

Cancon Policy Brief 3

This is a summary of Cancon Policy paper #3 *Enhancing the Value of Cancer Care Through a More Appropriate Use of Healthcare Interventions*. You can find the full versions at www.cancercontrol.eu

Enhancing value of interventions in cancer care

Cancon's third policy paper deals with the reallocation of resources for greater care and cost efficacy in cancer care. **Roberto Grilli** coordinated this work. Other participants were **J. Espin**, **F. Florindi** and **F. De Lorenzo**.

- reducing waste through a more suitable use of health care practices.

By waste we mean health care spending that could be reduced or eliminated without jeopardizing in anyway quality of care. In clinical practice, waste may occur through the delivery of low value care, that is interventions doing more harm than good to individual patients. Or through interventions which are potentially effective and clinically useful, but are used inappropriately.

Overview

The aim is to make better use of resources by

- Withdrawing support from low-value oncologic care; if large enough, resources could be reallocated to sustain innovation;; and
- Reassigning or reallocating them to those areas where they can be used to support the delivery of more effective and clinically useful interventions .

“Disinvestment for reallocation” is how initiatives aimed at identifying and reducing/eliminating low value care are frequently denominated, “de-listing” or “de-implementation” being other possible definitions.

1. Issues to be considered in developing policies aimed at reducing low value care

Withdrawing support from health care interventions of low clinical value but nevertheless commonly used in clinical practice can be a hard to tackle and sensitive issue. There is the risk that these initiatives are misinterpreted as an attempt at merely reducing health care expenditures, rather than an effort aimed at improving quality of care, either through the elimination of intervention not providing any tangible benefit to patients, or through a more selective use of those used inappropriately.

Therefore policies should be framed in such a way as to make clear their goal is not to reduce the resources allocated to cancer care, but to make their use more effective and efficient. This is crucial also to gain support from health professionals, patients and citizens.

Therefore, achieving a more rational use of health services in clinical practice is not an economic problem alone. It is also a quality of care problem, concerning how to ensure that individual patients access the most appropriate care option to meet their needs.

Recommendations

1: Policies aimed at reducing low-value care should be appropriately framed, emphasizing the goal of enhancing quality of care, rather than merely reducing healthcare costs.

2: Withdrawing (totally or partially) resources from low-value or inappropriate cancer care should be linked to sustaining patient access to good quality care, addressing the underuse of existing valuable interventions and access to innovations whose actual clinical value has been properly assessed;

3: The process should include proper consideration and analysis of the views and interests of health professionals and cancer patients, as well as of other contextual factors relevant to the decision to withdraw support for a particular intervention.

4: The need to reduce patients' risk of exposure to low-value care is increasingly acknowledged by organisations of health professionals. Every effort should be made to foster collaboration and partnership between initiatives sharing these goals, among institutions, health professionals and patient associations.

2. Methodology

Most courses of action undertaken on disinvestment for reallocation policies so far have relied on Program Budgeting Marginal Analysis (PBMA) or on the health technology assessment (HTA) approach. From a policy-making perspective, whatever the methodology adopted, the process will benefit from being sustained by multiple sources of information. This includes

- Research information on safety, effectiveness, and cost-effectiveness of healthcare interventions
- Acknowledge limitations of research where applicable
- Disinvestment efforts should be focused, prioritizing improvements to patients and resource retrieval
- methodological process should include an assessment of whether policy decisions discriminate against any disadvantaged or vulnerable group.
- Need to take account of range of competencies required at the different stages from multiple disciplines.

Recommendations

5: Research evidence on the safety, effectiveness and cost-effectiveness of healthcare interventions should have a pivotal role in the decision making process.

6: The complexity of the scientific techniques and methodologies to be used in support of the policy process should be fully acknowledged, assuring that adequate resources and skills are provided to make the overall attempt at identifying low-value interventions feasible and successful.

7: Multiple sources of information should be used to identify low-value interventions and to assess their actual use in clinical practice. Priority to those where disinvesting totally or partially is likely to provide the highest return in terms of benefit for patients and/or reduction in wasted resources for the system.

3. Implementation

In general, the implementation of policies aimed at reducing low-value care can represent a complete withdrawal of funding (delisting) for interventions when they have been shown to be clearly ineffective and/or harmful.

Recommendations

8: Implementation strategies aimed at stopping or reducing the use of low-value interventions should consider the contextual factors that favour or hamper the desired changes. Implementation initiatives undertaken at a system level could consider the options offered by the use of audit and feedback mechanisms, the cautious use of incentives, and use of mass media campaigns.

4. International collaboration

Cross-border cooperation is needed to reduce low value care. While there may be differences between countries in terms of the health policy context, administration, organisation of services, and values, the problems to be addressed can be surprisingly similar and common.

Recommendations

9: It is important to foster collaboration among health systems, given the similarity of problems and challenges faced by individual countries, despite differences in policy and social context, administration, and the organisation of services. Sharing experiences between countries will help to reach a common framework and taxonomy for these policy initiatives. It will support a common methodological approach to the identification of low-value interventions and will offer the opportunity to avoid redundancies and duplications in the scientific and technical aspects of the process.

5. The need for policy-relevant research

A shared research agenda would be a good outcome of international collaboration. Research could address the design, conduct and impact of policy initiatives, plus their scientific credibility and feasibility.

Recommendations

10: Research that addresses the methods, implications and effects of reducing low-value cancer care should be promoted and supported. Health policies are in need of good quality research that sheds light on health services overuse and its multiple determinants.

6. Engaging patients

To ensure the meaningful contribution of patients, it is necessary to consider the following factors:

- Appropriateness of treatment versus disinvestment policies
Contrasting inappropriateness and overuse in clinical practice should contribute to increase patients' access to quality treatments. Disinvestment must improve the capacity of health systems to treat patients in a given country, rather than simply improve outcomes in few cancer centres.
- Engaging in a public debate on disinvestment to inform citizens;
To ensure the success of disinvestment for reallocation policies, it is necessary to create public engagement and awareness that allows patients and civil society to both understand and endorse the decisions related to disinvestment. This step is crucial to obtain a general consensus on the necessity of disinvestment, therefore paving the way for implementation.
- Involvement of patients in all of the steps of health technology assessment
Expert patients and their representatives should be involved in the process of health technology assessment to embed the patient point of view before disinvestment strategies are put in place. Increasing patients' familiarity with HTA is a pre-requisite for ensuring that patients can meaningfully contribute to the debate on disinvestment.
- Disinvestment's final aim: making room for innovation.
Innovation in cancer care must aim to resolve existing inequalities, not increase the divide between EU countries/regions or within the same country. European health systems must find sustainable

ways to fund access to innovation. Cancer patients must have a role in evaluating which innovations are most meaningful, by being equal partners in the health technology assessment process and in defining disinvestment priorities.

Recommendations

11: Every effort should be made to assure patient participation in the process of identification and removal of low-value and inappropriate cancer care.