

2010 Stakeholder Strategy Consultations

Thematic Outcomes

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2. Executive summary

Between June and September 2010, the Canadian Partnership Against Cancer (the Partnership) organized a series of stakeholder consultations: in-person meetings with several advisory groups, focus group discussions and online surveys. Findings were discussed at a one-day stakeholder meeting held on October 7 in Winnipeg. These activities comprise the initial round of consultations to examine the Partnership's potential future focus. This report provides an overview of stakeholder feedback from the summer consultations and the October 7 meeting as well as next steps.

Summer consultations

The consultation undertaken between June and September represented an important opportunity to explore how the Partnership can build on its collaborative work to date and scope out cancer control system priorities. In general, summer consultations focused on seeking insight on four themes:

1. The Partnership's role
2. Looking back: Impact of the Partnership's collaborative work and challenges faced
3. Looking around: Pressures and challenges facing the cancer control system
4. Looking forward: Opportunities to effect change in cancer control in Canada and where the Partnership is best positioned to add value

More than 250 key partners, advisors, staff and Board Members provided input.

October 7 meeting

The October 7 meeting, *Building Common Ground: Exploring Directions Together*, focused on testing potential strategic opportunities or priorities for the Partnership that emerged from the summer consultations:

1. The top two system-level opportunities that could greatly impact cancer control in Canada but where the Partnership's unique contribution is less clear
 - Enable Canadians to make healthy choices to prevent cancer
 - Improve access to screening programs to detect the presence of cancer in its early stages
2. The top five opportunities where the Partnership is uniquely positioned to add the most value
 - Improve access to the best data and evidence to support more informed practice and policy decisions

- Improve reporting on the performance of the cancer control system to better support application of best practices
- Promote consistency in the delivery of excellent care across Canada
- Support joint strategies between cancer and other diseases (such as chronic diseases)
- Facilitate better integration between services in the health system (e.g., primary care, cancer treatment, survivorship and palliative care)

Meeting attendees included approximately 130 individuals representing provincial cancer agencies or programs, the Canadian Cancer Society, the Canadian Cancer Action Network, charitable organizations, advocacy groups, national health organizations (e.g., Canadian Institute for Health Information and Statistics Canada), federal agencies (i.e., Health Canada and the Public Health Agency of Canada) and chronic disease organizations as well as Partnership Board of Directors, senior management and directors, Advisory Group Chairs and other advisors.

High level themes that emerged from the discussions included the following:

- Organizational refinement
 - The Partnership's vision and mission requires refinement to be more transformational/aspirational.
 - There is support for reframing the Partnership's goals to reflect the organization's unique contribution to Canada's long-term cancer control goals of reducing the expected number of cancer cases, enhancing the quality of life of those affected by cancer and lessening the likelihood of Canadians dying from cancer.
 - The Partnership needs to continue to be nimble to facilitate the development of strategic partnerships (between existing and new stakeholders) and to take action when opportunities present themselves.
- Priorities for the future
 - There is support for all seven opportunities discussed, recognizing that there is potential for refinement and integrating opportunities (e.g., enable Canadians to make healthier choices and supporting joint strategies between cancer and other diseases). The Partnership's role in knowledge management resonated with meeting participants, as did its efforts in prevention, screening and early detection, excellence in care, data collection, and system reporting.
 - The Partnership has demonstrated its ability to play the important role of bringing diverse stakeholders together to develop a coordinated strategy for action (e.g., National Staging Initiative and Canadian Partnership for Tomorrow Project), which can then be strategically supported and implemented.
 - The Partnership's best potential to add value is in supporting the capacity of others to advance cancer control.
 - Consider how the Partnership could be forward-looking to anticipate new innovations/best practices and evidence that may greatly impact cancer control and support system-readiness (e.g., personalized medicine and integration of HPV immunization and surveillance with cervical cancer screening).

In addition to the seven opportunities that emerged from the summer consultations and the themes above, there was rich discussion specific to the individual opportunities that will inform planning efforts moving forward.

Next steps

Over the next few months, the Partnership will build on what was heard throughout the 2010 stakeholder strategy consultations and draft the Partnership's potential 2012-2017 strategic framework. Early in the new year, the Partnership will seek input on the proposed framework, which includes refinements to the organization's vision, mission and goals, areas of focus, high level activities and key functions, from a broad set of stakeholders. Consultation details are in development.

3. Background

The Canadian Partnership Against Cancer's (the Partnership) mandate is to accelerate action on cancer control for all Canadians by implementing the Canadian Strategy for Cancer Control (CSCC). At this juncture, the Partnership is focused on continuing to demonstrate impact and deliver on its current commitments. It is also an opportune time to look ahead. Between June and October 2010 the Partnership conducted stakeholder consultations to examine its potential future focus.

The Partnership's story

The collaborative effort of a broad coalition that included the CSCC Governing Council, Action Groups and stakeholders was responsible for developing *The Canadian Strategy for Cancer Control: A Cancer Plan for Canada*. The result of a decade of work, it defined the cancer burden in Canada and the outcome if unaddressed. It was the first cancer control strategy for the country. It targeted pan-Canadian priorities and knowledge exchange with a patient/survivor focus. The goals of the CSCC were to:

- Reduce the number of Canadians diagnosed with cancer
- Enhance the quality of life of those living with cancer
- Lessen the likelihood of dying from cancer

Given the multi-jurisdictional nature of Canada's health care system, the CSCC recognized the fragmentation and duplication of effort that existed in the cancer control domain. In this regard, opportunities to benefit from economies of scale were lost. As well, there was no formal mechanism to coordinate action, share learnings or accelerate change across the country. The CSCC could reduce fragmentation by being a catalyst for a coordinated approach, providing tools, resources and evidence to inform decision making across jurisdictions.

