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AGAINST CANCER  
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# Models of Care Funding Initiative

OPEN HOUSE

*Note: We will record this webinar*

JUNE 9, 2022

# Welcome!

What jurisdiction are you calling in from today?

Submit your response through **Menti**:

Go to [www.menti.com](https://www.menti.com) and use **code: 4769 1141**



# Virtual Housekeeping



- Please stay on **mute** when you are not speaking
- Please turn off your **webcam** when you are not speaking
- Please virtually **raise your hand** if you would like to speak
- If you are having **issues seeing the presentation**, please follow along with the slides attached in the meeting invite
- **Technical difficulties?** Please use **chat** function

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# Welcome



**Corinne Daly**  
Director  
Diagnosis and Clinical Care



**Raquel Shaw Moxam**  
Director  
Person-Centred Perspective



**Cheryl Louzado**  
Lead  
Diversity and Inclusion



**Farah McCrate**  
Regional Lead, Atlantic Region  
Regional Integration



**Cynthia Neilson**  
Manager  
Diagnosis and Clinical Care



**Kristen DeCaria**  
Manager  
Person-Centred Perspective



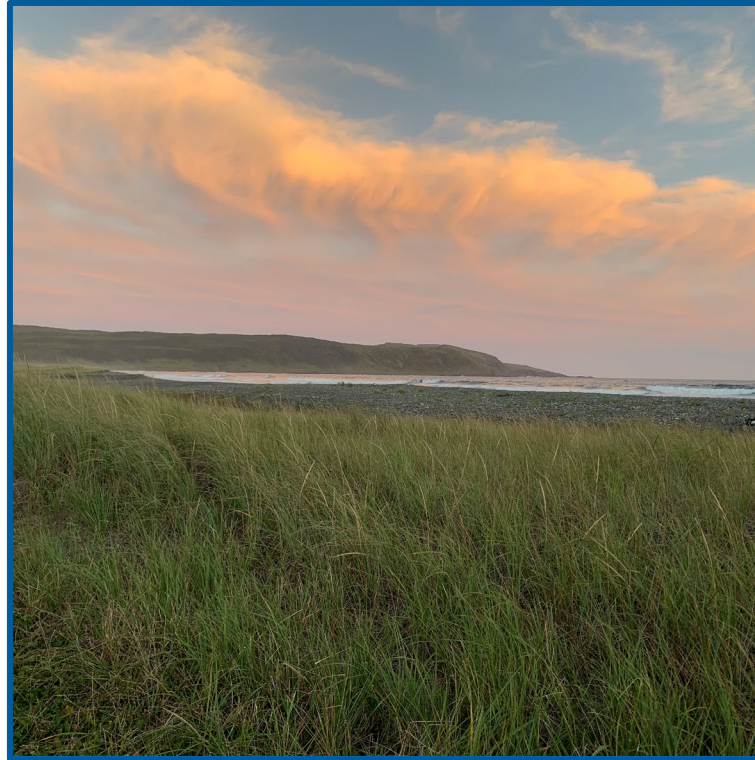
**Jessica Kitchen**  
Analyst  
Diagnosis and Clinical Care



**Lisa Weget**  
Patient and Family Advisor



# Land Acknowledgment



# Objectives

1. Provide an **overview** of the Models of Care funding initiative objectives and scope
2. Describe the intention of the **Models of Care Planning Survey** and how it will be used to identify and move forward with promising projects
3. Provide insight into the **health equity focused goals** of the Models of Care projects
4. Provide an opportunity for partners to ask questions through a facilitated **Q&A session**

**Out of scope:** Indigenous-led models of care projects will not be reflected in today's information session

# Agenda

<b>Time</b>	<b>Description</b>	<b>Lead</b>
10 minutes	Welcome Land Acknowledgment Meeting Objectives	Corinne Daly Farah McCrate
15 minutes	Canadian Strategy for Cancer Control  Overview of the Models of Care Initiative  Models of Care Planning Survey	Corinne Daly  Kristen DeCaria  Cynthia Neilson
30 minutes	Advancing Health Equity  What quality, equitable and sustainable models of care means for patients and families  Embedding Equity in Your Project Design	Cheryl Louzado  Lisa Weget  Cheryl Louzado Jessica Kitchen
30 minutes	Q&A	All
5 minutes	Closing Remarks & Next Steps	Raquel Shaw Moxam



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# Canadian Strategy for Cancer Control





