

# All.Can Canada

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## 2025 – 2027 Strategic Plan

# Refreshed Vision, Mission & Values

**Vision:** Everyone in Canada can enter a seamless healthcare system, obtain a swift, accurate, and appropriately delivered cancer diagnosis and achieve outcomes that matter most to them.

**Mission:** Led by patient groups and people with lived experiences of cancer, All.Can Canada is a national, multi-stakeholder network for cancer care efficiency, with a preliminary aim of optimizing people's entry into cancer care through swift, accurate, equitable, and appropriately delivered diagnosis.

**Values:** Collaborative, Equitable, Inclusive, Evidence-Based

# Strategic Priorities & Outcomes

**Lead:**

Enhance Primary Care  
Provider Knowledge,  
Behaviour & Access

Promote Seamless,  
Equitable & Swift  
Diagnosis

Build & Maintain  
ACC's Capacity &  
Reputation

**Support:**

Support Appropriate  
Patient Information

Support  
Psychosocial  
Supports

Support Quality &  
Performance

Equity

**Outcomes:**

- Canadian healthcare systems adopt/adapt some of ACC's findings, practices, and resources.
- ACC's reputation is enhanced.
- ACC's membership is diversified and engaged.

## Priority:

**Enhance Primary Care Provider Knowledge, Behaviour & Access**

### LEAD:

- With key stakeholders, develop/identify and spread symptom and personalized pathways to support primary care providers' ability to refer for cancer investigation in an expedited fashion.
- Explore artificial intelligence as a means to improve efficiency and provider experience.

### SUPPORT:

- Support the need for interprofessional primary care teams, including those that specialize in serving First Nations, Inuit, Métis and structurally underserved communities.
- Support the need for cultural safety training for primary care providers.
- Support expanded access to primary care providers across Canada.
- Support pathways, rapid referral mechanisms, specialized investigation teams that help primary care providers more rapidly refer for investigation, understand/communicate/ and support their clients through the investigation trajectory.

# Priority:

## Promote Seamless, Equitable & Swift Diagnosis

### LEAD:

- Develop and share equity/cultural humility learning modules specific to cancer diagnosis, based on lived and living expertise of structurally underserved patients, caregivers, and healthcare providers that work with structurally underserved communities.
- Create new case studies related to genetic testing/pathology.
- Complete OM Diagnostic Trajectory research.

### SUPPORT:

- Support SYSF's partnership with Patient Advisors Network and Canadian Institute for Health Information on engaging with people across Canada, including patients and structurally underserved communities, in the development of Connected Care's pan-Canadian primary health care record.
- Support the collection and use of socio-demographic identifiers for data disaggregation to identify and address health inequities.
- Share and encourage use of [case studies](#) related to investigation teams, investigation pathways, patient navigation (various models, including nurse-led, peer-led), and other related evaluated practices that improve seamless, equitable, and timely diagnosis.
- Support advocacy by CANO, other key stakeholders on topics that relate to seamless, equitable, earlier diagnosis (e.g. nurse navigators).

## Priority:

### Build & Maintain ACC's Capacity & Reputation

#### LEAD:

- Share [key findings](#) and resources with diagnosis ecosystem (including governments, health authorities, healthcare providers, patient organizations, AI developers, researchers, lab medicine, other relevant sectors).
- Provide effective backbone support to the ACC network.
- Support ongoing cultural humility training of ACC members, current and new.

#### REQUIREMENTS:

- i. Adequate, diversified funding;
- ii. Secretariat capacity & capability;
- iii. Membership engagement & diversification;
- iv. Capacity to attend/present at key stakeholders' conferences;
- v. Capacity to convene and host ACC Roundtables/other knowledge mobilization events; and
- vi. Capacity to submit to peer-reviewed journals.

## Priority:

### Support Appropriate Patient Information

#### SUPPORT:

- Share and encourage adaptation and use of [Patient Information Framework](#).
- Share and encourage use of related [case studies](#); Create new ones, as appropriate.

## Priority:

### Support Quality & Performance

#### SUPPORT:

- Promote uptake and use of All.Can's relevant efficiency metrics when opportunities present themselves: (i) Time to diagnosis; (ii) % of cancers diagnosed through emergency presentation; (iii) Primary care interval; (iv) Time from tissue diagnosis to treatment; (v) Patient experience; (vi) Patient involvement in decision-making.

## Priority:

### Support Psychosocial Supports

#### SUPPORT:

- Share and encourage use of [“When We Hear Cancer” Patients’ Psychosocial Needs During Diagnosis](#).
- Share and encourage use of related [case studies](#). Create new ones, as appropriate.
- Support CAPO, other stakeholders’ advocacy for more access to psychosocial supports during diagnosis.
- Support more cultural humility/competence training for psychosocial providers.

