

## 2023 Ontario Budget Submission

# Equal Access to Take-Home Cancer Drugs

*January 27, 2023*



**rethink**  
BREAST CANCER

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## **CanCertainty Coalition and Rethink Breast Cancer 2023 Ontario Budget Proposal: Equal Access to Take-Home Cancer Drugs**

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**The CanCertainty Coalition** is the united voice of 30+ Canadian patient groups, cancer health charities, and caregiver organizations from across the country, joining together with oncologists and cancer care professionals to significantly improve the affordability and accessibility of take-home cancer treatments. [CanCertainty.com](https://CanCertainty.com)



**Rethink Breast Cancer** is known for making positive change and rethinking the status quo when it comes to breast cancer. Rethink educates, empowers and advocates for system changes to improve the experience and outcomes of those with breast cancer, focusing on historically underserved groups: people diagnosed at a younger age, those with metastatic breast cancer and people systemically marginalized due to race, income or other factors. We uplift, inspire and most importantly, rethink breast cancer to help people live better and live longer. [rethinkbreastcancer.com](https://rethinkbreastcancer.com)

## Advocacy Update

**Patient Video Stories:** Click the following names to watch videos of patients struggling to access THCDs:

- [CanCertainty For All](#) video with Canadian actor Simu Liu.
- [Suzanne and Diane](#) both have metastatic breast cancer, but their treatments come in different forms (IV vs. pill). Diane had to jump through hoops and pay out of pocket to access treatment.
- [Rebecca](#) was diagnosed with the most aggressive brain cancer. The only treatment is in pill form, but it is not automatically covered by Ontario's drug program because she is under 65.

**2022 Media:** Click the links: October 10, 2022: [Global](#); April 4, 2022: [CTV](#), [CBC](#), [CP24](#), [Global](#), [OMNI](#)

**A Petition Calling for Equal Access to THCDs:** On January 24, 2022, Rethink Breast Cancer, the CanCertainty Coalition and other Canadian cancer organizations launched the [Bitterest Pill Petition](#) calling for all Ontario political parties to commit to equal access to take-home cancer drugs. To date, more than 8,300 people have signed the petition.

**Result:** In May 2022, after more than a decade of patient advocacy, all political parties committed to tackling the THCD inequities faced by cancer patients younger than 65. Furthermore, the Ontario 2022 Budget contained a commitment to improve access to THCDs by bringing together an Advisory Table. This commitment was welcomed by patient and clinician stakeholders as a critical and encouraging next step. We urge the Ontario Government to commence work on efforts to reform and improve cancer drug funding, administration, quality and safety immediately.

## 2023 Budget Recommendations – Equal Access to Take-Home Cancer Drugs

So much work has already been done within the cancer community to resolve this. By implementing these 2023 Recommendations, Ontario will reduce patient wait times, improve quality of care, increase safety, foster equity, and drastically improve outcomes.

1. **Advisory Table Membership and Timelines:** It has been almost a full year since the government's commitment to forming an Advisory Table. This should be formed no later than the release of the 2023 Budget. The CanCertainty Coalition and Rethink Breast Cancer should be key members of the Advisory Table who represent cancer patient groups. This Advisory Table also needs to set clear critical path timelines to achieve these Recommendations as quickly as possible.
2. **Advisory Table Mandate:** Find solutions to allow all Ontario cancer patients – regardless of one's cancer type, age of diagnosis and recurrence, treatment formulation (THCD and/or IVCD), private drug coverage, socioeconomic status and geographic location to have access to the most effective approved treatments they need and get it when they need it without delays, dollars or distress. This specifically requires achieving the following Deliverables:

### Advisory Table Mandate Deliverables:

- A. **Close the Unfair THCD Funding Gap for all Cancer Patients:** Update Ontario's cancer drug coverage model and implement an estimated ~\$30M (net pharmaceutical discounts) budget increase of close-the-gap funding for THCDs for those younger than 65 who are uninsured and underinsured (~10,000 people/year).
- B. **Reduce Administrative Barriers and Delays:** Further improve Ontario's Exceptional Access Program process for the Trillium Drug Program by bringing the Special Authorization Digital Information Exchange portal (SADIE) to acceptable industry standards. Then, integrate SADIE with the Computerized Physician Order Entry system used for IVCDs and Electronic Medical Records.
- C. **Decrease THCD Costs and Unnecessary waste:** Address pharmaceutical THCD costs and community pharmacy THCD wastage.
- D. **Enhance the Delivery of THCDs:** Cancer Care Ontario must provide a progress report on the execution of the March 2019 Next Steps from [\*Enhancing the Delivery of Take-Home Cancer Drugs in Ontario\*](#) report by Budget 2023.

