All.Can Global Summit 2022

"Taking actions: implementing efficiency in cancer care globally"

15 & 16 June 2022

Executive Summary

#AllCanGlobalSummit
#ImplementEfficiencyInCancerCare

All.Can Changing cancer care together

Contents

On 15 and 16 June, All.Can held its virtual Global Summit entitled **'Taking actions: implementing efficiency in cancer care globally"**, where important topics were discussed and concrete recommendations on ways to address cancer care inefficiencies were provided.

Part of All.Can's mission is to facilitate the exchange of knowledge and best practices, enhancing cross-country collaboration and building new partnerships around the world. And this is precisely what All.Can's 2022 summit created: a two-day virtual platform enabling discussions and best practice sharing amongst 26 panelists from around the world, including Colombia, Argentina, Mexico, Poland, Australia, Belgium and Nigeria.

The panelists exchanged around the four main themes identified in All.Can's Policy Blueprint:

Empowering & partnering with people

Investing in efficient technology

Implementing a data-driven learning system

Supporting healthcare professionals

The event was attended by over 260 participants from 40 countries across all stakeholder groups – patient organisations, healthcare professionals and clinicians, data experts, industry, and health system decision-makers – and marked the launch of its Efficiency Metrics report, produced by the Health Value Alliance in partnership with the University of Southampton, on behalf of All.Can International.

Showcasing national best practices from across the globe across these four interrelated dimensions, the summit led to concrete, replicable, actionable recommendations which can help improve efficiency in cancer care.

DAY 1

https://youtu.be/3VowKfj8bTA

Empowering & partnering with people

1. Provide communications training to all healthcare professionals, including general practitioners and family doctors, to support them in enhancing patients' health literacy by:
   - better communicating with patients, using plain and simple language
   - checking the levels of understanding patients have of the explanation they are given
2. Strengthen the role of and allocate resources to patient organisations to enable them to efficiently support patients by ensuring the supply of high-quality information regarding prevention, diagnosis and care, and healthcare systems navigation through the development of country-wide health literacy initiatives
3. Promote the dissemination of success stories of early diagnosis and successful treatment by patient organisations, to combat delayed medical consultations due to the fear of diagnosis
4. Ensure appropriate engagement of patients in the process of designing, delivering and implementing national cancer control plans
5. Develop multidisciplinary and interdisciplinary decision-making processes which include patients & families
6. Prompt industry players to develop and implement programmes which improve the diversity of clinical trials

National best practice example

Nadine Boesten,
Vrije Universiteit Brussels, Ghent University and Ghent University Hospital & All.Can Belgium

PhD researcher Nadine Boesten presented the preliminary findings of her study, which identifies the challenges and barriers to establishing efficient multi-disciplinary team meetings in oncology (MOC). MOCs are ideal settings which allow all relevant healthcare professionals involved in cancer care to discuss treatment and care options for a patient.

Current challenges include:

- Lack of structure;
- Time constraint, as time is a constant pressure for healthcare professionals given the high number of cases to be evaluated;
- Nurses are not being actively involved in discussion, which leads to important insights into patients' needs being missed.

In response to this, the OPTIMOC project, run by All.Can Belgium and developed by Vrije Universiteit Brussels, Ghent University and Ghent University Hospital, is currently testing the feasibility of two "efficiency-enhancing" toolkits for improving MOCs:

- A checklist which provides structure for these meeting, with input from nurses as main point;
- A tool to determine the complexity of cases based on a point system, allowing complex cases to be treated in priority, leaving the straight-forward ones for the end.

Investing in efficient technology

1. Create process management models which allow for a precise division and coordination of tasks between individual entities to help optimise diagnosis and treatment of cancer in healthcare facilities
2. Empower international stakeholders to share best practices and promote collaboration across regional healthcare settings to translate successful experiences into regional actions (for example, leverage All.Can Efficiency Hub examples that drive efficiencies across the care pathway and replicate these best practices across healthcare settings)
3. Adopt intelligence based decision-making tools to support clinicians in choosing best treatment options
4. Promote the digitalisation of the cancer care continuum, allowing for the decentralisation of cancer care, by:
   - Moving towards roles that are closer to home care settings
   - Securing the sustainability and scalability of digital/telehealth advances gained during the pandemic, such as digital and remote patient monitoring
   - Ensuring that appropriate pathways are in place to enable this (regulatory, reimbursement, policy, data availability)
5. Ensure that obsolete scientific interventions are replaced by more efficient scientific advances (e.g. whether on the diagnosis, clinical decision, patient monitoring or drug administration)
6. Promote the development of national cancer control plans in underdeveloped countries to allow oncological facility sharing throughout the country
7. Employ technologies to provide patients access to their own medical records in real time

