Enabling Effective New Oncology Product Implementation in the Ontario's Health Care System

Friday June 19, 2026

0800h-1100h

Welcome

PLEASE NOTE:

This session is being recorded for note-taking purposes only.

All recordings will be destroyed after the meeting.

Acknowledgements and Disclosures

The authors would like to thank the clinical and administrative leaders from Ontario Health and various Ontario cancer centres who participated in various group and individual meetings. Your insights on implementation challenges, potential solutions, and feedback on the report to ensure its value to cancer centres are immensely appreciated.

Appreciation is also extended to the life science innovators who funded this research and their representatives who gave guidance and feedback during the process of generating this report: Ipsen, Amgen, Pfizer, J&J Innovative Medicine, AbbVie, Merck, Astellas, Roche, Gilead, AstraZeneca, BMS, and GSK.

Meeting Logistics

Housekeeping

- **Everyone has an equal voice**
  - Chatham House rules – no attribution to specific individuals
  - One conversation at a time, please!

Please mute your computer microphone during presentations.

You can use the Q&A function for any questions during the presentations.

Remember to unmute your mic when you wish to speak.

Please turn on your video camera for enhanced interactivity during the meeting.

Our Purpose Today

Purpose

- To meet with Ontario cancer system leaders to share learnings and develop concrete actions for improving health system readiness for new cancer therapies.

Objectives

The objectives for this session are:

- To provide a briefing on the Implementation Readiness Playbook and its role in supporting Ontario's front-line cancer system leaders in their efforts to implement provincial and regional Cancer Plans and ensure timely patient access to new therapies.
- To provide a forum for sharing information on and promoting knowledge translation of existing implementation readiness activities in Ontario cancer centres.
- To collaboratively develop ideas and/or actions for promoting implementation readiness within Ontario cancer centres as well as other parts of the cancer system.

Our Agenda

8:00-8:10	Welcome and opening remarks	M Hart, J Glennie
8:10-8:50	**Overview of Implementation Readiness Playbook**	N Johnson
8:50-9:20	**Panel Session 1** Examples of implementation readiness activities in Ontario Cancer Centres	Dr S Berry, J Smyth, Dr S Hotte
9:20-9:40	**Panel Session 2** Respondents - Stakeholder perspectives on the Implementation Readiness Playbook	R Bick, Dr L Forbes, T Taylor
9:40-9:50	Break	
9:50-10:50	**Workshop** How do we continue to improve the quality of implementation of new cancer treatments / medications?	
10:50-11:00	Closing Remarks	N Johnson, J Glennie, M Hart

Overview of Implementation Readiness Playbook

Neil Johnson

Why This? Why Now?

- Cancer treatment paradigms and products have changed remarkably over the past 15 years.
- Advances in systemic therapy mean that patients are living longer; but with continuous life-long treatments.
- These new products are sophisticated molecules with significant complexities of administration and monitoring.
- After funding is provided by governments, the implementation process at the local and regional level can be time consuming, complex and time intensive

“These things don’t just implement themselves”

Dr. Monika Krzyzanowska

Regional Vice President Toronto Central North Regional Cancer Program

Chief, Sunnybrook Odette Cancer Centre

Problem Statement

- In Ontario, new oncology product implementation is complex and variable. Individual hospitals and health care providers approach adoption in a variable and inconsistent manner – sometimes focusing on individual centre adoption and at other times planning on a regional service delivery level.

- This can lead to delays in implementation and / or compromise quality of service delivery, ultimately impacting equitable patient access to new treatments and related health outcomes.

- The roles that industry, government and provincial health agencies can play in this process is not always clear.

- The focus of this work is to serve as a catalyst for quality improvement in the cancer system and as a resource for health leaders at various levels of the cancer system in their work within the existing system and its constraints.

How we approached this

- We recognize that the health system is complex and that we cannot offer ideas that require a magic wand.
- The ideas need to spur collaboration amongst different sectors to achieve better outcomes.
- Better outcomes means higher quality implementation – not just quicker implementations. Equity and patient experience are key components of quality.
- Implementation must be easier for everyone – professionals, patients, leaders.
- The ideas must be relevant to the current health care ecosystem but have a view to the future opportunities and regulatory change

As you read the report…

- Ontario is not starting from scratch. Components of the recommendations and ideas are already in play locally, regionally and provincially
  - Examples – regional case studies, complex malignant hematology capacity building funding, systemic therapy standards

- Much work goes on behind the scenes at the governmental and Ontario Health level already

