

May 11, 2021

The Hon. Patty Hajdu
Minister of Health
Ottawa, ON
K1A 0A6

The Hon. Christine Elliott
Minister of Health
5th Floor, 777 Bay St.
Toronto, ON
M7A 2J3

Re: Interrupted Routine Cancer Care During COVID-19

Dear Ministers Hajdu and Elliott,

Thank you for your continued leadership during the COVID-19 pandemic. As a follow-up to our recent [correspondence](#) and the federal and provincial budgets, I am writing to share the concerns from some members of the Ontario Chamber of Commerce's (OCC) [Health Policy Council](#) as it relates to the disruption of cancer care during the COVID-19 pandemic.

The OCC acknowledges the steps taken by Ontario's Ministry of Health as part of its pandemic response, such as improving the safety of patients and efficiency of cancer services. This is a critical issue as nearly one in two Ontarians are expected to develop cancer in their lifetime, according to Canadian Cancer Society. The recommendations outlined below could improve patient outcomes and enhance the health care system's ability to tackle the backlog in surgeries and diagnostic procedures that emerged with the pandemic, as well as meet the projected demand for cancer care in this province.

Prior to COVID-19, it was estimated that more than 225,000 Canadians would be diagnosed with cancer in 2020. However, provincial [data](#) indicates there has been a reduction in screening volumes – nearly one million fewer cancer screening tests were performed in Ontario during the pandemic. There was a 60 percent decline in cancer surgeries as of March 15, 2020 and, in each subsequent week, the number of cancer surgeries increased by six percent. By September 2021, the Financial Accountability Office of Ontario [projects](#) a backlog of 419,200 surgeries and 2.5 million diagnostic procedures.

There are several reasons for this decline and backlog. At the onset of the pandemic, the province asked that some non-emergency services, such as cancer screenings, be postponed. This was meant to provide the health care system with additional capacity needed to treat COVID-19 patients. Further, some Ontarians have avoided screenings due to concerns that they could contract the virus in a health care setting. According to a [survey](#) by the Canadian Cancer Survivor Network, 14 percent of respondents avoided visiting an emergency room; 13 percent were hesitant to book an appointment

due to concerns about contracting COVID-19; and 10 percent avoided going to the hospital to receive care. Another 15 percent of respondents assumed their health care team was not taking appointments or experienced difficulties trying to contact their health care team during the pandemic. Another 72 percent [said](#) that delayed care is having an impact on their mental health.

Recent [reporting](#) outlines the consequences associated with the backlog in cancer screenings and diagnoses. As one example, The Ottawa Hospital's breast imaging department is experiencing a backlog of about 20,000 patients who have not received routine cancer screening appointments. Some of these patients were neglecting appointments while others were not aware that mammography was still available at the hospital. Since early diagnosis and treatment are key to better patient outcomes, there are concerns that this hospital – and others across Ontario – could see more advanced cancers when patients are finally diagnosed. There are also concerns that, once diagnosed, these patients may need more acute interventions due to delayed diagnoses. This could in turn impact patients' health outcomes, mental health, and their ability to remain employed. At the same time, when cancer advances, the likelihood of a cure decreases.

Accordingly, we propose the following recommendations:

- 1. The Government of Ontario should leverage existing public education campaigns to inform Ontarians of the various measures the health care system has implemented to ensure the safety of patients, as well as encourage Ontarians to take part in regular screenings and appointments, as recommended by the [Canadian Cancer Society](#).**
 - Recognizing that Canadians have been reluctant and concerned about accessing care in the last year, an alliance of 26 Canadian partners launched a national campaign entitled, "[New Normal, Same Cancer](#)" in the Fall of 2020. This initiative encouraged Canadians to re-prioritize cancer care by contacting their health care team to get checked.
 - This campaign underscores the need for continued public education to boost cancer screenings. Patients must feel confident and comfortable to return to health care settings. They also need to feel empowered – if they are due for a screening, they should feel encouraged and confident in following-up with their physician and seeking medical advice, as screening saves lives and should not be neglected.
- 2. The Governments of Ontario should improve capacity within the medical laboratory sector, as noted in the Auditor General's [2017](#) and [2020](#) reports.**
 - Although the health care investments in the province's recent budget are welcomed, including funding for new hospital beds, hospital infrastructure, and to address the surgical backlog, investments in the medical laboratory sector are needed.
 - As a June 2020 [article](#) in *Current Oncology Reports* explains, additional resources for the medical laboratory sector are needed to address the anticipated influx of patients whose cancer care has been delayed during the pandemic – and to prevent further delays in care.
 - Improving capacity will ensure Ontario's medical laboratory sector is able to address the backlog in deferred cancer treatments and procedures during COVID-19; ensure

cancer diagnoses, treatments, and/or procedures are provided in a timely manner to improve patient health outcomes; and meet the needs of Ontario's aging population.

3. The Government of Canada should enhance the Canada Health Transfer payment to Ontario, as outlined in the OCC's federal pre-budget [submission](#), to ensure the province is able to meet the various pressures facing our health care system, including the backlog in surgeries and diagnostic procedures and the projected demand for cancer care.

- We appreciate the federal government's one-time payment of \$7 billion to the provinces/territories, which was announced in March 2021. However, federal health transfer payments have not kept pace with the growth in health care spending, which is linked to our growing and aging population.
- With our aging population, we can expect cancer rates to also increase. [Approximately](#) 90 percent of Canadians who develop cancer are aged 50 and over. Some demographics are also at a higher risk of certain cancers, including Indigenous communities.
- If the federal government increased the Canada Health Transfer payment to Ontario, the Ontario government should invest a portion of that additional Canada Health Transfer to our cancer system. This would address the large and growing backlog in cancer screenings, diagnoses, innovative new treatments, and surgeries, as well as help the province plan and anticipate future demands for cancer care.

4. The Government of Ontario should build on the momentum and innovation the pandemic has spurred when it comes to health care delivery by assessing how cancer care and delivery can be further modernized.

- COVID-19 led to rapid changes in cancer care and delivery (i.e., more virtual care and remote care models, including community and high touch outreach care delivery models) and re-ignited discussions around how the health care system and cancer care can be further transformed so that it is more accessible, efficient, and patient-centric.
- There is also an opportunity for the province to evaluate new delivery models that were adopted during the pandemic and ensure best practices are integrated into the provincial health system reforms that were underway prior to COVID-19.
- To this end, the province should identify additional points of care to improve access to cancer care and develop new models of care outside of the hospital setting.

5. The Government of Ontario should continue to work in partnership with industry and other stakeholders to accelerate the development of relevant innovations and establish a long-term life sciences strategy.

- In Budget 2021, the province stated its commitment to “supporting ground-breaking research to advance new discoveries and innovations, foster a skilled labour force, and promote new business opportunities across the province.” The province also committed over \$500 million to support high-value research undertaken by universities, colleges, and academic hospitals.
- To achieve these objectives, drive innovation, and move away from hospital-centric care, the province should actively build private-public partnerships.

As you know, great advances have been made over the years in cancer care and, as a result, cancer mortality has been declining in the last 30 years in Ontario. The recommendations outlined above could ensure this positive trend continues, as well as result in better patient experiences, health outcomes, and value, which are central to Ontario’s quadruple aim framework.

We would be happy to discuss these proposals and look forward to continuing to work with you and your government on solutions that support the health of Ontarians and our economy.

Sincerely,



Rocco Rossi
President and CEO
Ontario Chamber of Commerce

CC: The Hon. Raymond Cho, Minister for Seniors and Accessibility
Matthew Anderson, President and CEO, Ontario Health
Dr. Linda Rabeneck, Vice-President, Prevention & Cancer Control, Ontario Health
Helen Angus, Deputy Minister of Health
Dr. Chris Simpson, Executive Vice President, Medical, Ontario Health