All.Can
Changing cancer care together

Changing cancer in Spain

Annexes: List & Ranking of Inefficiencies

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List of Inefficiencies from the Burden of Cancer Study in Spain

System and Society Level	
#1	Low social awareness and stigmatization of cancer
#2	Inequities in access to the health system according to educational level
#3	Most of the national campaigns on cancer care are designed without involving all the important agents
#4	The National Strategy against Cancer is not updated
#5	Resources and sources of information on cancer are scattered and poorly coordinated
#6	Need to increase investment in translational and applied oncological research
#7	Spanish NHS financing and evaluation schemes should be adapted to ensure long-term sustainability
#8	Inequality in access to diagnosis and cancer treatment between and within Autonomous Communities

List of Inefficiencies from the Burden of Cancer Study in Spain

Hospital & Primary Care Level	
#9	Cancer Care is too focused on the hospital
#10	Deficiencies in coordination and communication between hospital and primary care
#11	Poor connection and communication between different hospitals that treat cancer patients
#12	Medical overload and limited care for patients
#13	Primary care professionals are not prepared to diagnose and attend cancer patients
#14	Protocols and clinical practice guidelines are not evaluated or controlled
#15	Non-integrated information systems: no generalized system for measuring and evaluating results

List of Inefficiencies from the Burden of Cancer Study in Spain

Individual Level	
#16	Cancer patients have social. economic and emotional difficulties
#17	Limited doctor-patient communication
#18	Limited patient-doctor communication
#19	Lack of information. training and empowerment of patients

Screening Level	
#20	Low participation in some of the cancer screening programs
#21	Delay in the response times of some screening programs due to poor coordination between different levels of assistance/care
#22	Differences in the quality of screening in the different levels of assistance/care
#23	Lack of coordination and adherence in screening programs between Autonomous Communities. which generates inequality among cancer patients

List of Inefficiencies from the Burden of Cancer Study in Spain

Diagnostic Level	
#24	Inadequate adaptation of the information provided to the patient at the time of diagnosis
#25	Delayed diagnosis due to saturation of the healthcare system
#26	Inefficient care processes which generate delays and duplication of tests in certain diagnoses

System and Society Level	
#27	Many patients do not receive optimal treatment
#28	Insufficient understanding of the side effects of treatments by cancer patients and the different health care professionals involved in cancer care
#29	Unequal promotion of clinical trials in hospital centers
#30	Lack of evaluation of health outcomes of treatments
#31	Delays and inequality of access to pharmacological and non-pharmacological treatment of cancer between hospitals
#32	Difficulties in accessing oncological orphan drugs for patients

List of Inefficiencies from the Burden of Cancer Study in Spain

Patient Follow-up Level	
#33	Insufficient support to the cancer patient when returning to social and work-life
#34	Lack of follow-up of long survivors without active disease
#35	Low assessment of the quality of life of cancer patients
#36	Low participation of primary care in the follow-up of cancer patients

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- **Ranking of inefficiencies based on patient health outcomes**
- Ranking of inefficiencies based on the feasibility of reducing or eliminating them
- Final list of inefficiencies approachable in the short-term, taking into account impact on patient health outcome and feasibility of reducing or eliminating the inefficiency

Ranking of Inefficiencies based on patient health outcomes

The **10 inefficiencies** considered to have the **highest impact in health outcomes for patients were (1 means low importance and 7 high importance)**:

Inefficiency		Average Score
#25	Delayed diagnosis due to healthcare system saturation	6.6
#7	Spanish NHS financing and evaluation schemes should be adapted to ensure long-term sustainability	6.5
#6	Need to increase investment in translational and applied oncological research	6.4
#8	Inequality in access to diagnosis and cancer treatment between and within Autonomous Communities	6.4
#31	Delays and inequality of access to pharmacological and non-pharmacological treatment of cancer between hospitals	6.4
#4	The National Strategy against Cancer is not updated	6.3
#27	Many patients do not receive the optimal treatment	6.3
#11	Poor connection and communication between different hospitals that treat cancer patients	6.1
#20	Low participation in some of the cancer screening programs	6.1
#21	Delay in the response times of some screening programs due to poor coordination between different levels of assistance/care	6.1

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Ranking of inefficiencies based on the feasibility of reducing or eliminating them

The **10 inefficiencies** considered **most feasible to reduce or eliminate were (1 means least feasible to reduce or eliminate and 7 most feasible)**:

	Inefficiency	Average Score
#1	Low social awareness about cancer and stigmatization of cancer	**6.2**
#24	Inadequate adaptation of the information provided to the patient at the time of diagnosis	**5.8**
#3	Most of the national campaigns on cancer care are designed without involving all the important agents	**5.8**
#5	Resources and sources of information on cancer are scattered and poorly coordinated	**5.0**
#19	Lack of information. training and empowerment of patients	**4.9**
#4	The National Strategy against Cancer is not updated	**4.8**
#14	Protocols and clinical practice guidelines are not evaluated or controlled	**4.8**
#28	Insufficient understanding of the side effects of treatments by cancer patients and the different health care professionals involved in cancer care	**4.8**
#11	Poor connection and communication between different hospitals that treat cancer patients	**4.7**
#2	Inequities in access to the health system according to educational level	**4.7**

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Final list of inefficiencies approachable in the short-term, taking into account impact on patient health outcome and feasibility of reducing or eliminating the inefficiency

	Inefficiency	H	F	T	P(HxFxT)
#24	Inadequate adaptation of the information provided to the patient at the time of diagnosis	5.2	5.8	6.1	184.0
#01	Low social awareness and stigmatization of cancer	5.3	6.2	5.4	177.4
#05	Resources and sources of information on cancer are scattered and poorly coordinated	5.8	5.0	5.2	150.8
#03	Most of the national campaigns on cancer care are designed without involving all the important agents	4.5	5.8	5.6	146.2
#04	The National Strategy against Cancer is not updated	6.3	4.8	4.8	145.2
#11	Poor connection and communication between different hospitals that treat cancer patients	6.1	4.7	4.8	137.6
#17	Limited doctor-patient communication	5.9	4.4	4.9	127.2
#34	Lack of follow-up of long survivors without active disease	4.9	4.7	5.4	124.4
#20	Low participation in some of the cancer screening programs	6.1	4.2	4.8	123.0
#31	Delays and inequality of access to pharmacological and non-pharmacological treatment of cancer between hospitals	6.4	4.1	4.4	115.5
#30	Lack of evaluation of health outcomes of treatments	5.9	4.4	4.1	106.4

H: Average Score of the Inefficiency based on impact on Patient Health Outcomes
F: Average Score based on Feasibility of Reducing or Eliminating the inefficiency
T: Average Score based on the probability of addressing the inefficiency in the short-term (in this case, inefficiencies that had an average score higher than 4 were considered approachable in the short-term).
P(HxFxT): Product of the average scores of all three variables