The Ontario Cancer Ecosystem

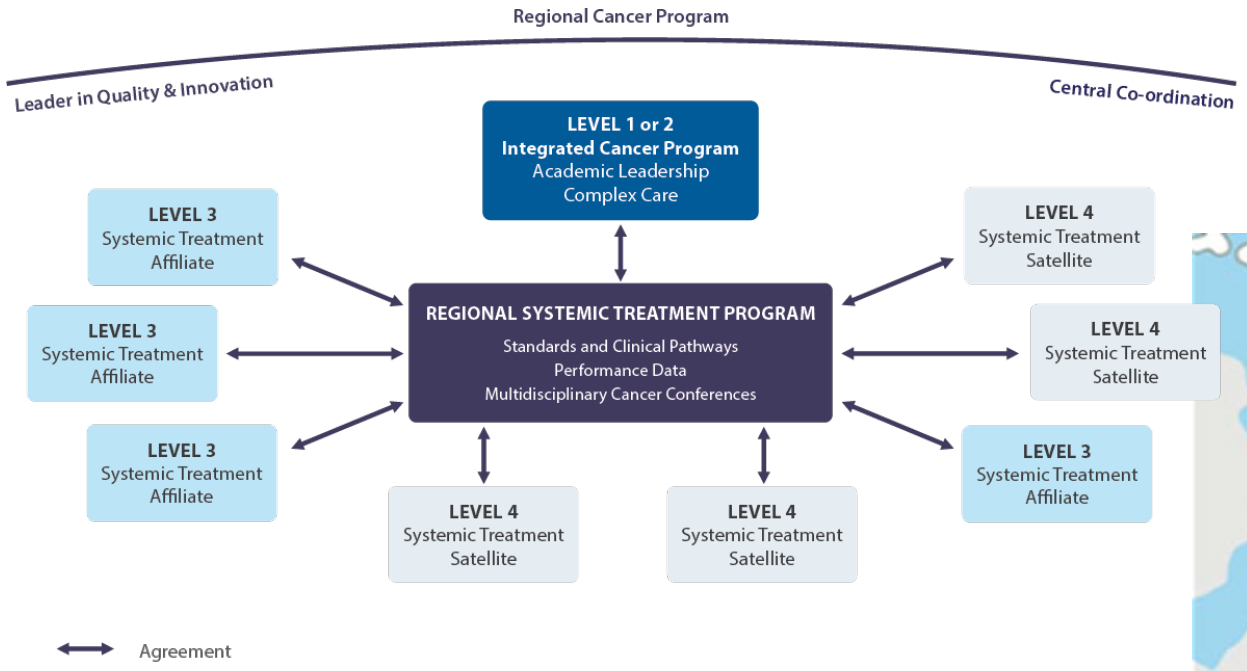
- Cancer care is delivered by a variety of health system agencies

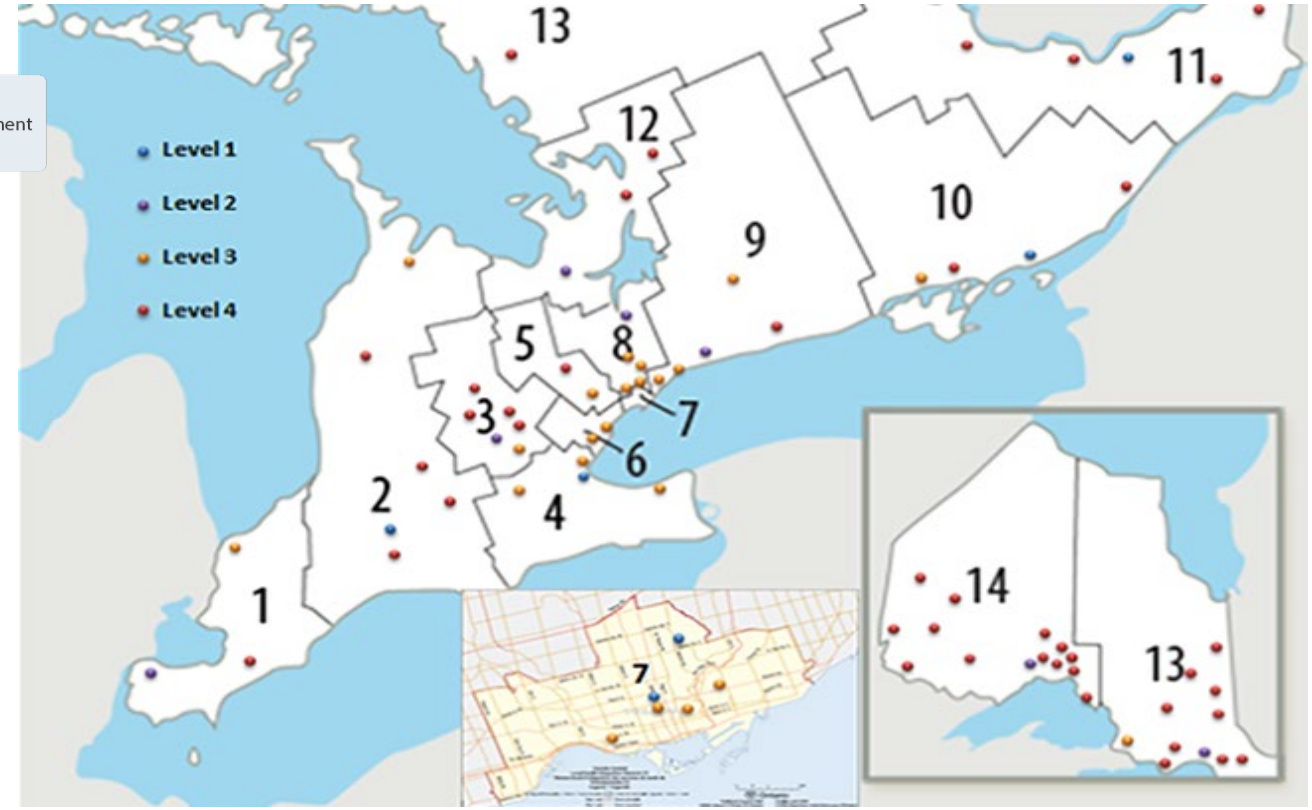
- Cancer services are planned and funded through Ontario Health within the Ontario Cancer Plan

