

CANADIAN PARTNERSHIP  
AGAINST CANCER



PARTENARIAT CANADIEN  
CONTRE LE CANCER

**Partnership Strategic Plan  
2007/08 to 2011/12**

Approved May 15, 2007

Partnership Strategic Plan

**Introduction**

The Canadian Partnership Against Cancer (the Partnership) is a new independent corporation charged with accelerating action on cancer control across Canada.

As the population ages, increased demands will be placed on the Canadian health care system. Over the next 30 years, it was estimated that:

- Almost 6 million Canadians would develop cancer
- Approximately 3 million would die from the disease; and
- Over 38 million potential life years would be lost due to premature death.

The establishment of the Partnership was announced in November 2006 by Prime Minister Stephen Harper. It will spur action on the first Canadian Strategy to Control Cancer. This five-year plan was developed by more than 700 cancer survivors, cancer experts, cancer treatment organizations, governments and advocacy groups. As part of its 2006 Budget, the federal government committed \$260 million over five years to this life-saving strategy.

The objectives of the cancer control strategy are:

1. to reduce the expected number of new cases of cancer among Canadians
2. to enhance the quality of life of those living with cancer, and
3. to lessen the likelihood of Canadians dying from cancer.

By taking decisive action and better aligning cancer resources, the Canadian Strategy for Cancer Control estimated that over the next 30 years, the strategy could:

- prevent over 1.24 million Canadians from developing cancer
- save the lives of over 423,000 Canadians
- prevent over 7.3 million potential years of Canadian life being lost

As well as saving lives and preventing unnecessary suffering, the Strategy is also expected to deliver significant economic benefits, including saving \$39 billion in direct health care costs over the 30-year period.

The Partnership Board of Directors will adopt a risk management framework that deals with benefits and risks to assess regularly how well THE PARTNERSHIP is performing against targets. The starting point for the Strategic Plan was the work done for the Canadian Strategy for Cancer Control. As such, the underlying workplan is designed to take important first steps towards addressing THE PARTNERSHIP's goals within the risk management framework established for the development of the Strategy.

The Partnership will ensure that the most reliable and current cancer knowledge reaches all parts of the country regardless of provincial or territorial boundaries. This includes knowledge about preventing, screening, diagnosing and treating cancer, as well as data and research. It will provide this information to governments, cancer

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professionals and support groups, patients, their families and individuals in every part of Canada.

The Partnership will provide evidence-based information and tools to help provinces and territories build cancer management strategies tailored to their own needs and based on a solid foundation of cancer knowledge and comparable national data. These will include networks of experts, mechanisms for more efficient development and dissemination of best practices, knowledge translation tools for translating research into public policy and clinical practice and management tools to improve performance. The result will be better local management of cancer.

The Partnership approach also permits a national perspective by enabling comparability, transparency, consistency and portability of knowledge across Canada. It brings together currently disparate agents of the Canadian cancer control system and creates a participative and evidence-based platform for communication and joint action among all stakeholders. One of its strengths is the flexibility it will have for multiple partnership arrangements. Sharing knowledge and know-how will enable governments and cancer care organizations across Canada to achieve a more efficient alignment of cancer control resources. This increased efficiency will save lives, improve quality of life and add economic value.

The Partnership will provide leadership with respect to cancer control through knowledge management and coordination of effort among provinces and territories, cancer experts, stakeholder groups and aboriginal organizations. Through these activities, it will champion changes that improve health outcomes related to cancer, leveraging existing investments. Its knowledge management and communications activities will bring together the volume of information, making it available to all Canadians, no matter where they live. A coordinated knowledge-centred approach to cancer control is expected to significantly reduce the economic burden of cancer and alleviate current pressures on the health care system.

The Partnership is designed to be integrated and inclusive. Its board members are being drawn from federal, provincial and territorial representatives, health professionals, cancer agencies, key non-governmental organizations, aboriginal representatives, cancer patients and survivors. The Partnership activities will be integrated with other federal, provincial and territorial government investments in cancer control to maximize cancer control effort, including promoting and supporting multidisciplinary action where relevant.

The five-year Strategy was developed by more than 700 cancer survivors, cancer experts, cancer treatment organizations, governments and advocacy groups. The Partnership will continue to engage and work in partnership with these groups. In particular, the Strategic Plan contemplates significant ongoing collaboration with Health Canada and the Public Health Agency of Canada.

Recognizing that health care falls within provincial jurisdiction, the Partnership will play no role in the administration of health policy or programs. Its job is simply to make sure that the best cancer care practices are known and available to health care providers and policy makers in every part of Canada. The Partnership will encourage, support and facilitate collaborative initiatives within the cancer control community. Through networks that cross Canada, the Partnership will engage

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experts from the cancer control community, leveraging critical experience and expertise for use by all.

Full implementation of the Partnership Strategy will create an inclusive, responsive and evidence-based cancer control system for Canada.