People in Canada have equitable access to quality cancer care

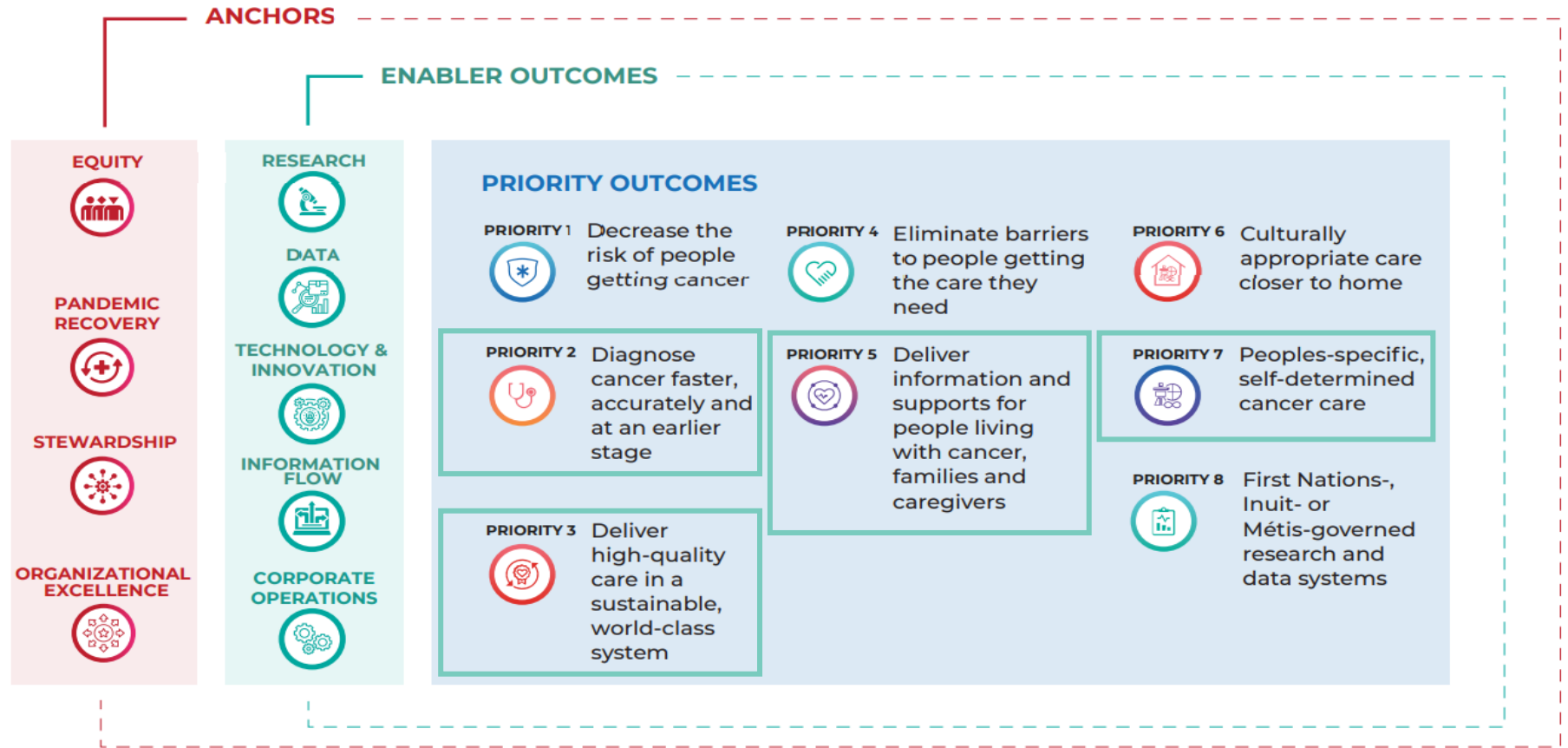
Fewer people in Canada develop cancer

More people in Canada survive cancer

People in Canada affected by cancer have a better quality of life

**Focus on Equity:**  
2022-2027  
Business Plan  
anchored  
in Canada's  
cancer strategy

**Health equity** is  
created when  
individuals have a  
fair opportunity to  
reach their fullest  
health potential



# Models of Care Funding Initiative

**Models of Care** is a strategic initiative to support the priorities in the 2022-27 business plan and in advancing the Strategy

A **model of care is defined as** the way health services are designed and delivered for a person as they progress through the stages of a condition (e.g., cancer)





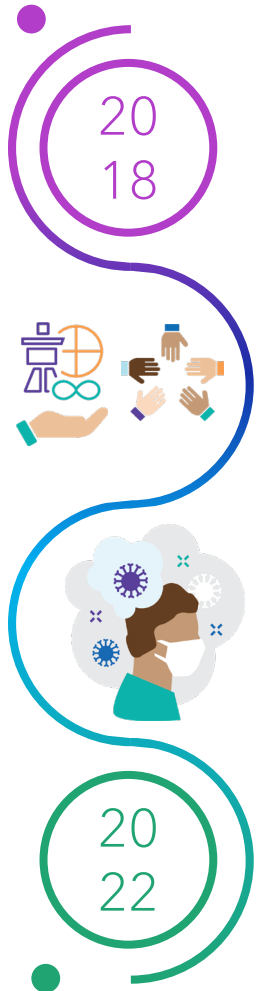
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# Overview of the Models of Care Initiative

Submit your questions during the presentation through **Menti**:

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# Where we started and where we are heading



## NEED IDENTIFIED

- Desire to achieve health equity
- Rising burden of cancer
- Rising survivorship population
- Need for care closer to home

## CANADIAN STRATEGY FOR CANCER CONTROL

- A 10-year action plan to improve equity in the cancer system
- Commitment to **supporting First Nations, Inuit and Métis-led work**

## GLOBAL PANDEMIC

- Exacerbated health workforce capacity challenges and health inequities
- Introduced opportunities for change

## MODELS OF CARE INITIATIVE

- Looking for ways to do things more efficiently, and are **committed to enhancing equity in access, experience and outcomes**

# Models of Care Toolkit

*Launched March 2022*

- Identifies innovative models of care that can help mitigate workforce capacity issues and address the needs of underserved populations
- Models and best practices will enhance cancer system efficiency, the delivery of quality care and support equity in access and outcomes
- **Models of Care Toolkit Webinar on May 17<sup>th</sup>**  
(materials available on the Models of Care partner space)



# Models of Care Funding Initiative

Working with cancer programs and community partners to support the implementation and evaluation of innovative models of care in four areas:

Early Diagnosis

Treatment

Survivorship

Palliative Care

Our goal is to support models of care that:



Advance **health equity, quality and efficiency** of cancer care delivery



**Increase collaboration** between jurisdictional healthcare systems and community groups



Address system pressures and support **pandemic recovery and resiliency**



# We are committed to advancing health equity

## Projects are required to:

- **Focus on health equity**



- Address the needs of people and communities who are systemically excluded from the health system and include efforts to reinforce a commitment to reconciliation with First Nation, Inuit and Métis

- **Collaborate with community partners**



- Co-develop solutions with partners who the work is intended to benefit based on shared priorities and leveraging community strengths and knowledge
- We will also partner with First Nations, Inuit and Métis on self-determined priorities **and/or** working with others experiencing inequitable access to health care



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# Models of Care Planning Survey

# Purpose of the Planning Survey



- To better understand jurisdictional priorities to **support implementation** of models of care projects, and what (if any) supports might be helpful for proposal development and/or co-development with community groups or organizations



- Jurisdictions can submit up to 3 proposed models of care for consideration



- Financial support is available during planning phase (up to \$25,000 per jurisdiction, should financial resources be needed)

# Section 1: Project Overview, Focus Populations and Partnership

- Jurisdiction
- Name of organization(s) submitting the survey
- Areas of focus across the cancer care continuum:

- a) Early Diagnosis
- b) Treatment
- c) Survivorship
- d) Palliative Care
- e) Initiative is cross-cutting (please list all areas it fits under): \_\_\_\_\_

# Continued Section 1: Project Overview, Focus Populations and Partnership



- Who is underserved by the health care system and how will the MoC support health equity for this population?
- Have you identified or engaged with organizations and/or community groups that represent the populations experiencing the inequities in health care?
  - Have they been involved in completing the planning survey?
  - If so, describe these engagements
- Overview of the proposed project including:
  - Rationale
  - Supporting evidence
  - How the model will improve health equity, quality and efficiency

## Section 2: Timing and Estimated Budget

- Estimated budget required to **implement your model of care** (exclusive of planning support)
  - a) Under \$50,000
  - b) \$50,000 - \$149,999
  - c) \$150,000 - \$299,999
  - d) \$300,000 - \$499,999
- An approximate date for when you would be ready to develop a proposal





# Section 3: Required Support for Planning

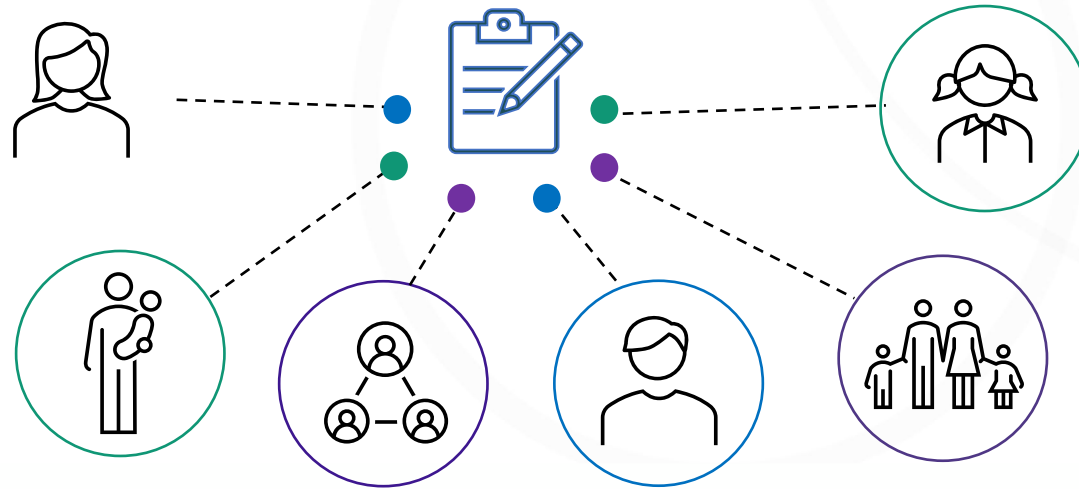
- Potential barriers or challenges that you anticipate as you prepare for implementation
- Types of supports from the Partnership that would be valuable for you as you plan for implementation

## **Examples of supports:**

- Project planning funds
- Project management support to develop proposals/project plans
- Capacity building supports to ensure an equity-focused design & engagement approach throughout the initiative
- Resources, tools and/or advisory support to develop & execute plans for implementation, performance measurement & evaluation, & sustainability

# Section 4: Jurisdictional Contacts

- Please list the names titles and email addresses of all those who participated in the completion of this survey: \_\_\_\_\_



# Planning Survey Responses

Health equity expert and clinician advisors will help the Partnership understand how proposed projects align with areas of focus and readiness.