## About Take-Home Cancer Drugs (THCDs)

Take-Home Cancer Drugs (THCDs) refer to cancer drugs used for active cancer treatment typically administered orally in pill form or sometimes by (self) injection. THCDs include cytotoxic chemotherapy (drugs that kill tumour cells), targeted therapies (drugs that target specific types of cancer cells with less harm to non-cancer cells), immunotherapy (drugs that help the immune system fight cancer), and some hormonal therapy (drugs that slow or stop the growth of hormone-sensitive tumours).

In the past, all cancer drugs were administered by intravenous (IV) in hospital. Today, more than half of drugs used to treat almost all types of cancer are developed in oral formulations and are taken in a patient's home. Advancements in research and science have expanded our understanding of the underlying defects at the genomic and cellular level that can lead to cancerous tumors. This has resulted in developing oral cancer drugs that deliver more precise targeting for even more subtypes of cancer. These breakthrough drugs allow patients to live better and longer lives.

It is important to recognize that THCDs are not an oral version of an IVCD. They are different therapeutic agents that are often the first-line choice of systemic treatment for many cancers in Cancer Care Ontario's practice guidelines. When an oncologist prescribes a patient a THCD, it is because that medication offers the patient the most effective therapy to treat their cancer.

That is why over three times more cancer patients are treated with THCDs at home compared to IVCDs in the hospital.<sup>i</sup> However, if there are administrative hurdles and/or financial barriers delaying or preventing access to the most effective and recommended THCDs, then patients may decide to be treated in hospital with an older IVCD that has a lower success rate.

Secondly, taking these treatments at home provides convenience and freedom for patients and their caregivers to not travel to and from the hospital daily to wait for and receive treatment. With COVID and other viruses still spreading, cancer patients should be extra cautious and reduce unnecessary travel outside the home. Additionally, at-home treatments reduce the burden on over-crowded cancer clinics and hospitals, lessening the need for chemotherapy chairs, hospital beds, and healthcare staff.

## Reimbursement of THCDs in Ontario and other Provinces

Leaders within the cancer community – including Canada's cancer centres, cancer agencies, regulatory bodies, oncologists, scientists, patients, patient groups and charities – are all working towards improving the lives of those diagnosed with cancer. This has awarded the majority of our population with the ability to access some of the most effective and approved treatments and therapies.

For over a decade, governments in the western provinces, northern territories, and Quebec have all developed mechanisms to offer equal, faster, and more affordable access to THCDs alongside IV drugs. Regardless of one's cancer type, age of diagnosis or recurrence, private drug coverage plans, socioeconomic status, and geographic location – when patients in these regions receive their diagnosis, they will be prescribed the most effective approved treatment that they need and get it when they need it.

The Canadian Cancer Society conducted a survey during the pandemic of people with cancer and caregivers. This survey found that access to cancer drugs and prescriptions ranked as the most important support required to manage their care.<sup>ii</sup>

Unfortunately, Ontario's cancer drug funding model has not kept pace with the standards of current care. Instead, Ontario has an archaic funding model based on the outdated premise that chemotherapy was only injected in hospital. This has left cancer patients under the age of 65 to self-navigate their way through a maze of administrative challenges to pay out-of-pocket for the treatment they need to keep them alive. All of this creates an added layer of undue anxiety for patients and their families.

## How Ontarians under the age of 65 access THCDs:

**First:** Ontario's cancer patients must exhaust all private pay options – including maxing out their private drug insurance if they have it. Between all the paperwork, this can take weeks to a month to be approved by private insurance.

**Second:** They must apply to the Ontario Trillium Drug Program – encountering more risky delays that take on average another month for approval according to the Auditor General.

