ICHOM-All.Can Improving Value in Cancer Care study:

HICHOM

Working in partnership

Providing value in cancer care



A European study of outcomes in practice

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What is value in healthcare? Patient outcomes achieved Value = Cost of delivering those outcomes The need to measure outcomes and costs in cancer care • A major challenge to all healthcare systems is the lack of standardised health outcomes measurement across conditions² and comprehensive cost assessment.³ • The International Consortium for Health Outcomes Measurement (ICHOM) is a global leader

in health outcomes measurement and has developed Standard Sets to measure outcomes

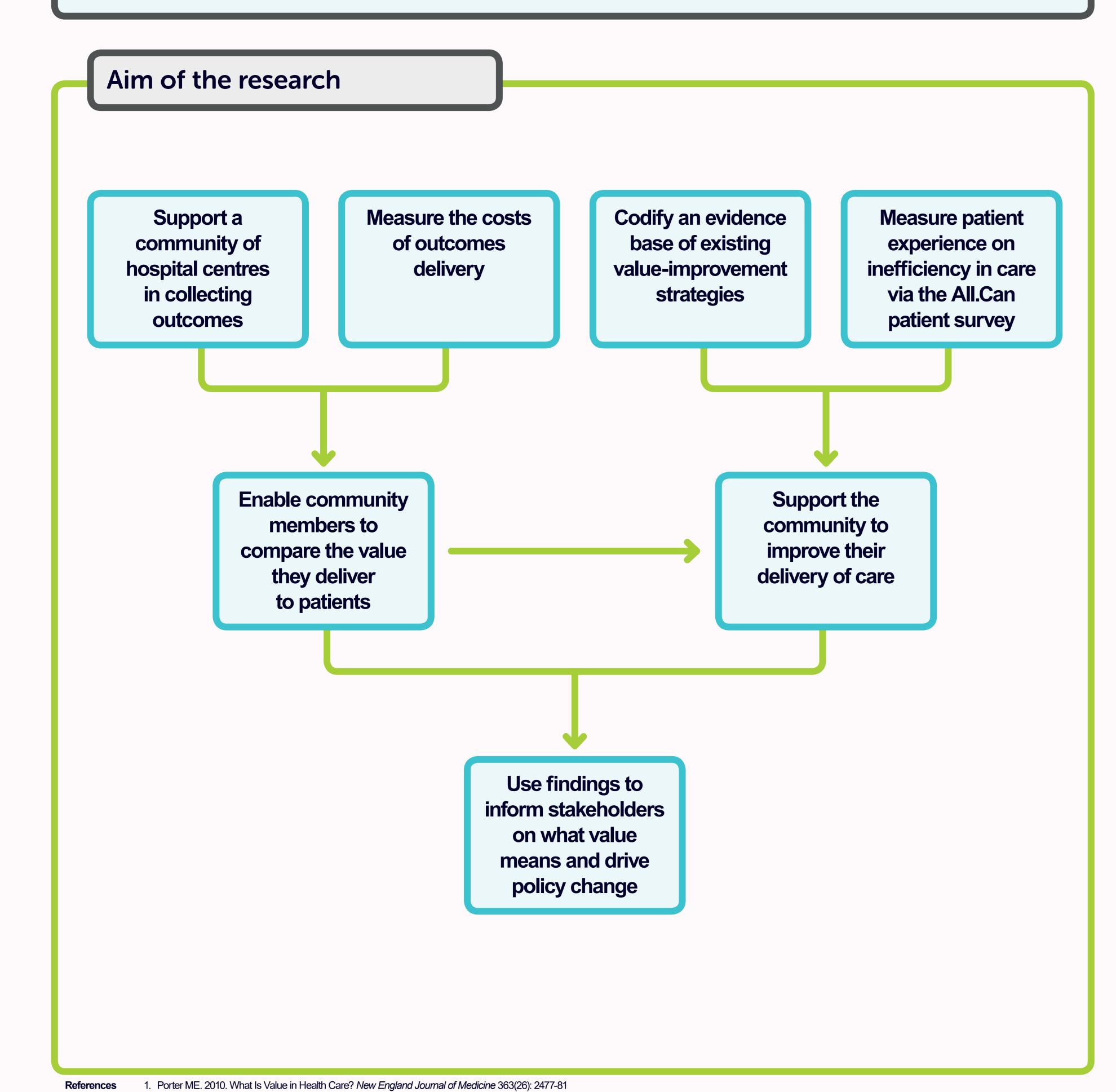
of European hospitals to improve value in cancer care for breast and lung cancer patients.

