

Agenda Day 2

Morning Session: 9:30 – 10:45

Plenary Discussions: content & format Roadmap

Break: 10:45 – 11:00

Roberto Grillo: WP8

WP4: Presentation CCPIS Results & Next Steps WP4

Lunch 12:30 – 13:30

Afternoon Session 13:30 - 15:30

Plenary discussion on Sustainability of the Roadmap

Conclusion of the Governmental Board Meeting

Format & content of the iPAAC 'one pagers' – recap Day 1



Structure

- References, contact, link to legal frameworks, etc. -> at the bottom
- Start with the problem description

Content

- More specific/attractive titles
- Clear definition/description of the problem (->rationale /motivation to implement)
- Implementation steps:
- Info on the 'costs' (resources required, effectiveness)
- Impact at different levels (for the target/ for the society); conclusions; results of evaluation (with indicators used if any)
- Date of the version/update + current status
- Contact: name of the institution, department, ... (several levels)

Generalities

- Make it more attractive
- Challenge: keep it brief but comprehensive



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WP4 Cancer Control Interview Survey

Information received?

- General aspects health care system
- For each domain: organization models, general features, 'implementation confounders'
- Reported issues and priorities concerning the domain: ***Common theme's among EU MS (Day 2)***
- Concrete examples of implementation
 - Implementation plans (roadbook / action plans)
 - Implementation examples
- Remaining challenges

→ Translated into 2 type outputs:

- *the Roadmap (Day1): One Pagers*
- ***Report on CCPIS (Day 2)***

WP4 CCPIS Report I

- Structure:
 - Intro & methodology

 - **Part I:** Description results / domain:
Organization models
Common theme's: priorities & issues, challenges
≠ nominative
≠ detailed information
Make link with WP's results

 - **Part II:** EU MS list of actions

WP4 CCPIS Report Part I

- Common themes reported

1. Primary prevention

Overarching strategies / inter-sectoral policy / governance / primary care / schools / regulation / counselling / communication & promotion / health literacy / social inequalities / lobby industry / anti- vaccine movement / tax policy in free marked EU

2. Screening

Governance / participation rate / communication & health literacy / social inequalities / registration / opportunistic screening / training / new tests & evidence / new programs

WP4 CCPIS Report Part I



- Common themes reported

3. Diagnose and Treatment

Anticipation and access / affordability / education and training / privacy and informed consent / EU collaboration

4. Cancer care; survivorship and after care; psycho-social care; palliative care

Integrated care / patient pathways and coordination / information provision / IT systems / Need Assessments / After care guidelines / specialization & training palliative care / home care & mobile teams



WP4 CCPIS Report Part I



- Common themes reported

5. Organization of care: Quality of Care, Comprehensive Cancer Care Centers and Networks

IT infrastructure and digitalization / monitoring and assuring quality of care provision / up to date guidelines development / pathways for rare cancers / comprehensive cancer care networks / legal frameworks and financing mechanisms

6. Cancer Information systems

Legal Frameworks CR / Data sharing agreements / interoperability



WP4 CCPIS Report Part II



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- Overview topics EU MS (*Summary Country Reports*)
 - List of topics for the Roadmap (*one pager*)
 - Related contextual features
 - Remaining challenges

 - Overview topics domain
 - List of topics from CCPIS



WP4 Next Steps Report



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- Closure CCPIS – end of November
 - Validation Country Summary & list of topics Roadmap: **December 2019**
 - Validation Internal (verbatim) CCPIS Country Reports by EU MS: **December 2019**
 - First draft Report End of January 2020
 - Final version Report End of February 2020

Discuss “Report on CCPIS ”

- **Aim & expectations**
 - Part I: Introduction to Roadmap & background One Pagers
 - Part II: Overview One pagers titles .
- Dissemination: target; (senior) policy levels makers ? / conferences



Proposal: process from CCPIS to One Pager



- Final list of topics EU MS: December (Summary Report)
- WP4 provides template (word)
(headings & definition)
→ *Based on BCN GB decision*
- First version by EU MS local contact person or responsible
- WP4 translates into One Pager format

Editorial Review (?)

- Final validation by EU MS: End of September 2020



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iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

Day 2: WP4 Roadmap iPAAC: implementation and sustainability report



Co-funded by
the Health Programme
of the European Union

Key concept for IPAAC ROADMAP



- INNOVATION
- IMPLEMENTATION
- SUSTAINABILITY



INNOVATION: EU definition



Innovation can be defined by **two elements**.

The first introduces the aspect of **novelty**:

innovation is a new idea in relation to something that is established. This idea must find its way **from theory to practice**. As such innovation does not only relate to technical or scientific novelties, but may also pertain to **processes and organisational change** across sectors.