**Core Components**

The core components of the Partnership include:

1. Board
2. Advisory Council
3. Corporation
4. Linkages to Patient/Survivor Groups
5. Action Groups

**Strategic Priority Areas for Investment 2007-2012**

The full Board of Directors will take office in April 2007, with Jeffrey Lozon as the Chair and Dr. Simon Sutcliffe as the Vice-Chair. Building on the Canadian Strategy for Cancer Control, the Board will establish an integrated set of strategic directions and investments that are viewed as optimal for delivering on the goals to reduce incidence, improve quality of life for those with cancer and to reduce the likelihood of dying from cancer. The strategy must be flexible to ensure that cancer control priorities can be addressed as they emerge from scientific findings and other evidence and patient needs. The initial priority areas are:

- A. Providing Excellence in Governance and Accountability**
- B. Promoting Optimal Performance**
- C. Facilitating Cancer Prevention and Early Detection**
- D. Supporting the Cancer Patient’s Journey**
- E. Supporting the Cancer Workforce**
- F. Encouraging Cancer Research; and**
- G. Improving Cancer Information and Access**

**A. Providing Excellence in Governance and Accountability**

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Because the Partnership is a new organization, the establishment of sound governance and accountability will be critical to its success and will require considerable board attention in the initial years. As time goes on, the Board must ensure that an appropriate evaluation structure is in place to ensure continuous improvement.

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**Board of Directors**

The Board of Directors is the governance body for the Partnership. It will operate an inclusive model of decision-making with representatives from across Canada, including cancer stakeholder organizations, provinces and territories; patient, family and survivors, Canada's Aboriginal peoples and the federal government.

Board members are expected to act in the best interests of The Partnership and make a significant contribution to its success. For sound governance, Board members, as well as being proven contributors at a board or executive level and having knowledge of cancer control, will have a mix of other skill sets such as legal, financial, management and operations. Given the importance of the organization's goals, Board members are expected to have capacity to oversee planning and execution objectively. Further, for the board to function well, directors are being sought who have good relationship management skills and the ability to influence others.

In addition to its first By-Law, the Board will put in place appropriate By-Laws and policies, such as conflict of interest, to facilitate sound governance. It will establish Committees such as Executive, Governance (Nominating), and Audit and Finance. Legal advisors and external auditors are already in place.

Key Responsibilities 2007-2012

- Setting the Partnership's strategic plan, building on the Canadian Strategy for Cancer Control, that addresses the full range of cancer control from prevention through diagnosis to treatment and support for patients and their families
- Working with the Advisory Council to oversee the development of the multi-year integrated business plan, aligning action group deliverables and financial resources to the strategic plan
- Ensuring that the Partnership addresses key infrastructure concerns required for successful cancer control outcomes
- Monitoring the Partnership's performance against established priorities and deliverables, and taking corrective action as required
- Ensuring a robust evaluation structure is used, including establishing targets and reviewing progress against those targets at least annually
- Reporting to the federal, provincial and territorial governments, the Canadian public and other stakeholders on the Partnership's performance
- Providing strategic advice to the Council of Federal, Provincial and Territorial Health Ministers on matters pertaining to cancer control
- Responding to requests for advice on specific cancer control issues from governments
- Adopting sound policies and structures for board governance and the organization (e.g. human resources, finance, procurement, etc.)
- Establishing a robust advisory function that fosters collaboration and cooperation among bodies delivering cancer control across Canada
- Ensuring the terms of the Funding Agreement are satisfied

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### Expected Outcomes

- Development and implementation of a strategy that optimizes actions to achieve the Partnership's core goals
- Development and implementation of a business plan with the Partnership organization and Action Groups held to account for effective and efficient achievement of deliverables
- Improved public awareness of cancer prevention, treatment, and supports
- Recognized vehicle for knowledge transfer
- Transparent reporting on activities, achievements, progress against targets and finances
- Demonstrated value through evaluation
- Fulfillment of Funding Agreement requirements

### **Advisory Council**

The Board is supported by an Advisory Council with the Board's Vice Chair being its Chair. It will be comprised of cancer control experts, cancer stakeholders and cancer survivors, as well as the Chairs of the Action Groups. While the exact terms of reference will be established by the Board, it is expected:

- to advise on performance measures and targets, policies and best practices from across Canada and internationally
- within the context of the strategy, to align and integrate Action Group activity to achieve optimal outcomes within the prevailing policy and resource environments
- to advise on optimal implementation strategies, including intersectoral and interdisciplinary collaboration, the integration of science and medicine and potential sources for resource leveraging
- to oversee the process for selection, term of office, renewal and performance review of Action Group Chairs
- to identify potential risks to the CPACthe Partnership's success and mitigation strategies
- to provide other advice to the Board as requested.

### **Corporation**

The Executive Team of the Corporation and the staff will support the activities of the Board, the Advisory Council and the Action Groups. The Board taking office in April 2007 will select the Chief Executive Officer (CEO) and together they will determine the Executive Team and full organizational structures.

