

ENHANCING ACCESS TO CANCER MEDICATIONS

Reducing Turnaround Times via Expanded Reimbursement Support

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DESCRIPTION

As cancer treatments become increasingly more complex, they also become more financially burdensome for patients. The Oncology Medication Reimbursement Specialist (MRS) plays a vital role in navigating this increasingly complicated landscape of drug access and funding. Humber River Health (HRH)'s Cancer Clinic serves a community with significant socio-economic stressors; whereby financial assistance is heavily relied upon for access to lifesaving medications.

Cancer treatment is multimodal, often involving oral and/or parenteral medications, along with supportive medications, such as anti-emetics, leukocyte growth factors, low molecular weight heparins, NSAIDs, anti-diarrheals, tumour lysis prophylaxis, antivirals, and antibiotics. This results in a rising number of referrals for drug funding, necessitating the expansion of the MRS team to reduce delays in medication access and timely treatment support.

OBJECTIVE

To evaluate the expansion of the MRS role for expedited access to cancer medications.

ACTIONS TAKEN

In January 2025, the MRS team added an additional part-time role to manage the rising number of cancer drug access referrals. A comparison analysis on turnaround time from referral placed to drug approval was conducted pre- and post-staff role addition (September 2024 vs 2025). The review factored in types of drug coverages used in September 2025, which included Patient Support Programs (PSPs), Exceptional Access Program (EAP), RevAid, Interim Federal Health, and Ministry of Health funding. Data was further analyzed to assess reliance on PSPs alone versus in combination with other coverage, including private insurance, Ontario Drug Benefit, Trillium Drug Program, ODSP, and Ontario Works.

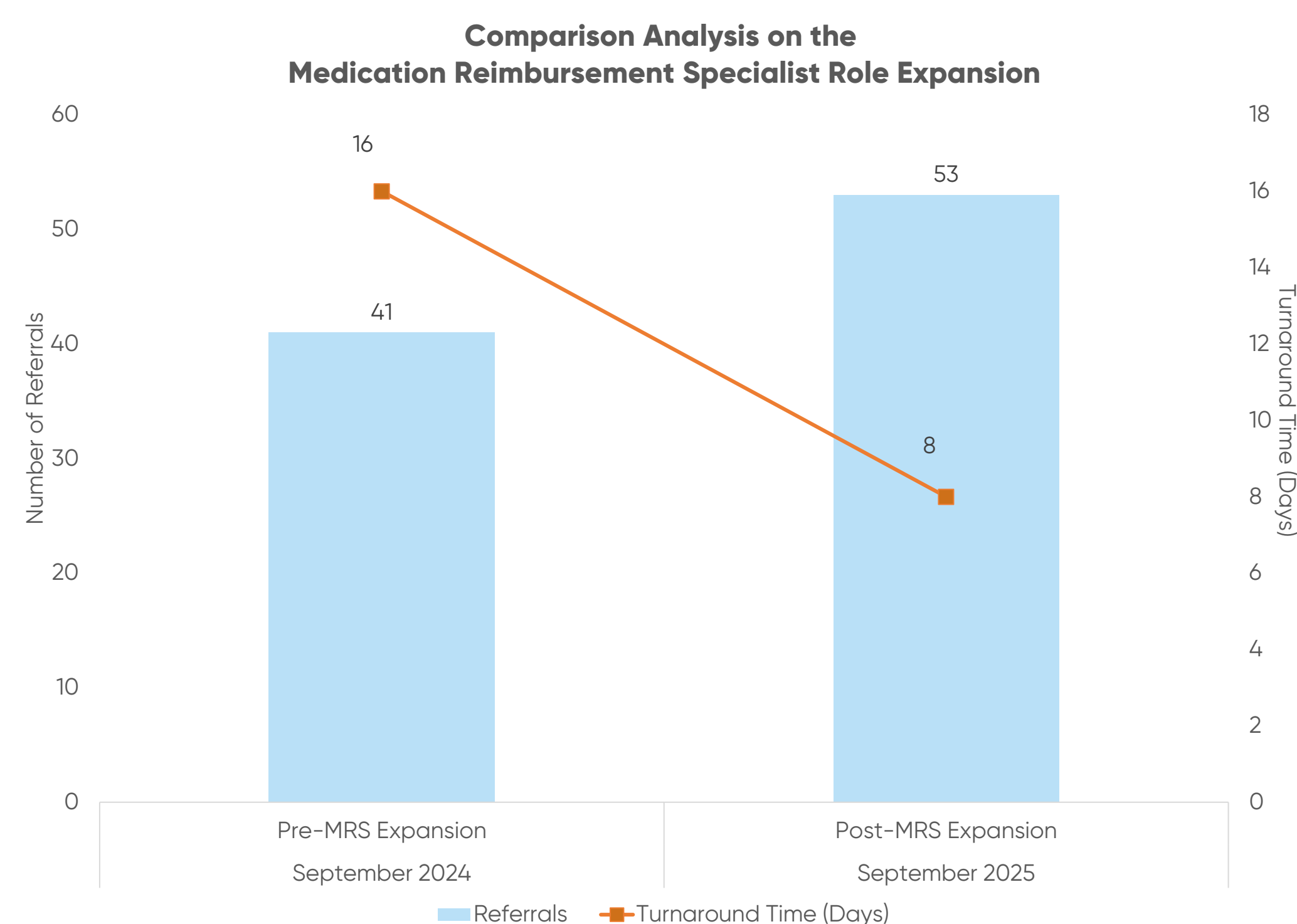


Figure 1. Comparing referrals numbers and turnaround times before and after expansion of the Medication Reimbursement Specialist role. Although it was shown that there was a 29% increase in referrals, there was faster access to cancer medications (~16 to ~8 days), showcasing the importance of the expansion of the MRS role.