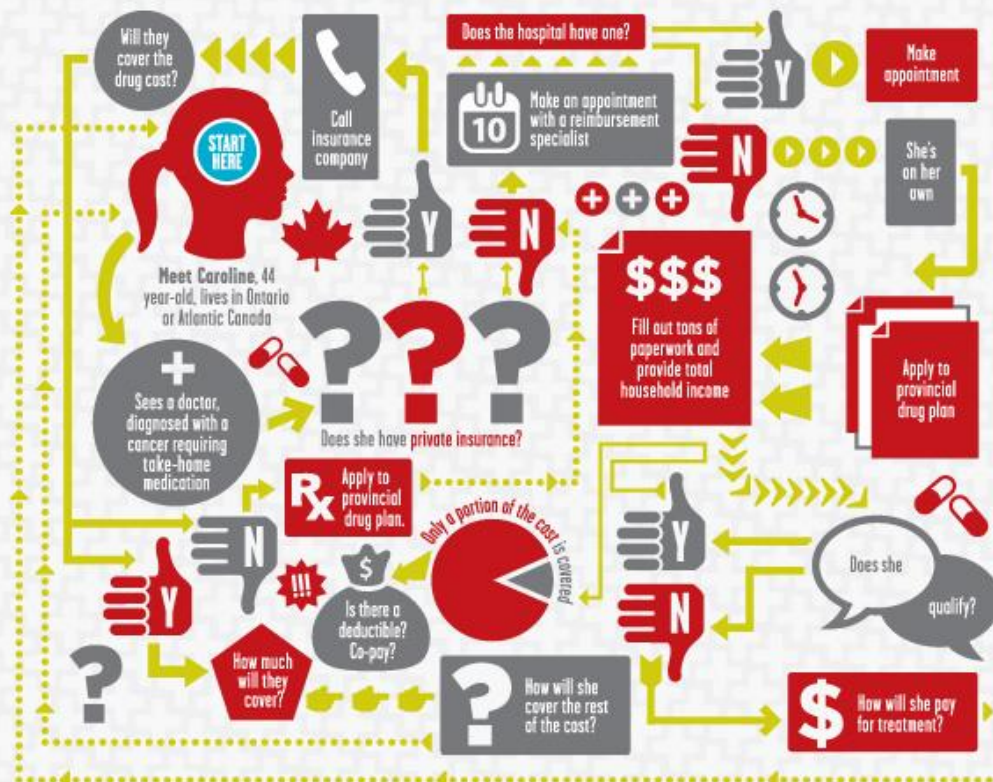
**Third:** They still must pay the government an average \$4,000/year deductible while working on a reduced income during cancer treatment.

To help with the process, oncologists are spending about 3.5 hours a week on reimbursement forms which could have otherwise been spent treating an average of seven more patients a week.<sup>iii</sup> This challenging process has resulted in the growth of an entirely new profession of drug access navigators to help patients get the drugs they are prescribed by their oncologist. Those with aggressive cancers do not have the luxury of time to go through this complicated process and wait for treatment. This must change.

# CANCER CAN'T WAIT, SO WHY SHOULD PATIENTS HAVE TO?

In Ontario and the Atlantic provinces, patients need faster, fully-funded access to take-home treatments.

## TAKE-HOME TREATMENT



**VS.**

## INTRAVENOUS TREATMENT



Meet Anna, 44 year-old, lives in Ontario or Atlantic Canada



Sees doctor, is diagnosed with cancer and is prescribed an IV drug - the best for her type of cancer



Starts treatment right away



Anna is confident she's treating her disease quickly and in the best way she can

Cost of IV treatment is fully covered

## Costs to Ontario Patients for their THCDs:

The Canadian Cancer Society recently commissioned drug market access company PDCI to uncover the financial gaps in coverage for THCDs in all Canadian provinces. In January 2022, the report titled [\*Uncovering the hidden costs of Take-Home Cancer Drugs\*](#) revealed the following information about the cost of THCDs for Ontario cancer patients:

- Average monthly costs of THCDs ranges from \$3,000 to \$12,000, typically averaging \$6,000/month.<sup>iv</sup>
- Depending on the age brackets identified in the report, 17-30% of cancer patients between the ages of 25 and 64 have no private insurance whatsoever.<sup>v</sup>
- Furthermore, an average of 33-40% of cancer patients under the age of 65 are underinsured, meaning that their private drug insurance includes an average 20% copayment and carries an annual maximum well below the average annual costs of most THCDs.<sup>vi</sup>
- Even those with 'comprehensive private coverage' still incur copayments (~3.5%) which do not exist for IV drugs.<sup>vii</sup>

What is most alarming is that approximately 20% fewer patients who rely on catastrophic drug coverage (Ontario's Trillium Drug Program) received THCDs compared with patients with access to comprehensive public coverage begging a significant question about health equity in the province's cancer care.<sup>viii</sup>

**The Result:** Ontario continues to be an outlier in Canada ranking as one of the worst provinces for patients to access the most effective approved take-home cancer treatments.

