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Cancer Control Joint Action

”European Guide on Quality Improvement in Comprehensive Cancer Control”



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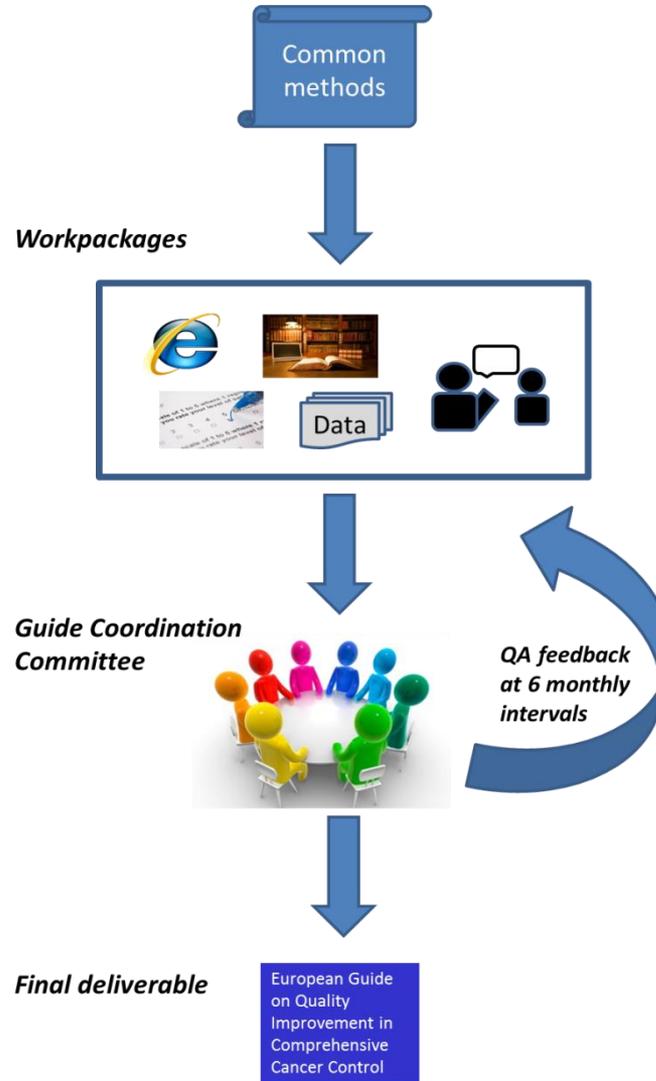
Marc Van den Bulcke | La Valetta, Malta 14 February 2017



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- WP6: Integrated cancer control
'The case for Comprehensive Cancer Care Network (CCCN)'
- WP7: Community-level cancer care
'EU policy recommendations for quality improvement in cancer after-care at the community level'
- WP8: Survivorship and rehabilitation
'Policy recommendations for quality improvement in cancer in cancer survivorship and rehabilitation for EU Member States'
- WP9: Cancer screening
'Policy recommendations on governance, organisation and evaluation of cancer screening'

GUIDE COORDINATION COMMITTEE



European Guide on Quality Improvement in Comprehensive Cancer Control

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Co-funded by
the Health Programme
of the European Union



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CANCER SCREENING

1. Successful cancer screening needs a competent, multidisciplinary and transparent **governance** structure
2. The **legal code** in a country should provide a framework for organized cancer screening, enabling:
 - invitation
 - notification & central registration of screening and outcome data
 - individual linkage to cancer and cause of death registries for appropriate quality assurance, including audits
3. Successful implementation of cancer screening requires 10–20% of the total **expenditure** of a full-scale programme allocated to **quality assurance**

CANCER SCREENING/ key messages

We have identified the governance structures as a key requirement for evidence-based decision-making on cancer screening:

Good governance is needed to establish the necessary frameworks for effective and equitable cancer screening

The chapter presents 12 recommendations covering the spectrum of themes relevant for initiating and running population-based cancer screening programmes: governance, organizational requirements, integrated evaluation; and the approach for potential new cancer screening programmes

