

THE INITIATIVE ALL.CAN SPAIN TO DETECT INEFFICIENCIES IN THE MANAGEMENT OF CANCER, IMPROVE HEALTH OUTCOMES AND EMPOWER CANCER PATIENTS IN SPAIN

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SCOPE AND OBJECTIVES

- The increase in life expectancy in Spain is associated with an **increase in the number of cases of cancer**. In the past five years, almost 600,000 people in Spain have suffered from cancer and it is estimated that in the coming decades **the incidence of cancer could increase by 70%** (1,2).
- At the same time, **scientific developments in oncology will increase in the coming decades**, presenting a **great challenge for the sustainability of the public health system**. The total costs of cancer in Spain were 7.168 billion euros in 2015, representing 10% of public health expenditure and 0.66% of Spanish GDP in 2015 (1). **Detecting inefficiencies in the management of cancer in Spain and proposing action to reduce or eliminate them can help to guarantee the sustainability of the system and increase health outcomes in patients.**
- Responding to this need, the global initiative All.Can aims to **analyse the prevention, management and treatment of cancer to detect these inefficiencies and propose actions to address them, improving health outcomes in patients and empowering them to form part of the improvement process, turning cancer into a health-policy priority** (3).
- The working group in Spain (All.Can Spain) aims to **(I) identify the present inefficiencies in the management of cancer in Spain, (II) prioritise these inefficiencies according to their impact on health outcomes in patients and how feasible it is to reduce or eliminate them, and (III) propose to the public administration the necessary actions so that the inefficiencies identified are addressed, disseminating these actions through an active policy plan that improves health outcomes in all the groups of cancer patients involved in these actions.**

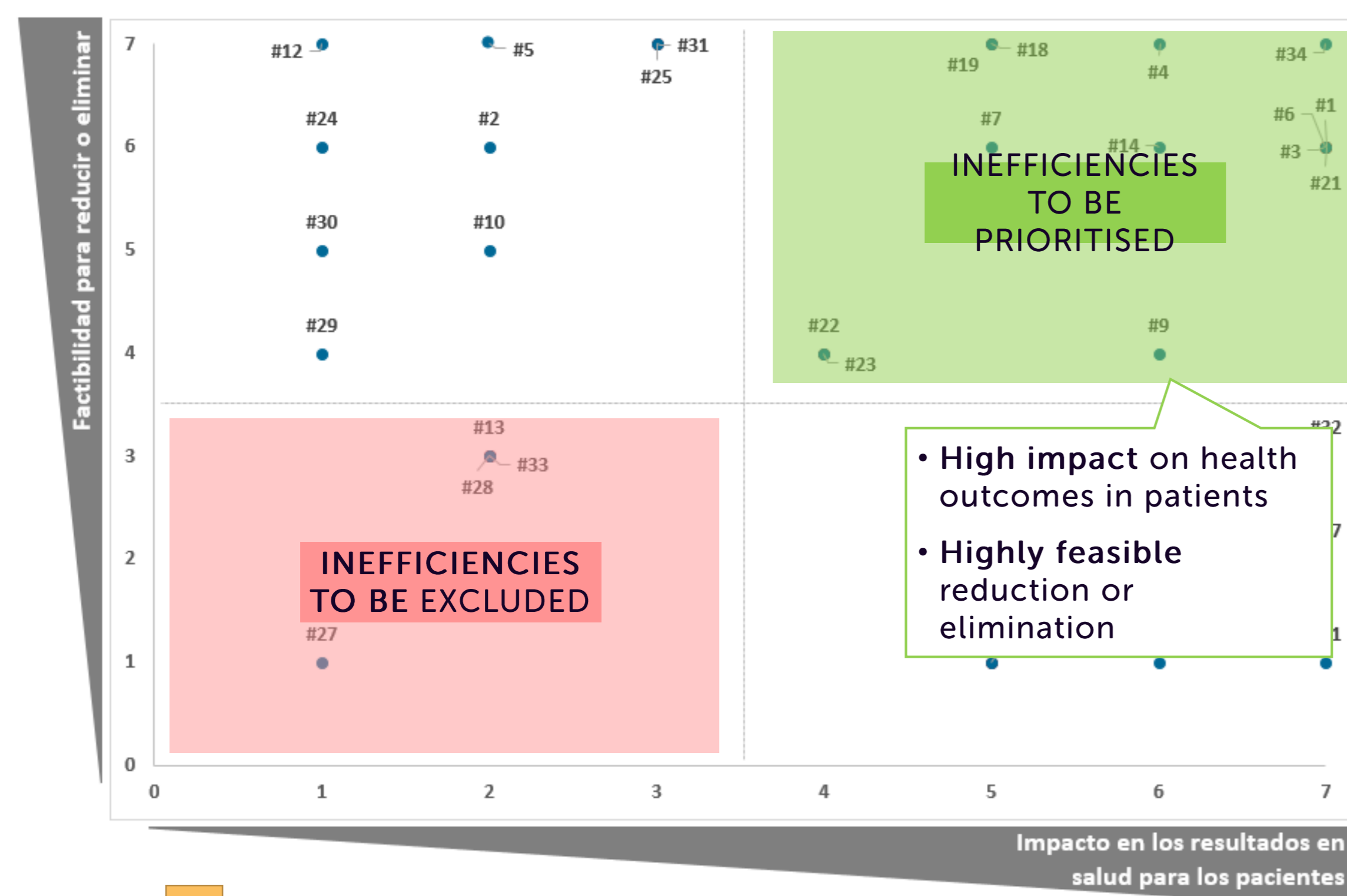
Positioning of cancer as a priority in health policies in Spain