This will help ensure:

- ✓ Support for innovative projects that drive health equity, quality and efficiency
- ✓ At least one project per jurisdiction is funded
- ✓ A diverse set of projects are initiated that can make improvements across geography, cancer type and disparity

Results will serve as a starting point to inform jurisdictional consultations





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# Advancing Health Equity

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# Commitment to Advancing Health Equity with Partners

**Health equity** is embedded in the ultimate outcomes of the Canadian Strategy for Cancer Control – all people in Canada have access to high quality cancer care – and anchors CPAC’s 2022 to 2027 Business Plan



- Committed to addressing the needs of people who are systemically excluded from the health system

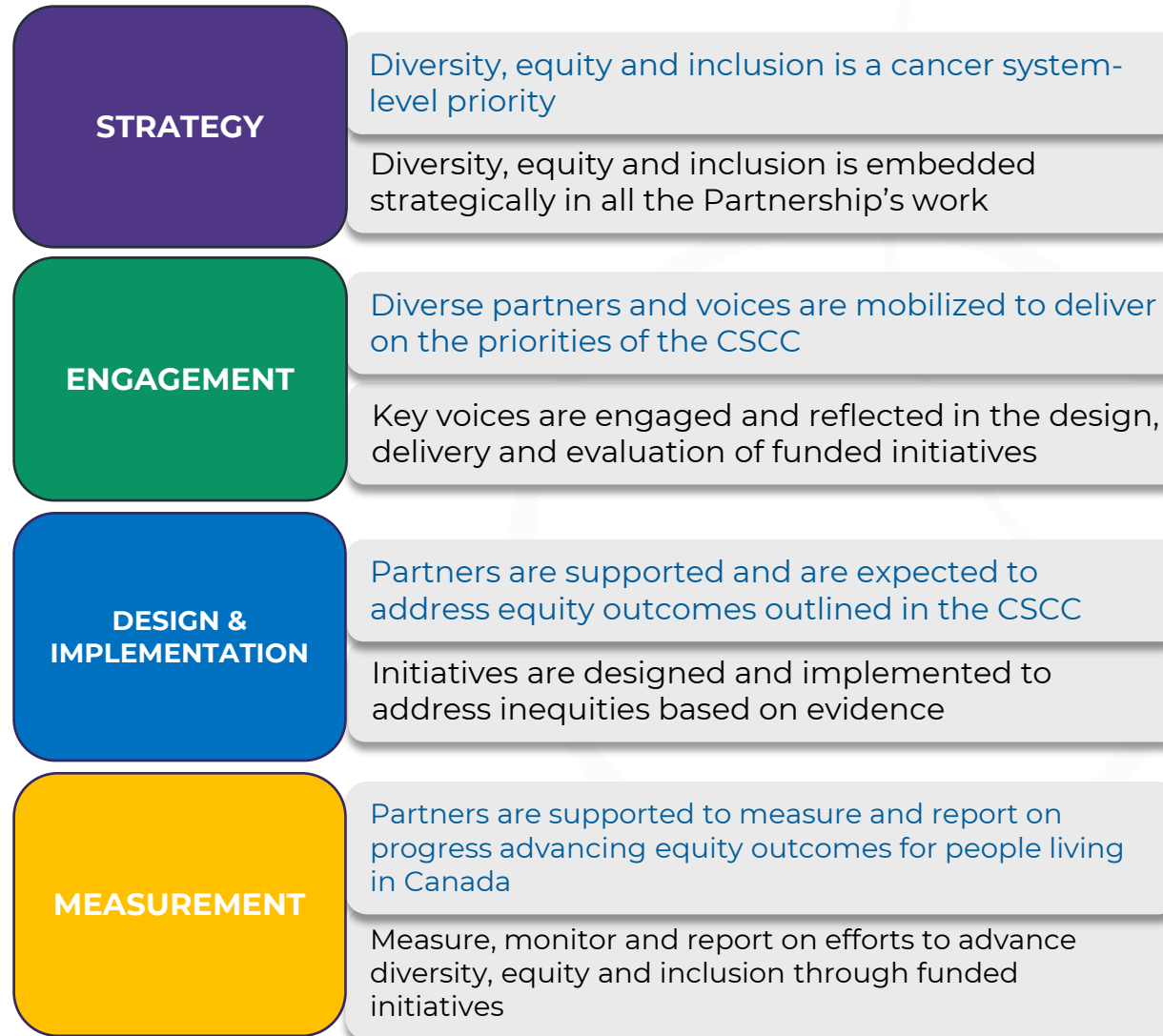


- We are grounded in our commitment to reconciliation with First Nations, Inuit and Métis



- We seek to understand at the outset who is experiencing inequitable access to care and we look to co-develop solutions that strengthen health equity based on shared priorities, leveraging community strengths and knowledge

# Commitment to Advancing Health Equity with Partners





# Building equity into the planning and project life cycle at the outset of new work

## Define

Set Clear Expectations

- Understand existing inequities and barriers
- Create equity-focused funding mechanisms
- Establish equity-focused measure
- Identify who is accountable
- Focus on sustainability

## Engage

Listen and Learn

- Co-develop with diverse voices and perspectives
- Build trust and reciprocal relationships
- Understand capacity of varying partners/players
- Use consistent language and terminology
- Ensure the populations the work is intended to benefit are included in the planning

## Implement

Drive Change

- Provide customized partner supports
- Build internal and external capacity
- Identify and address risks

## Measure

Track Progress

- Build capacity to measure progress
- Measure and report on equity-focused measures
- Evaluate with an equity lens
- Share results with participants

## Refine

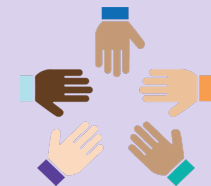
Continuously Improve

- Adjust based on lessons learned
- Scale and spread where appropriate
- Respond to emerging needs

**Embedding Equity may require more:**

- **Time**
- **Effort**
- **Resources**

and **different expectations about what constitutes success**





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What quality, equitable and sustainable models of care mean for patients and families





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# Embedding Equity in Your Project Design

# Objective

- To provide an illustrative example of how to design an equity-focused model of care project
  - This is a hypothetical example. For illustrative purposes, this case study is focused on a non-Indigenous patient population.
  - This is not the only approach that could be taken and does not represent a comprehensive or exhaustive list of equity considerations.