INTEGRATED CANCER CONTROL

1. We recommend that it be regarded as a priority to establish CCCNs, which are **multicentric complexes** that bring together units dealing with the management of all aspects of cancer care. These units will be in different locations and under **a single governance structure**. They will undertake to work together consistently in a structured integrated manner in order to pursue their common goal with greater effectiveness and efficiency.
2. We recommend that a CCCN adopts **a multidisciplinary personalized approach** based on tumour management groups integrating specialized hospital care with care in the community, palliative care, psychosocial support, rehabilitation and survivorship care plan.
3. We recommend that each CCCN takes full advantage of **the proximity of patients**, researchers and care providers to pursue basic, translational, clinical, outcome and population research programmes of high quality that will be of high value in supporting the delivery of optimal patient care within the CCCN.

INTEGRATED CANCER CONTROL: KEY MESSAGE

The term “network” is rather loose and many networks are themselves equally loose.

Thus, a “***Comprehensive Cancer Care Networks***” must:

- (a) adopt **uniform protocols** of a high standard and binding for all,
- (b) have a highly integrated structure with a **unified information system**,
- (c) have a **common governance**.

A CCCN must have multiple patient entry points in order to provide equality in access to high quality cancer care for the entire population of its catchment area.

COMMUNITY CARE

- Manage cancer as a **continuous process** where patients seamlessly pass (transit) different phases and stages. This can be achieved through the creation and updating of a cancer patient pathway going from screening outcomes through diagnostics and treatment to long-term
- Organize the **education and training for PCPs** in order to strengthen their capacity to cope with the increasing population of cancer patients in after-care.
- Develop **guidelines and guidance**, at least for each of the most frequent cancers, on what to include and on what not to include in the long-term monitoring of patients (system specific, differences in access to some tests and diagnostics).
- **Coordinate services** between the health and other sectors for many patients not only for those who become disabled or are terminally ill.

COMMUNITY CARE: KEY MESSAGE

- **Cancer care is a continuum** and should be regarded and managed as such – all phases and aspects count the same and are a part of the complete mosaic
- Adequate efforts should be made nationally to work on the development of **after-care guidelines** in order to manage that period more efficiently
- **Resources** for after-care need to be allocated along the lines of the standards and levels of care in the country and should be available both at primary as well as at secondary level of care.

SURVIVORSHIP AND REHABILITATION

- N° 1: Cancer survivors' follow-up, late effect management and tertiary prevention needs to be anticipated, personalized and implemented into **care pathways, with active participation of survivors and relatives.**
- N° 2: The **improvement of early detection of patient's needs** including children, adults and young adults and the access to rehabilitation, psychosocial and palliative care services is required.
- N° 3: An integrated and multi-professional care approach with a **coordination of community care providers** and services are needed to implement a **Survivorship Care Plan (SCP)** that enhances patient's self-management and quality of life (QoL).

SURVIVORSHIP AND REHABILITATION: KEY MESSAGES

- Ensure visibility & recognition of survivorship and rehabilitation on the **policy agenda**
- Ensure **equal opportunities** to all cancer patients

APPRAISAL

Methodology:

“Yet, at the same time, the act of coming together and discussing important issues in earnest can lead to invaluable *insights and shared learning*.”

“Overall, a main intent of the Guide is to draw on the *comparative experience* of the participating European countries and cancer systems to provide guidance on the four areas of focus.”

COMMON THEMES AND GAPS

“The **system level** received a lot of attention, but the main elements of health systems (e.g. understanding and improving governance and financial arrangements and the structure and organization of service delivery) were not consistently addressed by each area of focus.”

“ Being at the frontline of cancer control means tackling increasing and **interconnected challenges** and areas of care (e.g. survivorship and quality of life; psycho-oncology and genetic counselling) that require the development of **multistakeholder strategies** when formulating and implementing new approaches and actions on cancer care.”

“Importantly, the EU through CanCon and EPAAC has become a **reference** for thinking on those approaches where the impact is expected to be meaningful, tackling **the broader patient needs** along the continuum of care.”

RESEARCH

“Given the importance of the four areas of focus covered in this Guide, there is a corresponding need to deliberately advocate and direct the development of **performance measurement** capacity related to these areas. This includes development of common sets of performance indicators, benchmarks and approaches to target setting that address the recommendations put forward in this Guide.”