The second contains a **teleological criterion**:

a technical novelty or a new approach can only be regarded as innovative if it brings economic and societal benefits. Against this backdrop, an innovation is to be understood as a **process** through which **the novelty has to win social recognition and acceptance over time**.

Innovation strategic_note_issue_14

What innovation in IPAAC?



- New/newly started interventions
(established programs as such, no; novel initiatives within an established program, yes)
- New overarching strategies, yes
- New ideas, guidance, yes (especially related to the WPs outcomes)

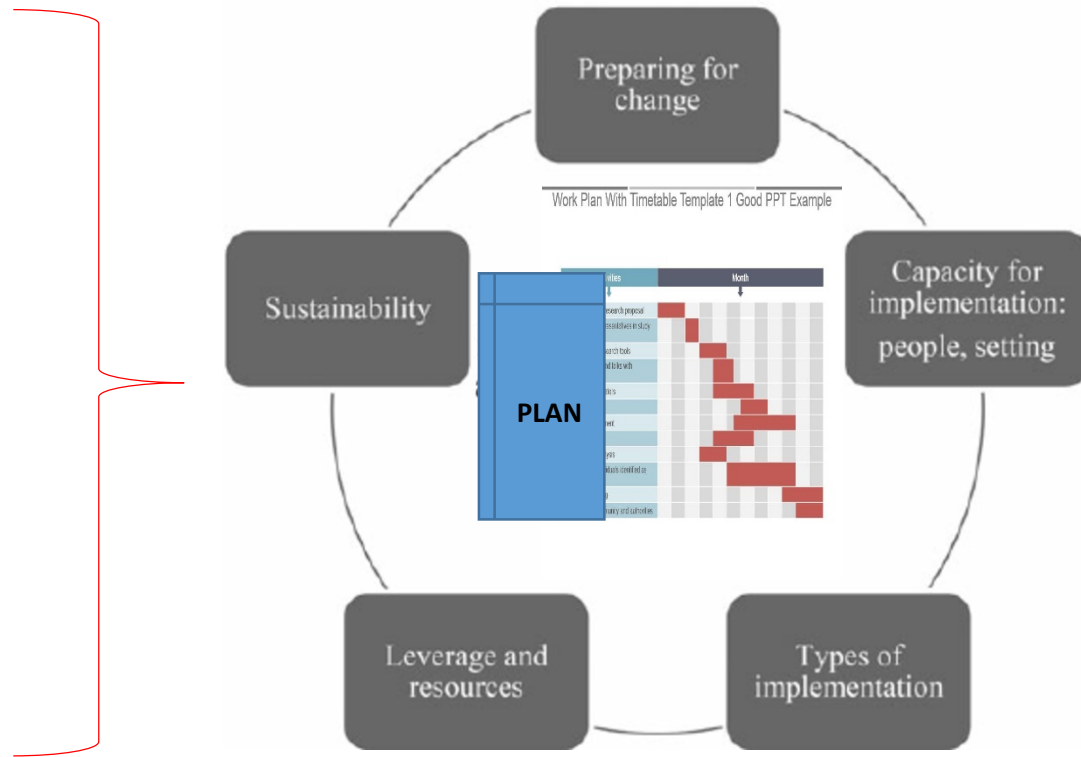


IMPLEMENTATION

Implementation = the process of putting a decision or idea into effect/execution

International Journal for Quality in Health Care · May 2014 - DOI: 10.1093/intqhc/mzu047

Studies took place in 19 countries, with the majority in Europe [16], the UK [16] and the USA [15].



Success of Implementation I



Success factors of implementation:

1. Preparing for change,
2. Implementation-people for change
3. Implementation-setting(s) for change
4. Consider differences in types of implementation (investments, guidelines,...)
5. Foresee sufficient **resources**,
6. Utilize **leverage**. (right thing at the right moment – *momentum* in time)
7. Guarantee sustainability
8. Take notice of some **essential desirable features**

Obstacles in implementation are the **mirror image of these 8 factors**

E.g. when people fail to prepare, have insufficient capacity for implementation or when the setting is resistant to change, then care quality is at risk, and patient safety can be compromised.