## Ontario Government Expenditures for Cancer Drugs

To provide historical background and context to the 2023 Budget Recommendations herein, below are the Ontario government's past expenditures for cancer drugs based on publicly available information.

### IVCDs:

- **In 2016, according to Cancer Care Ontario (CCO)**, the Ministry of Health and Long-Term Care (MOHLTC) paid \$344M for IVCDs to treat 28,315 unique patients.<sup>ix, x</sup> All Ontarians who required IVCDs were funded by the MOHLTC, with 100% coverage (no administrative delay, no deductible, no copayment, no out-of-pocket cost).
- **In 2017, the Canadian Institute for Health Information** reported that Ontario spent \$438.9M on IVCDs in hospitals.<sup>xi</sup>

### THCDs:

- **In 2016**, CCO stated that the MOHLTC spent \$371M for THCDs to treat 98,548 unique patients.<sup>xii, xiii</sup> At that time, CCO estimated that it would cost a further \$250-300M to expand first dollar coverage to all Ontarians. No details were presented for this estimate, apart from the note that private payer spend on THCD was \$200M (the balance was presumably patient out-of-pocket payments). Private plans often have a more inclusive formulary and broader therapeutic criteria than public plans, as well as no access to pharmaceutical discounts negotiated by public payers, meaning that the \$200M private payer spend would certainly be up to 50% less under public administration.<sup>xiv</sup>
- **The 2020 Auditor General** Report stated that the Ministry of Health (MOH) cost estimate to expand first dollar coverage of THCDs to all Ontarians at approximately \$540 million in 2020/21.<sup>xv</sup> Beyond the 2018/19 Ontario Drug Benefit Program drug list prices and private insurance data, it is unknown how this figure was calculated (apart from an acknowledgement that it includes costs of non-cancer indications for cancer drugs). A more detailed breakdown of this cost estimate is required to compare and confirm MOH spend in 2020/2021.<sup>†</sup>
- **The 2022 PDCI Report** stated that Ontario's MOH spent total of \$401M in 2020 for THCDs including \$366M for seniors and those on social assistance plus \$35M for those enrolled in the Trillium Drug Program (TDP). Additionally, private plan spend was reported at \$146M. The combined private-public THCD spend in Ontario is \$547M. Ontario cancer patients and their families would still be on the hook for \$1.6M in TDP deductibles and \$4.3M in private insurance deductibles and co-pays.<sup>xvi</sup>

<sup>†</sup> It is expected that this figure is exclusive of pharmaceutical discounts (averaging 30%), since the MOH typically reports these discounts as separate savings rather than as expenditures net of discounts. The MOH did note that this figure includes the use of THCD for non-cancer indications (there are a number of oral therapies for which cancer is only one of multiple indications).

## Mandate Deliverable Details:

### **Deliverable 1: Close the Unfair Funding Gap for all Cancer Patients**

Update Ontario's cancer drug coverage model and implement an estimated ~\$30 million (net pharmaceutical discounts) budget increase of close-the-gap coverage for THCDs for those younger than 65 who are uninsured and underinsured (~10,000 people per year).

The CanCertainty Coalition and Canadian Cancer Society have both separately commissioned health economy companies Athena Research and PDCI to calculate the costs for the Ontario government to consider with respect to paying for THCDs. Using different methodologies, these two very different health economists have generated very similar calculations for close-the-gap coverage. Those calculations are presented here. To read the original reports, click the links below.

- Athena Research: [Paying for Take Home Cancer Drugs in Ontario](#), November 2017
- PDCI Market Access: [Uncovering the hidden costs of Take-Home Cancer Drugs](#), November 2021

Our focus is that no patient face delays, out-of-pocket costs or avoidable stress related to accessing their cancer treatment and that these issues be resolved as quickly as possible. To reach this goal we pragmatically recognize that Option #1 will ensure all cancer patients have equal access to THCDs.