The patient advocacy community played a significant role in advocating for the strategy, and in 2006, the federal government agreed to fund the CSCC. Through Health Canada, the federal government committed \$250 million over five years for the implementation of the cancer control strategy and created the Canadian Partnership Against Cancer to lead this work. The Partnership began operations in late 2007, and is a non-profit corporation operating at arm's length from the government.

The Partnership's organizational model

The Partnership's organizational model is unique in the Canadian cancer control arena – federally funded but outside of government and guided by a Board of Directors, executive team and Advisory Groups to work with and through partners. The work is advanced through the principles established under the CSCC – through collaboration and input of over 43 advisory mechanisms from across the country. These networks lead, guide and facilitate the sharing of

evidence across jurisdictions while enabling every jurisdiction to customize and adapt programs to serve its own constituents.

By leveraging best practices, building on existing investments and working across jurisdictions, at every level, the Partnership is able to support actions that strengthen the cancer control system and foster sustainable improvements.

Current strategic priorities

The terms of the CSCC were defined by the collective vision, expertise and firsthand experience of more than 700 cancer leaders, advocates, patients and survivors from coast to coast. The Partnership's current priority areas evolved from the CSCC and drive the collaborative efforts, which span the cancer control continuum and are aligned against the strategic priority areas for investment outlined in the CSCC.

- Cancer Prevention and Early Detection
 - Primary Prevention
 - Screening
- Supporting the Cancer Patient's Journey
 - Cancer Guidelines
 - Cancer Journey
 - Standards and Quality
- Encouraging Cancer Research
 - Research
- Supporting the Cancer Workforce
 - Health Human Resources
- Improving Cancer Information and Access
 - Surveillance
 - System Performance
 - Knowledge Management

The Partnership further developed a centralized function to support linkages with the community and support the patient voice. As such, there are efforts with the Canadian Cancer Action Network. Guided by an advisory committee consisting of representatives of Canada's three Aboriginal Peoples and organizations involved in cancer control, the Partnership is also developing a community-specific and culturally relevant approach to cancer control for Canada's First Peoples within a First Nations, Inuit and Métis cancer control strategy.

See Appendix 1 for an overview of the Partnership's current priorities and initiatives.

Its partners are the foundation of the Partnership's progress and include provincial/territorial cancer agencies or programs, the Canadian Cancer Society and the Canadian Cancer Action Network, other charitable organizations and patient groups, chronic disease organizations, national health organizations and federal agencies, as well as national Aboriginal organizations.

4. Consultation approach

Between June and October 2010 the Partnership conducted stakeholder consultations to scope its potential future strategic directions. There were two phases to these initial consultations.

Phase 1: Summer consultations

Stakeholder consultations between June and September sought insight on four themes:

1. The Partnership's role
2. Looking back: Impact of the Partnership's collaborative work and challenges faced
3. Looking around: Pressures and challenges facing the cancer control system
4. Looking forward: Opportunities to effect change in system-level cancer control in Canada and where the Partnership is best positioned to add value

More than 250 key partners, advisors, staff and Board Members provided input through in-person meetings, teleconferences and online surveys. Specifically, the process employed three engagement mechanisms.

<i>Mechanism</i>	<i>Target</i>
<ul style="list-style-type: none"> • In-person consultation meeting (3 meetings) 	<ul style="list-style-type: none"> • Advisory Groups
<ul style="list-style-type: none"> • Focus group discussion (5 groups) 	<ul style="list-style-type: none"> • A cross-section of Advisory Group members
<ul style="list-style-type: none"> • Online survey (approximately 212 respondents in total) 	<ul style="list-style-type: none"> • Partner organizations (e.g., provincial cancer agencies or programs, Canadian Cancer Society, chronic disease partners, national health organizations and federal agencies, and patient groups) – partner survey • Advisory Groups, advisory structures tied to initiatives and Partnership staff – advisor survey • Board of Directors – Board survey

Phase 2: October 7 consultation meeting

Further consultation with a sample of Phase 1 consultation participants was conducted through a one-day in-person meeting. The overall objective for the October 7 meeting, *Building Common Ground: Exploring Directions Together*, was to determine the common ground on future pan-Canadian system-level cancer control opportunities where the Partnership is best positioned to make a difference and advance action. Meeting attendees included approximately 130 individuals representing provincial cancer agencies or programs, the Canadian Cancer Society, the Canadian Cancer Action Network, charitable organizations, advocacy groups, national health organizations (e.g., Canadian Institute for Health Information and Statistics Canada), federal agencies (i.e., Health Canada and the Public Health Agency of Canada) and chronic disease

organizations as well as Partnership Board of Directors, senior management and directors, Advisory Group Chairs and other advisors.

The meeting included plenary presentations on feedback from consultations conducted from June to September, plenary and small group discussions on cancer control opportunities that emerged through the summer consultation process. In addition, electronic polling was used at various intervals to complement discussions and to gauge support for various directions and potential strategic opportunities or priorities for the Partnership.

5. Summer stakeholder consultations: Consolidated summary of findings

The Partnership's role

Survey respondents were strongly supportive of the Partnership's role: 69% rated the Partnership's role in cancer control "to be a catalyst for a coordinated, pan-Canadian approach to improve cancer control in Canada" as "very important", and 22% rated the role as "important".

Respondents' comments acknowledged the Partnership's role as collaborator and coordinator/facilitator, as well as a catalyst for advancing cancer control. The organization's pan-Canadian lens and approach, and efforts to build partnerships and system capacity were also noted.

This feedback supports findings from Health Canada's evaluation of the Partnership's role. The evaluation concluded that the Partnership is on the right track in implementing the cancer control strategy, and that its model is an effective vehicle for advancing action given the structure of the health care system in Canada.