- Regional Cancer Programs serve dual roles:
  - Offering excellent services as lead cancer centres in a region; and,
  - Working with agencies in their region to improve cancer service quality and to implement the Ontario cancer plan.

- In the world of systemic therapy, care is delivered in a variety of hospitals with differing level of service complexity

Systemic Treatment in Ontario





Challenges

Capacity

- Hospital Inpatient
- Cancer Centre
- Health Human Resources
- Hospital Financial

- **Implementation Planning**
  - Hospital – local operations, labs, imaging, e-health
  - Provincial – provincial standards, equity, system capacity
  - Regional Coordination – where local realities meet implementation
  - Meaningful patient engagement

Recommendations – Management Ecosystem

Recommendation 1 – Leadership

New complex cancer treatment implementation should be led in a regional setting by the lead regional cancer centre. Regional Cancer Programs play an important role in coordination of implementation across all regional hospitals. They can also serve to assist smaller hospitals achieve their goals of timelier implementation.

Recommendation 2 – Project Management

Regional cancer centres / programs should use a standard project management methodology to implement new complex cancer treatments. This project management approach can vary from region to region depending on the regional structures and realities but should address a standard set of implementation parameters.

Recommendations – Management Ecosystem

Recommendation 3 – Implementation Funding Support

OH-CCO should explore ways to enable funding of implementation supports, through sources internal as well as external to government. For instance, there may be a role for the pharmaceutical industry to play in providing funding to support complex implementations across the province. This would ensure more equitable access to implementation resources. Funding should be tied to performance results related to specific product implementation.

Recommendation 4 – New Product Triaging

Regional cancer centres / programs should triage new products to determine the complexity of implementation parameters, which will then inform implementation planning.

Sample:

New Product Triage Framework

Stage 1. Initial Clinical and Operational Assessment
Do patients with this disease have any viable therapeutic options?
How does this treatment fit into the programs overall management of the disease(s) in question?
Is this a novel agent that has no comparable therapeutic option?
Does the program have an equivalent therapeutic option?
Does this new product afford any cost, operational or adverse effect benefit?
Does the program have suitable capacity to implement this product and continue its use?
Gate 1. Decision - Strategic Intent **Decision Maker - Regional Executive Leadership**
Stage 2. Detailed Clinical and Operational Assessment
Conduct a more thorough clinical and operational impact assessment with additional considerations below
Do regional providers have sufficient knowledge and capacity to offer this therapy within the region's provider network?
Does the plan integrate with the overall provincial health system approach
Gate 2. Decision - Operational Intent **Decision Maker - Regional Executive Leadership and Health Provider Agency**
Stage 3. Implementation and Evaluation Plan
See Table 1 New Oncology Product Implementation Plan
Gate 3. Decision - Begin Implementation **Decision Maker - Regional Executive and Health Provider Agency Approvals**
Stage 4. Evaluation and Course Correction
Implement Evaluation Plan
Initiate course correction as required
Determine implmentation plan close out
Gate 4. Decision - Implementation Close Out **Decision Maker - Regional Executive Leadership**

Recommendations – Management Ecosystem

Recommendation 5 – Patient Engagement

Regional cancer centres / programs should ensure that patients are meaningfully engaged in the implementation planning process and that an experience-based design approach is used. Patient and care giver representation should include a deliberate and intentional approach to dealing with issues related to the social determinants of health.