Under the Provisional Board, a profile for the CEO position has been developed and through a Request for Proposals process, the selection of an executive search firm finalized. The Provisional Board saw the CEO position as providing executive leadership to engage stakeholders and to drive results:

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Reporting to the Partnership's Chair and the Board of Directors, the CEO is an individual who will convey trust and integrity in his/her actions. The CEO can build consensus amongst stakeholders for the successful implementation of a range of cancer control initiatives to ensure the Partnership is meeting its mandate, as well as providing supports to expert action groups developing the initiatives.

As the initial CEO, the individual will have the capacity to start up a complex organization with exceptional relationship management and communications skills, and strong governance knowledge. Of particular importance, the CEO must establish strong working relationships with provincial and territorial governments, as well as move quickly to ensure results will be delivered in the short- and medium-term.

The Board will also work with expert firms early in its first year to finalize the other executive positions and a compensation strategy. For initial consideration, a structure that covers the necessary functions has been developed:

**Chief Operations Officer:** Responsible for knowledge management system(s), information technology; Action Group support; privacy strategy and privacy impact assessments.

**Chief Performance Officer:** Responsible for performance measurement against indicators (establishing, monitoring, reporting); quality control; project design; project management office; cancer control/risk management modeling services.

**Chief, Planning and Partnerships:** Responsible for strategic planning, government relations, stakeholder relations, partnerships with cancer organizations, communications.

**Chief, Corporate Services:** Responsible for: finance, human resources; administration; procurement/contract management.

**Corporate Secretary:** Direct support to the Board in its governance role, and support to the Advisory Council, as part of CEO office.

Consideration is also being given to establishing small - possibly virtual - regional offices to support the needs of Action Groups to address issues with provincial/territorial governments and other cancer stakeholders to enable achievement of deliverables.

## Patient/Survivor Linkages

To meet its goals, the Board will set its priorities ensuring that the patient perspective is given strong weight. To do so successfully, the patient/survivor perspective will be present throughout its ambit: from representation on the Board and the Advisory Council to participation on Action Groups. Funding will be set aside for community linkages. The intent is to ensure that the issues identified by patients and survivors of many types of cancer are brought to bear. Communications and knowledge transfer/exchange with patients and survivors will be key to the Partnership's success.

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**Action Groups**

Cancer control knowledge and expertise are widely dispersed throughout Canada's health care system. To draw on this information and expertise and make it readily accessible to all stakeholders, the Canadian Strategy for Cancer Control Governing Council established collaborative networks of experts in priority areas known as Action Groups. These Action Groups become part of the Partnership governance structure as of April 1, 2007. Reporting through the Advisory Committee, they are ultimately accountable to the Board of Directors.

The Action Groups have primary responsibility within the Partnership for knowledge formation and direct action. Through data analysis, new research and evaluation, the Action Groups will increase knowledge and understanding about the causes of cancer and the real-world effectiveness of interventions. Working together through the Advisory Council, the Action Groups will reduce the burden of cancer on our health care system by providing an integrated cancer prevention strategy, enabling knowledge transfer, coordinating efforts and making the health system more efficient and effective in diagnosing and treating cancer patients. Since there is potential for overlap and duplication, the Action Groups will work closely with each other and with key stakeholders to avoid it.

Each Action Group will be headed by a Chair, who is a recognized subject matter expert with strong leadership, relationship management and execution skills. Recommendations for appointment of Action Group Chairs will be made by the Advisory Council and approved by the Board. Members, drawn from across Canada, include health practitioners and administrators, epidemiologists, analysts and cancer survivors. Action Groups gather and critically analyze cancer information and knowledge across the cancer control continuum, provide cancer expertise and management advice in specified priority areas, and coordinate and drive action across Canada. The structure allows the ability to build on optimal practices from each jurisdiction.

Each Action Group will feed information into the Partnership's knowledge management and risk management platform, make recommendations to the Advisory Council regarding priority setting, and manage and implement cancer control activities in their areas of expertise, ensuring that action is taken across the continuum of care.

The Action Groups work together, and with partners, to share knowledge, eliminate duplication of effort and ensure consistency across activities. The makeup of the Action Groups is flexible and will change as new priorities in cancer control emerge.

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The nine current Action Groups are structured to reflect the strategic priority areas for investment:

Optimal Performance

Quality and Performance Assurance Action Group

Facilitating Cancer Prevention and Early Detection

Primary Prevention Action Group

Screening/Early Detection Action Group

Supporting the Cancer Patient's Journey

Standards Action Group

Cancer Guidelines Action Group

Rebalance Focus Action Group

Supporting the Cancer Workforce

Human Resources Action Group

Encouraging Cancer Research

Research Action Group

Improving Cancer Information and Access

Surveillance Action Group

Central to the Partnership's mandate is knowledge management and translation, including associated risk management tools. At the Partnership's inception, no Action Group had been assigned this responsibility. As such, the Board, in consultation with the Advisory Committee, very early in its tenure will have to determine how best to structure this activity to ensure it is underway quickly.

The Partnership Strategic Plan was approved by the Board of Directors at its May 15, 2007 meeting. The detailed description of the strategic directions below may be subject to further refinement, evolution and change.