The Partnership's goal

Through the summer consultations, the Partnership's goal to "Increase the effectiveness and efficiency of the cancer control domain" was affirmed by many as central to the Partnership's collaborative work:

- Reflects the organization's knowledge management mandate
- Serves Canada's long-term cancer control goals (fewer cancers, fewer deaths from cancer, better quality of life for those with cancer)

Looking back: Impact of the Partnership's collaborative work and challenges faced

Participants identified the following as the areas where the Partnership has the greatest impact:

- Promoting and facilitating collaboration on initiatives (in part through the provision of resources and funding) across the country
- Building system capacity
- Facilitating creation, sharing and mobilization of knowledge into practice
- Facilitating training
- Coordinating funding to support research
- Dedicating resources to priority areas

The most important factors behind the success of the Partnership were identified as:

- Its role as a collaborator, coordinator/facilitator and catalyst

- Its track record of positive change
- Its pan-Canadian perspective
- Its ability to build partnerships and capacity
- The credibility of its leadership

Participants identified a variety of factors that were potentially constraining the Partnership in its work:

- Focus: The balance between trying to do too much (through supporting many small projects across the cancer control continuum) and the desire to focus on a smaller number of substantial accomplishments in a few specific areas.
- Centralization/bureaucratization vs. flexibility/innovation: The balance between the Partnership's desire to centralize efforts for greater coordination, and the ability to retain flexibility and respond quickly to challenges and opportunities. There is a perception among some advisors that they have less latitude to be proactive and set their own direction.
- Bottleneck in producing/analyzing data: The limited capacity in the country to produce and adequately analyze cancer control data (because of shortage of qualified human resources and system infrastructure) is a critical issue that needs to be addressed.
- Sustaining momentum and producing results: Much of the initial work of the Partnership has gone into developing partnerships and collaborative mechanisms. While consultation participants felt the Partnership has been effective, there was a feeling that much of the impact of the Partnership was not necessarily evident from the outside, and there would need to be more emphasis on communicating its "added value".

Looking around: Pressures and challenges facing the cancer control system

Survey participants identified a cluster of issues as being the most important issues affecting cancer control in Canada (rating 4 or 5 out of 5):

- Competing government priorities, including economic priorities/deficits and competing health/social priorities was seen as the most important issue
- Other issues that were highly rated were:
 - Human resources shortages or other related challenges
 - Limited ability to translate knowledge into action
 - Restructuring within provincial/territorial health systems (e.g., creation of regional health authorities, dismantling of cancer agencies)
 - Increased demand for transparency and accountability (e.g., investments and decision-making)

Presented with the Partnership's current priority areas, partner survey respondents were asked to identify the priorities most relevant to their organization's priorities and which present the greatest opportunity for synergy. The most frequently mentioned priorities were virtually tied:

- Screening

- Cancer Journey
- Standards and Quality Initiatives
- Cancer Guidelines
- Primary Prevention
- Research

These areas were followed closely by System Performance and Surveillance.

Respondents from partner organizations identified the following as areas where the Partnership could better support the efforts of their organizations:

- Deepening partner relationships
- Enabling development of national agreements
- Building capacity
- Addressing system issues
- Supporting cancer patients, their families and communities
- Facilitating knowledge sharing and mobilization

First Nations, Inuit and Métis cancer control was identified as an extremely important issue to address and one that requires strong involvement of the communities themselves. While the Partnership has the potential to make a unique contribution, it is unclear how much impact the Partnership could have in this arena.¹ First Nations, Inuit and Métis communities, especially those in remote and rural regions, face unique challenges around health determinants and health service delivery.

Many specific suggestions were made about important considerations for working with First Nations, Inuit and Métis communities:

- Importance of effective, respectful engagement
- Working with the communities as equal partners
- Need to develop culturally appropriate approaches to issues like screening, data collection, development of standards/guidelines and understanding the cancer journey
- Learning gained through work in this area would inform work with other diverse cultural communities or under-served populations

Looking forward: Cancer control system opportunities in Canada

During the consultations, the Partnership tested 13 opportunities or potential strategic themes in cancer control with participants. See Appendix 2 for a complete list of opportunities. These

¹ The Partnership and its First Nations, Inuit and Métis partners, through the Advisory Committee on First Nations, Inuit and Métis Cancer Control, have developed a First Nations, Inuit and Métis Action Plan on Cancer Control. Validation and refinement of the plan is underway through a parallel consultation process. Potential strategic directions for the Partnership in this area that emerge will be incorporated into the strategy framework to be drafted.

were derived from key learnings to date about future cancer control priorities, including feedback from the Partnership's July 2009 stakeholder forum *Momentum: Cancer Control in Action*, the Independent (2009) and Health Canada (2010) evaluations, and ongoing meetings with stakeholders and key partners nationwide. Reviews of provincial and territorial cancer control and health care priorities also informed development of opportunities tested.

The partner survey also asked respondents to provide feedback on potential approaches to address integration between chronic diseases and survivorship. Request for insight on these themes also reflect learnings to date.

Impact vs. value-add

Survey respondents were asked to consider the opportunities in two ways:

1. Identify opportunities that, if addressed, could have the greatest ***impact*** on Canada's ability to achieve one or more long-term cancer control goals
2. Identify opportunities where the Partnership is best positioned to ***add value*** and advance cancer control

Two opportunities in particular stood out as priorities that could greatly impact cancer control in Canada:

- Enable Canadians to make healthy choices to prevent cancer
- Improve access to screening programs to detect the presence of cancer in its early stages

Respondents were not clear, however, on where or how the Partnership could add value in these broad areas – both opportunities did not rank high in terms of where the Partnership is best positioned to add value and advance cancer control. Given the strong support for these as potential high-impact areas for future progress in cancer control, these two opportunities were brought to the October 7 meeting for discussion and further testing to gauge how the Partnership might add value.

Five opportunities emerged as priorities that the Partnership could uniquely address and add value. These strategic themes – which are broad and subject to varying interpretations – were also brought to the October 7 meeting for discussion and further testing.

