

All.Can - striving for greater efficiency in cancer care

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In 2011, the Lancet Commission for Sustainable Cancer Care warned that cancer was at a crossroads – and that, if we failed to make the right decisions, we may be compromising our ability to provide high-quality care to cancer patients in years to come.(1) This crossroads prevails today: on the one hand, the field of cancer has seen tremendous advances in recent years that promise to transform outcomes for patients with many types of cancer – not just in terms of drugs, but also in surgery, radiotherapy, imaging, models of care and our growing ability to personalise treatment.

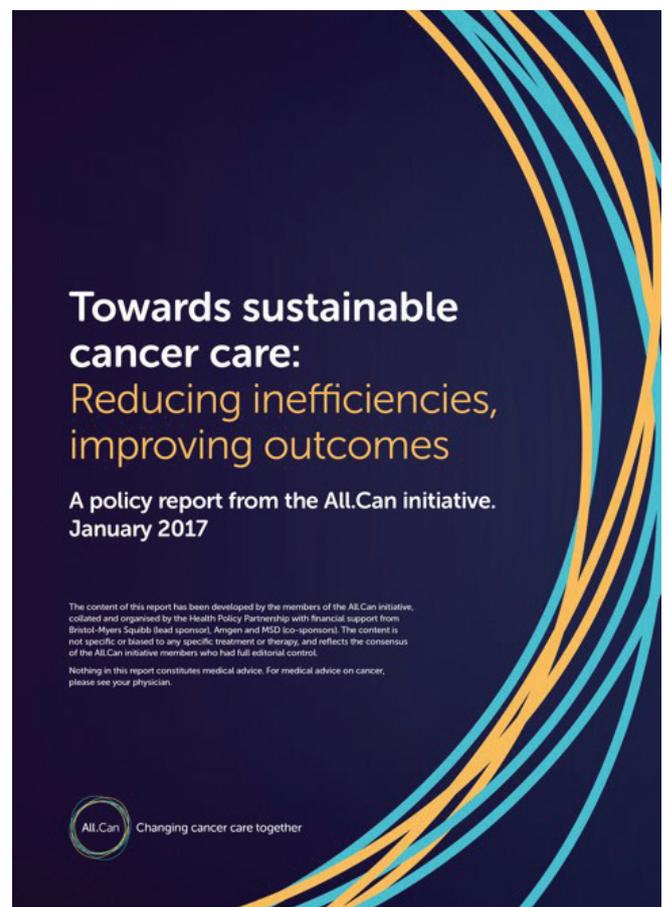
On the other hand, the prevalence of cancer is increasing, and with it the demands and complexity of cancer care. Financial pressures on health care systems mean that reimbursement for many new treatments for cancer is often either delayed or denied, and out-of-pocket costs to patients are rising in many countries as a result.(2) There is also a growing concern internationally about the ‘financial toxicity’(3) caused by cancers like brain tumours for many families.

This situation is both worrying and unsustainable if we want to continue to offer cancer patients the best outcomes possible and abide by the principle of social solidarity that lies at the heart of most publicly-funded health care systems.

Opportunities for change

The good news is that there is clear evidence that solutions are both possible and achievable: a recent publication by the Organisation for Economic Cooperation and Development (OECD) found that up to 20% of health care budget was spent on ineffective or ‘wasteful’ practices.(4) A study in Germany found that over €72 billion could be saved every year through better coordination of care leading to reduced hospital admissions.(5)

What these figures point to is not just that there is considerable waste across our health care systems, but that there are real opportunities for change. For example, a World Health Organisation (WHO) report estimated that removing wasteful



Above: The All.Can policy report, launched in January 2017 at the European CanCer Congress in Amsterdam, The Netherlands

interventions could deliver an efficiency saving of between 20-40%.(6) Similarly, the potential gain from reducing inefficiencies across European health care systems is thought to be two years of additional life expectancy.(7)

These figures are compelling – and are a clear indication that we can do better with the resources we have.