All.Can is a multi-stakeholder initiative aiming to improve efficiency in cancer care

ICHOM and All.Can are working in partnership to identify and support a community

for breast and lung cancer patients.

by focusing on what matters to patients.



Methods

This study will collect data and use them to detect outliers. Learning what outliers do differently will identify 'best practices' that sites will be able to share with each other (see *Figure 1*). Best practices will allow sites to optimise their use of resources and improve outcomes that matter to patients.

Figure 1. Improving value for breast and lung cancer patients



Scope

- The community of providers includes public and private hospitals/ cancer centres from across Europe with the necessary resources to measure outcomes and costs.
- The observational study will focus on patients receiving care for breast or lung cancer within the hospital provider sector.
- For breast cancer:
 - The project will cover new patients (both men and women) over the age of 18, with stage I-III breast cancer, and ductal carcinoma in situ (DCIS). It will exclude metastatic disease (stage IV).
 - The study will cover all treatment approaches, including surgery (reconstructive), radiotherapy, chemotherapy, hormonal therapy, targeted therapy and others.

- For lung cancer:
 - The study will include all new patients with a first primary diagnosis of small cell or non-small cell lung cancer (both men and women over the age of 18). It will exclude atypical adenomatous hyperplasia, adenocarcinoma in situ, carcinoid typical NET grade 1 and carcinoid atypical NET grade 2.
 - It will include all disease stages to cover patients receiving either palliative or curative care. All treatment pathways – including surgery, radiotherapy, chemotherapy, immunotherapy, targeted therapy and others – are relevant for this project.

Collecting the ICHOM Standard Sets and deploying the All.Can patient survey

- Hospitals will gather the patient data and case-mix variables in the ICHOM Standard Sets prospectively through clinical reports, administrative data and patient-reported surveys.
- Care pathway mappings will identify how to collect the data.
- The sites will deploy the All.Can patient survey, which is designed to capture patients' experience of cancer care and highlight waste and inefficiency in care from the patient perspective.
- Sites will measure outcomes at three time points: baseline (at primary diagnosis), three-month follow-up and six-month follow-up.
- The community will share risk-adjusted outcomes data with benchmarking reports comparing the performance of the sites.

Collecting costs using Time-Driven Activity-Based Costing (TDABC)

- To calculate the true costs for treating breast and lung cancer, sites will implement Time-Driven Activity-Based Costing (TDABC).
- Comparisons will be possible for each provider on costs, skill-mix and time utilisation of each resource in the care pathway.

Root-cause analysis

- The root-cause analysis will bring together information from several sources to triangulate potential drivers of value in the participating sites. These sources will include:
 - A structured literature search
 - The All.Can patient survey
 - The benchmarking reports
 - The TDABC
- Qualitative, semi-structured interviews with site staff
 The care pathway mappings.
- The benchmarking reports and TDABC will identify which centres are producing good outcomes/value and drive discussion with participating sites around best practices.
- Comparisons with the care pathway mappings will identify where best practices are already in place.

Results

- The first phase of this work is now complete:
 - The study has identified eight sites for breast cancer and seven for lung cancer that will be part
 of the project. These sites are in Belgium, France, Italy, Portugal, Spain and Switzerland
 and each has more than 200 new cancer patients every year.
 - The project was launched in Madrid, Spain on 18 June.
 - The study plan is now available.
- The study will produce deliverables throughout each of the next phases (see Figure 2):
 - Implementation
- Observation, benchmarking and root cause analysis
- Learning and dissemination.
- Interim findings will be launched at the ICHOM conference in May 2019, with final findings available in December 2019.

Figure 2. Overall timelines

Study design and community set-up

- Provider recruitment and onboarding (Completed)
- Study plan (Completed)
- Jan '18–Jun '18
- Launch meeting 18 June in Madrid (Completed)

Implementation

- TDABC training and costing of care pathways
 Deployment of data conture colutions
- Deployment of data capture solutions
- Deployment of All.Can patient survey
- Value measurement embedded into organisations
- Literature review of value improvement and efficiency strategies

Observation, benchmarking and root cause analysis

Jul '18-Dec '18

- Data collection of outcomes commenced
- Root cause analysis of variation drivers commenced at sites using literature search and All.Can patient survey insights

Jan '19-Sep '19

Learning and dissemination

- Cost and outcomes data shared with community
- Findings shared with wider sector via joint communication plan
- Summation event

Oct '19-Dec '19

Conclusions

The study will look at contributors to variations in observed outcomes, with the aim of identifying how to improve the value of cancer care over time. It will enable the community and wider stakeholders to measure, understand and benchmark variations in value – which will, in turn, help drive change at the policy level.

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