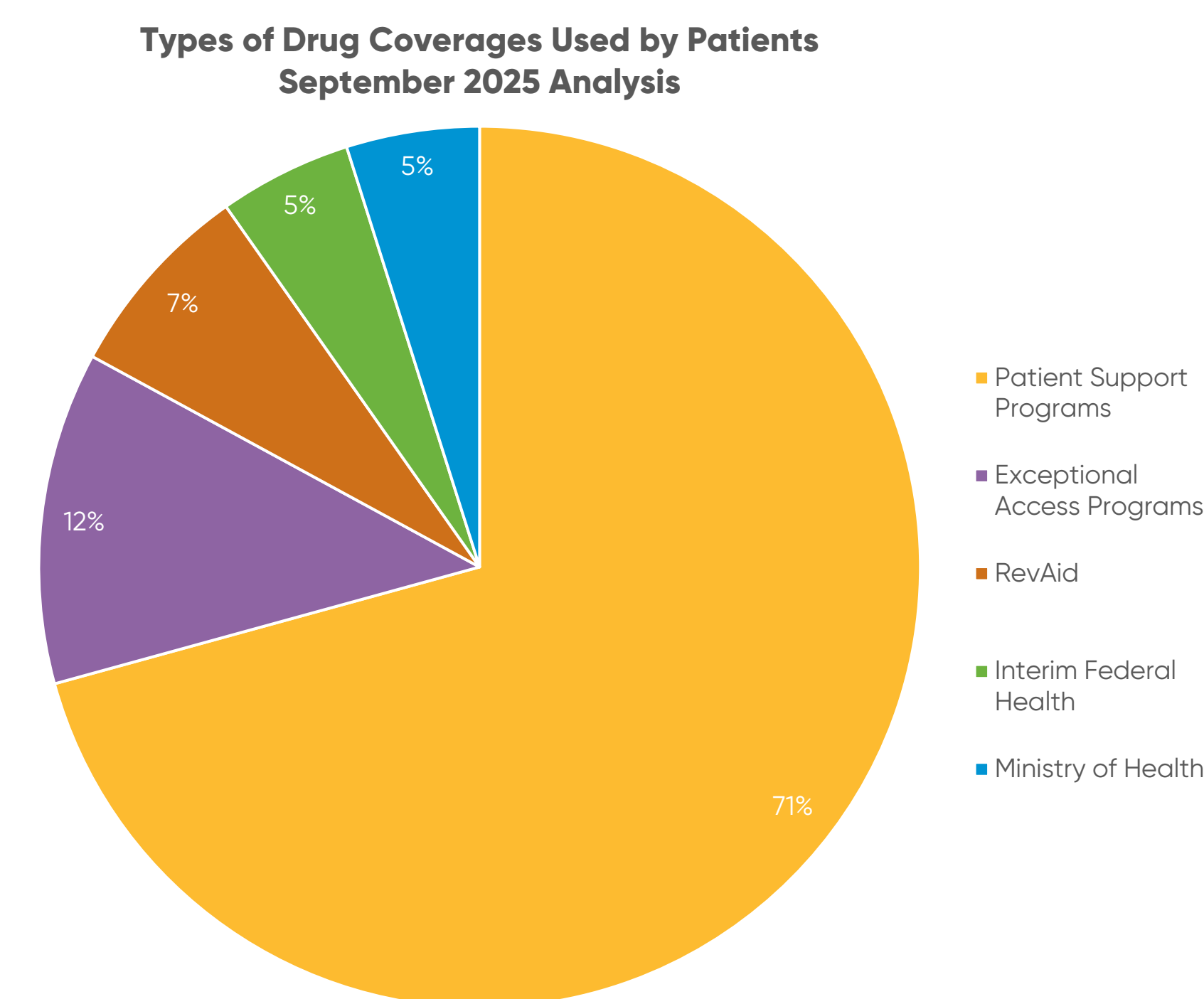


Figure 1. Summary of the drug coverage pathways required for patients for drug access as enrolled by the Medication Reimbursement Specialist team in September 2025.

Patient reliance on drug coverage	Percentage of total patients (September 2025)
Public	40%
Private	44%
PSP as primary coverage	16%
PSP as an adjunct to primary coverage	42%
Total PSP usage	58%

Table 1. Summary of patient reliance on drug coverage for cancer treatment access in September 2025.

SUMMARY OF RESULTS

The comparative analysis revealed referral volume increasing by 29%. The additional role in the Cancer Clinic reduced treatment turnaround from ~16 to ~8 days. The MRS team enrolled patients in various drug coverage pathways, primarily PSPs. The reliance on programs was 40% for public funding, 44% for private funding, and 16% on PSPs alone. Notably, 58% of patients used PSPs for drug access, either as sole or adjunct coverage.

LESSONS LEARNED

Even with growing referral volumes and complex drug funding pathways, expanding the MRS team can reduce turnaround times. Sustained investment in tailored financial support is essential for ensuring timely access to care.