- Improve access to the best data and evidence to support more informed practice and policy decisions
- Improve reporting on the performance of the cancer control system to better support application of best practices
- Promote consistency in the delivery of excellent care across Canada
- Support joint strategies between cancer and other diseases (such as chronic diseases)
- Facilitate better integration between services in the health system (e.g., primary care, cancer treatment, survivorship and palliative care)

In addition, survey respondents also identified that the Partnership would be well positioned to play a role in developing better economic analysis of system issues and using these tools more effectively to assist in decision-making about cancer care (e.g., drug costs). This could allow the Partnership to engage more effectively with decision-makers.

Chronic disease integration

Cancer and other diseases share elements of the chronic disease management landscape. Prevention and end of life palliative care are two key areas.



The Partnership is fostering collaborative work to address chronic disease prevention. More broadly, there is a move toward greater integration of efforts in chronic disease prevention and management. Survey participants were asked to indicate their level of support for four approaches regarding the Partnership’s work with other chronic diseases:

- Focus only on cancer prevention
- Continue to focus on cancer and chronic disease prevention for specific initiatives like CLASP (Coalitions Linking Action and Science for Prevention)
- Expand the Partnership’s role in the chronic disease prevention area, building a larger base of chronic disease partners and coordinating more with the chronic disease prevention agenda
- Establish greater synergies – beyond prevention – with other chronic diseases in areas of shared priority (such as palliative care, system performance reporting, guidelines, screening or research)

None of the four approaches stood out above the others in terms of level of support given.

Survivorship

The population of cancer survivors in Canada is growing. Respondents were asked to rate four possible priorities for action by the Partnership on a scale of 1-5, where 1 means Low Priority and 5 means Essential Priority. Two approaches received high ratings (4 or 5) by over two-thirds of respondents:

- Ensuring that clinical care and follow-up are provided to all cancer patients as they transition from cancer treatment (or care) back to primary care
- Ensuring the provision of psychosocial support (for physical, emotional, spiritual and practical needs) throughout the survivorship period, from diagnosis to end-of-life care

Additional considerations moving forward

Asked about considerations for the Partnership to note moving forward, the following key themes emerged from suggestions by participants in Advisory Group consultations and focus group discussions, as well as survey respondents:

- Strategically align with provincial priorities but also advance other important cancer control activities even if they are not compatible with provincial priorities.
- Balance innovation/generation of new “things” (e.g., practices, tools, resources) vs. fostering existing initiatives/capacity building.
- Related to the above, there should be ongoing stewardship of key existing initiatives (e.g., Canadian Partnership for Tomorrow Project and Colorectal Cancer Screening).
- For greatest impact, need to be focused and selective – balance making choices vs. addressing the full cancer control continuum.
- Work in First Nations, Inuit and Métis cancer control is important – focused attention can greatly impact the population (e.g., tobacco control).
- Advisors have different perceptions/understandings of the Partnerships activities/role in knowledge transfer/knowledge management – there is a need for clarification.
- Continue to develop the relationship with partner organizations. Try to understand roles, relationships and connections between partners in a system context and how the Partnership can work most effectively as a catalyst/facilitator.
- Maintain a pan-Canadian focus while keeping the patient’s interests top of mind and retaining equity as a principal value. This was evident in the following types of comments:
 - Pay equal attention to the provinces and territories
 - Focus on national standards of care
 - Take a stand on enabling patients to have equitable access to treatment options (including drug therapy)
 - Narrow the gap in outcomes between various groups in our population

Moreover, the advisor survey asked respondents to identify future opportunities for the priority areas in which they are currently involved. This detailed feedback will later inform the strategic planning process.

Potential criteria for engaging in cancer control initiatives

The partner and advisor survey, and focus group discussions examined criteria the Partnership could apply when prioritizing and deciding on future cancer control initiatives to engage in.

Criteria presented were adapted from criteria the Partnership currently uses.² This feedback, summarized in Appendix 3, will also later inform the strategic planning process.

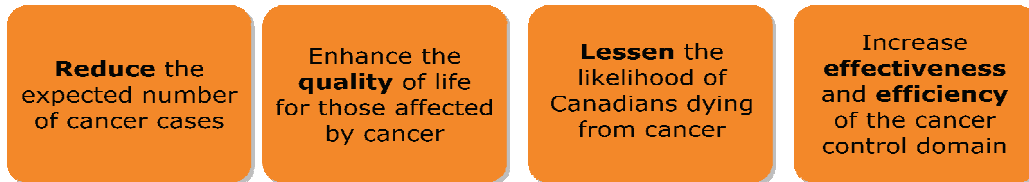
² See *Canadian Partnership Against Cancer 2008-12 Strategic Plan* for more information.

6. October 7 consultation meeting: Thematic directions

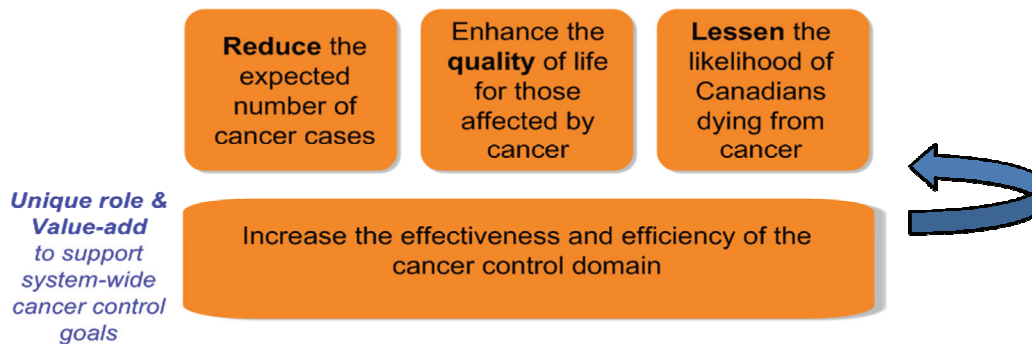
Goals for the Partnership

In light of feedback from the summer consultations on the goals of the Partnership, a proposed reframing of the Partnership's goals was presented. The intent was to clarify that the role of the Partnership is to "Increase the effectiveness and efficiency of the cancer control domain" *in support of* long-term goals shared by all working in cancer control (fewer cancer cases, fewer deaths from cancer, better quality of life for those with cancer).

