

# CHALLENGES IN CANCER CARE

# Work Package 8



Co-funded by the Health Programme of the European Union

# **WP8 ASSOCIATED PARTNERS**







# **COLLABORATING PARTNERS & SUBCONTRACTORS**



The collaborating partners and subcontractors we plan to involve are the following:

**Collaborating partners** 

Spain: CIBERESP & CIBERONC networks of research

**UK**: The Health Policy Partnership ALL.CAN

Belgium: KCE - Belgian Health Care Knowledge Centre

**Subcontractors** 

ECPC – European Cancer Patient Coalition

ECCO – European CanCer Organisation



ecco





WP8 key areas

## Neglected cancers/pancreatic cancer

# MDTs and ICTs

## Sustainability of cancer care





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Neglected cancers / pancreatic cancer: process of approaching WP8 goals









'Neglected cancers'. A review was of population-based data on the incidence, mortality, and survival in solid cancers, in order to create a definiton/list of neglected cancers and quantify their health impact:

- non-rare cancers with moderate incidence (< 20 per 100,000 population)</li>
- a high mortality/incidence ratio ( $\geq 0.7$ )
- low survival (relative survival ≤ 40% at 1 year and ≤ 30% at 3 or 5 years after diagnosis), due to either biological aggressiveness, late diagnosis, or lack of effective treatments
- The list of neglected cancer includes tumours of the gallbladder and biliary tract, stomach, liver, brain, central nervous system, and pancreas. However, pancreatic cancer is the most representative, as it has the highest mortality/incidence ratio and the lowest survival at one, three and five years after diagnosis.





- Systematic review of the evidence on existing strategies and policy tools for improving access to expert care for patients with pancreatic cancer
- We identified four overarching health policy strategies used alone or in combination to increase quality of care and patients' access to specialised centres
- ✓ 48 papers included





Neglected cancers / pancreatic cancer: The Bratislava statement on pancreatic cancer care



The Bratislava Statement: consensus recommendations for improving pancreatic cancer care

Innovative Partnership for Action Against Cancer (iPAAC

A working group comprising scientific societies, patient associations, cancer plans, and other relevant European stakeholders was organised. These actors took part in a consensus process based on a nine-step methodology.







# Methods used for discussion and consensus-building around pancreatic cancer care, 2019

Step	Period	Action
1	January – May	Systematic review of the evidence on strategies and policy tools for improving
		access to expert care for patients with pancreatic cancer
2	16 Sept	Presentation and discussion of research outcomes
3		Identification of intervention areas and initial drafting of statements
4	17 Sept	Discussion and validation of existing intervention areas and proposal for new ones
5		Redrafting of statements in accordance with the intervention areas
6		Personal endorsement from participants
7	25 Sept	Circulation of the first draft
8	17 October	Institutional endorsement by the organisations involved in the process and final approval
9	November	Publication and dissemination of the Bratislava Statement on pancreatic cancer care





# PANCREATIC CANCER CARE: AREAS OF INTERVENTION



- ✓ 21 statements were approved
- ✓ The document is circulating among scientific societies, patient organizations and other European stakeholders





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MDTs and the use of ICTs and health information systems



**Objective:** To identify the potential use and existing barriers for shared information systems, decision support systems, ICT and 'big data' in the context of MDTs and cancer care management.



- One-day workshop in Brussels, 5th July, 2019
  Co-organised between ICO and ECCO
- +
- One-on-one interviews to key informants.
- → Analyse experiences (cases) at different EU countries
  - experiences
- $\rightarrow$  Gather experts' opinion





#### Topics discussed





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**Objective**. To propose a set of measures aimed at improving the sustainability of cancer care in European countries

Tackling inefficiencies in the delivery and organisation of cancer care: a survey on			
how European cancer services innovate to better meet patients' needs and			
preferences and make health care systems sustainable			

Interim report

Prepared by F. Violi, A. Chiarenza, R. Grilli

Department of Clinical Governance

Azienda USL-IRCCS of Reggio Emilia, Reggio Emilia (Italy)





**Goal**: to identify examples of innovative projects focused on tackling inefficiency in the organisation and delivery of cancer care.

The final purpose is to give **recommendations** on:

- a) key measures (i.e. indicators) of low value/inappropriate care which could be used to allow an assessment of a health system capacity to deliver high value cancer care, as well as a comparison across countries
- a) desirable characteristics of relevant interventions targeted to health professional and providers of cancer care, and aimed at improving the level of appropriateness in clinical practices.

**Methodology**: use of a <u>questionnaire</u> administered to hospital management teams of European and non-European cancer centres.











# Taking advantage of iPAAC representativeness

ISS aims at exploring whether a consensus exists, among representatives of various stakeholders (managers, clinicians, patients) from IPAAC participating countries, on the fundamental initiatives to be adopted and implemented to enhance the value of cancer care.



#### Methods

Modified Delphi technique conducted during the iPAAC governmental board.

#### Objective

To achieve a consensus on the key actions/initiatives health care system's should be undertaking to increase value in the provision of care for cancer patients.



Sustainability of cancer care: reimbursement models and experiences in introducing innovative treatments



Economics of cancer care: reimbursement to improve introduction of innovations in cancer care

Reimbursement models in radiation oncology and complex cancer surgery in Europe

Partners: ICO (leader), ISS, SAM (VUHSK), NIJZ, INSP (IPMN), ISS (MoH)

In collaboration with ESTRO

**Goal**: To analyse the different reimbursement models that have been used in radiation oncology and complex cancer surgery in the European context.

**Methods**: description of the reimbursement models and literature review



#### **Radiotherapy**:

- **Payment models** show significant <u>variation in terms of their implementation at</u> national or regional level, the <u>criteria used to evaluate the complexity of care</u>, and the <u>amounts paid and incentives created</u>.

- Financial incentives generated by different payment models have an impact on clinical practice, as they affect the fractionation schemes and determine the complexity of the treatments.

- **Choice of a payment** model in the field of radiation oncology becomes very important in relation to the introduction of new technologies and the rising cost of treatments, which has led to the development of payment models denominated 'coverage with evidence development' that assess the uncertainty associated with the introduction of new technologies.



#### **Complex cancer surgery:**

- Limited evidence related to this issue (most references came from grey literature).
- **Payment models** used to reimburse complex surgery include the global budget, payment per case or episode (e.g. DRGs), payment per diem, and fee-for-service. In the case of payment per case/episode or per diem, additional payments or special reimbursement rates were observed for complex surgery.

- **Regulations on minimum volumes** were introduced for numerous complex surgeries as a measure to improve the quality of health care. In cases where these <u>standards are not met</u>, measures vary between countries. Some deny authorisation for practicing the surgical procedure at hand, while others withhold reimbursement from low-volume hospitals for the procedures.



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Pain control' needs and barriers to adequate pain management



#### **Objective 4**

**Goal**: To identify the need of pain control and barriers to adequate pain management with specific focus on the prevalence of pain in cancer survivors and its implications and PROMs.

**Methods**: Literature review and workshop with experts, scientific societies and patient associations

Ongoing work

**Partners**: ISS (leader), ICO, ISS, THL





#### **Objective 5**

**Goal**: To assess palliative care needs in oncology based on epidemiological data and to review the literature on models of integration between palliative care and oncology

Methods: Literature review and workshop

**Partners**: ISS (leader), ICO, THL. Supported by ECPC and in collaboration with WP10.

Ongoing work

