Ontario Health
Cancer Care Ontario

2026/27 Radiation Treatment QBP (RT-QBP) Funding Model

Funding Guide and Technical Specifications

Note: This document provides information on funding rates and their application, triggers, and funding scenarios. For description of the process and methodology to estimate costs for various components of the RT-QBP, see the RT-QBP Costing Report.

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1. Background

In 2018, the Ontario Ministry of Health (MOH) approved Cancer Care Ontario's (now Ontario Health (OH)) business case to transition the funding for delivery of radiation treatment to the Quality Based Procedure (QBP) framework. The impetus for change was the need for funding to reflect best practice and complexity of care, as well as harmonization of funding methods across radiation cancer treatment.

Based on extensive micro-costing process involving multiple working groups (for further details on the process, please see RT-QBP Costing Report), RT-QBP funding model was developed and implemented in FY 2022/23. In this model, funding is provided based on a bundled services methodology. Payments are made for bundles of activity related to the patient's care trajectory, and for infrastructure component necessary to run a radiation program.

The funding guide provides information on funding bundles, rates, triggers, in- and out-of-scope elements of the funding model, and funding scenarios. The technical specifications document (included in this guide) provides details on how to obtain protocol-specific volumes. Key changes and clarification from last year version are highlighted in yellow.

2. General RT-QBP Scope Considerations

The following section outlines general exclusions that are applicable across all QBP bundles. Any further bundle-specific scope considerations are identified in the description of the bundles.

Exclusions and out-of-scope activities and costs:

- Indirect costs (e.g., utilities, hospital administration and decision support, health records, general hospital infrastructure)
- Ontario non-OHIP activity: Any activity that is completed for an Ontario resident who does not have a valid Ontario Health Insurance Plan (OHIP) or where funding is provided from a source other than OHIP
- Out-of-province/country activity: Any activity that is completed for a non-Ontario resident.
- Physician Compensation
- Purchase of Equipment funded/eligible through other OH/MOH funding streams (e.g., Diagnostic and Medical Equipment (DME) Grant)
- Radiation Training School
- PET/CT
- Hormonal treatment therapy (funded through ST-QBP)
- Laboratory, pharmacy, and diagnostic imaging
- Costs of inpatient stay (nursing, pharmacy, etc.)
- Research and incremental cost of clinical trials (clinical trials would be funded at the standard of care)
- Non-malignant activity (activity defined as non-malignant if all of the following conditions are satisfied: (1) Is not malignant and does not have significant malignant potential; (2) Does not require radiation therapy supervised by a cancer specialist; and (3) Does not require complex (specialty-level) or invasive initial investigations to distinguish it from a malignant disease.

3. Virtual Care Visits

As communicated to regions on March 20, 2020 in the briefing note, "Adjustments to Ontario Health (OH)-Cancer Care Ontario (CCO) Funded Activity Level Reporting (ALR) Visit Types Due to COVID-19", in response to COVID-19 pandemic, **telephone visits** (typically coded as 'OM') conducted by oncologists as a replacement for face-to-face visits, will be funded by triggering a C1R or C2R, as long as the telephone visit is a **meaningful, direct patient care assessment and/or intervention.**

These direct patient care telephone visits should be coded for ALR reporting as **video conferencing visits ('VC')** rather than **'OM'**, in order to qualify for funding.

The above change in clinic visit coding submission for ALR reporting will affect the following bundles: Consult and Re-Consult, and Active Patients not on Treatment.

4. Consult and Re-Consult Bundle

1. The **consultation bundle** is triggered at the time of consultation for radiation treatment with a radiation oncologist. It supports the care from the time of initial consultation for radiation treatment to the start of treatment or when the decision is made not to treat.

2. The **re-consult bundle** is triggered when the intent of treatment changes from primary to metastatic. The change in protocol only would not trigger the re-consult.

The consultation and re-consult bundles include:

- 2 patient visits and the following activities:
    - Patient education and support in decision-making by nurses and radiation therapists
    - Support for patient decision-making
    - Pre-medication counselling by nurses
    - Telephone time and documentation
    - Technique feasibility and navigation
- Supplies, minor equipment, and sundry cost

The following resource time has been built into the model to deliver the above activities:

- 75 minutes nursing time for patient education, including pre-medication counselling, individual and group education sessions, medication history and medication reconciliation
- 15 minutes radiation therapist time for patient education and counselling on technique feasibility and navigation
- 53 minutes manager/clerical time for managing and scheduling cancer centre staff, managing patient issues, cancer centre obligations, referral booking and coordination activities, patient documentation and data activities, etc.

Funding Rate	
Malignant consultation and re-consult	**$176**

Consultation Funding Trigger:

Patients receiving a new consult for radiation treatment (C1R) with a radiation oncologist, within the Clinic Visit File in Activity Level Reporting (ALR), either in-person or via videoconferences such as Ontario Telemedicine Network (OTN). A C1R is only triggered once for a patient per primary cancer diagnosis. Direct patient care telephone visits should be coded for ALR reporting as video conferencing visits ('VC') rather than 'OM', to qualify for funding, as long as the telephone visit is a meaningful, direct patient care assessment and/or intervention.