Current framing of the Partnership's goals:



Proposed reframing:



The participants were broadly supportive of the reframing, feeling it was more reflective of the role of the Partnership to support its partners in achieving the long-term goals. They suggested two main refinements:

- Although a focus on increasing efficiency and effectiveness was felt to be important, the Partnership should focus more of its attention on facilitating the transformative change that will help the cancer control system move into the future.
- There needs to be a more clearly defined link to show how the work of the Partnership facilitates the achievement of the three cancer control goals.

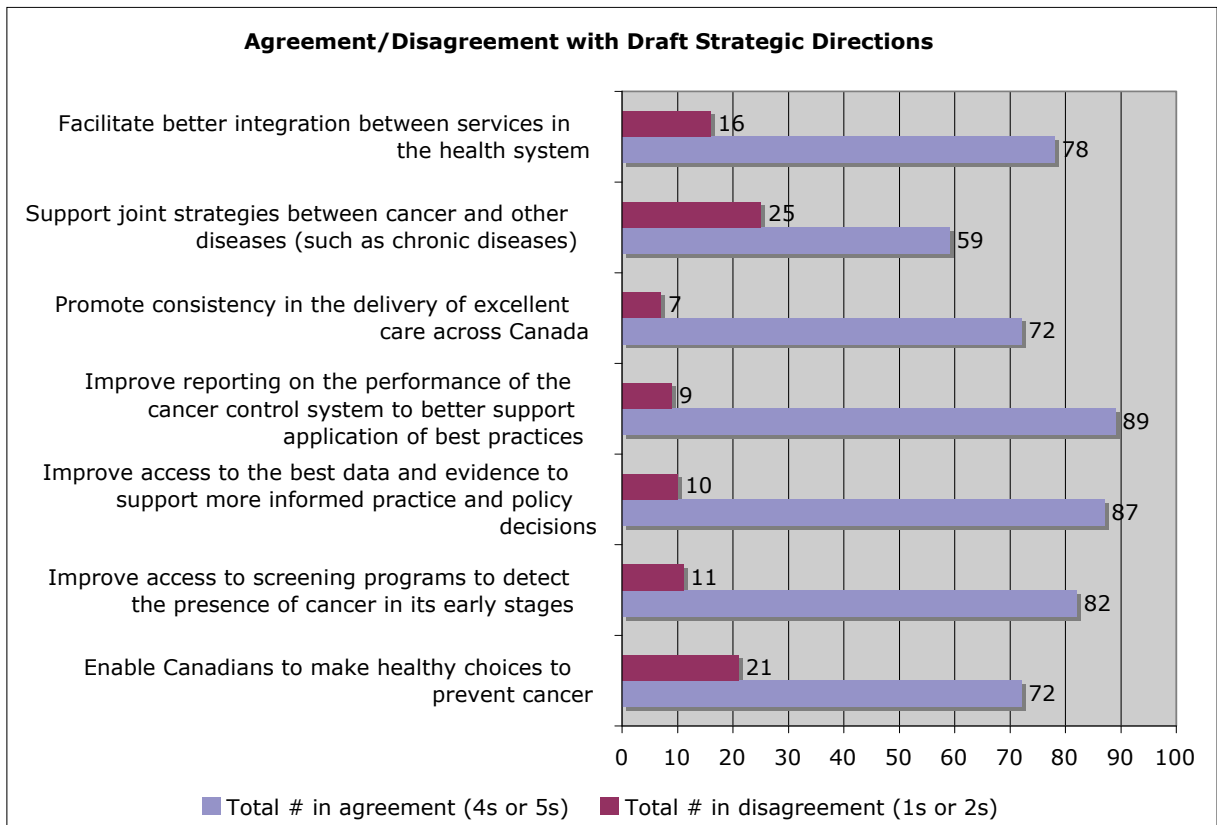
Role of the Partnership

There was broad agreement that the Partnership plays an important role as a facilitator and catalyst – roles that were validated through the summer consultation process. One analogy used

to describe the Partnership is “constellator”, or creator of constellations in cancer control: identifying and leveraging the brightest stars (e.g., best practices, innovation, new knowledge or expertise) to create connections, networks, synergies and collaborations, coordinating and accelerating efforts toward a common direction.

Opportunities for the Partnership

There was substantial agreement for considering all of the seven opportunities discussed as potential strategic directions for the Partnership as tested through small group discussions and subsequent real-time electronic polling. Reflective of the summer consultations, the Partnership’s value-add in supporting joint strategies between cancer and other chronic diseases and enabling Canadians to make healthy choices to prevent cancer is less clear than in other areas. The results of the electronic poll are highlighted below.



High level themes

High level themes that emerged from discussions on the seven opportunities above included:

- Organizational refinement
 - The Partnership’s vision and mission requires refinement to be more transformational/aspirational.