## **B. Promoting Optimal Performance**

### **Quality and Performance Assurance Action Group (QPA-AG)**

Independent evaluation is critical to objective and realistic target-setting and real world achievement. The objective of the QPA-AG is to provide the Board of Directors through the Advisory Council with cancer control targets and timely, evidence-based analysis of the results of the Partnership activities. The QPA-AG monitors the impact of cancer control initiatives on a gender, age, provincial and site-by-site basis and relates them to trends in cancer incidence and mortality. The QPA-AG also advises on priorities for future action across the cancer control spectrum.

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This work is at an early stage and expert advice is required to establish appropriate parameters. Given the fundamental relationship of its activities to the Board's governance responsibilities, in the first year, the Board will review whether this function is more appropriately housed in the corporation. If so, the CEO will develop a plan to transition the activity while maintaining linkages to external expert advice.

### Key responsibilities 2007-2012

Identify data requirements for cancer control targets and indicators

Working with the Action Groups and other key stakeholders, establish achievable targets for Advisory Council and Board approval across the cancer control spectrum

Working with other partners as appropriate, identify, develop and disseminate targets and indicators for specific areas as appropriate (e.g., tobacco, nutrition, obesity, physical activity, treatment, palliative care and supportive care)

Develop the performance monitoring and accountability system for measuring long-term trends and expected outcomes

### Expected Outcomes

Supports and harnesses the strengths and assists with integration of other Partnership Action Groups

Effects and delivers the Partnership governance principles, the Treasury Board Secretariat Management Accountability Framework, and the Treasury Board Secretariat Integrated Management Framework

Methodological support of the Partnership's knowledge-based strategy, with consistent and effective application of best cancer control knowledge

Advice to Board on outcomes and supporting resource allocation decisions to maximize population health impacts

Conduct of target setting, performance management and accountability

### **Knowledge Translation**

The core operating functions of the Partnership are to form, transfer and apply knowledge about cancer and cancer control. Knowledge translation is required to promote and facilitate coordinated cancer management throughout the Canadian health system and provide timely access to evidence-based information to decision-makers, health professionals, patients and the community at large through a knowledge and scenario modeling/risk management platform. The platform needs to give health professionals online access to cancer risk information across Canada. It will also provide policy-makers in each province with the information needed to make informed decisions about cancer control.

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The risk management system will enable the Board to make informed decisions about investment and to evaluate the impact of its activities on a range of health and economic variables, including cancer incidence and mortality, tax revenues and wage-based productivity. It will also assist in the alignment of resources across the Action Groups – analyzing new breakthroughs in research and cancer control – and with the systematic review of information and knowledge gaps and overlaps.

The earlier work done as the Canadian Strategy for Cancer Control was developed contemplated such a platform but did not result in an Action Group being put in place, although some knowledge management work has been undertaken through the CPG-AG.

The Board and the Advisory Council will have to address the appropriate strategy and implementation plan in the first year of operation given the critical need for knowledge translation as an underpinning to the strategy. Decisions will also have to be made about whether this work is appropriately conducted through an Action Group or led by a Corporation Executive with assistance from outside experts.

Key Responsibilities 2007-2012

Working collaboratively with key stakeholders, identify data types and data requirements for the Partnership governance activities, support of performance management and accountability activities – including the risk management framework - and the activities of Partnership Action Groups

Build and deliver a database architecture and technology that will support governance, performance management and accountability activities, the risk management framework and the activities of the Partnership Action Groups

Put in place and operate a knowledge transfer platform and cancer control evaluation, analysis, performance and scenario modeling/risk management system, with accompanying user interfaces that can connect provincial cancer control professionals and other key stakeholders to the Corporation's and Action Groups online resource centers and systems that provide real-time demographic, cancer risk economic and health status models

Expected Outcomes

Technological and methodological support for the Partnership's evidence and knowledge-based strategy

Capability to affect the Partnership governance principles, the risk management framework, the Treasury Board Secretariat Management Accountability Framework, and the Treasury Board Secretariat Integrated Management Framework

Provision of technology for the development, translation, and transfer of cancer control knowledge across Canada;

Supports for the rapid dissemination of emerging, evidence-based reliable information within the Partnership structure and to all its stakeholders

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Development and use of technology for a national perspective by enabling comparability, transparency, consistency and portability of knowledge across Canada

Provision of technology for the creation of a participative and evidence-based platform for communication and joint action among all stakeholders to achieve efficient alignment of cancer control resources

Provision of technology for Action Groups to critically analyze gathered cancer information and knowledge across the cancer control continuum

Provision of technology will be the basis for maximizing cancer control effort including promoting and supporting multidisciplinary action

Improved local management of cancer by providing evidence-based information and tools to help provinces and territories build cancer management strategies tailored to their needs

**C. Facilitating Cancer Prevention and Early Detection**

Only a small fraction of resources allocated to cancer control is currently spent on prevention. Governments across Canada require expert help from the cancer community to develop optimal cost-effective policy solutions. Under the Partnership, the group primarily responsible for this area of investment is the Primary Prevention Action Group. There is also a real need to build effective cancer screening capacity and capability in Canada, which is the focus of the Screening and Early Detection Action Group.