- Reported through the ALR Clinic Visit File

Re-consult Funding Trigger:

Funding is triggered when a patient switches from primary treatment intent/clinical trial to an evidence-informed metastatic treatment intent/clinical trial.

- Reported through the ALR Radiation File

5. Psychosocial Oncology Services

Ontario Health acknowledges that funding for Psychosocial oncology (PSO) services through the systemic treatment QBP is supporting PSO services for radiation treatment patients as well. As such, effective 2022/23 the PSO funding rate was unbundled from the current ST-QBP consultation/re-consult funding bundle to improve visibility into the funding amount intended for PSO services for cancer patients in Ontario. The funding trigger will remain the same (consult/reconsult for systemic treatment) at this time.

Current funding rate for Psychosocial oncology includes:

PSO services provided by PSO disciplines including social workers, dietitians, physiotherapists, occupational therapists, psychologists and speech language pathologists

6. Active Patients not on Treatment Bundle

This bundle accounts for resource utilization for watchful waiting of patients/active surveillance (for patients who had a first consult with no evidence of subsequent treatment). The activities in this bundle would include nursing time for patient support, education, symptom management, managing patient issues, referral booking and coordination activities, etc.

Funding is triggered each month that a patient with no prior treatment history (RT or non-IV ST visits) has a follow up clinic visit (at least 30 days after the first consult visit C1R).

The bundle includes:

- 1 ambulatory clinic visit
- 20 minutes nursing time for anxiety management, patient support and education, symptom management and blood monitoring
- 36 minutes manager/clerical time for managing & scheduling cancer centre staff, managing patient issues, cancer centre obligations, referral booking & coordination activities, patient documentation & data activities, etc.
- Other supplies and costs including medical/surgical supplies and other miscellaneous supplies and sundry costs

Funding Rate	
Active Patient Not on Treatment	**$64**

Funding Trigger:

Funding is triggered each month the patient is seen at the hospital for a follow-up clinic visit (C2R) with no prior treatment history (at least 30 days after the first consult visit (C1R).

- Reported through the ALR Clinic Visit File

Please note: C2R is an ALR flag for any subsequent clinic visit with a radiation oncologist that occurs after the first consult visit (C1R).

7. Treatment Bundle

The bundle is triggered when a patient completes their last course of the radiation treatment for one of the evidence-informed protocols.

The bundle includes:

- Medical Radiation Technologist (MRT) workload for various activities during treatment planning, CT/MR simulation and custom immobilizations, treatment delivery and post treatment support.
- Physicist and Physics Associate workload for activities related to treatment request processing, simulation, treatment planning, pre-treatment, delivery, and post-treatment phase.
- Nursing workload for activities involving simulation (if applicable, e.g., HDR flow study), delivery (toxicity assessment and management, care co-ordination/navigation), and post-treatment support (post-discharge education, care plan, toxicity management, and post treatment review clinic).
- Anesthesia Assistant time for the administration of anesthesia for the brachytherapy protocols.
- Manager/clerical time for managing and scheduling cancer centre staff, managing patient issues, cancer centre obligations, referral booking and coordination activities, patient documentation and data activities, etc.
- Patient-specific supplies and consumables for treatment and other clinic supplies and sundry cost.
- Post Treatment follow-up visits

Note: Two carbogen bladder treatment protocols were approved for funding for 2026/27: **GU_BLAD_HYPO_IMRT_BCON**, which maps to **Band 4**, and **GU_BLAD_IMRT_BCON**, which is **non-banded**. The cost includes the supply cost of carbogen tanks, and other supplies, as well as the staffing cost associated with treatment administration.

Treatment Bundle		Funding Rate
Banded Protocols	Band 1	$1,627
	Band 2	$2,677
	Band 3	$3,746
	Band 4	$4,732
	Band 5	$6,043
Non- Banded Protocols	GU_BLAD_IMRT_BCON	$6,839
	CNS_BRAI_RETX_CF	$7,261
	CNS_CSI_RETX	$7,261
	GYNE_CER_UTE_UPVAG_CTMRBT_IS_P2	$7,987
	HN_RETREAT_EBRT_BID	$8,121
	HEME_MF_AF_TSEB	$8,382
	GYNE_CERVIX_MRGBT_IC_IS_P2	$8,984
	GYNE_CERVIX_CT+/-MR_IS_PERI_P2	$15,584
	GYNE_CERVIX_CTMRBT_IS_PERI_P2	$17,182
	GYNE_CER_UTE_UPVAG_MRGBT_IS_PERI_P2	$17,182

Funding Trigger:

Funding for treatment bundle is triggered for a patient receiving all treatment courses on a protocol with same 'ready to treat' (RTT) date. Exceptions to the rule would include breast and lung primary-intent protocols, where lateral body regions are involved. For example, right and left would count as two protocol instances. Another exception are protocols falling under "special funding trigger group" which will trigger a separate bundle. Details are included in technical specifications (under Appendix A2. Protocols)

The 30-day imaging flag for metastatic (non-pediatric) protocols will be removed as a funding trigger, effective fiscal year 2025-26.

