized reporting that supports cancer control efforts is a challenge. There are gaps in data knowledge, data access, technical expertise and data standards. This problem surfaced clearly in the Cancer Surveillance and Epidemiology Networks initiative during the first mandate, which was completed in March 2012. To address this gap, the analytic capacity-building component of the initiative will focus on developing technical capabilities, methodology sharing and mentorship opportunities; addressing specific analytic topics; and supporting connections across the analytic community.

The initiative will also forge new relationships with universities to attract talented analysts to work in cancer control. The co-ordinated data development element of the initiative will seek to maximize the use of existing data sets, such as the staging data now available; to explore linkage of data sets; and to develop strategies that address key gaps in data to inform cancer control efforts. These data gaps include those related to treatment, palliative care and patient experiences and outcomes. Strategies will be connected with other Partnership initiatives appropriately.

Objective (core enabling function)

Knowledge management through tools, technology, connections and resources

Goal (desired outcome by 2017)

- Enhance capacity to analyze, measure and report on cancer system performance to inform action
-

Strategies

- | | |
|---|---------|
| • Develop a strategy for building analytic capacity | 2012/13 |
| • Facilitate discussions to develop an approach for leveraging existing treatment data sources and mechanisms for treatment data collection and use | 2012/13 |
| • Improve data request and submission processes to support the Partnership's analytic and reporting requirements | 2012/13 |

Measures

- To be developed as part of the planning process

Implementation partners

The ongoing partners for this work include national and provincial organizations supporting cancer control data, such as Statistics Canada, the Canadian Institute for Health Information, the Canadian Council of Cancer Registries, and provincial cancer agencies and programs. The Partnership's role is largely to convene these partners and examine the issues of data standards, gaps and development opportunities. Universities are also potential partners for analytic capacity-building efforts.

iii. Public engagement and outreach

Desired outcome by 2017:

- There will be tangible evidence that the Partnership and its partners are communicating the benefits of the national cancer strategy to Canadians affected by cancer, and the outcomes of the work will be measured and publicly available

Evolving initiative:

- Public Engagement and Outreach

EVOLVING INITIATIVE

1. Public Engagement and Outreach

This initiative will refocus the Partnership's outreach to the public with the goal of communicating about the national cancer strategy and the collaborative effort among Canada's cancer and health communities to reduce the burden of cancer on Canadians. It will also create positive awareness about the achievements and impact of the strategy, and what more needs to happen to reduce the burden of cancer on Canadians. The Partnership will continue to ensure the advisory mechanisms that guide the cancer strategy are anchored by the experiences and perspectives of people affected by cancer (patients, survivors and family members) and that information, tools and resources developed as a result of the strategy are accessible to the widest audience possible.

Objective (core enabling function)

Public engagement and outreach

Goal (desired outcome by 2017)

- Ensure there is tangible evidence that the Partnership and its partners are communicating the benefits of the national cancer strategy to Canadians affected by cancer, and the outcomes of the work are measured and publicly available
-

Strategies

- | | |
|--|---------|
| • Develop a comprehensive communications plan that includes a public outreach plan | 2012/13 |
| • Build and expand awareness and support for the Partnership's role, value and impact, and actively engage partners in opportunities to communicate about the national cancer strategy | 2012–17 |
-

Measures

- To be developed as part of the planning process
-

Implementation partners

Ongoing partners include provincial cancer agencies and programs, the Canadian Cancer Society, the Canadian Cancer Action Network, the Canadian National Task Force on Cancer in Adolescents and Young Adults and other organizations and patient groups as needed, depending on the nature of the opportunity. The Partnership will also make new connections with a broader community through various engagement initiatives.

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The views expressed herein represent the views of the Canadian Partnership Against Cancer.

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CANADIAN **PARTNERSHIP**
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