Recommendation 6 – Disease Management Approach

Regional cancer centres / programs should ensure that lead centre and regional disease site teams are engaged proactively in planning and that the planning ensures a wholistic disease management-based approach to implementation rather than a singular product adoption focus.

Recommendation 7 – Role Clarity

Regional cancer centres / programs, provincial health authorities, individual hospitals, patients and families, and the pharmaceutical industry should be well versed in the roles that each party plays in implementation. They should ensure that the parties work collaboratively and engage in regular dialogue to plan, oversee, and advise on new product implementation on a provincial level.

Sample:

Implementation Responsibility Matrix

Level	Regional Cancer Centre	Individual Hospital	Regional Cancer Program	Industry	Provincial Cancer Agency
Institutional					
Cancer Operations	■			■	
Disease Site Teams	■		■	■	
Finance	■	■	■		■
Health Human Resources	■	■	■		
Hospital Operations		■			
Information Technology and Electronic Health Records	■	■			
Multidisciplinary Case Conferences	■		■		
Future Focused Planning and Environment Scanning	■		■	■	
Professional Practice	■	■		■	
Quality Management and Improvement	■	■	■		
Research and Improvement	■	■	■	■	
Support Systems	■	■			
Laboratory and Diagnostic Services	■	■			
Legal Agreements	■	■		■	■
Regional Cancer System					
Disease Site Teams		■	■	■	
Information Technology and Electronic Health Records		■			
Multidisciplinary Case Conferences		■	■		
Future Focused Planning and Environment Scanning			■	■	■
Quality Management and Improvement					
Referral Patterns			■		■
Regional Oversight / Governance			■		■
Laboratory and Diagnostic Services		■	■		■
Regional Health System					
Home care			■		■
Primary Care			■		■
Infusion Centres	■			■	
Provincial					
Specialized Disease Specific Multidisciplinary Case Conferences					■
Specialized Disease Oversight					■
Best practice adoption			■	■	■
Future Focused Planning and Environment Scanning				■	■

Recommendations - Planning Tools

Recommendation 11 – Implementation Check Lists

Regional cancer centres / programs should develop and adopt an implementation check list to ensure that new product implementation project plans are comprehensive and well executed.

Sample:

Implementation Check List

Look to the Future	
Strategies	**Tactics**
Horizon Scanning	• Proactively seek early insights from clinicians on emerging therapies with complex implementation needs (e.g., via surveys, etc.)
	• Request/engage in pipeline meetings with pharmaceutical companies to get an early understanding of the implementation needs for complex therapies (i.e., early impact analysis) and learn about any early access opportunities via compassionate access programs or clinical trials
	• Use insights from above to prioritize and then complete the New Product Implementation Complexity Assessment (see Appendix)
	• Seek early feedback from clinicians on the role of a new product compared to current treatments (i.e., early prioritization, to support future planning)
	• Collaborate with OH/CCO to track complex therapies through regulatory and HTA processes (information sharing)
Consider Evidence	
Strategies	**Tactics**
Assessing Programmatic Clinical Relevance of New Technology	• How does this product fit within the centre's / region's clinical needs?
	• Review trial data (efficacy, safety) to understand relevance of product as a component of the centre / region's overall approach to a specific disease management • Leverage health technology reviews from Canada's Drug Agency and local or regional clinical trials experience
	• Compare with standard of care • Seek insights from clinicians on the role of a new product compared to current treatments (i.e., prioritization, for concrete implementation planning) and consider if existing treatments used will be removed from practice.
	• Complete initial operational impact analysis
	• Make organizational / regional decisions to adopt or defer new technology.
Key Partner Approvals	
Strategies	**Tactics**
Policy and Approvals Within Each Centre in the Region	• Gain internal approval (DST, PT&T, Executive)
	• Review Health Canada and OH-CCO guidelines
	• Understand eligibility criteria

