ALL.CAN — CALLING FOR GREATER EFFICIENCY IN CANCER CARE THROUGH NOVEL PARTNERSHIPS

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Summary: Improving efficiency to attain financial sustainability is a dominant topic in health care, particularly cancer. All.Can defines improving efficiency as achieving optimal outcomes for patients with the resources at hand; patients must be at the core of all decisions. This requires a whole-system vision. Cross-sector collaboration is key; multi-stakeholder initiatives will be increasingly important as the complexity of the cancer landscape evolves. Reliable data are essential, while technological advances offer enormous potential but need appropriate systemic infrastructure. Efficiency must not be viewed as an end in itself – what is crucial is how it improves outcomes for cancer patients in Europe.

Keywords: Cancer, Policy, Efficiency, Patient outcomes, Data

Introduction

Improving the efficiency of health care as a way of ensuring its financial sustainability is now, more than ever, a dominant topic among stakeholders – and cancer has been a particular area of focus for these discussions. Calling for greater efficiency is simple. Implementation, particularly at scale, is another matter. In their inaugural policy report, All.Can members called for politicians to focus on four key areas to improve the efficiency of cancer care (see Figure 1 – overleaf).

A focus on what matters most to patients

The patient perspective must be central to the planning, delivery and evaluation of cancer care – this is a fundamental premise of All.Can’s work. Efforts to improve efficiency should be defined by what matters most to patients (patient-relevant outcomes), and should be measured against achievement of these outcomes. All.Can members fervently believe that improving efficiency is defined as achieving the best outcomes possible for patients with the resources at hand.

The Martini Klinik Centre of Excellence in Prostate Cancer in Hamburg, Germany, is an often-cited example of where an outcomes-based approach to care has been applied successfully. The clinic asked prostate cancer patients to define the most meaningful outcomes for prostate cancer surgery, and now systematically collects these outcomes for every surgery.

Note: “All.Can is an international, multi-sectoral initiative that was created to explore what could be done to improve the efficiency of cancer care, where waste and inefficiencies occur in cancer care, and where policy efforts should be focused to yield the most meaningful benefits for patients. All.Can comprises leading representatives from patient organisations, policy-makers, health care professionals, research and industry. It is made possible with financial support from Bristol-Myers Squibb (lead sponsor), Amgen and MSD (co-sponsors). For a full list of All.Can members, see: www.all-can.org
performed in the clinic. Data are then fed back to the care team, so that they can continually assess and improve their own performance. Since putting this effort into practice, the clinic has achieved far lower rates of incontinence and erectile dysfunction compared with the national average.

Data: underpinning all efforts to improve efficiency

As evidenced in the above example, reliable data are a key ingredient to drive efficiency. Also key is finding meaningful data that can accurately reflect the impact of interventions and care models across the cancer care continuum – looking at the entire patient experience, and not limiting assessment to a single episode or isolated aspects of care. Unfortunately, this is often challenging given the known limitations of health care information systems – fragmentation of data between areas of care and hospital departments, poor linkages between data sets, lack of uniform data collection practices, data governance issues, etc. Yet these data are essential to continuously evaluate health care delivery, instil a culture of efficiency and patient-centricity, and create accountability for change across the system. This whole-system vision for improving efficiency across cancer care is illustrated in Figure 2 – overleaf).

Disruptive innovations – improving patient outcomes in the long run?

The above solutions may be considered as disruptive innovations, in that they will invariably require changes in the way cancer care is delivered. There is a need for new ways of working among different health professionals, as well as other stakeholders including patients, to achieve their full potential in improving patient outcomes.

The field of personalised medicine offers an important illustration of this. Personalised medicine means that the treatment depends on stratifying patients and – based on the result – of selecting a treatment appropriate for each subgroup of patients. In such a context, health literacy becomes critical, as patients need to fully understand, process and act on genetic information being made available to them. Health literacy at an institutional level is also needed: open dialogue and clear communication between physicians and their patients becomes that much more important to ensure that treatment decisions reflect each patient’s personal preferences and objectives pluralise roles. At a system level, the necessary organisational and testing infrastructure must be in place to make sure the most up-to-date testing practices are being used, and used appropriately.