# Equity-Focused Roadmap

## Review evidence

Critically review evidence, including lived experience and community-based knowledge, and reflect on sources of potential bias

**Review evidence**  
Critically review evidence, including lived experience and community-based knowledge, and reflect on sources of potential bias

1

2

**Partner with equity-deserving groups**  
Connect and build relationships with equity- or community-based organizations and establish an approach to govern and work as a team

4

**Co-design**  
an innovative model based on shared priorities to meet the needs of the community

5

**Co-implement**  
the model with community partners using change management strategies to address barriers and leverage facilitators

6

**Monitor and evaluate**  
the impact on community members, key users and collaborating partners based on mutually meaningful indicators

7

**Disseminate knowledge**  
to system partners and report back to the community

8

**Sustain, spread and scale**

Define

Engage

Implement

Measure

Refine



# Review Evidence

## PURPOSE

Review evidence, including lived experience and community-based knowledge, to understand the needs and gaps of the equity-deserving group.

## CASE EXAMPLE

A cancer program within a Canadian province identified a rural region that was experiencing inequitable access to survivorship care close to home.

### CURRENT SITUATION



RURAL COMMUNITY



PRIMARY CARE



PATIENT

### PATIENT AND COMMUNITY CHALLENGES

- Limited access to survivorship supports close to home (treatment center >4 hours away)
- High rates of precarious employment
- Low return-to-work rate and high numbers of survivors on long-term disability



ONCOLOGISTS



NURSES



CANCER CENTRE

### PROVIDER AND SYSTEM CHALLENGES

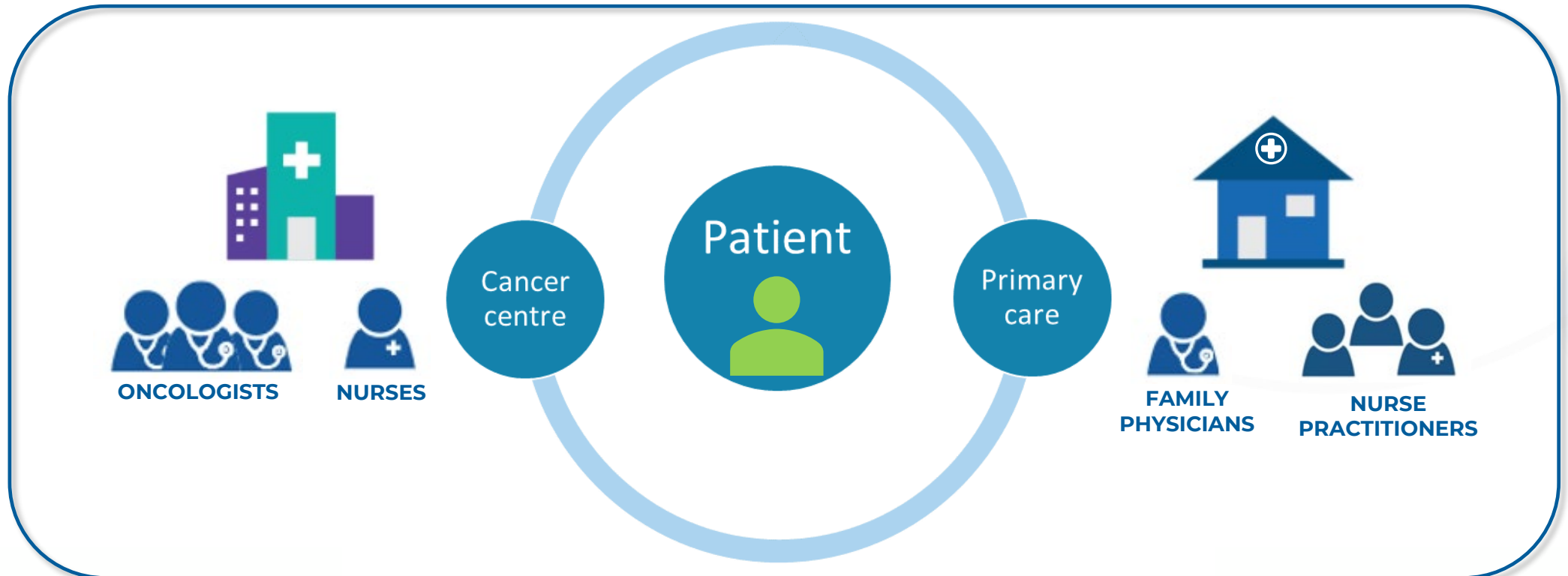
- Growing case load
- Persistent nursing and specialist vacancies
- Global pandemic
- Increased healthcare costs due to repeated visits to primary care and the emergency department

# Review Evidence

## CASE EXAMPLE

The cancer program had learned about a **connected care model** that had been successful in other jurisdictions at improving the continuity of care between oncology and primary care. They wanted to explore the model with the community to understand their priorities.

