

Rova A¹, Tettamanti A¹, Pinto L¹, Urbinati D¹

¹IQVIA Italy

INTRODUCTION

In the upcoming years, the Italian healthcare sector will face several challenges to guarantee the overall sustainability of the system, while pharmaceutical innovations increasingly turn acute diseases into chronic ones. More and more cancer survivors turn into chronic patients, requiring a structured "global and inclusive approach" that includes physical, psychological, social and relational aspects. It was estimated that in 2018 diagnoses of new cancers would amount at 373,000. Thanks to the development of both prevention campaigns and innovative therapies, tumors' prevalence increased by 3% per year in the last 15 years. However, cancer still represents the second cause of mortality in Italy, after cardiovascular diseases.¹ Since 2011, the Italian NHS has chosen the model of Oncology Network: outcomes are improved and resources optimized through a shared diagnostic-therapeutic approach.²

All.Can is an international multi-stakeholder initiative developed with the scope of improving the efficiency of cancer care by focusing on what matters to patients. In Italy, All.Can looks at tackling different goals:

- » Introducing into the policy agenda the theme of the impact of innovation on the patient journey, from diagnosis to follow-up;
- » Identifying critical issues for patient access in the healthcare system;
- » Improving efficiency and sustainability of cancer therapies, favoring high-value healthcare and welfare services.

This research aimed to compare healthcare offer features in oncology among Italian Regions, following a patient-centered approach.

METHODS

A desk research was performed to assess 4 areas of improvement identified as key elements to compare Regional oncological offer, in detail: access to innovation, integration between territory and hospital, offer concentration, inter-regional mobility. Thirty-one Key Performance Indicators (KPIs) were analyzed for the assessment of each area: 12 regarding the "access to innovation", 6 about "integration between territory and hospital", 9 concerning "offer concentration" and 4 about "inter-regional mobility". (Figure 1) Information was gathered through different sources, i.e. NHS, Patient Associations, Ministry of Health's data on hospital discharges, IQVIA pharmaceutical sales data. The most recent data available were included in the analysis.

A score from 1 to 3 was assigned to each KPI and, on the basis of patient associations members' interviews, KPIs were weighed according to perceived importance for patients. Summarizing results for each area of improvement, the overall oncological offer was classified from "low" to "elevate" for every Region. Results were finally validated through interviews to representatives of oncological networks.

RESULTS

On the basis of the patient associations interviews, some KPIs received a higher weight: into the area of "access to innovation" the prevention and screening campaigns and presence of a multi-disciplinary team were considered the most relevant indicators. Moreover, patients deemed highly important the connection between territory and hospitals in terms of home-care availability and palliative care access. (Figure 1)

The analysis of results for each area of improvement showed that Northern Regions obtained the highest final score in terms of access to innovation and integration between territory and hospital-care, resulting in a deep attention to patients' needs; Southern Regions presented the highest score for the offer concentration: the number of oncologic centers resulted proportional to the treated population. Moreover, the analysis underlined a high mobility of patients from the Southern to the Northern Regions. (Table 1)

The overall assessment about the oncological offer among Italian Regions showed a National territory still fragmented in three levels as regards the cancer-care: the North of Italy resulted to have an elevated cancer care offering, on the contrary the Southern Regions showed improving appropriateness of care, but the patient perception was not yet comparable to the Central-Northern Regions. (Figure 2)

Data on Puglia were based on 2017, before the institution of the Puglia cancer Network, which is expected to represent a driver of improvement in the upcoming years.

CONCLUSION

The Italian scenario results fragmented, showing important signs of improvement: several Regions are working to implement a structured and politically-approved Oncological Network. According to the patient's perspective, Regions with a structured Oncological Network guarantee a unique interface to the healthcare system, allowing a better perception of quality and reducing the mobility. Furthermore, the integration among hospitals combined with an organized treatment pathway can lead to savings, reducing the burden of the Regional healthcare system. Regions which will implement an Oncological Network, such as Puglia, will be able to improve the patient's perception on their treatment pathways.

1. Rapporto AIOM-AIRTUM. I numeri del cancro in Italia. 2018

2. Ministero della Salute. Atto n. 59/CSR del 17 aprile 2019: Revisione delle Linee Guida organizzative e delle raccomandazioni per la Rete Oncologica che integra l'attività ospedaliera per acuti e post acuti con l'attività territoriale. 2019

FOR FURTHER INFORMATION: Please contact - Duccio Urbinati, duccio.urbinati@iqvia.com - IQVIA Via Fabio Filzi 29, 20124, Milan (Italy)

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FIGURE 1

Number of KPIs analyzed divided by area of improvement

- ACCESS TO INNOVATION - High relevance: prevention and screening, multi-disciplinary team
- OFFER CONCENTRATION
- INTEGRATION BETWEEN TERRITORY AND HOSPITAL - High relevance: home care, palliative care
- INTER-REGIONAL MOBILITY