- There is support for reframing the Partnership's goals to reflect the organization's unique contribution to Canada's long-term cancer control goals of reducing the expected number of cancer cases, enhancing the quality of life of those affected by cancer and lessening the likelihood of Canadians dying from cancer.
- The Partnership needs to continue to be nimble to facilitate the development of strategic partnerships (between existing and new stakeholders) and to take action when opportunities present themselves.
- Priorities for the future
 - There is support for all seven opportunities discussed, recognizing that there is potential for refinement and integrating opportunities (e.g., enable Canadians to make healthier choices and supporting joint strategies between cancer and other diseases). The Partnership's role in knowledge management resonated with meeting participants, as did its efforts in prevention, screening and early detection, excellence in care, data collection, and system reporting.
 - The Partnership has demonstrated its ability to play the important role of bringing diverse stakeholders together to develop a coordinated strategy for action (e.g., National Staging Initiative and Canadian Partnership for Tomorrow Project), which can then be strategically supported and implemented.
 - The Partnership's best potential to add value is in supporting the capacity of others to advance cancer control through four main activities:
 - Generating new knowledge through research and the development of joint research strategies
 - Developing standards/indicators and collecting/analyzing data to identify areas for action and measure progress
 - Collecting and sharing evidence and best practices for broader application across Canada
 - Equipping others with evidence to advocate more effectively for change
 - Developing appropriate indicators to measure system performance is crucial in facilitating change. Indicators need to focus on what is important, as opposed to what can be easily measured.
 - Knowledge transfer (KT) is a key part of virtually every opportunity. The Partnership should focus on identifying and evaluating the KT strategies that most effectively supporting decision-making by the various users (e.g., clinicians, administrators, planners, policy makers), and look at how to use KT as a way to support the development of a culture of excellence and innovation.
 - The public has expectations of high quality and consistent care delivered in a timely manner. The Partnership should facilitate public engagement and communications:
 - Engage the public in discussion about expectations for the cancer control system
 - Involve the public in identification of strategies to improve quality, consistency of care and integration between services
 - Help develop clear and coordinated messaging to inform the public on performance and support informed choice.

- Consider how the Partnership could be forward-looking to anticipate new innovations/best practices and evidence that may greatly impact cancer control and support system-readiness (e.g., personalized medicine and integration of HPV immunization and surveillance with cervical cancer screening).

Small group discussion summary

The following provides a synopsis of key points from the discussions on the seven opportunities. Discussions focused on why the opportunity is important, where the Partnership can add value and what outcomes could be achieved in five years through the Partnership's involvement. Overall, prevention, screening and early detection, excellence in care, data collection and system reporting resonated as potential strategic directions for the Partnership.

1. Enable Canadians to make healthy choices to prevent cancer

- Healthy living is too broad – need to explore where the Partnership is uniquely positioned to add value.
- Principles for the Partnership's involvement include:
 - Building partners' capacity to deliver
 - Investing in intervention research (where to put money and focus; lead to more evidence-based practice)
 - Integrate prevention across the cancer control continuum
 - Integrate prevention and early detection

2. Improve access to screening programs to detect the presence of cancer in its early stages

- Look at screening and early diagnosis together
- Need balance between population and targeted screening
- Equitable access to the under-screened (e.g., First Nations, Inuit and Métis communities and armed forces)
- Need to better define where the Partnership should play a role, for example:
 - Help provinces understand where they are doing well and where they are not
 - Identifying better hand off between positive screen and next steps
 - Prevention aspects of screening (e.g., HPV immunization)

3. Improve access to the best data and evidence to support more informed practice and policy decisions

- This opportunity is primarily about turning data into knowledge to support policy and practice decisions. Important to identify decisions being made and the evidence/best data required to support them.
- The Partnership could play a role in a number of areas:
 - Maximizing the use of existing data sources (e.g., linkages between databases)
 - Timeliness of data and information to support practice and policy change
 - Increasing population based indicators

- Building capacity for data collection and analysis as well as understanding and use of data
- Coordinating evaluation of standards for cancer control data, including approaches such as synoptic reporting
- Consider impact of better data on longitudinal outcomes and quality of life

4. Improve reporting on the performance of the cancer control system to better support application of best practices

- Reporting should generate system change
 - Measuring what matters and not just what can be measured
- System reporting can be used to build awareness and influence expectations
 - Build a culture around reporting (greater acceptance)
- Greater public reporting to inform quality improvement
- Linking reporting to action is important
- Data for reporting on performance has to be comprehensive, collaboratively held, usable
 - Identify barriers, potential for change, who owns data and how to use data
- Continuous development of indicators is needed
- Need to consider knowledge translation for a variety of audiences

5. Promote consistency in the delivery of excellent care across Canada

- Will help to decrease human error/increase public safety
- Public expectation of high quality/consistent care
- Consistency would help to foster knowledge transfer
- The Partnership can help to measure what is currently happening and conduct gap analysis
- Promote innovation across disciplines and jurisdictions
- Tension: go for minimum standards vs. excellence

6. Support joint strategies between cancer and other diseases (such as chronic diseases)

- The opportunity is closely related to the opportunity “*Enable Canadians to make healthy choices to prevent cancer*”
 - This was seen as a “how” rather than a strategic direction
- Focusing on common areas of interest between cancer and chronic diseases (e.g., risk factors, secondary prevention, social determinants, messaging etc.) contributes to efficiency and effectiveness
- The Partnership has modeled this type of collaboration through CLASP; this experience can be used beyond cancer

7. Facilitate better integration between services in the health system (e.g., primary care, cancer treatment, survivorship and palliative care)

- There are gaps between different systems of care
 - Gaps need to be narrowed to ensure excellent patient care
 - Need accountability for the gaps
- Need to define what integration means and have common ground on the definition
- Journey through the system should be smooth/seamless for the patient – need to frame integration around the patient/whole person
- Need to create sustainable model for integration
- The Partnership has a role in brokering integration at a system-level (e.g., primary doctors with oncologists and the establishment of national standards)
- Need to ensure there is uptake and implementation of integration practices and tools
 - Measures need to consider different points of care across system (e.g., from pre-diagnosis to after treatment and palliative care)