### NEW CONNECTED CARE MODEL



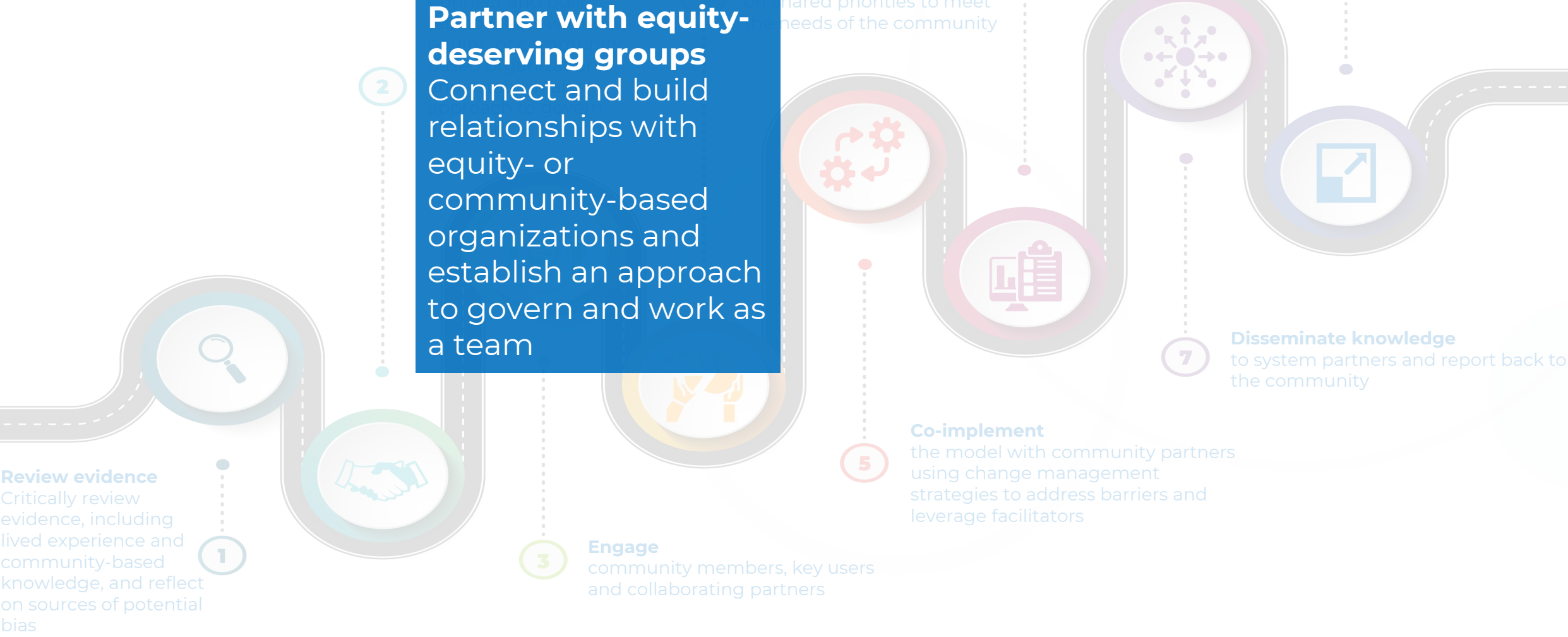
# Review Evidence

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## EQUITY CONSIDERATIONS

- Include people impacted by the initiative in the process of defining the inequity and selecting the intervention or program
- Examine the nature of the knowledge to define the inequity and select the focus. For example:
  - Consider factors that may bias the design, analysis, and interpretation of research studies (e.g., structural racism in the field, non-engagement of end-users, social and political constructs of race, gender, socioeconomic status)
  - Look at other valuable forms of knowledge produced by the people impacted by the initiative, including lived experience and community-based knowledge
- Consider where the proposed model of care was successfully implemented, what the evidence was that suggested effectiveness and how it was produced, and whether the model would work within the focus population

# Equity-Focused Roadmap



Define

Engage

Implement

Measure

Refine

# Partner with equity-deserving groups

## PURPOSE

Partner with the people who experience or are impacted by the inequity to understand the needs of the community and co-design solutions.

## CASE EXAMPLE

The cancer program connected with the local Social and Community Services Department in the rural region. They recruited a local champion who identified community members interested in supporting the co-design of a solution.

### PROJECT TEAM



Oncologists Nurses

**CANCER CENTRE PROVIDERS**



**LOCAL COMMUNITY CHAMPION, SURVIVORS, FAMILIES AND CAREGIVERS**



Family Physicians Nurse Practitioners

**LOCAL PRIMARY CARE PROVIDERS**



**COMMUNITY CANCER ORGANIZATION**

# Partner with equity-deserving groups

## CASE EXAMPLE

To establish an equitable approach to work as a team, a shared governance structure was selected and all community members were compensated for their time. Various strategies were identified to mitigate power dynamics and ensure that all members were able to participate to the best of their ability. This included:

- Implementing a rotating chair schedule for meetings
- Identifying strategies to ensure equitable decision-making (e.g., consensus-based methods, anonymous voting)
- Ensuring balance between the number of representatives from the community and the providers at each meeting
- Encouraging all sources of evidence as equally important including lived experience
- Conducting virtual and in-person meetings at the local community centre in the rural community
- Ensuring that meeting materials were circulated in advance to allow everyone a chance to review and thoughtfully reflect
- Identifying various communication channels and methods to ensure that all members were able to contribute meaningfully to the work (e.g., avoiding acronyms)

# Partner with equity-deserving groups

## EQUITY CONSIDERATIONS

- Carefully consider who is at the table and who is not, why, and who else needs to be
- Understand the values, beliefs, and biases that come to the table
- Understand what power dynamics exist between the people at the table; Ensure process to minimize power dynamics
- Determine level of partner involvement and contribution to the work; Ensure partners have the power and voice to contribute as they wish
- Build trusting relationships with partners
- Establish reciprocity in relationships; Ensure that partners are getting something that benefits them in return
- Select communication channels and methods that ensure partners understand the work and can contribute meaningfully