**Primary Prevention Action Group (PP-AG)**

The objective of the PP-AG is the establishment of a cross-Canadian primary prevention system that supports evidence-based practice for policies and programs and addresses the population-based risk factors for cancer. It works closely with the Chronic Disease Prevention Alliance of Canada and other key stakeholders. The PP-AG will collaborate with and develop information and knowledge for provinces and territories, municipalities, non-governmental organizations and individual Canadians on how to reduce cancer by reducing risk. It will work with the communications function in the corporation and other stakeholders to find the best way to convey prevention messaging and verify effectiveness. It will also monitor and oversee the implementation of primary prevention practices across Canada. A current focus of the PP-AG is the development and implementation of effective tools and techniques to ensure the reduction of risk associated with nutrition, environmental and occupational exposure and sunlight.

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### Key Responsibilities 2007-2012

Develop and execute a national prevention program, working in collaboration with key stakeholders, related to environmental and occupational exposure

Collaboratively develop and execute nutrition guidelines and tool kits, especially for high-risk groups

Working with stakeholders, develop and execute a sunlight guideline program

Pilot and evaluate a primary prevention surveillance system

Review the role of infectious agents and the development of cancer and identify related approaches to prevention

Develop collaboratively and execute a primary prevention report card

Working with other jurisdictions and key stakeholders, build primary prevention research, surveillance and training capacity in Canada

### Expected Outcomes

Raised awareness of cancer risk behaviours that will contribute over time to the reduction of the expected number of Canadians diagnosed with and dying from cancer

Leadership role will build capacity and leverage the priority of primary prevention

By targeting specific high-risk populations, reduction to the health inequalities between advantaged and disadvantaged populations

Provision of cutting-edge, reliable and rigorously derived information will be provided to governments, cancer professionals, cancer support groups, patients, their families and individual Canadians

Enhanced management capacity to prevent cancer through the provision of evidence-based information and tools that allow provinces and territories to build cancer prevention strategies tailored to their needs

### **Screening/Early Detection Action Group (SED-AG)**

Cancer screening, delivered through effective population-based screening programs, can contribute significantly to cancer control in Canada. The goal of the Screening/Early Detection Action Group is to maximize the positive impacts of cancer screening in Canada, in terms of reduced mortality, reduced morbidity and improved quality of life (including support for informed decision-making about screening).

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The Screening/Early Detection Action Group will focus on cancer site-specific screening issues, complementing the efforts of the national committees already in existence and on broader issues such as advising on the implementation of organized screening programs in Canada; monitor new evidence and emerging screening technologies; develop and implement screening performance indicators; foster the development and sharing of effective strategies to improve access to and participation in effective cancer screening; establish effective partnerships with key stakeholders in the health care system to ensure coordination of screening efforts; and actively participate in international screening networks. It will work collaboratively across the jurisdictions.

Key responsibilities 2007-2012

Working collaboratively with key stakeholders, the achievement of recruitment targets for breast, cervical and colorectal screening through organized screening programs

Identify gaps and key areas for improvement in the delivery of screening programs (existing and new) in Canada and develop strategies, working collaboratively, to address these gaps

Champion the concept of programmatic screening (vs. opportunistic screening) where appropriate with key partners and stakeholders to promote better understanding of the population health approach and facilitate better integration and linkages with other health care system strategies

Develop outcome and process objectives for cancer screening in Canada, including a set of national screening performance indicators and benchmarks, building on previous work and accomplishments of the national breast and cervical screening committees, cancer care agencies and internationally recognized approaches

Create educational tools for health care professionals and primary care physicians to promote and improve patients' understanding of screening

Expected Outcomes

Appropriate use of screening will contribute over time to improved quality of life through earlier identification and reduction of the expected number of Canadians dying from cancer

Improved patient understanding, supporting informed decision-making about screening

Improved policy-maker knowledge regarding screening

Improved information for health providers to advise patients regarding screening

Improved quality of screening provided through performance tools and professional adoption of standards

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Provision of a national perspective built on comparability, transparency, consistency and portability of knowledge across Canada

Creation of a participative and evidence-based platform for communication and joint action of all stakeholders to enable efficient alignment of screening/early detection cancer control resources

**D. Supporting the Cancer Patient’s Journey**

For many years, cancer patients and their family members have reported that cancer care in Canada is not operating as an integrated whole or in a patient-focused manner. Many feel isolated. Others sense their care is fragmented and are uncertain where to turn for help. Access to information, support and services often depends upon where one lives.

In addition to related work of the Screening and Early Detection Action Group described above, three Action Groups have responsibility for investment in this area: Standards, Clinical Practice Guidelines, and Rebalance the Focus.

**Standards Action Group (S-AG)**

During the development of the Canadian Strategy for Cancer Control, the Governing Council identified a lack of standards as a significant impediment to the provision of high-quality cancer care across Canada. Without standards, it is impossible to share information, compare practices or evaluate outcomes. Canadians are unable to determine whether the health care system is delivering equitable, effective and efficient care.