### **Option #1: Close-the-Gap Coverage**

In these estimates, both model a scenario where Ontario would 'close the gap' – leaving private insurance in place as first payer. This resembles the approach taken by the current government in the adjustments it made to OHIP+. Essentially, we are proposing that the Trillium Drug Program be extended to all cancer patients to remove out-of-pocket costs with no deductible/co-payment as is the case for IVCDs. It is worth noting the 2016/17 Ontario Auditor General Report disclosing total pharmaceutical discounts in Ontario close to 30% of the total expenditures for brand-name drugs. Considering these factors, these total incremental cost estimates amount to the following:

#### **Athena Research (2017)**

- \$42.5M gross (with OHIP+ cohort removed in calculations)
- Totaling = **\$29.8M net** (with additional 30% pharmaceutical discount)

#### **PDCI (2021)**

- \$17.5M - \$44.2M gross (with OHIP+ cohort removed in calculations)
- Totaling = **\$12.3M - \$30.9M net** (with additional 30% pharmaceutical discount)

**Estimated incremental cost to close the gap for THCDs for all Ontarians: ~\$30M net per year.**

## Calculation Methodologies

### Calculation Methodology for PDCI's THCD Close-the-Gap Coverage = ~\$30M net per year

CanCertainty's 2023 Budget Proposal calculations from PDCI are based on the highest dollar figure to align with Quebec's comprehensive public drug program (RAMQ) for residents under 65. In this scenario, the Ontario Government would remove administrative and financial barriers so that all Ontarians under 65 could access the most effective approved treatment for their cancer, regardless of format (THCD or IVCD). Ontario cancer patients under 65 that are:

- **Uninsured:** would automatically be approved for public comprehensive THCD coverage therefore removing administrative delay and out-of-pocket costs, with no deductible/co-payment.
- **Underinsured:** would automatically be approved for public comprehensive THCD coverage for any out-of-pocket costs incurred (i.e., co-pays, deductibles and exceeding annual plan maximums).
- **Underutilizing THCDs:** uninsured patients would no longer face administrative and financial barriers to the most effective approved treatments, therefore increasing utilization rates similar to provinces with comprehensive public programs.

*Excerpt from PDCI Report, "Uncovering the hidden costs of Take-Home Cancer Drugs," 2021<sup>xvii</sup>*

Table 15. Incremental Government Costs for implementation of a THCD Plan

Province	Current Government Costs	Incremental Costs of the THCD Gap				Total THCD Plan Cost (Gross)
		Current Spending Gap	Increased Product Coverage	Increased Utilization Gap	Total Incremental Costs (Gross)	
New Brunswick	\$2.4M	+\$0.6M	+\$0.05M	+\$0.6M - +\$3.5M	\$1.3M - \$4.1M	\$3.6M - \$6.5M
Nova Scotia	\$3.3M	+\$0.3M	+\$0.05M	+\$0.7M - +\$3.7M	\$1.1M - \$4.0M	\$4.3M - \$7.3M
Ontario	\$59.9M	+\$5.9M	+\$0.9M	+\$10.8M - +\$37.4M	\$17.5M - \$44.2M	\$77.5M - \$104.1M
TOTAL	\$66.0M	+\$6.4M	+\$1.0M	+\$12.1M - +\$44.6M	\$19.4M - \$51.9M	\$85.4M - \$117.9M

### Definitions of Current Dollar Figures in Table 15:

- **Spending Gap:** To cover deductibles paid by cancer patients under 65 to their private insurance and/or Trillium Drug Program = \$5.9M
- **Increased Product Coverage:** Aligns with Quebec RAMQ formulary for the most effective treatment = \$0.9M
- **Utilization Gap:** To provide treatment for uninsured cancer patients currently not accessing the most effective approved treatment due to administrative and financial barriers = \$37.4M
- **Treatment Gap** = Increased Product Coverage (\$0.9M) + Utilization Gap (\$37.4M) = \$38.3M.
- **Public THCD Insurance Gap (Gross)** = Spending Gap (\$5.9M) + Treatment Gap (\$38.3M) = \$44.2M
- **Public THCD Insurance Gap (Net)** = \$44.2M x 30% pCPA pharmaceutical discounts<sup>xviii</sup> = **\$30.9M net**

## Calculation Methodology for PDCI's Estimated Total TDP THCD Recipients for 2020/2021 = ~ 9,900

This estimation is based on the best publicly available data from MOH. At a June 2016 stakeholder roundtable on THCDs hosted by the CanCertainty Coalition and the Canadian Cancer Society, MOHLTC ADM of the Ontario Public Drug Programs, Suzanne McGurn, presented a snapshot of Trillium Drug Program (TDP) recipients under 65 receiving THCDs.