# Equity-Focused Roadmap

**Review evidence**  
Critically review evidence, including lived experience and community-based knowledge, and reflect on sources of potential bias

1

2

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Connect and build relationships with equity- or community-based organizations and establish an approach to govern and work as a team

3

**Engage**  
community members, key users and collaborating partners

4

**Co-design**  
an innovative model based on shared priorities to meet the needs of the community

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**Monitor and evaluate**  
the impact on community members, key users and collaborating partners based on mutually meaningful indicators

7

**Disseminate knowledge**  
to system partners and report back to the community

8

**Sustain, spread and scale**

Define

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Refine



# Engage

## PURPOSE

Engage with members of the community that the model is intended to benefit, key users and collaborating partners to ensure diverse voices and perspectives are considered when further exploring needs and gaps, and identifying barriers, facilitators and opportunities to address those needs.

## CASE EXAMPLE:

Facilitated focus groups were held with survivors, families and caregivers at the local community centre.

### Challenges

- Limited access to survivorship supports in the community
- Distance, time and cost of travel and accommodations



### Opportunities

- Access to care closer to home
- Better coordination and continuity of care
- More holistic care through local primary care providers

# Engage

## CASE EXAMPLE

The project team engaged collaborating partners and key users like the oncology team and local primary care providers. The purpose was to share findings from the community focus groups and understand how cancer survivors were currently supported.



Family Physicians



Nurse Practitioners

### LOCAL PRIMARY CARE PROVIDERS

## CHALLENGES

- Lack of education and guidelines around survivorship care
- Limited knowledge about the patients' cancer treatment and side effects
- Minimal connection and support from oncology team

# Engage

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## EQUITY CONSIDERATIONS

- Understand who may be positively or negatively impacted by the initiative and what barriers and facilitators they face
- Understand local success factors and build relationships with existing or new communities and equity-deserving populations
- Ensure methods of engagement are equitable and enable participation (e.g., ensuring accessibility, readability, making language accommodations)
- Self-reflect on personal values, beliefs, biases and assumptions and why
- Consider who is collecting information on barriers and facilitators and ensure strategies to mitigate any power dynamics (e.g., involve peers, meet in neutral spaces)
- Explore the biological, environmental, political and societal factors that might affect populations as potential barriers and facilitators

# Equity-Focused Roadmap

**1 Review evidence**  
Critically review evidence, including lived experience and community-based knowledge, and reflect on sources of potential bias

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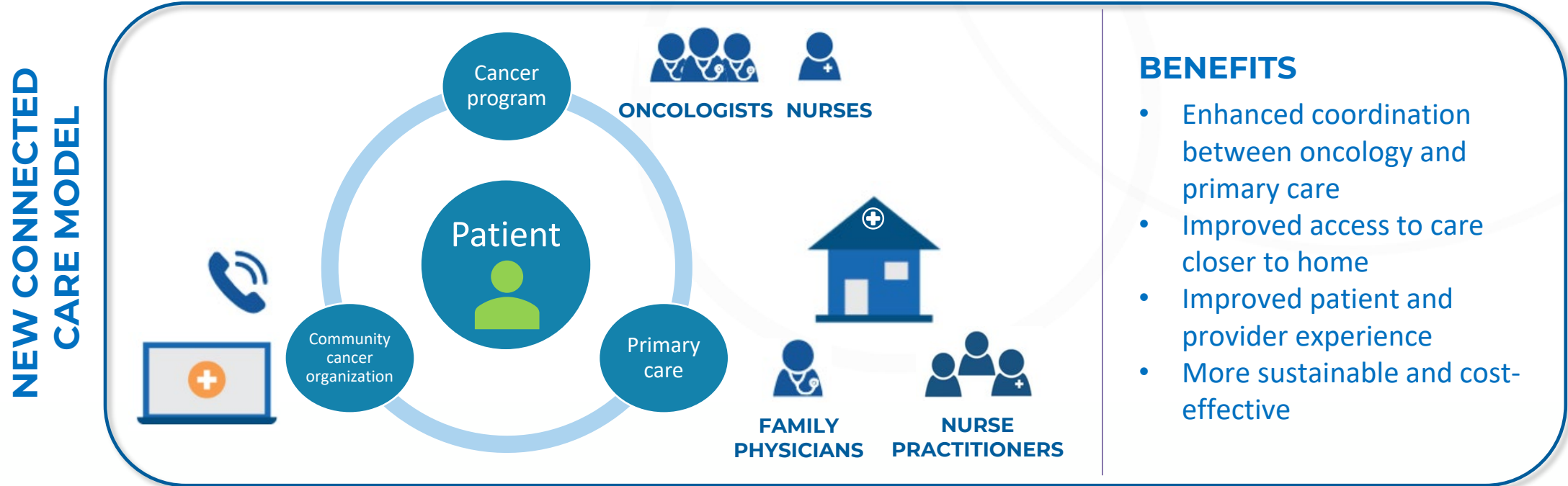
# Co-Design

## PURPOSE

Collaborate with community members, partners and key users to co-design a tailored model, including identifying who needs to do what differently and how different strategies can support implementation. Consider potential positive and negative impacts and mitigation strategies.

## CASE EXAMPLE

Once the project team adapted the connected care model, they held additional focus groups to understand if the model would meet the needs of those impacted.