Enablers and Hurdles	
Strategies	**Tactics**
Operational Readiness Planning	Assess enablers relevant to the product being assessed • Existing infrastructure (i.e., manufacturing, cold chain, imaging, nuclear medicine, diagnostics, physical space, equipment, IT systems) • Existing bed/ICU capacity • Existing human resources capacity • Existing policies and protocols (i.e., scope of practice, eligibility and referral protocols, education and training, geographic models of care)
	Assess gaps and identify needs/plans to address them • Infrastructure (i.e., manufacturing, cold chain, imaging, nuclear medicine, diagnostics, physical space, equipment, IT systems) • Human resources capacity • Bed/ICU capacity • Policies and protocols (i.e., scope of practice, eligibility and referral protocols, education and training, geographic models of care) • Scheduling requirements
	Develop staff and physician education / training plan for drug administration and monitoring as well as adverse event management
	Leverage information from pharmaceutical manufacturers
	Integrate into EMR and Decision Support systems
	Identification of regulatory requirements related to product administration, storage,
	Ensure that primary care, emergency medicine, paramedicine and home care are included in planning and knowledge sharing. Establish partnerships with EMS, home care and primary care leadership as well as hospital emergency departments.
Operational Planning	
Strategies	**Tactics**
Finance and Logistics	Perform budget impact analysis
	Procurement, storage, distribution
	Legal agreements
	Transportation requirements
	Align with reimbursement and coding requirements
	Ensure capital equipment and facilities needs are included
Patient Engagement	
Strategies	**Tactics**
Education / Communication	Patient navigation and support
	Feedback and co-design
	Assess education and methods of shared decision making
	Ensure active and meaningful participation of First Nations peoples in planning and evaluation
Outcomes and Experience	
Strategies	**Tactics**
Monitoring and Evaluation	Track / review outcomes and adverse events
	Initiate quality improvement cycle
	Integrate PROMs where possible

Recommendations: Industry

Recommendation 8 – Industry Leadership

a) Information sharing

- Individual pharmaceutical companies should increase their efforts to engage with and support health system leaders in their planning efforts for complex therapies. Similarly, there needs to be openness on the part of health system leaders to meet with industry representatives and collaborate in both identifying and addressing implementation challenges.
- Manufacturers need to proactively identify and define implementation challenges related to their products and inform all levels of the health system of the issues that may arise. Engagement of the health system needs to occur as early as possible in the product development process.

b) Implementation support

- The cost of implementation for complex therapies cannot be borne by the health system alone. As part of the cost of doing business, companies should examine potential mechanisms to support funding of project management resources at one or more regional cancer centres to enable implementation of complex therapies. Such an investment is analogous to industry funding of infusion centres for IV biologic therapies and would benefit patients, cancer centres, and companies alike in terms of timely and equitable access.

c) Practical pharmaceutical product considerations

- Cancer medications and their administration can be quite complex. The available dosage forms, sizes of products, and dosing regimens all can lead to complexity of administration and, therefore. implementation. Pharmaceutical vendors should ensure that their products better meet the operational requirements of those prescribing and administering the medications. This can include:
    - Ensuring that dosing regimens are simple and avoid unnecessary patients visits to a cancer centre on off hours or days.
    - Providing drugs that can be administered subcutaneously.
    - Aligning medication vial sizes to real life dosing needs to reduce wastage and facilitate medication administration.
    - Using dose banding to standardize doses; and/or,
    - Providing medications in ready to use syringes per dose for subcutaneous administration.

Recommendations: Ministry of Health and Ontario Heath

Recommendation 9 – Enabling Roles

a) Ministry of Health

- At a provincial level, the introduction of proactive, cross-ministry and/or cross-sectoral planning processes to support timely implementation activities for complex therapies would be a valuable addition to current processes. The health system needs to create mechanisms for systematically anticipating, prioritizing, evaluating, planning for, adopting, and evaluating the real-world effectiveness of innovations and new technologies. The success of initiatives such as the recent FAST program hinges on both timely funding but also timely implementation to prove its value.

b) Ontario Health

- There may also be opportunities for OH to facilitate coordination and information exchange amongst organizations regarding some aspects of implementation planning, to minimize duplication of effort by individual treatment centres when planning for adoption of new therapies. and inform all levels of the health system of the issues that may arise. The most recent Systemic Treatment Program Implementation Plan highlights the role of OH-CCO in provincial implementation of bispecifics (i.e., T-cell engaging therapies), a pilot initiative which could be leveraged as a model for supporting implementation readiness for future complex therapies.

Recommendations: Stakeholder Collaboration

Recommendation 10 – Making Cross-Sectoral Collaboration the Norm

- In addition to the importance of role clarity noted above, it is also important that sectors across the cancer system work together to ensure successful health system readiness for complex therapies.
- No single entity can take on sole responsibility for enabling implementation readiness. The health sector components required to ensure timely and successful health system readiness are divided into those who own the product information, those responsible for system planning, those with funding powers, and those responsible for delivering care directly to patients. It is only when all of these components work together through cross-sectoral collaboration that we will successfully address the challenges associated with integrating complex therapies into the health system in a timely manner.

Other Items For Consideration

Electronic Health Records

Hospital leaders should work with vendors and partner hospitals to enable better sharing of protocols and resources to enable the quicker development of EHR protocols for new medications.

Medication Administration Locations

Hospital leaders should develop implementation plans for new medications that include a more comprehensive assessment of the setting of medication administration.