- In **2015/16**, there were **7,800** Recipients utilizing the program.
- Based on previous years' utilization data, there was an overall growth rate of **15%** from **2011/12** to **2015/16** (**four fiscal years**).
- Utilizing a 15% growth rate of four fiscal years to project the Current Natural Growth of TDP THCD Recipients in 2020/21 (five fiscal years), CanCertainty estimates an **18.75%** Natural Growth Rate. This equates to **9,263** Recipients.
- However, with the implementation of OHIP+, this estimation must exclude those under 25 with cancer. According to the Canadian Cancer Society's 2021 data, 1.3% of cancers occur in individuals aged 0-24 and 40.1% of cancers occur in individuals aged 25-64 with the remaining 58.6% of individuals over 65.
- Utilizing these statistics, we estimate that **3.14%** of uninsured cancer patients are aged **0-24** and may receive their THCD through OHIP+ (instead of TDP). This equates to **291** cancer patients aged **0-24**.
- Therefore, the Natural Growth Rate for 2020/21 excluding OHIP+ Recipients is  $9,263 - 291 =$  **8,972**. Thus, the **Current TDP Recipients for 2020/21** is **8,972**.
- Furthermore, by fulfilling the **Treatment Gap**, PDCI calculates that an additional **930** patients could access THCDs who are not currently (Table 14 below) . This would help remove the administrative and financial barriers for uninsured Ontario cancer patients that would otherwise avoid THCD. Therefore, the addition of these patients **Underutilizing THCDs** to Current TDP Recipients is  $930 + 8,972 =$  **9,902**.
- In conclusion, CanCertainty estimates that a total of approximately **9,902** Ontario cancer patients between **25-64** years would benefit from closing the public THCD insurance gap in **2020/21**.

### Excerpt from PDCI Report, "Uncovering the hidden costs of Take-Home Cancer Drugs," 2021

Table 14. The increased utilization gap from utilization rate scenarios for best in province plans covering THCDs

Utilization Effects	Province	Utilization Ratio	Incremental Treated Patient-Years	Increased Utilization Gap
Lower Range (based on Utilization associated with Best in Province Coverage)	New Brunswick	1.23	+19	+\$0.6M
	Nova Scotia	1.20	+21	+\$0.7M
	Ontario	1.28	+363	+\$10.8M
Upper Range (based on Utilization associated with RAMQ Under 65 program)	New Brunswick	2.25	+102	+\$3.5M
	Nova Scotia	2.08	+112	+\$3.7M
	Ontario	1.62	+930	+\$26.6M

## Option #2: First Dollar Coverage

Under first dollar coverage, the government would assume all costs of THCDs for all Ontarians. Previously, we estimated this at an additional \$142M (Athena Research, 2016). For the most recent estimate of the cost of first dollar coverage, PDCI reported a current Ontario private plan payout of \$150M (which might be considered an overestimate, as private plans have more inclusive formularies with broader clinical criteria than public formularies). This would be in addition to the gap coverage indicated in Option #1. They estimated a maximum of \$187M to extend first dollar coverage (private plan expenditures plus gap coverage).

In 2016, based on data from 2015/16, the MOH estimated that expansion of first-dollar coverage could be \$250-300M (without providing details). Based on data from 2018/2019, the MOH provided an expansion estimate in 2020 of \$540M for all THCD expenditures (again, without providing details) – a doubling of costs over a three-year span. We believe that this 2020 figure is an over-estimate, based on a number of factors: the admission that this estimate includes all indications for all cancer drugs, including non-cancer indications (a significant factor for some critical products); the awareness that private plan coverage is considerably more extensive than public coverage – with public coverage costs estimated to be 50% less than private costs; the understanding that private plans increasingly fund claims for those 65+ whose claims are not eligible under public plan criteria; and the absence of pharmaceutical discounts (reported by the AG at 30%).

There is tremendous variation between these three sets of estimates. Without providing detailed analyses, it is impossible to understand the MOH figures.

We believe that extending first-dollar coverage could cost within \$200M (inclusive of pharmaceutical discounting) for the existing drug formulary to be applied to the entire Ontario population. Especially considering that the unfunded age groups are mostly those with lower incidences of cancer than the age groups that are currently funded. These patients are worth paying for because all patients are worth paying for.