# Co-Design

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## EQUITY CONSIDERATIONS

- Reflect on who is involved in the process to design the model and ensure the process is inclusive and minimizes power dynamics
- Consider the underlying assumptions of the model, who made the assumptions, and the potential sources of inequity (e.g., who is delivering them, resources required, the process of enacting them, etc.)
- Consider how the model could be designed or adapted to be more equitable
- Consider whether the model is feasible, acceptable, useful, accessible, effective, and safe for those impacted
- Consider how the model will be implemented and what change management strategies could be used to address the barriers and leverage facilitators

# Key Messages

- Equity-focused project design presents a new way of thinking, engaging and working
- Community engagement takes time
- Building trusting relationships with equity-deserving populations is important to understand what inequities and barriers exist
- Partners may already have existing relationships that could be leveraged
- Co-creation and co-implementation of solutions will have the greatest impact
- An equitable cancer system is fundamental to improving cancer care in Canada and around the world

# Discussion

Where have you had success embedding equity in your own work, including working with patients, families and community members?





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# Q&A Session

# Q&A Session



## Ask a Question!

Submit your question via Menti

- Go to [www.menti.com](https://www.menti.com) and use **code: 4769 1141**

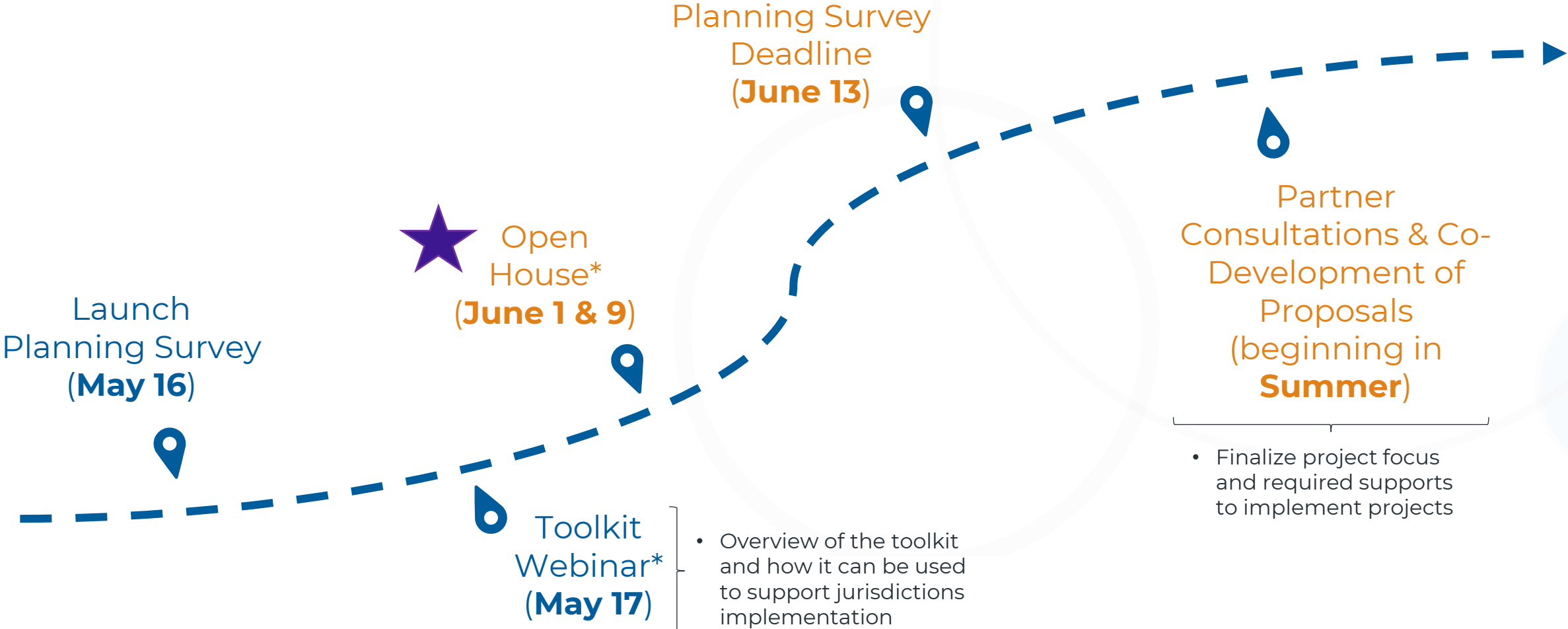


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# Closing Remarks & Next Steps

# Support & Collaboration: 6-month roadmap



# Models of Care Funding Initiative Information Page

Please monitor this site for the most up to date information on the Models of Care funding initiative, including:

- FAQ
- Case Study
- Focus on Health Equity
- Models of Care Toolkit Webinar Recording
- Open House Webinar Recording

<https://www.partnershipagainstcancer.ca/models-of-care-funding-initiative/>

<https://www.partnershipagainstcancer.ca/fr/models-of-care-funding-initiative/>

# Next Steps

1. Submit your planning survey(s) by **June 13, 2022**
2. Connect with your Regional Lead:

**Scott Livingstone**, British Columbia and Yukon  
**Nancy Guebert**, Prairie provinces and Northwest Territories  
**Garth Matheson**, Ontario  
**Jacinthe Hovington**, Quebec  
**Farah McCrate**, Atlantic Region

3. Visit the partner online space for the most up-to-date FAQ
4. For more information on the Models of Care initiative or if you have questions please email:

[DCC@partnershipagainstcancer.ca](mailto:DCC@partnershipagainstcancer.ca)



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Thank You for Joining Us!



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# Appendix



# Regional Leads Contact Information

Scott Livingstone, British Columbia and Yukon

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