Success of Implementation II

Commonly recurring, desirable features of successful implementation include:

1. Effective planning;
2. project management and clear implementation strategy;
3. Communication plan;
4. Collaboration, with stakeholders teamwork, useful tools;
5. Champions, leadership;
6. Monitoring, evaluation and feedback;
7. Incentives;
8. Flexibility;
9. Autonomy;
10. Standardization;
11. Tailoring implementations to the local context

One-pager information

Critical information:

- Preparation for implementation change (general, people, settings)
- Resources (funding, people)
- 11 desirable features?
planning, communication, stakeholders involvement, leadership, monitoring/evaluation/feedback, incentives, flexibility, autonomy, standardization, local context

SUSTAINABILITY

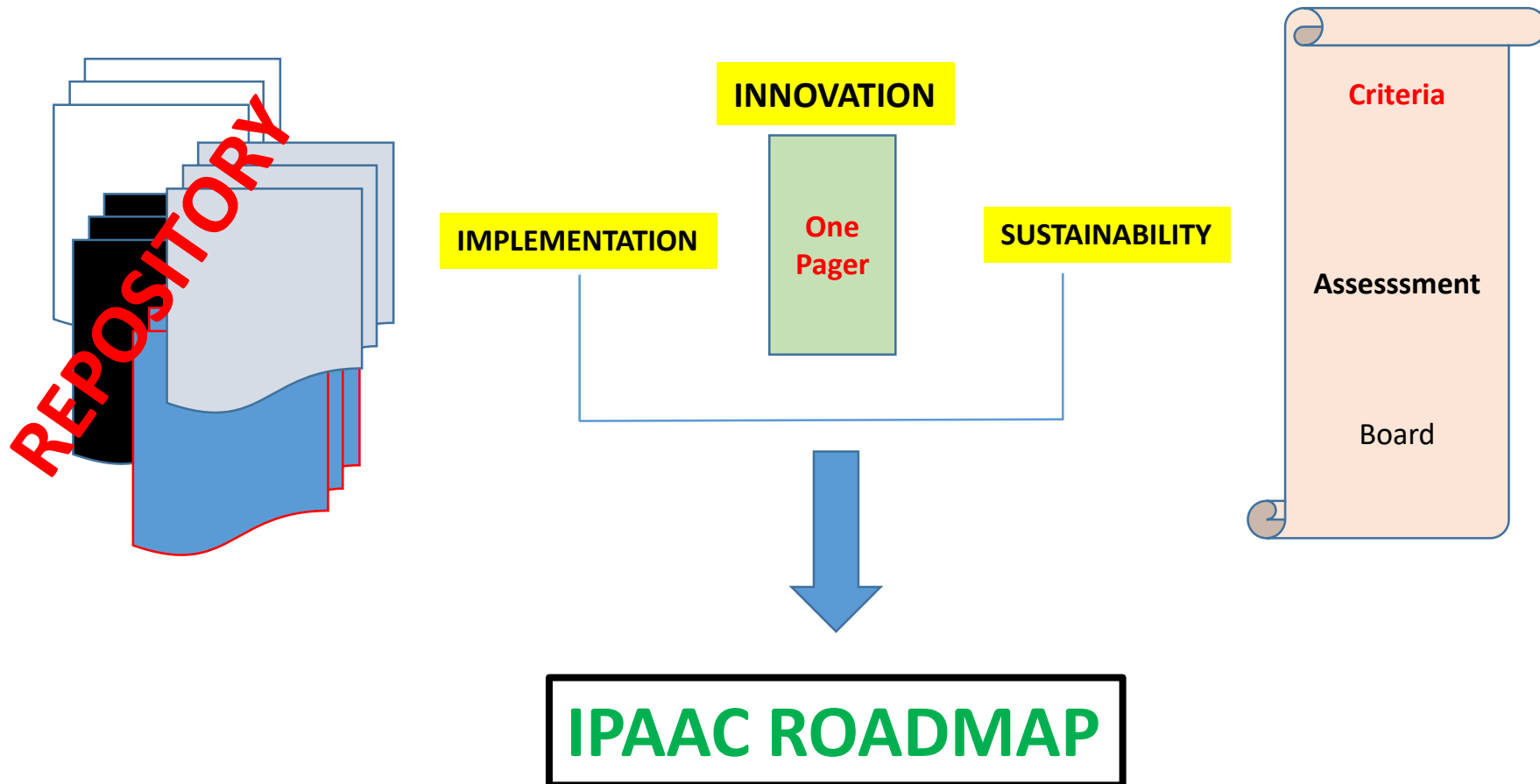
Sustainability = the ability to **maintain a certain activity at a certain rate or level**

Sustainability of implemented action = processes established during preparation and anchored throughout the implementation process, to support **mid-to-long-term acceptance**

Changes need to be **embedded** and **monitored over time**. There should be systematic evaluations and benchmarking can be adopted to help judge progress.

Organizations need to commit to ongoing support at a **managerial level**

IPAAC Roadmap



Next steps after JA iPAAC



- Scope iPAAC ROADMAP:
 - Innovation
 - Implementation
 - Sustainability
- Maintain after JA iPAAC
- Comparator / benchmark
- > Best Practice Portal ?