**Estimated incremental cost to extend first dollar coverage for THCD for all Ontarians: \$200M.**

## **Deliverable 2: Reduce Administrative Barriers and Delays**

Further improve Ontario's Exceptional Access Program process for the Trillium Drug Program by bringing the Special Authorization Digital Information Exchange portal (SADIE) is to acceptable standards. Then, integrate SADIE with the Computerized Physician Order Entry system used for IVCDs and Electronic Medical Records.

Most jurisdictions have Computerized Physician Order Entry (CPOE) systems in place to support improved patient safety, decreased costs, and improved compliance with treatment guidelines. In Ontario, for drugs administered via IV, CPOE is used comprehensively. From 2006 to 2011, it is estimated that Ontario's CPOE System (for IVCDs) prevented 8,500 adverse drug events, 5,000 physician office visits, 750 hospitalizations, 57 deaths – saving millions in annual health care costs.<sup>xix</sup>

However, prescriptions for THCDs in Ontario are not all generated using CPOE, but rather an entirely different system called the Special Authorization Digital Information Exchange - Exceptional Access Program (SADIE-EAP). SADIE-EAP is disconnected from CPOE and does not have access to patients' electronic medical records (EMRs).

In 2014, oncologists were told that CCO's CPOE system could be easily adapted for THCDs. This would allow for pre-authorization, ordering and payment adjudication for THCDs similar to IVCDs using the CPOE system. Instead, an entirely new siloed system was built resulting in two very different ordering systems that are not integrated. After nine years in development with multiple releases, SADIE-EAP is riddled with inefficiencies and far from user friendly.

Despite what MOH reported in the 2020 Auditor General (AG) Report, these online "smart" forms continue to have incomplete drug data and zero integration with patients' electronic medical records (EMR). Initiating an order can still take anywhere from 1-6 weeks for cancer drugs that are urgently required. Long form answers are still requested since the drug database is not up to date. Approval for these drugs can take another two weeks. With treatment standards of care for all cancer types, there should be auto-decisioning built in, rather than waiting for human approval. All these administrative hurdles due to poor system design results in unnecessary red tape, duplication of work, wasted time, and risky delays for cancer patients.

Doctors are reverting back to paper forms because they are so frustrated with the design of SADIE-EAP. We would strongly recommend that the ministry engage with health professionals through focus groups to examine current challenges as well as determine needs and priorities. In addition, each new release should be pre-tested by these health professionals before it goes live. We also request that elected officials have greater oversight of SADIE and review the cost of its redesign since 2020.

Integrating CPOE and SADIE-EAP with EMRs makes sense. This will result in significant reduction of physician time that could otherwise be spent with patients. Integration will also improve overall safety for patients resulting in fewer unscheduled clinic visits, unplanned emergency department visits and hospitalizations. Most importantly, it will save people's lives.

### Deliverable 3: Decrease THCD Costs and Unnecessary waste:

Work with pharmaceutical industry to reduce THCD costs and community pharmacy THCD wastage.

- i. **Reduce/eliminate mark-ups:** Dispensing THCDs through cancer clinics or hospital pharmacies (vs community pharmacies) will significantly reduce the 6-8% markup currently paid to community pharmacists on expensive cancer drugs (Estimated at \$26M in 2013; more recent data were unobtainable). Significant savings could also be achieved through the current model by either capping the markup or moving to a cognitive service fee for pharmacists for dispensing cancer drugs (vs. using a percentage markup).
- ii. **Reduce wastage:** THCDs in Ontario are still dispensed through community pharmacies, which may have only a few patients (or one patient) on any specific cancer medication. According to data reported by CCO, of Ontario community pharmacies that dispensed THCDs in 2013/14, more than half (55%) had one or fewer THCD prescriptions per week – and 97% dispensed no more than 10 prescriptions/week.<sup>xx</sup> Dose changes or discontinuations are also very common in cancer treatment, which results in a high amount of drug wastage, estimated to be in the 10% range. Cancer clinic pharmacies have a large volume of patients, and can dispense smaller, weekly amounts to these patients who frequently have dose changes or discontinuations.

#### **Deliverable 4: Enhance the Delivery of THCDs in Ontario**

As recommended by Cancer Care Ontario, make the necessary reforms to streamline the service delivery model of THCDs so that all Ontarians receive consistent, safe, high-quality care in the community setting, while simultaneously achieving cost-efficiencies and eliminating waste.