The Potential Role of Private Infusion Centres

OH-CCO, the Ministry of Health, and Regional Cancer Programs should consider working together to examine the potential role of alternate infusion centres in the regulatory and care milieu in Ontario. Currently, these centres are used without regulatory oversight for non-funded medications. This can cause operational challenges and potential safety issues. These centres could be part of the solution to current systemic treatment capacity challenges in Ontario.

Privacy and Legal Agreements

Hospital leaders should work in concert to develop Ontario wide standards for privacy and legal agreements required for specific products such as CARTs. These will become the provincial standard that industry partners will follow and will streamline and reduce work of hospitals.

Implementation Experience

Ontario Health – CCO, hospitals, Regional Cancer Programs, patients and families and pharmaceutical industry partners should share implementation plans and learnings at an organizational, regional and system wide level to promote an ongoing PDSA improvement cycle for new product implementation. These players are encouraged to also share their expertise and experience with other Canadian jurisdictions.

Panel Session 1

Examples of implementation readiness activities in Ontario Cancer Centres

Dr S Berry, J Smyth, Dr S Hotte

Advancing Implementation Readiness Through Regional Collaboration

Lessons from the BiTEs implementation experience

Scott Berry MD, MHSc, FRCPC
Regional Vice President — Mississauga Halton Central West Regional Cancer Program
Chief & Medical Director, Oncology — Trillium Health Partners

June 19, 2026

Mississauga Halton Central West Regional Cancer Program
Ontario Health (Cancer Care Ontario)

THE CHALLENGE

The drug is approved.
The funding is in place.
The patient still waits.

For complex therapies, the bottleneck has shifted.

The question is no longer only whether the evidence and funding exist.

It is whether the system is ready to deliver the treatment safely on day one.

Bispecific T Cell Engaging Antibodies (BiTEs)
New, Effective but Complex

Infrastructure & equipment

- ICU & inpatient beds for CRS / ICANS
- Pharmacy builds & order-set config

Human resources

- MD Specialists (ED, ICU, Neuro, Resp, ID), RNs

Education & training

- Early CRS / ICANS recognition
- Team-wide specialized training

New processes

- Toxicity protocols & MDT care pathways
- OH-CCO alignment: prerequisite to treat

A growing pipeline across blood and solid cancers is intensifying demand on already-stretched capacity. Built on compressed timelines, uneven readiness meant unequal access.

Every centre in our Region was solving the same problem — alone

GAPS IDENTIFIED		IDEAL STATE
Duplication of effort	→	Coordinated Development
Variation in policies & order sets	→	Regional alignment and standardization
Uneven readiness across centres	→	Collective expertise lifts every site
Disparities in patient access & experience	→	Equitable care — everywhere

OUR RESPONSE

Regional Roundtables

A standing forum where regional cancer leaders plan together — turning isolated, site-by-site readiness into one coordinated regional effort.

FRAMEWORK

How the Regional Roundtables work

Four pillars structure every roundtable session.

PEOPLE

The right voices at the table — clinical, operational, and pharmacy leads from every site.

PROCESS

Rigorous ToR and agendas to provide structure and documentation so lessons are captured

COLLABORATION

Open exchange across sites, replacing isolated, duplicated problem-solving.

OUTCOMES

Decisions and tools that travel back to each site and into local practice.

CASE EXAMPLE

BiTEs through the Roundtable

One centre leads

The most-ready centre implemented first, carrying the early risk and learning.

Lessons captured

Workflows, policies, order sets and education become shared regional assets.

Region adopts

Every other centre starts from a proven base. Readiness scales, not restarts.

Learn together.
Scale across the region.

Mississauga Halton Central West Regional Cancer Program
Ontario Health (Cancer Care Ontario)

CASE EXAMPLE

The framework, applied to BiTEs

What each pillar looked like in practice for BiTEs implementation.

PEOPLE

Oncologists, pharmacy, and ICU/critical-care leads from Osler, THP, and Halton Healthcare.

PROCESS

Shared CRS/ICANS protocols and order sets, adapted from the early-adopter site.

COLLABORATION

Joint review of OH-CCO readiness requirements before each site's go-live.

OUTCOMES

Faster, more consistent onboarding. Every site met readiness criteria before treating patients.

LESSONS LEARNED

What the work taught us

1

Plan in parallel, not in sequence

Readiness has to run alongside the funding decision — not begin after it. Waiting is the delay.

2

Standardize what shouldn't vary

Shared policies and order sets reduce risk and shorten time-to-treatment. Save local effort for genuinely local needs.

3

Regional Roundtables Needed to Expand

The same regional, collaborative model used for BiTEs readiness and systemic therapy was an optimal model for regional collaboration to optimize planning, coordination, access, equity and consistently high-quality care across the region

Mississauga Halton Central West Regional Cancer Program
Ontario Health (Cancer Care Ontario)

Learn together.
Deliver for every patient.

