
The All.Can efficiency hub

Research methodology

Overview

The [All.Can efficiency hub](#) was launched in May 2019 and was initially populated with pre-approved examples of best practice in cancer care that were extracted from the All.Can report '[Towards sustainable cancer care: reducing inefficiencies, improving outcomes](#)'.

As of November 2019, there was a need to continually identify new examples to feature in the hub on a rolling basis. New examples are identified using the inclusion/exclusion criteria and search methodology outlined below.

1 Identifying examples

1.1 Inclusion and exclusion criteria

The efficiency hub aims to collect as many examples as possible of projects or initiatives aimed at improving the efficiency of cancer care. The criteria outlined below are used to search for new examples (not included in the All.Can report or existing repository).

1.1.1 Inclusion criteria

- Initiatives must be within cancer care. Large-scale initiatives spanning multiple conditions (including cancer) are also included.
- Initiatives may target any age group.
- Initiatives must be relevant to at least one part of the cancer patient pathway (screening, diagnosis, treatment, follow-up, palliative care, survivorship etc).
- Initiatives must aim to reduce inefficiencies in cancer care. This may include: improving existing treatment approaches; reducing the use of low-value procedures; developing new technology; restructuring existing cancer care services; reducing healthcare costs; reducing wasted time for patients, their families and/or healthcare professionals; improving patient outcomes; and collecting data to improve cancer care efficiency.
- Initiatives may be completed or ongoing:
 - Completed initiatives must produce demonstrable efficiency gains for patients and/or the healthcare system (e.g. healthcare cost reduction, improved quality of life etc). This information can be obtained through available online information and stakeholder interviews (where possible).

- Ongoing initiatives should show promise of efficiency gains for patients and/or the healthcare system, demonstrated through expert interviews and judged as worthy of inclusion in the hub by the All.Can Research and Evidence Working Group (R&E WG).
- Initiatives may include comparisons with standard cancer care or usual care.
- Initiatives may come from published or grey literature, policy documents, news stories, conference proceedings or personal recommendations or communications.
- Initiatives including commercial products launched by commercial entities may be included if they meet **both** of the following conditions:
 - They offer improvements to the standard of care (marked improvement for healthcare systems or patients and their families).
 - Findings are published in the literature and available in the public domain (i.e. not available only in company promotional materials).
- There are no limitations on study design (e.g. data will be accepted from multiple study types, not only randomised controlled trials).

1.1.2 Exclusion criteria

- Initiatives including commercial products launched by commercial entities that do not offer published literature or demonstrable benefit over the standard of care are excluded to maintain the non-promotional nature of All.Can.
- Non-oncology initiatives are excluded.

1.2 Sources of information

New initiatives will be identified through:

- literature published on PubMed, including the reference lists of published studies
- Google search alerts
- examples submitted via the [efficiency hub submission form](#) on the All.Can website
- examples recommended by colleagues/patients/healthcare providers (i.e. word-of-mouth), including those reported in the [All.Can patient survey](#)
- the Innovative Partnership For Action Against Cancer (iPAAC) survey of European hospitals (TBC)

1.3 Search strategies

1.3.1 PubMed

Search strategies for new initiatives on PubMed were drafted based on the key terms and MeSH terms cited in the literature for the initial efficiency hub examples. They are presented below and will be used to guide periodic literature searches using fortnightly email alerts for new literature.

<p> (“cancer” [Title/Abstract] OR “oncology” [Title/Abstract]) AND (“humans” [MeSH Term]) AND </p>
<p> (“efficiency, organizational” [MeSH Term]) OR (“health services misuse” [MeSH Term] AND (“initiative” OR “improvement” [Title/Abstract]) OR (“healthcare reform/methods” or “healthcare reform/organization and administration” [MeSH Terms]) OR ("patient preference/organization and administration" OR "patient participation/methods" OR "patient participation/organization and administration" OR "professional patient relations" [MeSH Terms]) AND (“initiative” OR improvement [Title/Abstract]) OR ("national health programs/organization and administration" [MeSH Terms]) AND (“efficiency” [Title/Abstract]) </p>

1.3.2 Google search alerts

Real-time Google search alerts have been set for the following:

- site:bbc.co.uk/news/health “cancer” (searches BBC News website)
- site:who.int “cancer” (searches WHO website)
- “cancer care” AND (“government initiative” OR “government program” OR “government programme”)
- “cancer care” AND “efficiency” AND “initiative”

2 Approval and sign-off

Based on the search strategy outlined above, a list of new examples is compiled each month. This list (including a short description of each initiative) is emailed to the R&E WG for review.

The R&E WG is asked to review each example to determine whether it can be included in the All.Can efficiency hub, with a specific focus on whether examples meet the inclusion

criteria and align with the mission and aims of All.Can (as stipulated in the All.Can [Terms of Reference](#)).

Once examples have been approved by the R&E WG, they will be drafted in full, reviewed by the editorial team and posted on the All.Can website. The drafting process is further explained in Section 3.

3 Drafting process

Once an initiative has been approved by the R&E WG, an initial draft is written based on desk research (e.g. existing publications, press releases and website information). Each written example follows the same format:

- **Summary:** a brief overview of the initiative and what it has achieved.
- **Challenge:** a description of the issue that the initiative aims to address (i.e. an inefficiency in cancer care).
- **Solution:** a description of the initiative itself.
- **What has it achieved:** an overview of the initiative's impact on cancer care (e.g. cost reduction, shorter waiting times, improved patient outcomes etc). Where initiatives are ongoing, their potential impact will be outlined.
- **Next steps:** any future aims and projects related to the initiative.
- **Further information:** links to relevant information, including websites, reports, publications, conference materials and videos.

The draft is emailed to an external key contact associated with the initiative (e.g. lead researcher, oncologist or patient advocate involved in the project). They are asked to comment on the write-up and are invited to take part in a telephone-based interview, further described in Section 4.

4 Interviews with key contacts

Where possible, an interview is secured to verify and enhance the content of each efficiency hub example. The interviews with key contacts are used to check the accuracy of the written examples and to obtain up-to-date information on each initiative. Interviews are conducted over the telephone by a researcher at The Health Policy Partnership. A list of questions is emailed to key contacts ahead of the interview. Key contacts are asked to describe the development, implementation, impact and future aims of the initiative. They are also asked if they would like to publish contact information alongside the written example to facilitate contact with others who are interested in the initiative.

The interview is recorded and transcribed by the interviewing researcher. Any additional information obtained during the interview is incorporated into a new written draft, which can be reviewed by the key contact before it is published on the All.Can website.