7. Next steps

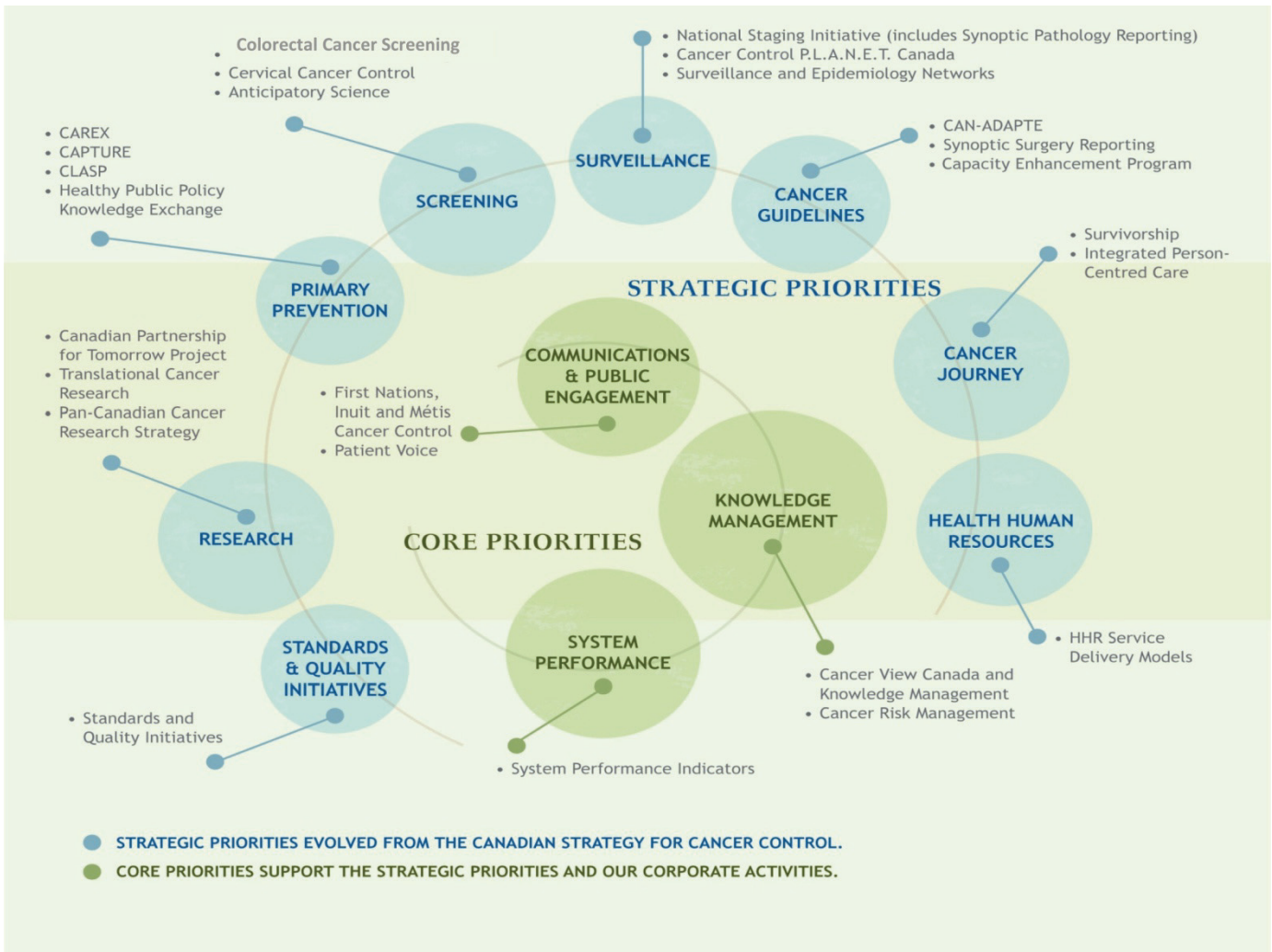
The Partnership welcomes feedback from stakeholders on the consultations process and summary presented in this document, including system-level priorities to accelerate coordinated and effective action to control cancer for Canadians. Feedback may be sent to strategy@partnershipagainstcancer.ca by January 31, 2011.

Starting November 2010 the Partnership is building on what was heard throughout the 2010 stakeholder strategy consultations and draft the Partnership's potential 2012-2017 strategic framework. This will include refinements to the Partnership's vision, mission and goals, areas of focus, high level activities and key functions.

Another round of stakeholder consultation is planned for early in the new year to seek input on the proposed framework, which will ultimately support the Partnership's future strategic planning efforts. At that time, further discussion will be undertaken to explore opportunities for investment.

8. Appendices

Appendix 1: Current Partnership priorities and initiatives



Appendix 2: Future cancer control opportunities tested through the online consultation survey

Opportunities or potential strategic themes in cancer control were derived from key learnings to date about future cancer control priorities, including feedback from the Partnership's July 2009 stakeholder forum *Momentum: Cancer Control in Action*, the Independent (2009) and Health Canada (2010) evaluations, and ongoing meetings with stakeholders and key partners nationwide. Reviews of provincial and territorial cancer control and health care priorities also informed development of opportunities tested.

Thirteen opportunities in total were tested through the online consultation survey conducted August 2010. Survey respondents were asked to consider the opportunities in two ways:

1. Identify opportunities that, if addressed, could have the greatest impact on Canada's ability to achieve one or more long-term cancer control goals
2. Identify opportunities where the Partnership is best positioned to add value and advance cancer control

Opportunities

1. Enable Canadians to make healthy choices to prevent cancer
2. Ensure that natural and built (i.e., human-made) environments in Canada do not increase the risk of developing cancer
3. Support joint strategies between cancer and other diseases (such as chronic diseases)
4. Enable patients, families and survivors on a cancer journey to more easily navigate the transition between care providers (e.g., from primary care to cancer care and back, or from cancer care to palliative care).
5. Facilitate better integration between services in the health system (e.g., primary care, cancer treatment, survivorship and palliative care).
6. Adapt the cancer system to better meet the needs of patients, families and survivors.
7. Improve access to screening programs to detect the presence of cancer in its early stages
8. Encourage more Canadians to choose to participate in screening programs
9. Promote consistency in the delivery of excellent care across Canada
10. Improve access to services spanning the cancer control continuum (from primary prevention to palliative care)
11. Improve access to the best data and evidence to support more informed practice and policy decisions
12. Improve reporting on the performance of the cancer control system to better support application of best practices
13. Focus cancer control strategies on specific populations (such as Canada's First Nations, Inuit and Métis peoples)