Proactive, regional implementation readiness is how a funding decision becomes timely, equitable patient access.

Mississauga Halton Central West Regional Cancer Program
Ontario Health (Cancer Care Ontario)

New Systemic Therapy Implementation Model

Jennifer Smyth
Regional Director, HNHB Regional Cancer Program, Complex Malignant Hematology

Dr. Sebastien Hotte
Regional Lead, Systemic Therapy, Division Head, Medical Oncology

A case study…of what not to do

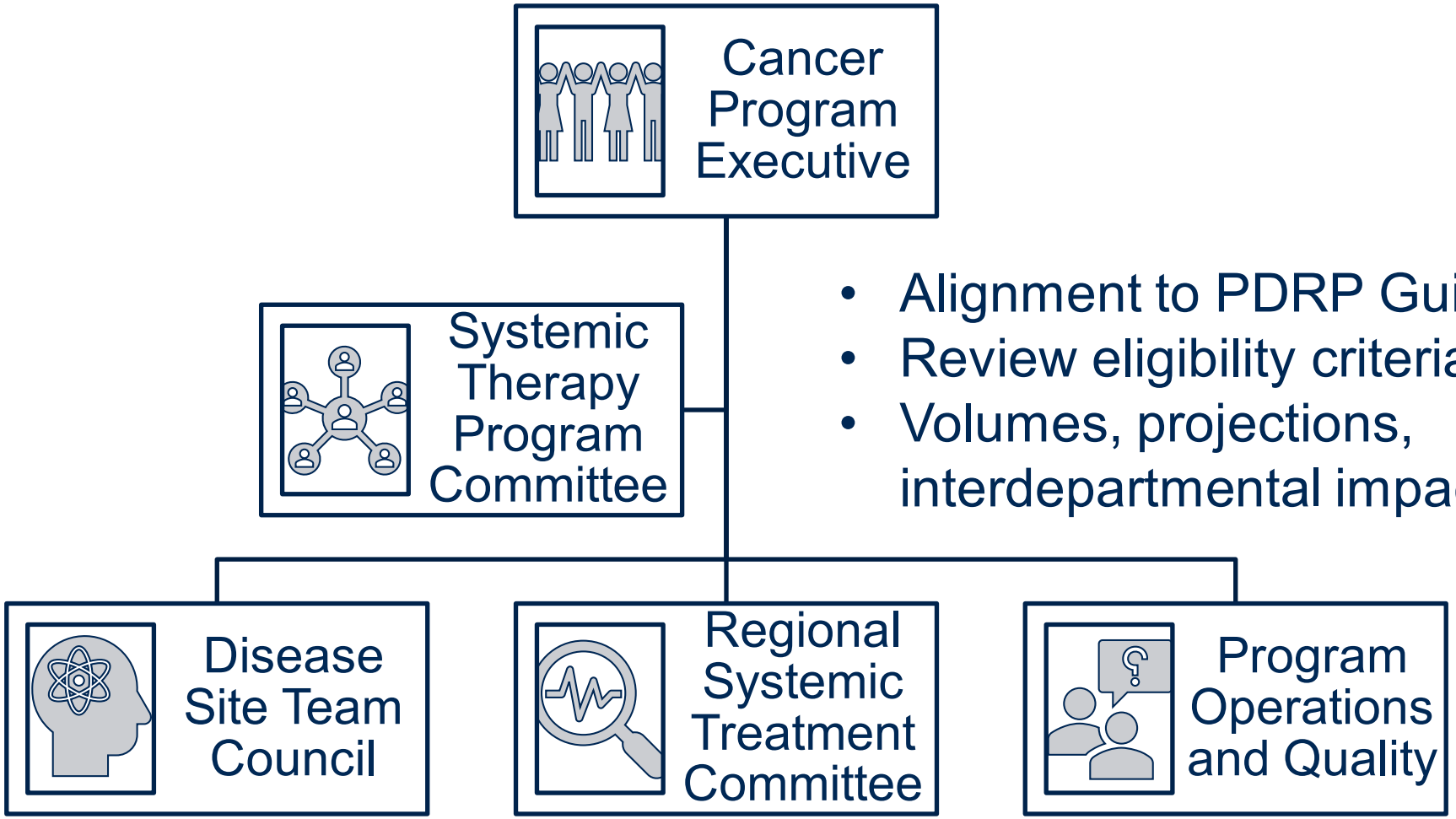
Overheard during a Regional Director round table in May 2024…

"So, what's everyone doing about BITES?"

