New ways of the management of the care cancer services

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- Epidemiological data
- Major problems in cancer care
- Facing the challenges
- Implications for managing
- Some reflections
Increase in new cancer cases (and % of increase) between 2008 vs. 2020. European regions

All sites excluding non-melanoma skin cancer

### Males

- **Europe**: $(2,023,969)$ cases, % increase (cases 2020) $(150,002)$
- **Spain**: $(299,334)$ cases
- **Northern Europe**: $(475,672)$ cases
- **Southern Europe**: $(547,409)$ cases
- **Central-Eastern Europe**: $(698,813)$ cases

### Females

- **Europe**: $(1,660,214)$ cases, % increase (cases 2020) $(92,140)$
- **Spain**: $(262,457)$ cases
- **Northern Europe**: $(361,330)$ cases
- **Southern Europe**: $(518,231)$ cases
- **Central-Eastern Europe**: $(526,310)$ cases

### Percentage of population aged 65 or older

<table>
<thead>
<tr>
<th>Country</th>
<th>1995</th>
<th>2005</th>
<th>ESTIMATED 2050</th>
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</tbody>
</table>

Source: Eurostat, 2006
Most frequent cancers in Europe –2008: Males

Prostate
Lung
Colorectum
Bladder
Stomach
Kidney
Non-Hodgkin lymphoma
Leukaemia
Pancreas
Lip, oral cavity

ASR(W)

Incidence
Mortality

Most frequent cancers in Europe – 2008: Females

European differences in survival: Breast and Colorectal cancer

**Colorectal**

- Denmark
- Finland
- Iceland
- Norway
- Sweden
- Ireland
- UK England
- UK Northern Ireland
- UK Scotland
- UK Wales
- Austria
- Belgium
- France
- Germany
- Netherlands
- Switzerland
- Italy
- Malta
- Portugal
- Slovenia
- Spain
- Czech Republic
- Poland
- European mean

**Breast**

- Denmark
- Finland
- Iceland
- Norway
- Sweden
- Ireland
- UK England
- UK Northern Ireland
- UK Scotland
- UK Wales
- Austria
- Belgium
- France
- Germany
- Netherlands
- Switzerland
- Italy
- Malta
- Portugal
- Slovenia
- Spain
- Czech Republic
- Poland
- European mean

**SOURCE:** Berrino F et al. Lancet Oncol 2007: 8: 773-783
Major problems in cancer care

1. Cancer incidence is rising:
   - ↑population and aging
   - Changes in lifestyle: smoking,
     overweight - obesity, lack of exercise

2. Increase of long-term survivorship in frequent tumours

3. Increasing costs:
   - New cancer drugs
   - Radiotherapy equipment

4. Continuous innovation:
   - New molecular targets (biomarkers)
   - Diagnosis and treatment procedures

High volume of population with a history of cancer

Economic impact
Major problems in cancer care

5. Complexity in clinical decision making process
6. Organizational complexity (professionals, levels of care)
7. Variability in cancer care organization in and among the EU countries

Consequences in quality cancer care
Variability in outcomes: survivorship (Eurocare 4)

The available evidence allows us to improve the process and the clinical results in cancer care
The basis for action: an integrated cancer plan

- Primary prevention and screening programmes
- Rapid access to diagnosis and multidisciplinary care
- Focus on patient needs and inclusion of their preferences in their management
- Coordination of cancer care throughout the process of care
- Concentration of diagnostic and therapeutic procedures of low frequency or high complexity in services with adequate case load
Lisbon Roundtable conclusions, 2007

The basis for action: an integrated cancer plan

- Adequate management of patients’ quality of life and provision of psychosocial care services
- Use of existing treatment guidelines
- Involvement of cancer patient organizations in strategic development and evaluation of the plan
- Evaluation of cancer outcomes
- Ensure support for research and training of health care professionals
Facing the challenges: key-drivers

- Equity: access vs better results

- Quality and safety:
  - Patient-centred organization
  - Multidisciplinary
  - Evidence-based
  - Knowledge application

- Effectiveness and efficiency: Coordination
  - Proper assistance
  - To the adequate patient
  - At the precise moment
  - A sustainable cost

- Evaluation
  - Continuous improvement
Organization

Beyond each healthcare centres

Cancer networks

Knowledge distribution where and when needed

Fig. 1 - Centralized, Decentralized and Distributed Networks
Information technologies

- New circulation of knowledge
- Influences in relationships between professionals
- Influences on interaction patient-healthcare:
  - Interactive access to clinical history
  - New settings for cancer services: Telemedicine
- Allows availability data tailored by users
  - Clinical professionals
  - Patients
  - Managers

360° cancer care
Implications for patients

- More integrated cancer care:
  - Coherence of services experienced by patients
  - Better health outcomes

- Increase the empowerment:
  - Decisions
  - Self-care
  - More co-responsibility
Implications for professionals

- From individual roles to multidisciplinary teams to networks

- Commitment with clinical results

- Different distribution of the tasks and services:
  - Professional to professional
  - Professional-Patient: Different cancer care settings
    - Remote: e-mail, phone, telemedicine
    - Face to face

- Clinical management involved:
  - Effectiveness
  - Affordable
  - Accountability

Talent
Competence
Skills
Implications for managing

- From healthcare centres to Cancer Networks
  - Alliances between stakeholders and providers for cancer care
  - Co-responsibilities on outcomes

- From Human Resources policy to knowledge availability
  - New designs for work agendas (remote and live)
  - New professional roles
  - A source of innovation
  - Promoting self-management at a professional level. Coaches
  - Professional involvement and responsibilities on clinical outcomes
  - Rewarding by achievement policies

- Innovation transfer into practice
  - Reducing gaps

- Strategic Planning
  - From 10 years to 4-5 years

- Strategic Investment
  - Evidence-based

New competences
New profiles
Some reflections....

- Apply all evidence-based knowledge to improve clinical results in cancer care:
  - Overcome organizational barriers
  - Reduce gaps

- Manage the dynamic and uncertain environment:
  - Plan strategic scenarios
  - Decision making evidence-based

- Prepare new roles at professional and management level: new profiles in cancer care

- Overcome the “property feelings” on information:
  - Share, compare, improve