



MALTA EU 2017



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Enhancing the value of cancer care through a more appropriate use of healthcare interventions

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The problem....

- ▶ Part of health care spending could be eliminated without reducing quality of care
- ▶ Resources are wasted in the delivery of health care

The different forms of Low value care

- a) interventions which are harmful and/or ineffective/non beneficial, according to the available evidence;
- b) interventions whose effectiveness or clinical value is very low, according to the available evidence;
- c) interventions known to be effective or of relevant clinical value, but which are at high risk of inappropriate use (i.e. they should be used selectively, only specific clinical indications);
- d) interventions known to be effective, but for whom better alternative exist, providing better value for their costs (i.e. they are not cost-effective).

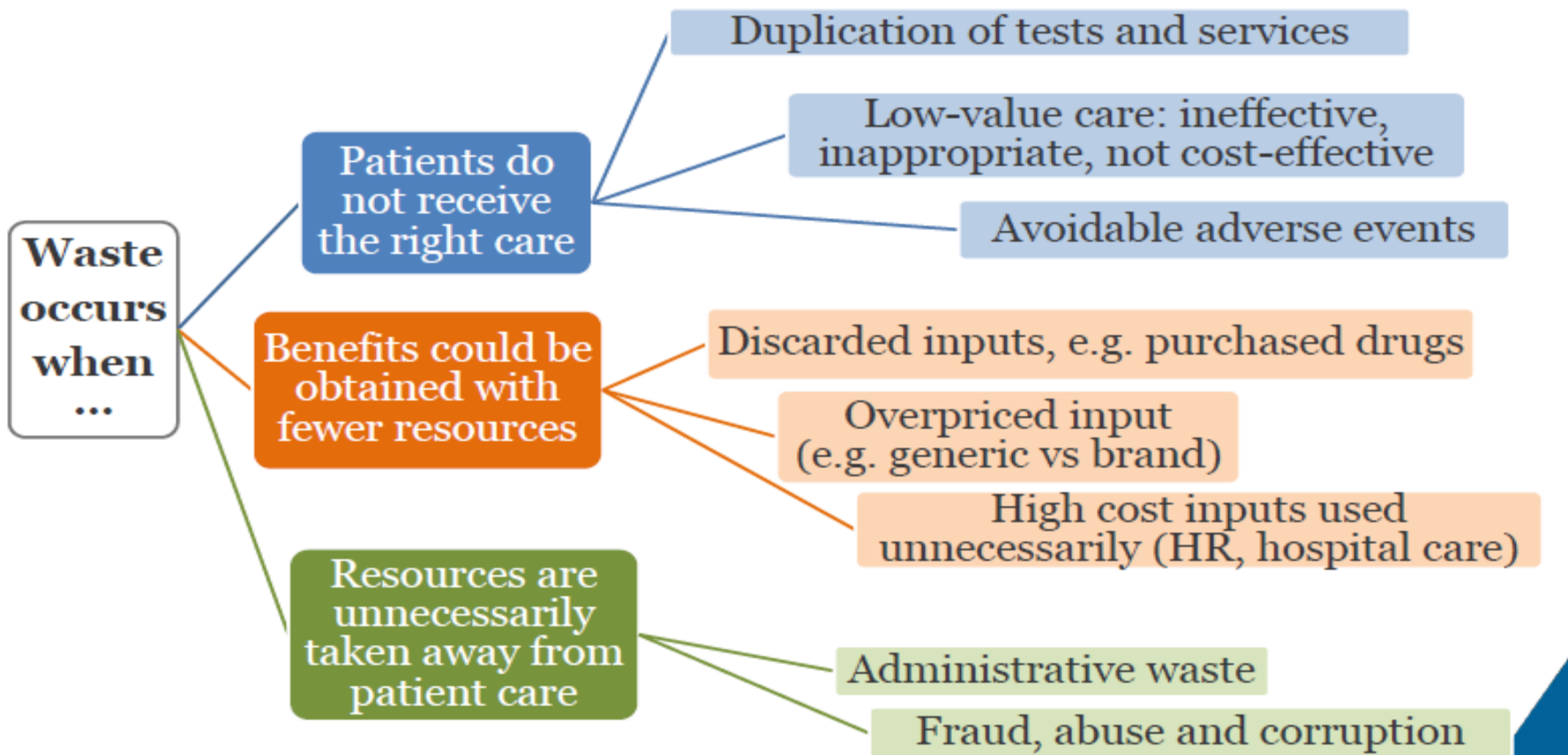
The assumption....

- ▶ **Elimination of waste, will allow the opportunity to reallocate resources to sustain the delivery of effective interventions and innovations**

Delivering affordable cancer care in high-income countries

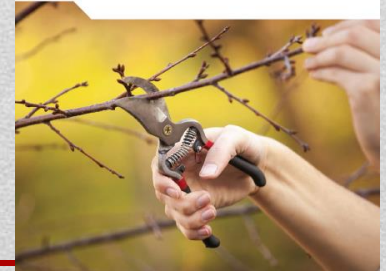
Richard Sullivan, Jeffrey Peppercorn, Karol Sikora, John Zalcberg, Neal J Meropol, Eitan Amir, David Khayat, Peter Boyle, Philippe Autier, Ian F Tannock, Tito Fojo, Jim Siderov, Steve Williamson, Silvia Camporesi, J Gordon McVie, Arnie D Purushotham, Peter Naredi, Alexander Eggermont, Murray F Brennan, Michael L Steinberg, Mark De Ridder, Susan A McCloskey, Dirk Verellen, Terence Roberts, Guy Storme, Rodney J Hicks, Peter J Eli, Bradford R Hirsch, David P Carbone, Kevin A Schulman, Paul Catchpole, David Taylor, Jan Geissler, Nancy G Brinker, David Meltzer, David Kerr, Matti Aapro