In Ontario, dispensing and delivery models for THCDs have been documented to be inconsistent and can pose serious safety concerns for patients and their families. Some patients receive their medication from hospital pharmacies, some from specialty pharmacies, and some from community pharmacies that lack specialization and training in the handling of toxic cancer medications. This contrasts with the robust guidelines and clear processes that have been developed for IVCDs where delivery is more comprehensive, organized, safer and patient centered.

There are numerous known safety and quality deficits related to the current method of community pharmacies dispensing of THCDs including incorrect dosing and handling, limited monitoring and non-adherence (which can lead to under or overdosing), serious toxicity, morbidity, and mortality. Patient lives and well-being are at stake. Ontario urgently needs to reform its systems for THCD dispensing that embed high-quality, safe practices that recognize the unique aspects of these drugs. CCO identified and reported the lack of community experience as a potential quality issue.

In April 2017, CCO organized the Oncology Pharmacy Task Force with the mandate to advise CCO on how to enhance the current system for THCD delivery to optimize quality and safety; subsequently, to deliver a report to the MOHLTC based on the findings of the Task Force. The Task Force included representatives from patient advocacy groups, pharmacy and pharmacist associations, regulatory and standard setting organizations, as well as subject matter experts.

On March 25th, 2019, the report was completed and published on the CCO website, but there has been no follow up or action taken to these proposed Next Steps. The report *Enhancing the Delivery of Take-Home Cancer Drugs in Ontario* (March 2019) can be found [here](#).

**The report outlines these Next Steps required to advance system change:**

- CCO and OCP to work together to address training and education requirements for pharmacists and pharmacy technicians.
- CCO to start to engage affected stakeholders including consultation with regional cancer program to share the content of the report and discuss the safety recommendations for THCD.
- CCO to conduct a readiness assessment/gap analysis for implementing recommendations at systemic treatment facilities to understand which regions may be able to change their THCD delivery model and what supports CCO can provide to enable change.
- CCO to incorporate these recommendations in quality improvement work currently underway and planned in the next fiscal year.
- CCO to work with the Ministry to understand how planned changes in healthcare delivery could enable a change in the THCD model (e.g., improvements in the electronic chart, developing local networks of care, opportunities to use funding to increase safety of THCD delivery).
- CCO to support the MOHLTC with proposals including costing and timelines for potential system changes.

CanCertainty Coalition and Rethink Breast Cancer urge the Ministry of Health to prioritize reforms to the current system for THCD delivery. Costs to do so will be modest, with many cost offsets (see Deliverable 3). Most importantly, adverse events will be prevented, and lives will be saved.

## Conclusion

Ontario's current system to access and deliver THCDs is extremely inefficient and unfair. By addressing this drug access issue by achieving these four Deliverables, the government has a significant opportunity to reduce red tape, eliminate waste, and streamline service delivery while simultaneously achieving cost-efficiencies. This will reduce patient wait-times, improve the quality of patient care, increase patient safety, provide patient equity and most importantly drastically improve patient outcomes.

The CanCertainty Coalition and Rethink Breast Cancer recognize your government's efforts to advance pharmacare sensibly through adjustments to OHIP+ as it strongly indicates your commitment to fairness in our healthcare system. However, recognizing that Ontario is now lagging behind much of Canada with respect to streamlined and equal access to THCDs, we believe Ontario should prioritize solving this very serious unfair cancer drug access problem by moving forward with the Advisory Table Mandate and Deliverables.

Cancer patients across Ontario are calling on the Ontario government to start implementing these 2023 Budget Recommendations. For approximately \$30M a year (net pharmaceutical discounts), Ontario can achieve this. For a province that has spent well over its estimated \$63 billion on healthcare in 2020, this represents less than 1/10<sup>th</sup> of 1% in spending. And yet it would give significant financial and emotional relief to patients and their families. It will help ensure all patients are accessing the treatment that is best for their cancer type, regardless of age, private drug coverage, treatment formulation (THCD and/or IVCD), socioeconomic status or geographic location. These changes will garner broad support from the cancer community.

On behalf of Ontario cancer patients, we appreciate your attention to these Recommendations and look forward to hearing from you.

Sincerely,



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- <sup>xvi</sup> Lamb-Palmer D et al. PDCI. Uncovering the hidden costs of Take-Home Cancer Drugs, 12.
- <sup>xvii</sup> There are limitations to these estimates based on our best knowledge of the extent of patients in this 25-64 age range that are uninsured or underinsured.
- <sup>xviii</sup> The Ontario Auditor General Report (2016-2017) disclosed total pharmaceutical discounts was close to 30%.
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