Welcome to the Best Practice Portal



"one-stop shop" for consulting good and best practices collected in actions co-funded under the Health Programmes and for submitting practices for assessment.

Those practices that are **selected as "best"** against the **criteria** adopted by the **Steering Group on Prevention and Promotion** will also be published on this portal.

-> to identify, disseminate and transfer best practices

External evaluators will assess the submitted practices against the [criteria](#) adopted by the [Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases](#).

Before submitting, please consult the **submission's guide**



EC definition Best Practice

DG SANTE, following the Spanish experience on best practice, has reviewed existing guides, manuals and other documents concerning the evaluation of best practices. Based on this review, the term "best practice" has been defined as:

“A **best practice** is a relevant policy or intervention *implemented in a real life setting* which has been favourably assessed in terms of adequacy (ethics and evidence) and equity as well as effectiveness and efficiency related to process and outcomes. Other criteria are important for a successful transferability of the practice such as a clear definition of the context, sustainability, intersectorality and participation of stakeholders.”

<https://webgate.ec.europa.eu/dyna/bp-portal/SubmittersGuide.pdf>

Questionnaire to Best Practices Portal



The structured questionnaire ensures a comprehensive description of any practice submitted covering all elements needed for its subsequent assessment according to the criteria

16 questions:

Question 1 **title of the practice**

Question 2 **personal details**

Question 3 the **responsible person** of this initiative.

Question **10 key words** (according to the MeSH Terms)

Question 5 the **geographical scope** of your initiative.

Question 6 when your **practice started and when it ended**,

Question 7 indicate if the practice has been **evaluated or assessed**.

Question 8 summary **description of your practice + indicators**

Question 9 **Methodology** including the evaluation,

Question 10 Please indicate which **broad health area** your practice addressed.

Question 11 indicate what **kind of practice** is being implemented

Question 12 the type of **stakeholders** concerned with your practice

Question 13 describe the **involvement of the stakeholders**

Question 14 explain (in a written text) **equity and bioethical principles** compliance

Question 15 indicate the most **important funding**

Question 16 indicate the level of **transferability and/or scalability** of your practice?



Evaluation of Best Practice

The Member States' Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases has adopted **criteria** against which all submitted practices will be **scored**.

These criteria are divided in 3 sub-sets:

The **Exclusion criteria** assess the following aspects: ● Relevance ● Intervention characteristics ● Evidence and theory based ● Ethical aspects

The **Core criteria** assess the following aspects: ● Effectiveness and Efficiency of the intervention ● Equity

The **Qualifier criteria** assess the following aspects: ● Transferability ● Sustainability ● Participation ● Intersectoral collaboration

Scoring system (0-10 points – from ‘very poor’ to ‘excellent’)

'BP Portal' vs 'IPAAC Roadmap'

	Best Practices	IPAAC Roadmap
1	Relevant policy or intervention implemented in a real life setting	Implementation of innovation in cancer policies
2	Clear definition of the context including sustainability, intersectorality and participation of stakeholders	Clear Content described in the one-pagers
3	Criteria defined by Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases	To be discussed
4	Assessed for ethics, equity and evidence (effectiveness, efficiency related to process <i>and outcomes</i>)	To be discussed
5	Assessment by external evaluators (today: <u>DG JRC</u>)	To be discussed

IPAAC: proposal

SMART as basic **criteria** for **IPAAC one-pagers**:

- **Specific** (related to Cancon, EPAAC, ECAC, ...) **NOVELTY**
 - **Measurable** (monitoring, evaluation) **SUSTAINABILITY**
 - **Acceptable** (implementation driven) **IMPLEMENTATION**
 - **Realistic** (implementation driven) **IMPLEMENTATION**
 - **Timely** (ongoing) **IMPLEMENTATION**
-
- **Scoring?**
 - Binomial (yes/no) vs lickert scale scoring?
 - Cut-offs?
 -

IPAAC Roadmap Board ?

Board members linked to JA IPAAC

1. WP leaders
2. External advisors, assistance
3. GB involvement

Process

Realistic?

→ **no** *in-depth* analysis possible

Simple process – *Roadmap Cancer 1.0*

iPAAC Roadmap process



Step 1: Identification of one-pagers initiatives (MS & WP)
(Milestone: mid **December 2019**)

Step 2: Agreement on content of the Roadmap (MS & WP)
(Milestone: **March 2020**)

Step 3: Final version One Pager for Roadmap (Milestone: **Sept 2020**)

Step 4: IT-Integration into Roadmap (Milestone: **End Jan 2021**)

Step 5: Roadmap presentation (Deadline: **End Feb 2021**)