The burden of cancer is growing, and the disease is becoming a major economic expenditure for all developed countries. In 2008, the worldwide cost of cancer due to premature death and disability (not including direct medical costs) was estimated to be US\$895 billion. This is not simply due to an increase in absolute numbers, but also the rate of increase of expenditure on cancer. What are the drivers and solutions to the so-called cancer-cost curve in developed countries? How are we going to afford to deliver high quality and equitable care? Here, expert opinion from health-care professionals, policy makers, and cancer survivors has been gathered to address the barriers and solutions to delivering affordable cancer care. Although many of the drivers and themes are specific to a particular field—eg, the huge development costs for cancer medicines—there is strong concordance running through each contribution. Several drivers of cost, such as over-use, rapid expansion, and shortening life cycles of cancer technologies (such as medicines and imaging modalities), and the lack of suitable clinical research and integrated health economic studies, have converged with more defensive medical practice, a less informed regulatory system, a lack of evidence-based sociopolitical debate, and a declining degree of fairness for all patients with cancer. Urgent solutions range from re-engineering of the macroeconomic basis of cancer costs (eg, value-based approaches to bend the cost curve and allow cost-saving technologies), greater education of policy makers, and an informed and transparent regulatory system. A radical shift in cancer policy is also required. Political toleration of unfairness in access to affordable cancer treatment is unacceptable. The cancer profession and industry should take responsibility and not accept a substandard evidence base and an ethos of very small benefit at whatever cost; rather, we need delivery of fair prices and real value from new technologies.



OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris.

URL: oe.cd/tackling-wasteful-spending-on-health



Addressing overuse and underuse around the world

From universal health coverage to right care for health

Avoiding overuse—the next quality frontier

The Lancet «Right Care» series

Tackling the problem of low value care

- ▶ An increasing number of initiatives from government agencies, research institutions, professional bodies
- ▶ De-listing, de-implementation, de-adoption, disinvestment for reallocation, “choosing wisely campaigns”

Disinvestment for reallocation

- The process of (partially or completely) withdrawing resources from any existing health practices, procedures, technologies or pharmaceuticals that are deemed to deliver little or no health gain for their cost, and thus are not efficient health resources allocation

The policy document: The goal

- To provide policy makers a general guidance on issues worth considering and aspects to be taken into account when designing policies aimed at identifying and eliminating/reducing low value care for cancer patients

The themes

- ▶ Key issues to be considered in policy framing
- ▶ Methodological issues
- ▶ Implementation
- ▶ International collaboration
- ▶ Research
- ▶ Patient engagement

Theme: key issues in policy framing

- ▶ Policies should be framed emphasizing the goal of enhancing quality of care, rather than reducing health care costs.
- ▶ Withdrawing (totally or partially) resources from low-value or inappropriate care should be linked to sustaining patient's access to good quality of care, addressing both the issue of underuse of already existing valuable interventions, and access to innovations whose actual value has been properly assessed.

Theme: key issues in policy framing

- ▶ The policy process should include proper consideration and analysis of the views and interests of health professionals and patients, as well as of the contextual factors relevant to the decision of withdrawing support to a particular interventions
- ▶ The need of reducing patient's risk to be exposed to low value care is increasingly acknowledged by health professionals' organisations. Every effort should be made to foster collaboration and partnership between government institutions, health professional organisations, and patient's associations.

Theme: methodological issues

- ▶ Research evidence on safety, effectiveness, and cost-effectiveness of health care interventions should play a key role in the identification process of low value care
- ▶ The complexity of the scientific techniques and methodologies to be used in identifying low value care and assess its prevalence in clinical practice should be fully acknowledged, assuring that the effort undertaken is well equipped with adequate resources and the necessary multidisciplinary skills and competencies
- ▶ Priorities should be explicitly set among the many possible low value items of care to be targeted

Theme: Implementation

- Drivers of overuse
 - Physician – patient relationship
 - Unawareness of the evidence available
 - Defensive medicine
 - Economic incentives

The Lancet Oncology Commission

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Theme: Implementation

- ▶ Eliminating/reducing the use of low value care implies major changes in clinical practice. Therefore implementation of the policy decisions made should rely on properly designed strategies, taking into account the main determinants of the targeted utilisation patterns.
- ▶ Implementation efforts undertaken at a system level could consider the options offered by the adoption of audit & feedback mechanisms, by the use of policies rewarding health providers for the quality of care delivered, by reliance on mass media to gain public support

Theme: International collaboration

- ▶ It is important to foster collaboration among health care systems on policies aimed at contrasting the delivery of low value care, as the problems and challenges to be faced in individual countries are to a large extent common. Sharing experiences among at the international level will help in reaching a common framework and taxonomy for these policy initiatives, a common methodological approach at the identification of low value interventions, and will minimise the risk of redundancies and duplication of efforts

Theme: Research

- ▶ Research addressing the several implications of the process of identifying and eliminating/reducing low value care should be actively promoted and supported.

Theme: Patient engagement

- ▶ Every effort should be made to assure that patients' voices are heard through the whole policy process, and the latter is designed to allow their contribution to the identification and removal of low value care