The objectives of the S-AG are: to develop best-practice standards for cancer diagnosis, treatment and care; and to establish performance indicators to evaluate service delivery and foster improved access and quality. The S-AG also assists in the development of key measures used by other AGs. The S-AG will work collaboratively with key stakeholders.

Key responsibilities 2007-2012

Perform environmental scan and literature review to enable the development of cancer control standards and indicators for cancer diagnosis, treatment and care

Working collaboratively, identify and develop a core set of evidence-based cancer control standards, indicators and benchmarks for use by cancer agencies and programs

Establish an inter-provincial mechanism to promote and facilitate the development, dissemination, uptake and evaluation of pan-Canadian standards and performance indicators and benchmarks

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Establish and recommend rigorous methodologies, including tools and templates for the development, implementation and monitoring of standards, indicators and benchmarks for use within Canada, developed in consultation with key stakeholders

Develop and execute a common data and technology system for storing and accessing performance indicators and best-practice standards information

Improve access to standards and performance indicator information by professionals, patients and the community at large

Expected Outcomes

Widely accepted standards and indicators that enable performance assessment of the cancer control system

Support for the Partnership's knowledge-based strategy

Provision of a national perspective by enabling comparability, transparency, consistency of standards and indicators across Canada

Provision of timely access to evidence-based information to health professionals, patients and community

Engagement of cancer control community experts, leveraging critical experience and expertise for use by all (capacity building)

Support for target setting, performance management and accountability

**Cancer Guidelines Action Group (CG-AG)**

Evidence-based clinical practice guidelines are used to guide clinical practice and policy decisions. They promote appropriate practice, help inform investment in new technologies, and contribute to quality improvement programs. Through its three interconnected strategic directions (CPG Tools, CPG Cancer Knowledge Resource and Partners), the CG-AG will facilitate co-operation among provincial cancer guideline programs, establish common principles and develop communication infrastructure and training opportunities.

The CG-AG champions the optimal use of evidence through clinical practice guidelines, promoting a consistent approach to cancer control. An important part of the CG-AG's function is to gather and communicate cancer control knowledge to other Action Groups, cancer control practitioner groups and other stakeholders. The CG-AG will enhance the ability of provinces, territories, municipalities, NGOs and individual Canadians to access, evaluate, use and share knowledge about the best cancer control practices.

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Key Responsibilities 2007-2012

Champion through national collaboration a pan-Canadian strategy to facilitate the optimal use of evidence through clinical practice guidelines for cancer control

Develop a quality Canadian-based online resource designed to provide the optimal use of evidence for clinical practice. This comprehensive cancer knowledge resource will include links to high quality Canadian and international products

Develop and implement collaboratively resources and tools to help provinces develop, adapt, appraise, disseminate, implement, evaluate and maintain high quality evidence-based clinical practice guidelines that are relevant to their circumstances

Design a core curriculum to assist in the training of information specialists to facilitate the optimal use, evaluation, and utilization of evidence-based guidelines and products related to informed decision-making

Working with key stakeholders, develop and implement reporting tools to enable better clinical decisions

Develop tools for government decision-makers that facilitate greater consistency in clinical practices across the country

Build on membership of key leaders in guideline and knowledge management to foster consistent information sharing, collaborative action and efficiency across organizations, clinical communities, and national and international researchers

Expected Outcomes

Provision of a national perspective by enabling comparability, transparency, consistency and portability of knowledge across Canada

Timely access to optimal evidence-based information for health professionals, government decision-makers, patients and the community

Tools and guidance for jurisdictions and other stakeholders to develop better clinical practice guidelines and adapt existing guidelines

Tools to enable consistent decision-making by governments

Increased public awareness, involvement, and understanding of issues that have a major impact on patient care

Canada seen as a world leader in clinical practice guidelines through participation in international projects

Capacity building through leveraging cancer control experts for use by all practitioners

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**Rebalance Focus Action Group (RB-AG)**

When a person is diagnosed with cancer, there are emotional, social, spiritual and practical consequences for both the individual and family members. Support, access to information, and effective communication with health care providers are critically important, yet patients report difficulty accessing information and services in a timely manner. The objective of the RB-AG is to ensure that cancer patients' needs are better served by the health care system. The RB-AG will develop and promote strategies, tools and targets to address the urgent need for resources, including programs and staff, and ensure that health care professionals receive education in psychosocial, supportive and end-of-life care. It will also work to improve coordination and continuity of cancer care through a formal partnership between Canadian accreditation stakeholders. The RB-AG is most responsible for representing cancer patients with the other Action Groups.