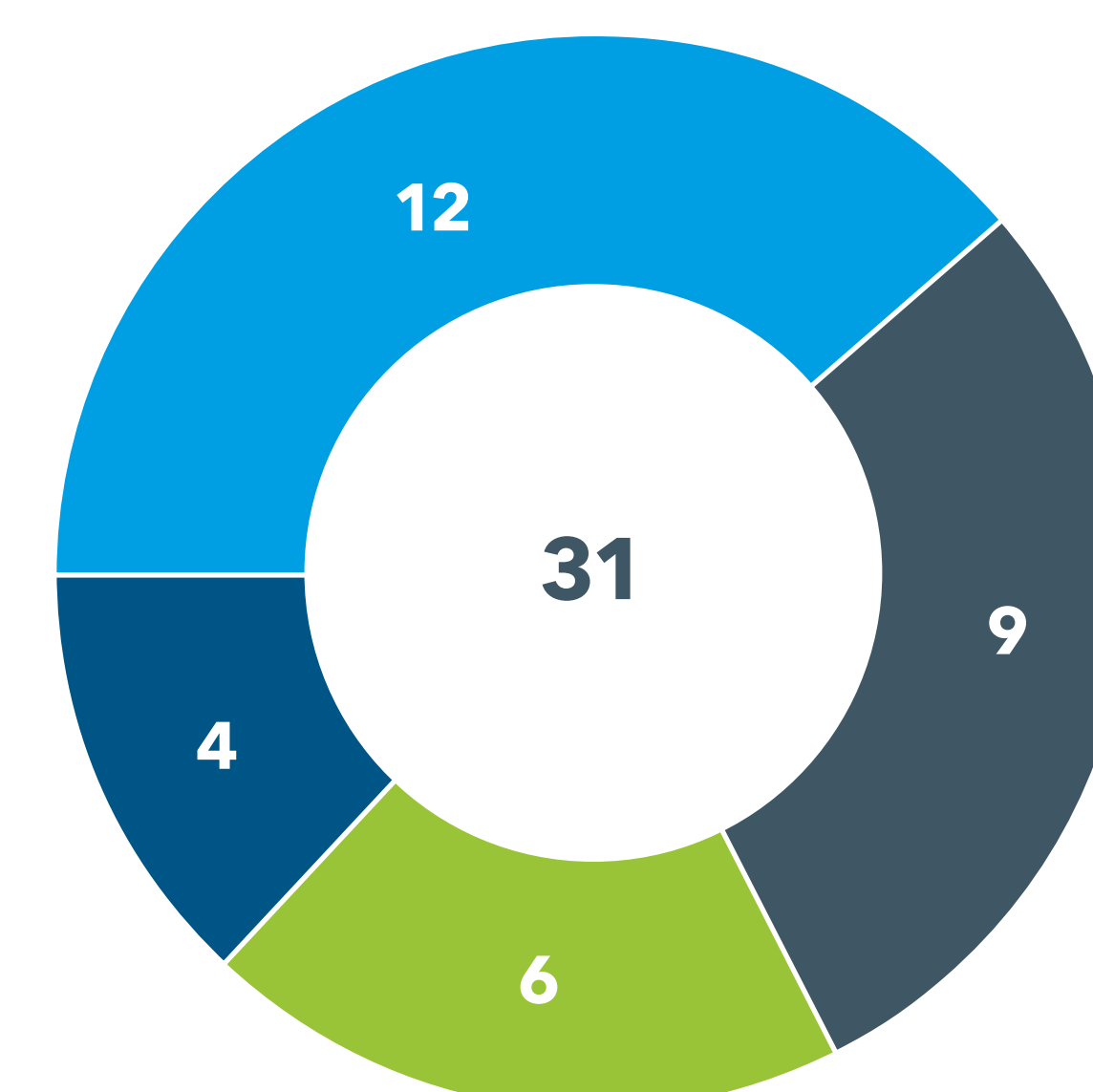


TABLE 1

Regional scores for each area of improvement

REGIONS	AREAS OF IMPROVEMENT			
	Access to innovation	Integration between territory and hospital	Offer concentration	Inter-regional mobility
Abruzzo				
Basilicata				
Calabria				
Campania				
Emilia Romagna				
Friuli Venezia Giulia				
Lazio				
Liguria				
Lombardy				
Marche				
Molise				
Piedmont & Aosta Valley*				
Puglia**				
Sardinia				
Sicily				
Tuscany				
Trentino Alto Adige				
Umbria				
Veneto				

(*) Piedmont and Aosta Valley are managed by a single Oncologic Network

(**) Data on Puglia corresponded to 2017, before the institution of the Puglia Regional Oncological Network

FIGURE 2

Overall assessment about the oncological offer among Italian Regions

