All.Can

Changing cancer care together

Making cancer care more efficient – What role can different stakeholders play?

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All.Can is a multi-stakeholder initiative involving patient, clinical, academic and industry experts as well as policymakers. We aim to help define better solutions for sustainable cancer care and improve patient outcomes in the future. The All.Can initiative is made possible with financial support from Bristol-Myers Squibb (lead sponsor), Amgen and MSD (co-sponsors).

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Part 1: Introduction and welcome

What is meant by waste and inefficiency in cancer care?

Vivek Muthu, *Director of Marivek Ltd. and Member of All.Can*

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Part 2: What do patients say matters most?

First findings from the All.Can literature review on waste and inefficiency in cancer care

Kathy Oliver, *Founding Co-Director and Chair of the International Brain Tumour Alliance, and Member of All.Can*

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Emerging themes from the literature review

For patients, waste and inefficiency manifest themselves as:

1. Delays and time wasted
2. Poor communication and limited information
3. Overuse, underuse and inappropriate treatments
4. Disconnect between patients' needs and care given
5. Under-use, over-use and inappropriate care
6. Fragmentation of care, and lack of follow-up
7. Inadequate consideration for health literacy
8. Insufficient use of data to inform and improve care.

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Possible solutions:

Surgery fast-track pathway in pancreatic cancer treatment at University Hospitals Birmingham (UHB) NHS Trust

Problem:

- Patients with pancreatic cancer often present with jaundice, which must be treated before surgery. Delays in surgery can reduce the possibility of tumour resection because of tumour growth or metastasis, and in some cases tumours become inoperable.

Solution:

- A fast-track surgery pathway was introduced to refer patients for diagnosis and potential surgery before jaundice occurs. A clinical nurse specialist facilitates this pathway.

Results:

- Decrease in average waiting times from CT scan to surgery from 65 days to 16 days
- More patients now able to undergo surgery, which is the only potentially curative treatment for pancreatic cancer
- £3,200 saved per patient, mainly due to lack of preoperative costs

Project lead: *Mr Keith Roberts, Consultant Hepatobiliary and Pancreatic surgeon, University Hospitals Birmingham (UHB) NHS Trust. Pancreatic Cancer UK provided a grant for this pilot.*

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First findings:

Poor communication and limited information

Patients not always aware of benefits and risks of interventions

- A study of public perceptions on the benefits from breast and prostate cancer screening in nine European countries found that:
  - 92% of women overestimated the benefits of mammography screening tests, or did not know the benefits
  - 89% of men overestimated the benefits of PSA screening, or did not know the benefits.[1]

[1]Gigerenzer G, Mata J, Frank R. 2009. Public Knowledge and Benefits of Breast and Prostate Cancer Screening in Europe. J Natl Cancer Inst 2009;101:1216–1220.

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Possible solutions:

The PROCHE programme: more efficient chemotherapy delivery through better use of patient data

Problem:

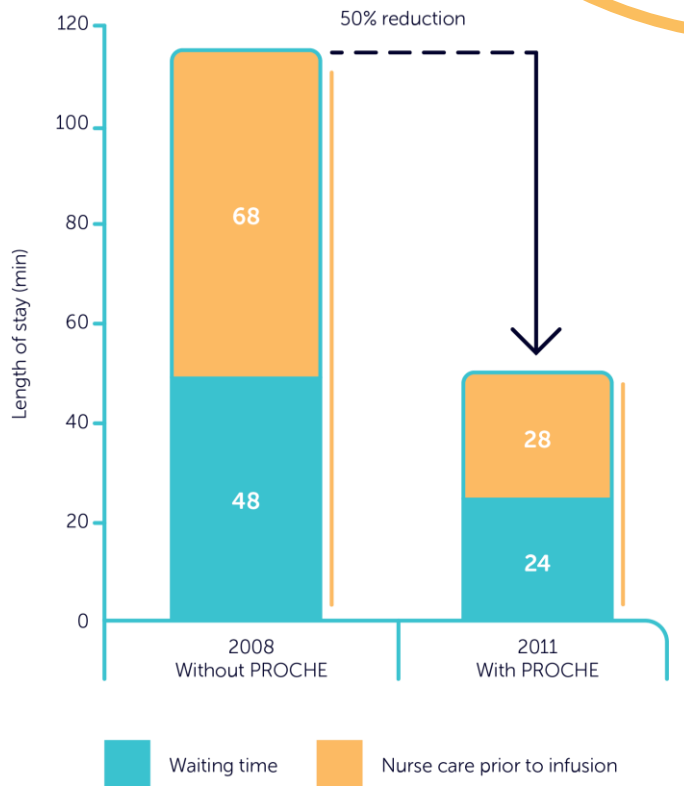
- Patients are usually only asked about side-effects when they arrive at their chemo appointments. This may result in having to modify or postpone treatment, causing delays and wasted drugs.

Solution:

- At the George Pompidou Hospital in Paris, a nurse calls patients two days ahead of the chemo appointment to ask about the latest side effects, and adjusts treatment plans accordingly.