Key Responsibilities 2007-12

Develop and consult on a vision for a patient-focused system

Establish resource centre of best-practice standards and performance indicators in the areas of psychosocial, supportive and palliative care

Increase patient access to knowledge about supportive and palliative care (e.g., develop online patient navigation tools, use of telehealth systems, and services for First Nation and Inuit communities)

Working with key stakeholders, build supportive and palliative care research, training and accreditation capacity in Canada

Expected Outcomes

Improved quality of life of those living with cancer

Enhanced availability of reliable, current information and supports for patients and their families, cancer support groups, cancer professionals and governments

**E. Supporting the Cancer Workforce**

Cancer control professionals have identified a lack of human resources as a potential threat to cancer control efforts in Canada. Shortages in the cancer workforce have limited the health care system's ability to care for patients and threatened its sustainability. In coming years, the increasing number of cancer patients will put an even greater strain on Canada's ability to provide timely and effective cancer care. Under the Partnership, the group primarily responsible for addressing this issue is the Human Resources Action Group.

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**Human Resources Action Group (HR-AG)**

The objective of the HR-AG is to coordinate the development of a pan-Canadian workforce strategy and to help rectify deficiencies in the cancer workforce across the country by providing provinces, territories and cancer control organizations with reliable tools and information. Working collaboratively with key stakeholders, the HR-AG examines the nature and extent of human resource shortages, addresses issues of recruitment, retention and training, and alternative delivery practices. It tracks and predicts workforce supply in light of changing models of delivery. It will also establish an effective human resources planning information system (HRPIS) that will serve as a prototype for use in other health sectors. The HRPIS will provide an objective standards-based tool to inform planning, policy and decision-making regarding human resources and capital equipment expenditures.

Key Responsibilities 2007-2012

Complete a workforce study and working with key stakeholders, develop policies and procedures to address its conclusions

With appropriate privacy protection, build an effective cross-Canada HRPIS and associated tools to help provinces plan for cancer health human resource and capital equipment requirements

Promote information exchange on health human resource issues across the country and on innovative practices being used to mitigate them

Expected Outcomes

Improved planning information regarding health human resources and capital equipment

Rapid dissemination of effective innovative practices to cancer care agencies and governments

Support to activities of other Action Groups

**F. Encouraging Cancer Research**

Over the past decades, billions of dollars worldwide have been invested in cancer research. Outstanding progress has been made in the treatment and cure of childhood cancer and certain adult cancers. The challenge lies in applying and integrating knowledge. Under the Partnership, the group primarily responsible for this function is the Research Action Group.

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**Research Action Group (R-AG)/Canadian Cancer Research Alliance (CCRA)**

To capitalize on Canadian research strengths and focus them on the challenges in cancer control, the R-AG has established the Canadian Cancer Research Alliance. The CCRA brings together all the major organizations and agencies funding cancer research in Canada to coordinate a united research response for cancer control.

The objective of the CCRA is to provide a pan-Canadian voice on key research issues, promote the integration of research with all aspects of cancer control and champion biotechnology and translational research. The CCRA will promote the translation of science into easily accessible knowledge products. It will also organize a major investment in understanding cancer risk factors in the context of other chronic diseases. The CCRA will provide oversight for the development, implementation and evaluation of major research initiatives linked to the Partnership.

Key Responsibilities 2007-2012

Establish and maintain pan-Canadian cancer research network promoting integration of research across Canada

With CCRA, coordinate funding for a set of significant projects on cancer translational clinical research to foster the rapid transfer of new knowledge between the scientific community, health professionals, policy-makers and the community at large

As part of CCRA, coordinate funding for a risk factor cancer cohort study to better understand cancer and other chronic factors and design effective intervention strategies

Expected Outcomes

Cost-effective cancer research agenda that avoids unnecessary duplication and overlap

More rapid translation of research into clinical practice and government decision-making

Information availability to enable improved prevention and intervention strategies

Supports work of other Action Groups

**G. Improving Cancer Information and Access**

Accurate, integrated and accessible information is required to facilitate effective planning, implementation, monitoring and evaluation of cancer control. Canada is recognized as a world leader in the production of high-quality surveillance data. However, resources are limited, vary in quality between jurisdictions, and lack integration and a centrally coordinated technological infrastructure.

Partnership Strategic Plan

Under the Partnership, the groups primarily responsible for addressing these issues are the Surveillance Action Group and the Quality and Performance Assurance Action Group described earlier. In addition, substantial work will be undertaken on knowledge translation and dissemination.

**Surveillance Action Group (SUR-AG)**

The objective of the SUR-AG is to work in collaboration with provinces, territories, the Public Health Agency of Canada and Statistic Canada to design, reach consensus and facilitate implementation of a high-quality, pan-Canadian cancer surveillance system. The objective is to provide better data on which to base prevention, screening, health care delivery, and policy decisions by bringing together cancer epidemiological data and cancer control information from the provinces and territories for use in planning, implementing and evaluating Canadian cancer control efforts.

The SUR-AG will monitor and evaluate the Canadian cancer control system, identify opportunities to link together information silos across Canada, build upon the successes of the previous Canadian surveillance coalition (Canadian Council of Cancer Registries, Canadian Institute for Health Information, National Cancer Institute of Canada, Canadian Oncology Society, etc.) and facilitate the expansion of the current cancer control surveillance system, now limited to incidence and mortality data, to acquire and utilize cancer staging data.