DESCRIPTION

- A **multidisciplinary working group of 14 experts** was formed and **promoted by EUPATI**. It represents 4 patients' associations, clinical oncologists, primary healthcare, the Spanish Society of Hospital Pharmacy (SEFH), the Spanish Agency of Medicines and Medical Devices (AEMPS) and public professionals.
- In the first working session, the All.Can Spain group:
 - ✓ **Identified and discussed the present inefficiencies in the management of cancer in Spain and how they affect health outcomes in patients.**
 - ✓ **Prioritised the inefficiencies proposed**, rating each on a scale of 1 to 7, **according to their impact on health outcomes in patients** (1 = low impact, 7 = high impact) **and according to how feasible it is to reduce and eliminate them** (1 = barely feasible, 7 = very feasible).
 - ✓ **It proposed specific actions** to address all the inefficiencies proposed.

ACHIEVEMENTS AND IMPACT



- A **total of 36 inefficiencies were identified in the present management of cancer in Spain**. These were classified into **7 different categories** (at system and society level, at hospital and primary healthcare level, at individual level, at screening level, at diagnosis level, at treatment level and at monitoring level).
- Based on the results obtained, **all the inefficiencies were potentially prioritised** according to their impact on health outcomes in cancer patients and how feasible it is to reduce or eliminate them.
- The two inefficiencies with the **greatest impact on health outcomes in patients were the late diagnosis of cancer due to the saturation of the healthcare system and the limited sustainability in the long term of the system for funding and assessing the National Health System.**
- The two inefficiencies for which reduction or elimination was most feasible were the **low social awareness and stigmatisation of cancer and that most of the national campaigns on oncological care are designed without the involvement of all the key agents involved.**
- To address the 36 inefficiencies, actions were proposed to **promote the empowerment of cancer patients through education, to establish social awareness campaigns on cancer and participation in screening, to increase the coordination between levels of healthcare (hospital and primary healthcare) and Autonomous Communities, to homogenise protocols to expedite the diagnosis of cancer patients, to give support to long-term surviving patients and to provide all the initiatives undertaken by the administration with budgets and a financial report, while monitoring and disseminating them in an optimal manner.**
- In a second session, **the working group will prioritise these actions according to whether they are likely to be addressed in a period of less than or more than 2 years.**

Table 1. Inefficiencies with a greater impact on health outcomes in patients.

Inefficiency	Average rating
Late diagnosis due to saturation of the healthcare system	6.6
The system of funding and assessment of the NHS may not be sustainable in the long term	6.5
It is necessary to invest more in oncological research	6.4
Lack of coordination and inequality in the access of drugs among the Autonomous Communities	6.4
Delays and inequality of access among hospitals to pharmacological and non-pharmacological treatment of cancer patients	6.4
The National Strategy Against Cancer is not updated	6.3
Many patients do not receive the optimal treatment	6.3
Poor connection and communication between reference tumour care centres and other hospitals	6.1
Low participation in some screening programmes	6.1
Delay in response times for some screening programmes generated by poor communication between levels of healthcare	6.1

Table 2. Inefficiencies for which reduction or elimination is more feasible.*

Inefficiency	Average rating
Low social awareness and stigmatisation of cancer	6.2
Most national campaigns about oncological care are designed without the involvement of key agents	5.8
Poor adaptation of the information given to the patient at the time of diagnosis	5.8
The resources and sources of information about cancer are not focussed and poorly coordinated	5
Lack of education and training of patients	4.9
The National Strategy Against Cancer is not updated	4.8
Clinical practice protocols and guidelines are not assessed or monitored	4.8
Poor understanding of the side effects of treatments by cancer patients	4.8
Unequal access to the health system according to educational level	4.7
Poor connection and communication between reference tumour care centres and other hospitals	4.7
Lack of monitoring of long-term survivors without active disease	4.7

*11 inefficiencies were included due to the final 3 obtaining the same rating.

REFERENCES

- [1]. LA CARGA DEL CÁNCER EN ESPAÑA [Internet]. [citado 19 Sep 2018]. Disponible en: <http://www.omakaseconsulting.com/wp-content/uploads/2018/04/omakase-lab-3-2018--burden-of-cancer-in-spain.pdf>; [2]. López, CM. La Carga del cáncer y la incidencia: una carrera a contrareloj. Revista Española de Economía de la Salud, 2018, 13-2, p. 228-235. [3]. Página web de All.Can [Internet]. [citado 19 Sep 2018]. Disponible en: <http://www.all-can.org/>