This was the underlying rationale for the creation of a new initiative, All.Can (www.all-can.org), which aims to create political engagement on the need to improve the efficiency of cancer care. The term ‘efficiency’ should not be misconstrued as being equivalent to short-term cost cutting efforts – or the mere

Efficiency ≠ cutting costs

...it's about continuously ensuring resources are focused on delivering what matters most to patients



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identification of waste. Instead, driving efficiency across cancer care requires a long-term vision that starts by asking what matters most to patients, looking at where resources are not being used effectively to achieve these (waste), and identifying sustainable ways to re-focus resources on attaining these outcomes.

All.Can releases its new report on reducing inefficiencies and improving outcomes

All.Can recently published a report which offers several powerful examples of where greater efficiencies may be achieved across all aspects of cancer care.

One such example is the PROCHE programme at the Georges Pompidou Hospital in Paris, France. By hiring a nurse to telephone patients a few days before each chemotherapy session and check on any side effects from the previous round of chemotherapy in advance of the next appointment, this programme managed to reduce time spent by nurses and patients at each chemotherapy session, decrease drug wastage and increase the overall productivity of the chemotherapy unit.(8)



Waste accounts for 20% of health care spending

And cancer presents a unique and urgent opportunity to remove waste and focus on what matters most to patients

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Another example is that of GE Healthcare, which painted exciting adventure themes – a pirate ship, a space shuttle - on MRI machines and then created stories around them to help reduce the anxiety felt by children undergoing MRIs. By doing so, imaging units managed to reduce the number of cancelled MRI sessions as well as the use of sedation in children, not to mention lowering the anxiety levels of children and their parents. In fact, patient satisfaction increased by 90%.(9)

The above examples are compelling in their simplicity, and remind us of three important facts:

- First, any efforts to improve efficiency must start with a clear understanding of what matters most to patients, and then strive to find ways to achieve this.
- Secondly, innovation and efficiency are two sides of the same coin – and innovation does not need to be expensive.

- Thirdly, efforts to improve efficiency should not be seen as one-offs, but be built into healthcare systems with appropriate mechanisms to measure and evaluate practices, remove those that do not produce meaningful patient outcomes, and prioritise those that do - thereby creating a continuous cycle of improvement over time.

Challenging and important questions

Many of the messages contained in the All.Can report resonate strongly for the brain tumour community – where patients are often caught in this crossroads between the promise of new treatments and affordability challenges. As Kathy Oliver, Co-Director of the IBTA, states in the report, “As a patient, it is extremely frustrating and desperately worrying to be told that there is not enough money to fund the innovative cancer treatments you need when there is so much obvious waste within the health care system.”

Improving efficiency and investing in innovation must be considered in tandem with a united focus on improving outcomes for patients



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The All.Can report does not try to address all of the issues relating to access to innovation, affordability, efficiency and removal of waste. Its focus is on the need to improve efficiency within existing cancer care as a necessary starting point to protecting the sustainability of cancer care. The report also raises important questions that all involved stakeholders – health care professionals, regulators, politicians, academia, pharmaceutical and device industries, as well as patients and their families – should ask, such as:

- Do we really understand what matters most to patients?
- Are we measuring these outcomes in a systematic way to assess the impact of interventions and practices?
- Do we have mechanisms in place to identify and remove wasteful practices or interventions?
- And finally, what barriers (systemic, cultural, or otherwise) may need to be removed to improve efficiency and truly focus on what matters most to patients across the care spectrum?

These are challenging questions – and addressing them is anything but an academic exercise. The All.Can group hopes to help find the right answers, drawing on its multidisciplinary membership to identify pragmatic solutions and actionable policy recommendations. One of its key activities in 2017 will be to gather perspectives and evidence of waste as well as opportunities for greater efficiency in cancer care from patients, nurses and other health care professionals. This evidence may provide an important starting point to channel efforts where they are most needed and where the greatest gains for patients and their families may be made. ■



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All.Can comprises leading representatives from patient organisations, policymakers, health care professionals, research and industry. All members contribute their time for free to the initiative, and all publications from the group reflect consensus of the members, who hold full editorial control. The All.Can initiative is made possible with financial support from Bristol-Myers Squibb (lead sponsor), Amgen and MSD (co-sponsors). None of the content of All.Can discussions, publications or activities is specific or biased to any individual/combination treatment or therapy.

For further information about All.Can, please contact Suzanne Wait (secretariat) at secretariat@all-can.org. To read the full policy report, see www.all-can.org.

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