Two opportunities in particular stood out as priorities that could greatly impact cancer control in Canada:

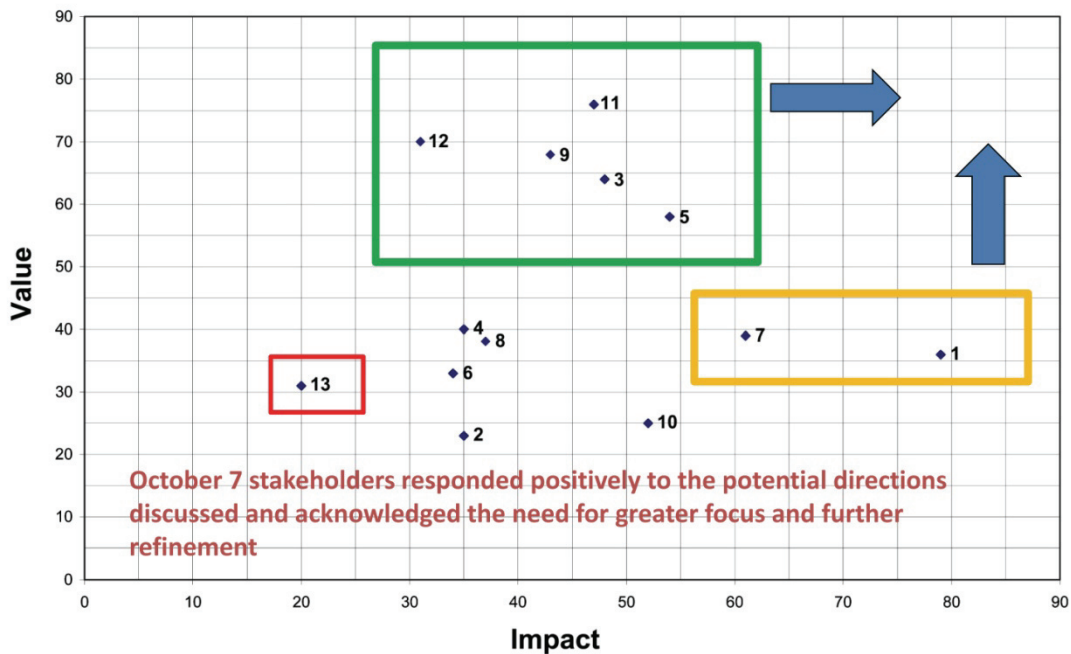
- Enable Canadians to make healthy choices to prevent cancer
- Improve access to screening programs to detect the presence of cancer in its early stages

Respondents were not clear, however, on where or how the Partnership could add value in these broad areas. Given the strong support for these as potential high-impact areas for future progress in cancer control, these two directions were brought to the October 7 meeting for discussion and further testing.

Five opportunities emerged as priorities that the Partnership could uniquely address and add value. These strategic themes – which are broad and subject to varying interpretations – were also brought to the October 7 meeting for discussion and further testing.

- Improve access to the best data and evidence to support more informed practice and policy decisions
- Improve reporting on the performance of the cancer control system to better support application of best practices
- Promote consistency in the delivery of excellent care across Canada
- Support joint strategies between cancer and other diseases (such as chronic diseases)
- Facilitate better integration between services in the health system (e.g., primary care, cancer treatment, survivorship and palliative care)

Items by Impact vs. Value



Appendix 3: Potential criteria for engaging in cancer control initiatives

The partner and advisor survey, and focus group discussions examined criteria the Partnership could apply when prioritizing and deciding on future cancer control initiatives to engage in. Criteria presented were adapted from criteria the Partnership uses.³ This feedback will later inform the strategic planning process.

The top ranked criteria, as per respondents' selection, were:

- Has high potential to cross geographic, jurisdictional, and organizational boundaries
- Has high potential for impact on patient outcomes
- Has high potential for impact on system performance
- Addresses a defined need within the cancer control domain based on evidence
- Has partners (governments, NGOs, agencies, etc.) ready to commit to engage in the initiative
- Has a high probability of being sustained over the long-term
- Is uniquely positioned for the Partnership to add value (such as leverages opportunities and integrates or accelerates action)

While the criteria received strong support, many respondents called for further discussion and refinement of the criteria so they would be more useful decision-making and resource allocation tools. They also identified key questions that needed to be addressed to set the context for funding discussions:

- Should the Partnership be addressing/funding areas in cancer control that nobody else is addressing/funding, or looking for areas where partners are prepared to commit?
- How should the Partnership establish its funding strategies in comparison to government and other funders? Should they be funding the same things? Should the Partnership consciously steer away from initiatives that would likely be funded by others?
- Should the Partnership concentrate on fewer, larger initiatives where they can make a significant impact, or be prepared to disperse funds more widely on smaller opportunities?
- Should the Partnership concentrate on a few areas of the cancer control continuum, or support opportunities across the whole continuum?
- How much of Partnership funding should be allocated to long-term initiatives vs. flexibility to support new and emerging opportunities?
- How does the Partnership view itself as a funder? As a supporter of pilots? As a catalyst? As a convenor?
- How should the Partnership make its funding decisions? What role should the Advisory Groups play in this process?

³ See *Canadian Partnership Against Cancer 2008-12 Strategic Plan* for more information.

- “Leverage” appears to be a key concept in how to make the best use of Partnership resources. How should this be defined/measured?
- What should be the balance between initiatives directed towards system performance and those focused on patient outcomes?

Recognizing that the criteria need to be addressed, the Partnership will be revisiting them when there is greater clarity on the organization’s future strategic directions. Given the high level strategic discussions needed during this early phase of consultations on the Partnership’s potential future focus, the criteria were not reviewed at the October consultation meeting.