Why Implementation Readiness Matters

- Increasing pace of new systemic therapies (complexity, cost, toxicity).
- Need for coordinated, multidisciplinary readiness.
- Risk of:
  - Unsafe delivery
  - Workflow disruption
  - Inequitable access
- Opportunity to improve:
  - Patient outcomes
  - Provider experience
  - System efficiency

Policy & Approval- Ensuring Alignment



- Alignment to PDRP Guidance.
- Review eligibility criteria.
- Volumes, projections, interdepartmental impact.

Designing the Delivery Model

Infrastructure assessment (Space, staffing, equipment)

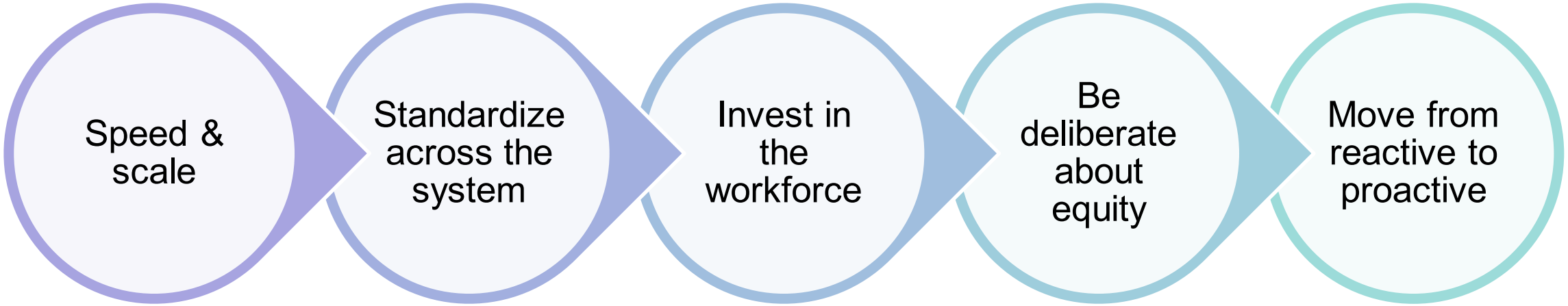
Care pathway design:

- Referrals
- Treatment workflow
- Toxicity management

EMR and decision support integration.

Putting It All Together

Moving a new therapy from evidence to implementation requires a coordinated system approach.



Strengthen governance with clarification on decision rights and accountabilities across committees.

Enforce a consistent readiness framework. Reduce variability. Define minimum requirements for site participation.

Build standardized education and competency models. Expand roles to support access/ treatment. Plan proactively.

Where and why? Strengthen referral pathways to ensure timely access and reduce geographic inequities.

Shift to pipeline-based planning. Consider impact analysis and resource implications early in planning.

Discussion

- Any questions or comments from the audience or panel members?

- Do audience members have any examples to share?

- What has been the one key learning that you have taken away from your experiences?

Panel Session 2

Respondents - Stakeholder perspectives on the Implementation Readiness Playbook

R Bick, Dr L Forbes, T Taylor

Discussion

- Any questions or comments from the audience?

Break!

Virtual Workshop

How do we continue to improve the quality of implementation of new cancer treatments / medications?

Introduction to the Workshop

- The Playbook outlines a number of recommendations for - as well as examples of - implementation readiness activities for cancer centres.

- It is also clear that the increasing complexity of products/regimens requires a cross-Ministry/cross-sectoral approach within the health system to support effective planning and implementation.

- The workshop focus will be on implementation activities at the cancer centre level, and **what is needed to enable proactive implementation readiness for complex products**.

Workshop Instructions

- Attendees will go into a break-out session in pre-assigned Zoom rooms
- A facilitator and a note-taker have been assigned for each room
- Participants will address the same 3 questions (see next slide)

Workshop Discussion Questions

1. What has been your experience in implementing complex oncology products?

2. What is one thing that you would change when you go back to your centre, based on today's discussion?
   - What is your organization doing / could it do differently to promote implementation readiness, based on the principles outlined in the Playbook?

3. What supports would be helpful to you for successful implementation readiness?
   - Local, regional, or systems level
   - From/with various stakeholders (e.g., program/hospital, industry, MOH, OH, etc.)
   - What process or procedural changes could be helpful to expedite the high-quality implementation of new cancer treatments across the health system?

Closing Remarks

N Johnson, J Glennie, M Hart

Call to Action

- Implementation readiness is a key success factor in support of timely patient access to innovative therapies and optimizing health outcomes.

- Leaders at all levels of the health system need to adopt a proactive approach to implementation planning, including support in terms of securing the human and financial resources needed to execute such plans.

- We hope that you'll go away thinking about one thing that you would change when you go back to your centre/region…

Next Steps

- Post-meeting survey
- Short Summary (Longwoods website) – to be shared
- Meeting Summary Report (Longwoods publication) – to be shared

Thank You!