National best practice example

Prof Rafal Matkowski,
Head of Department of Oncology Surgical Oncology and Breast Unit, Wroclaw Medical University and Lower Silesian Oncology, Pulmonology and Haematology Center; All.Can Poland

Dr Matkowski showcased a project implemented at the Breast Unit in Lower Silesian Oncology, Pulmonology and Haematology Center in Poland, aiming to develop and document the implementation of standard methods for the diagnosis and treatment of breast cancer therapy, going beyond the generally available studies.
A common problem is the precise division and coordination of tasks between individual entities within the care system and within a hospital. The condition for introducing comprehensive and coordinated oncological care is not only the development of modern methods of cancer treatment, but the efficient organisation of the entire diagnostic and therapeutic process, above all.
This project offers a process management model which helps optimise diagnosis and treatment of cancer in healthcare facilities and which can be replicated worldwide, with appropriate tailoring, to reflect the specific needs of the region/care unit.
Projects like this illustrate the importance of finding new approaches when it comes to creating efficiency in cancer care.

DAY 2

https://youtu.be/HqqYF8oVC6U

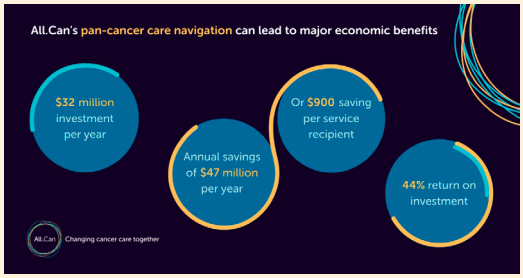
Implementing a data-driven learning system

1. Validate, support and promote the use of the Efficiency Metrics study across stakeholders groups (policy, advocacy, industry and healthcare professionals)
2. Promote the systematic collection of patient-reported outcome measures (PROMs) in routine clinical care to assess healthcare services according to what matters to patients and as a tool to measure cancer care efficiencies and health inequalities
3. Think collectively on defining an overarching digital health strategy which addresses issues related to data governance, privacy and interoperability
4. Ensure equal access to data, for patients and about patients, through the development of cancer navigator models and the availability of patients' medical records in real time
5. Adopt methods to sort through the available data, by identifying what is relevant for improved outcomes both from a clinical and patient point of view

National best practice example

Bill Petch,
Co-Chair of the Steering Committee, All.Can Australia

Bill Petch showcased another great example of a locally developed and implemented project, All.Can Australia's Cancer Care Navigation Journey, that can be adapted and replicated in other countries.
The project was developed to support patients at each step of the patient journey and connect them with the resources available within the healthcare system.
This process can only be done with accuracy using a technological platform which efficiently collects data from both the patient and the health system.
A crucial step in successfully implementing a model like the navigator is involving the patient in the collection of data, and explaining the rationale behind it, from the onset.
Once they understand why their data is important and what this means for them, they feel truly empowered, are kept engaged and are more willing to help.



Supporting healthcare professionals

1. Establish processes and assessment models which:
   - enhance and promote multidisciplinary, patient-centred collaboration
   - provide structure and allow prioritisation in multi-disciplinary oncology team meetings
   - include all healthcare professional perspectives, including nurses
2. Incentivise healthcare professionals to participate in these digital health services as an opportunity for professional growth
3. Enable regional pooling of resources, including skills, facilities, standards, within centrally coordinated regional networks that will make highly specialised professionals available for multiple sites
4. Ensure psychological support for cancer care professionals
5. Develop and enable cancer care training for all healthcare professionals, and ensure oncological education curricula reflect the realities of the ever-changing care environment
6. Promoting interprofessional practice to remove silos between healthcare professionals and enhance the quality and safety of cancer care provision, and developing digital support platforms which connect them with specialists
7. Map the number of healthcare professionals involved in the cancer patient journey

National best practice example

Dr Omolola Salako,
Founder of Oncopadi; Co-Founder of Pearl Oncology Clinic Lekki, Nigeria

Dr Salako showcased the extraordinary work of Oncopadi, a digital application created to address the shortage of clinical oncologists in a country where cancer patients do not have access to specialist care in certain regions, a situation worsened by the Covid crisis. There are 82 clinical oncologists in Nigeria for a population of 200 million. Hence, the use of technology is critical.
The app model developed by Dr Salako's team allocates dedicated time for clinical oncologists to care for patients located in areas where specialist care is not available, via the development of virtual tumor board teams and virtual cancer care programmes.

The app works in two parts: on one hand, clinical oncologists work very closely with colleagues to define the appropriate care options and to complete the cancer care team in those underserved hospitals; on the other, patients are invited to meet the specialists in the medical hubs which have been created.
As an additional benefit, Oncopadi provides patients access to their own medical records in real time, on the app.
As closing remark, Dr Salako encouraged healthcare professionals to participate in digital services as an alternative approach for professional development.

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AllCan International

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