The operational report may continue to display a 30-day imaging flag as 'Unfunded' if missing; however, it will not impact centers' funding.

Note: Costs of disposable brachytherapy applicators (perineal plates and kit) are included in protocol specific supplies costs within treatment bundle.

Rectal Spacers

Rectal Spacer Funding is triggered once per patient when they are treated with a primary intent prostate evidence-informed protocol with at least one of the indications listed in table below and reported rectal spacer insertion for a completed protocol during the current funding period.

Patient Indication -Rectal Spacer	Funding Rate
Patients with prostate cancer with conditions pre-disposing to extreme reactions of the rectum (inflammatory bowel disease)	**$3,105**
Patients with prostate cancer on chronic anti-coagulant therapy (anything other than acetylsalicylic acid (ASA)) for other medical conditions, thereby increasing the risk of significant post-radiotherapy rectal bleeding	
Patients with prostate cancer with bilateral hip prosthesis	
Rectal spacer approved via Special Access Program (SAP)	

Funding rate for rectal spacer covers both material and labour cost

For more details on the NHPIP codes see RT-QBP Technical Specifications

8. Clinical Trials

A Radiation Treatment clinical trial is an intervention to evaluate a treatment protocol (dose/fractionation, technique, etc.) that has undergone institutional (peer) review and received ethics approval at the institutional or provincial level.

Clinical trials whose main intervention is radiation treatment and are submitted with their new clinical trial (NCT) number are assigned a Standard of Care (SOC) protocol. The funding rate for each clinical trial is determined based on the SOC and falls within the preceding funding bundles.

For a complete list of clinical trials funded through RT-QBP, please refer to technical specifications Appendix A3. Clinical Trials

Funding Trigger:

The Treatment bundle is triggered when a patient completes their treatment on last radiation course on clinical trial (CT). Funding is triggered for patient treated under an approved clinical trial using the designated identifier.

9. Infrastructure Bundle

The annual payment for the infrastructure bundle is based on OH's inventory of eligible hospital equipment including high energy treatment machines and brachytherapy units. High Energy Treatment machines would include any standard LINAC, Robotic LINAC, Gamma Knife, and Tomotherapy unit currently in use by radiation facility.

The bundle includes:

- Personnel cost required for clinical equipment support activities such as equipment selection, acceptance, commissioning, maintenance, servicing, quality assurance (QA), decommissioning, radiation treatment-specific information technology support, regulatory support provided by Physicists, Physics assistant/associate, Engineering, and IT.
- MRT workload related to operating the equipment, such as machine start-up, shutdown, daily machine QA, and Radiation Oncology Information System (ROIS) related activities.
- Cost of annual Support Service Agreements (SSA) for linear accelerator (LINAC), CT/MR simulator (SIM) Specialty Treatment Units (Tomotherapy unit, CyberKnife, Gamma Knife, MR-Linac), and Secondary Treatment Planning System (TPS), and Secondary ROIS.
- Cost of purchased parts and labour and upgrades for LINAC, CT SIM, Specialty Treatment Units, TPS, and ROIS that are not eligible for DME funding
- Cost of minor equipment replacement and support personnel.
- Personnel cost to support activities associated with deployment of new treatment techniques and/or protocols.
- Cost of water phantoms replacement.

- Reusable Brachytherapy applicators.

Infrastructure	Funding rate
High Energy Treatment Machines*	$637,292 for 1st LINAC $419,884 for additional LINACs
HDR Units	$241,502

* Number of Standard LINAC, Robotic LINAC, Gamma knife, Tomotherapy unit currently in use by radiation facility

Note: The purchase cost of equipment not specific to radiation treatment, such as anesthesia machines and cardiac defibrillators, is out of scope and not included in this bundle.

MRI Compatible Brachy Applicators

The annual replacement cost of MRI compatible brachy applicators which is based on life span of 3 years is provided to gynae brachy programs currently specializing in the treatment area. There is no data trigger for this payment and funding is allocated based on the current inventory of the brachy program.

Funding rate	
MRI compatible Brachy applicator rate per unit	**$65,825**

OH-approved addition of New LINAC or HDR Unit /Replacement of Existing LINAC and/or HDR unit

The data trigger for funding of the Infrastructure bundle for net new LINAC and/or HDR unit acquired by the hospital would be the acceptance date of LINAC/HDR.

For LINAC and HDR, acceptance date is when acceptance testing is completed, and acceptance certificate is signed off by vendor and hospital. Funding for this bundle will be prorated based on the acceptance date or commissioning date when OH is notified.

For any replacement of existing LINAC and/or HDR unit, hospital would continue to receive the full bundle during the replacement period.

Appendices – Technical Specifications



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