# ACC Governance

**MOVE TOWARDS MORE PROJECT/TOPIC-FOCUSED WORKING GROUPS; FUNTIONAL ONES AS NEEDED**

## STRUCTURES & ROLES:

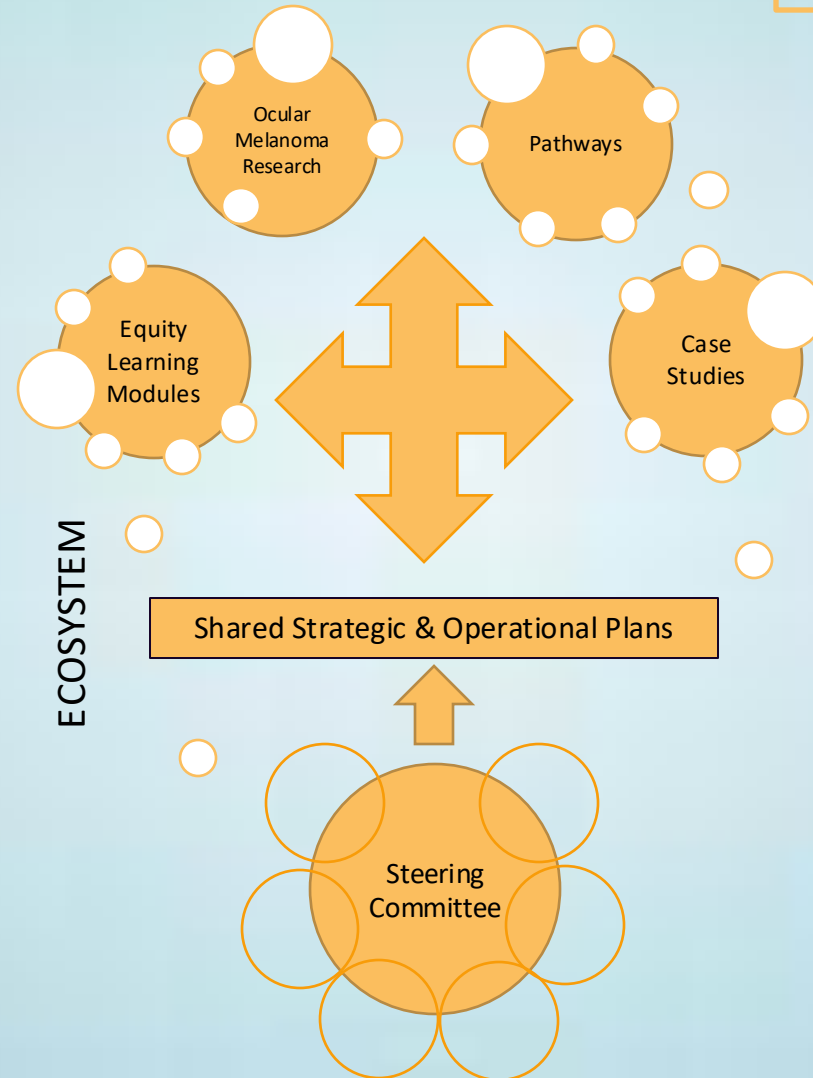
**Steering Committee:** Strategic stewards and champions of ACC; multi-stakeholder and patient-led (meet quarterly)

**Working Groups:** Action-oriented on implementation of strategic action plan; created and dissolved based on need or opportunities; leads/chairs are cross-appointed with Steering Committee (meet on as-needed basis, no more than monthly)

**Secretariat:** Ensuring shared vision and strategic action plan established and adapted; supporting aligned activities; establishing shared measurement and continuous communication; cultivating ecosystem ownership and engagement; advancing policy; and mobilizing resources

## ENABLERS:

- Simple agreements (i.e., Terms of Reference)
- Collaborative leadership by ecosystem with patient partnership
- Secretariat for [backbone support](#) functions



## WORKING GROUPS:

**Equity Learning Modules for Earlier Cancer Diagnosis:** Using co-design, narrative oncology, and digital storytelling to reveal inequities, the project focuses on the experiences of people from diverse communities with late cancer diagnoses and the providers serving them, addressing structural barriers to healthcare.

**Ocular Melanoma Research:** This committee is already operational, with an IRB-approved research plan in progress, and welcomes new members to provide feedback on the draft analysis and report to understand the diagnostic experiences of patients with ocular melanoma.

**Pathways:** Co-creating and encouraging adoption/adaptation of symptom pathways, which support primary care providers to more rapidly initiate investigation for a possible cancer. Work with All.Can International on personalized care pathways.

**Case Studies:** Support the continued production of new case studies to highlight evaluated practices that improve swift, accurate, equitable, and appropriately delivered cancer diagnoses, using ACC's existing methodology. Members are needed to review/provide feedback on draft case studies as they are developed.