Results:

- Treatment delays reduced by half
- Patients report less pain and fatigue
- More patients treated per day
- Fewer drugs wasted



Adapted from: *A practical approach to improve safety and management in chemotherapy units based on the PROCHE - programme for optimisation of the chemotherapy network monitoring program (2013)*

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First findings:

Disconnect between patients' needs and care given

Communicating about pain – still a long way to go:

- A study in Norway, Holland, Italy and Canada found that:
  - The risk of pain is often not discussed with patients[1]
  - Pain assessment tools are not widely used.
- 1 in 3 patients don't receive pain medication appropriate to their pain level[2]

[1]BPujade-Lauraine et al. 2014. Bevacizumab Combined With Chemotherapy for Platinum-Resistant Recurrent Ovarian Cancer: The AURELIA Open-Label Randomized Phase III Trial. Journal of Clinical Oncology 32, no. 13, 1302-1308.
[2] Cancer world. 2017. Pain! The Denial needs to end. Available from: http://cancerworld.net/cover-story/pain-the-denial-needs-to-end/

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Possible solutions:

Adapting care to paediatric patients – MRI scans

Problem:

- Around 80% of paediatric patients need sedation for imaging tests. Scans must be rescheduled if unable to provide sedation.

Solution:

- One manufacturer painted imaging machines with child-friendly themes. This low-tech innovation changed paediatric patients' perception of the tests.

Results:

- Fewer children needing sedation
- More patients scanned per day
- Overall patient satisfaction scores up by 90%

Image source: the Eye, Slate's design blog. www.slate.com/blogs/the_eye/2013/10/18/creative_confidence_a_new_book_from_ideo _s_tom_and_david_kelley.html

Image source: http://medcitynews.com/2012/04/what-do-coral-reefs-have-to-do-with-your-childs-ct-scan-just-ask-ge-healthcare/

[1]Kelley T, Kelley D. Kids Were Terrified of Getting MRIs. Then One Man Figured Out a Better Way. 2013. Available from: http://www.slate.com/blogs/the_eye/2013/10/18/creative_confidence_a_new_book_from_ideo_s_tom_and_david_kelley.html.

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First findings:

Fragmentation of care, and lack of follow-up

Poor coordination between different hospitals or settings

- Over €7.2 billion could be saved in Germany every year through better coordination of care leading to reduced hospital admissions.[1]

Lack of follow-up after 'active' treatment phase

- A survey of oncologists in Italy on breast and colorectal cancer follow-up found that a survivorship plan was only delivered to 9% of breast and colorectal cancer patients on discharge.[2]

[1]Sundmacher L, et al. Krankenhausaufenthalte infolge ambulant-sensitiver Diagnosen in Deutschland. In: Munich L, ed., 2015.
[2]Clinical and Organizational Issues in the Management of Surviving Breast and Colorectal Cancer Patients: Attitudes and Feelings of Medical Oncologists. PLOS ONE, 9(7), page 1-8.

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Possible solutions:

Web-based follow-up care for lung cancer patients

Problem:

- Usually, the follow-up of lung cancer patients involves frequent tests following a fixed schedule, exposing them to potentially unnecessary radiation and possibly unnecessary costs.

Solution:

- An international study explored an app-based follow-up system where patients self-report symptoms weekly, either on their own or through their caregivers. The app used an algorithm to determine which patients needed to be called in for imaging tests.

Result:

- Patients with late-stage lung cancer using a web follow-up system had longer survival and better quality of life than patients receiving standard imaging tests as part of their follow-up.
- Patients only received tests when deemed necessary.

Source: American Society of Clinical Oncology. Mobile-Friendly Web Application Extends Lung Cancer Survival, 2016.

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Some concluding thoughts…

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The future: harnessing the potential of data to improve cancer care

From a patient's perspective, the key question is: how can we best exploit data to improve the quality of care and access to innovation?

Possible solutions:

- More focus on patient experience and outcomes measures rather than 'traditional' clinical outcomes
- Using real-world data to understand the impact of new interventions in practice
- Artificial intelligence to aid decision-making and personalise care solutions
- Data collected and used to drive a continuous cycle of improvement in patient care

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Concluding thoughts…

Waste is not just money, but time, quality of life and missed opportunities for patients and their families.

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Part 3: Working together to put solutions into practice – what can different stakeholders do?

Working group discussions at tables

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Try wearing a different hat…

Table 1: Patients and caregivers
Moderator: *Kathy Oliver*

Table 2: Healthcare professionals
Moderator: *Birgit Beger*

Table 3: Biomedical science industry
Moderator: *Deepak Khanna*

Table 4: Payers
Moderator: *Titta Rosvall-Puplett*

Table 5: Academia and research
Moderator: *Tit Albreht*

Table 6: Policymakers
Moderator: *Wendy Yared*

Table 7: Non-biomedical industry
Moderator: *Suzanne Wait*

Table 8: Healthcare managers
Moderator: *Vivek Muthu*

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Try wearing a different hat…

Questions for discussion:

- What can you do to improve efficiency and outcomes?
- What may be some of the barriers to achieving this?
- What do you need from other stakeholder groups to help achieve this?

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Break

Help yourself to coffee and tea!

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Part 4: How can we improve efficiency and foster innovation in cancer care?

Speaker presentations

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We will hear from the following speakers

1. **Kathy Oliver**
   founding Co-Director and Chair, International Brain Tumour Alliance (IBTA), and Member of All.Can
2. **Birgit Beger**
   CEO of European CanCer Organisation (ECCO), and Member of All.Can
3. **Deepak Khanna**
   Senior Vice President and Regional President EMEAC, MSD Oncology
4. **Tit Albreht**
   Head of the Centre for Health Care, National Institute of Public Health, Slovenia, and Member of All.Can
5. **Wendy Yared**
   Director of the Association of European Cancer Leagues, and Member of All.Can

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Part 5: Committing to change – the way forward

Whom do we need to involve to change things?

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Thank you for your attention!

Contact: *secretariat@all-can.org*

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