Key responsibilities 2007-2012

Working collaboratively, expand and standardize core set of epidemiological data collected by cancer registries

Working collaboratively across jurisdictions, implement pan-Canadian strategy for collection and storage of cancer staging data

Extend pilot program for linking treatment variables to cancer registries (radiation oncology data)

Enhanced capacity for meaningful analysis through training and consistency of reporting

Improve record link between existing databases

Expected outcomes

Required support for the Partnership's knowledge and evidence-based strategy

Improved information for basing actions to prevent, screen, provide care and decide policy.

Support for a national perspective by enabling comparability, transparency, consistency and portability of cancer data across Canada

Partnership Strategic Plan

Basis for Action Groups to analyze gathered cancer information and knowledge across the cancer control continuum

Improved capacity for evidence-based policy and programs to meet population needs

Capacity building through leveraging critical expertise and providing to cancer community

Partnership Strategic Plan

## Funding Requirements

A five-year budget plan has been developed that is designed to align with the Proposed Strategic Plan.

### 5 Year Budget

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	Year 1 2007-08	Year 2 2008-09	Year 3 2009-10	Year 4 2010-11	Year 5 2011-12	5 Year Total
<b>Providing Excellence in Governance &amp; Accountability</b>						
CPAC Operations	4.0	4.0	4.0	4.0	4.0	20.0
National Knowledge Transfer and Modeling Platform	2.0	2.0	2.0	2.0	2.0	10.0
Community Linkages	0.5	0.5	0.5	0.5	0.5	2.5
One-time Set-up Expenses	2.2					2.2
<b>Promoting Optimal Performance</b>						
Quality & Performance Assurance Action Group	1.5	2.0	2.0	2.0	2.0	9.5
<b>Facilitating Cancer Prevention/Early Detection</b>						
Primary Prevention Action Group	6.0	8.0	8.0	8.0	8.0	38.0
Cancer Screening Action Group	3.5	3.0	3.0	3.0	3.0	15.5
<b>Supporting the Cancer Patient's Journey</b>						
Standards Action Group	3.5	3.5	3.5	3.5	3.5	17.5
Clinical Practice Guidelines Action Group	1.8	2.0	2.0	2.0	2.0	9.8
Rebalance Focus Action Group	3.0	3.0	3.0	3.0	3.0	15.0
<b>Supporting the Cancer Control Workforce</b>						
Human Resources Action Group	2.0	2.0	2.0	2.0	2.0	10.0
<b>Encouraging Cancer Research</b>						
Research Action Group	10.0	10.0	10.0	10.0	10.0	50.0
<b>Improving Cancer Information &amp; Access</b>						
Surveillance Action Group	10.0	10.0	10.0	10.0	10.0	50.0
<b>Totals</b>	<b>50.0</b>	<b>50.0</b>	<b>50.0</b>	<b>50.0</b>	<b>50.0</b>	<b>250.0</b>

The budgets developed for the Action Groups largely reflect updates of work done for the development of the Canadian Strategy for Cancer Control, and discussions have taken place with the Chairs of each Group.

The Chair and Vice Chair of the Board have approved this plan for submission and it will be brought to the Board early in the fiscal year along with the details on the workplans. Some Action Groups recently received funding from the Public Health Agency of Canada (early March) and the workplans and associated funding are being checked to ensure any duplication has been addressed.

Preliminary work on organizational structure suggests that there could be better efficiency and effectiveness through some supports – such as communications, project management and administrative services - provided to the Action Groups through the head office organization.

Partnership Strategic Plan

If this course is followed, the intent would be to allocate appropriate costs to each project. At this point only minor adjustments have been made to project budgets to reflect this potential.

The CSCC contemplated a Knowledge Translation Working Group; however, the Governing Council had not created one as noted earlier. For this reason, the associated funding is shown as a line item in the Corporation.

Since the work of Quality and Performance Action Group is critical to the governance of the Corporation, it is likely that the responsibility for this function, and the associated funding, will migrate into the head office organization over the course of the first year.

As the Partnership ramps up its activities over the first quarter, it will have a number of one-time costs to be incurred, for example: legal fees; professional consulting fees for the executive recruitment; transition team expenses; facilities and furnishings; start-up IT and telecommunications; establishment of governance and administrative policies; communications (stakeholder engagement and dialogue; initial branding); and strategic and business planning with Action Groups. These costs are expected to tail off as the permanent organization comes into place.

## Conclusion

Funded by the federal government, the Canadian Partnership Against Cancer Corporation was established to execute an inclusive, integrated and comprehensive strategy to control cancer, given the excessive burden cancer was expected to place on individuals, families, the country's health system and the economy as the population ages.

Building on the Canadian Strategy for Cancer Control, the impetus for its establishment, this strategic plan was developed as a starting point for the incoming Board so it can move rapidly ahead on implementation of strategies that support the three fundamental goals, namely:

1. to reduce the expected number of new cases of cancer among Canadians
2. to enhance the quality of life of those living with cancer, and
3. to lessen the likelihood of Canadians dying from cancer.

As planning and execution progress in the first year, some adjustment of the strategies and structures will likely be required but the commitment to the fundamental goals will remain.