The need for multi-stakeholder, cross-sector collaborations – now more than ever

To help decision-makers keep up to date with the complex, ever-evolving and continuously expanding universe of cancer care, close collaborations between all sectors involved are key. There are several promising examples of multi-stakeholder initiatives that are providing unique insights into the future of cancer care.

For example, the EU Joint Actions in cancer – including the European Partnership for Action Against Cancer (EPAAC) and the upcoming Innovative Partnership on Action Against Cancer (IPAAC) – have and will continue to gather experts from across Europe to address challenges in cancer care and, importantly, ensure these proposals are integrated into national cancer plans.

The Joint Action on Cancer Control (CanCon) provided several important recommendations where patient role and preferences were central to the issues in question. They include: improving issues in quality-based Comprehensive Control Networks, the need to develop guidelines for after-care that are meaningful and beneficial to patients, and the need to set up a survivorship care plan for all cancer patients. CanCon gathered experts from across Europe to address challenges in cancer care, and, importantly, ensure these proposals are integrated into national cancer plans. These efforts will be implemented and further developed by the future Joint Action.

Other public–private endeavours, such as the Innovative Medicines Initiative (IMI), are doing important work in looking at complex issues from a multi-sectoral perspective – including that of the European Commission, which co-funds the IMI’s work.
Another example of multi-sectoral collaboration is EURACAN, the European Reference Network (ERN) which provides for a system of networks of health care providers, laboratories and centres of expertise, which are organised across borders to improve outcomes for patients with rare cancers. Patients and patient advocates working closely and at every level with all stakeholders in the rare cancer journey are at the heart of this new and promising pan-European initiative.
The MEPs Against Cancer (MAC) informal group at the European Parliament regularly organises roundtable dialogues between policy-makers and a wide range of stakeholders, including the European Commission, NGOs, academia and industry.

“The end goal is never efficiency itself, but to also improve the quality outcomes of care.”

Such collaborations are going to become increasingly necessary as the complexity of the cancer landscape evolves further because of technological and process innovation. Involving different facets of cancer care (prevention, diagnostics, surgery, radiotherapy, medicines, palliative care, etc.), as well as newer sectors such as digital health, information technology and secure data capture, will be critical if we are to create cohesive policies addressing the entire spectrum of cancer care.

Creating political will to focus on efficiency across all cancer care planning and management

It is also very important to consider the role that policy-makers can play in collaboratively encouraging a culture of efficiency in cancer care. While policy-makers may not be directly involved in cancer care, political will is essential to initiate and guide change in any policy field. Giving more prominence to the patient voice in all aspects of cancer planning and delivery is an important starting point. Governments may also play a key role in contributing to more outcomes-driven cancer care by investing in appropriate support roles to help ensure patients’ clinical, psychological, emotional and social needs are met throughout all phases of treatment and after-care. Belgium, for example, has specific funding for oncology nurses, onco-psychologists, social workers and data managers to encourage a multidisciplinary care approach in all cancer centres. The financing of this extra manpower is integrated into the Belgian national cancer plan. Policy-makers may also help create accountable health care systems by investing in appropriate data and evaluation systems. For example, a resolution was recently accepted by the European Parliament to include measures of health system efficiency in the European Semester, essentially holding national governments to account for how well they use resources within health care. This resolution is currently being considered by the European Commission.

Improving the efficiency of cancer care must be a priority and prerogative for all stakeholders

All stakeholders in the cancer journey should forge new collaborations, engage in open dialogue, and make bold and creative decisions to allow true changes and innovation to occur. And at the core of these efforts, we must not forget that the end goal is never efficiency itself, but to improve the quality and outcomes of care for cancer patients. This must always be done, first and foremost, by listening to the patients’ perspectives and understanding what is of value to them in terms of outcomes.

The forthcoming Gastein forum will offer a unique opportunity to discuss what role different stakeholders play and to encourage new, productive collaborations to form and flourish, thereby advancing a more patient-focused approach to cancer care, and helping to implement sustainable solutions to improving the efficiency of cancer care overall. Discussions during the AllCan forum session will be incorporated into AllCan’s work to help develop focused recommendations and tangible ways to implement these within different policy contexts across Europe.

References