

**Partnership Council**  
**May 2, 2022**  
**Models of Care Initiative**

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**ISSUE**

The rising burden of cancer in Canada, along with increasing expectations for culturally safe person-centred care closer to home, limited health human resources, and the COVID-19 pandemic have placed increasing pressure on cancer care provider capacity and deepened inequities in access to care. Now with many jurisdictions focusing on the road to pandemic recovery, there is an opportunity to enhance the efficiency and equity of cancer care delivery.

Equity is embedded in the ultimate outcomes of the Strategy – all people in Canada have access to high quality cancer care – and anchors CPAC's 2022-2027 Business Plan. The Partnership's specific role is grounded in improving health equity in cancer care. The models of care work reinforces the Partnership's commitment to health equity.

As part of advancing Priorities 2, 3, 5 and 7<sup>1</sup> of the refreshed Canadian Strategy for Cancer Control (the Strategy), and in response to a request from partners, the Partnership will be supporting jurisdictions to implement and evaluate innovative models of care as part of the 2022-2027 business cycle.

The purpose of this agenda item is to launch the models of care pan-Canadian funding initiative and provide an overview of the planning phase intended to support partners in readying for implementation.

**BACKGROUND**

- A models of care [toolkit](#) was developed in collaboration with you and your teams and launched in March 2022. The toolkit is envisioned to support implementation of innovative models of care, including those related to improved coordination with primary care, optimized scope of practice for practitioners, and cancer networks while considering key enablers such as patient navigation and virtual care.
- Total funding for this initiative is approximately \$13 million (plus in-kind support from CPAC staff and experts) intended to contribute to one or more areas across the cancer continuum: early diagnosis (\$4M), treatment (\$3M), survivorship (\$2M), and palliative care (\$4M). The Partnership will fund at least one project per jurisdiction. As part of total funding, at least \$1M has been allocated to support Indigenous-led models of care.

**UPDATE**

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<sup>1</sup> Priority 2: Diagnose cancer faster, accurately and at an earlier stage, Priority 3: Deliver high-quality care in a sustainable, world class system, Priority 5: Deliver information and supports for people living with cancer, families and caregivers, Priority 7: Peoples-specific, self-determined care

Funding for partner projects will begin in 2022/23. This initiative will be grounded in a number of important elements:

- **A focus on health equity:** Aligning with the vision of an equitable cancer system for all people in Canada outlined in the refreshed Strategy, projects must demonstrate a focus on health equity. The work should address the needs of people who are systemically excluded from the health system, which may include commitments to reconciliation with First Nations, Inuit and Métis. CPAC is in discussion with First Nations, Inuit and Metis funded partners about shared priorities, including Models of Care.
- **Collaboration with community partners:** A key requirement of funding is that projects co-develop solutions that strengthen health equity based on shared priorities, leveraging community strengths and knowledge by partnering with First Nations, Inuit and Métis on self-determined priorities and/or working with others experiencing inequitable access to health care.
- **Planning:** The planning process is designed to include a number of strategic and collaborative touch points to help orient partners to this new funding approach and provide opportunities to engage in proposal development and co-development with community groups/organizations. Regional leads can serve as a key resource in this planning process by helping to connect jurisdictions to planning supports.
  - A **models of care planning survey** (see attachment) will be sent to members of Partnership Council, your provincial/territorial co-leads and key implementers in the jurisdiction in mid-May. The survey is designed to collect information on jurisdictional priorities, readiness and what, if any, supports might be helpful for proposal development, or co-development with community groups and organizations.
  - A **webinar** [\[registration link\]](#) is being held on May 17 to provide an overview of the Models of Care Toolkit and how it can be used to support implementation.
  - Virtual **Open Houses** will be held on June 1 and 9 to answer questions related to the models of care planning survey and funding initiative.
  - The Partnership will consult with cancer programs, agencies and territorial governments in accordance with your readiness to initiate the work. These consultations will help the Partnership further understand supports needed to plan and implement projects.
  - Some jurisdictions may be at different stages of readiness for implementation. To help jurisdictions identify and engage community partners and other partners in issue identification and project proposal development, the Partnership has allocated up to \$25,000 per jurisdiction to support **project planning** (allocation will be determined as part of the survey assessment process and provided, as necessary, in Q2/3).

## DISCUSSION QUESTIONS

1. Do you have any questions about the planning process and how you will be engaged?
2. Do you see any risks with the proposed timeline?

**ATTACHMENT:** Planning Survey detail

## ATTACHMENT: Planning Survey Detail

- The purpose of the planning survey is to gather early information on jurisdictional priorities to support models of care projects, including:
  - An overview of the proposed project including rationale and supporting evidence with specific detail on how the model will improve health equity, quality and efficiency.
  - Areas of focus across the cancer care continuum (early diagnosis, treatment, survivorship, palliative care).
  - Which communities or populations are being underserved by the health care system, and how the model of care will address the health inequities and inequitable access to health care of this population.
  - Organizations and/or community groups representing the needs of those experiencing health inequities and inequitable access to health care that will be engaged in the project.
  - Estimated budget required (exclusive of planning support).
- The planning survey will be emailed to Partnership Council members, respective provincial/territorial co-leads and key implementers in the jurisdiction in mid-May. The models of care work should support jurisdictional priorities and solutions that strengthen health equity and should be co-developed with those experiencing inequitable access to care. We encourage you to be aware of potential models of care project ideas in your jurisdiction and coordinate with key partners and implementors in the planning of these projects. Up to three survey responses may be submitted per jurisdiction. The deadline to respond is **June 13, 2022**.
- Survey responses will be assessed by a review committee that will include health system, health equity and care provider expertise as well as Indigenous representation, patient and family advisors and individuals representing underserved groups. The assessment will help ensure that a diverse set of projects are funded that make improvements across geographic area, cancer type and stage and disparity. Results will inform the jurisdictional consultations that will be scheduled in accordance with your readiness to implement.