

International CME webinar

GOOD PRACTICES FOR IMPROVING THE EFFICIENCY OF CANCER TREATMENT IN EUROPE



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The importance of networks in cancer care: international, national and regional

Scientific
Coordination



Under the
auspices of



Provider
and Organisation



The idea of networking in health care

- Networking is not a new concept in health care
- Some health systems traditionally have decentralised organisational models
- On the other hand, modern advances in health care require multidisciplinary and multiprofessionalism
- Networking can be developed:
 - Spontaneously: as an ad hoc process involving different, otherwise independent, institutions
 - Directed top-down: as a guided process where it is the policymakers' decision to develop networks
 - Directed bottom-up: a process where benefits are expected on initiative from lower organisational levels upwards

Organisation of cancer (oncological) care

- Cancer care has seen one of the most rapid advances in medicine and health care
- Monotypological approaches from the past do not work efficiently any more
- Experiences overall show two main conceptual approaches:
 - Centralised, or rather, aggregated in a single institution, where comprehensiveness of a single entity is primary and central
 - Decentralised, where there is a distributive organisation, often 'inherited' from an existing organisational model

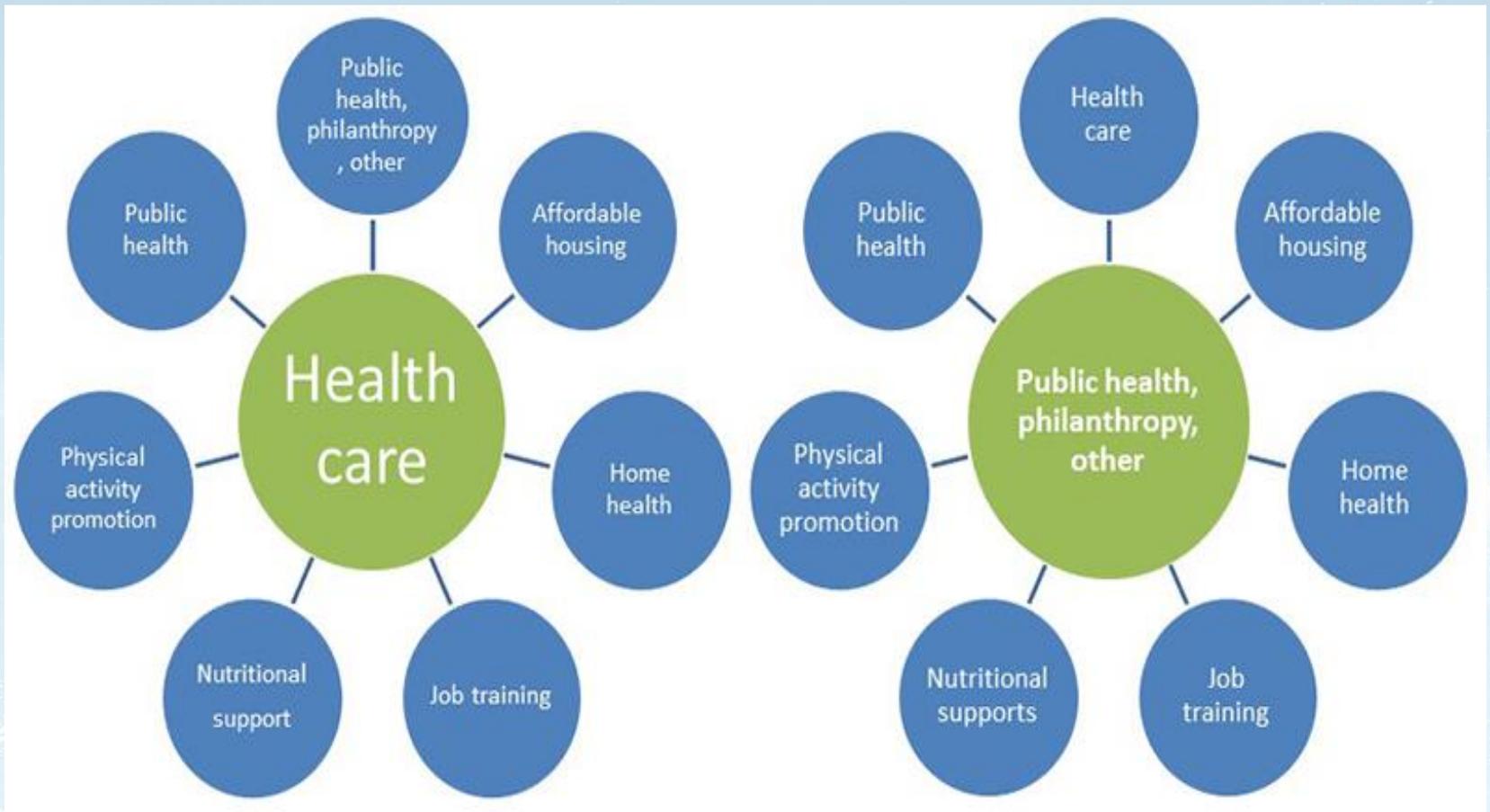
National experiences with networks

- A number of European countries has different experiences with networks
- Italy: network as a concept promoted at the regional level
- Germany: network based on tumour-specific principles -> tumour-based network
- France: regional networking
- Belgium: e.g., networking of hospitals in the city of Antwerp

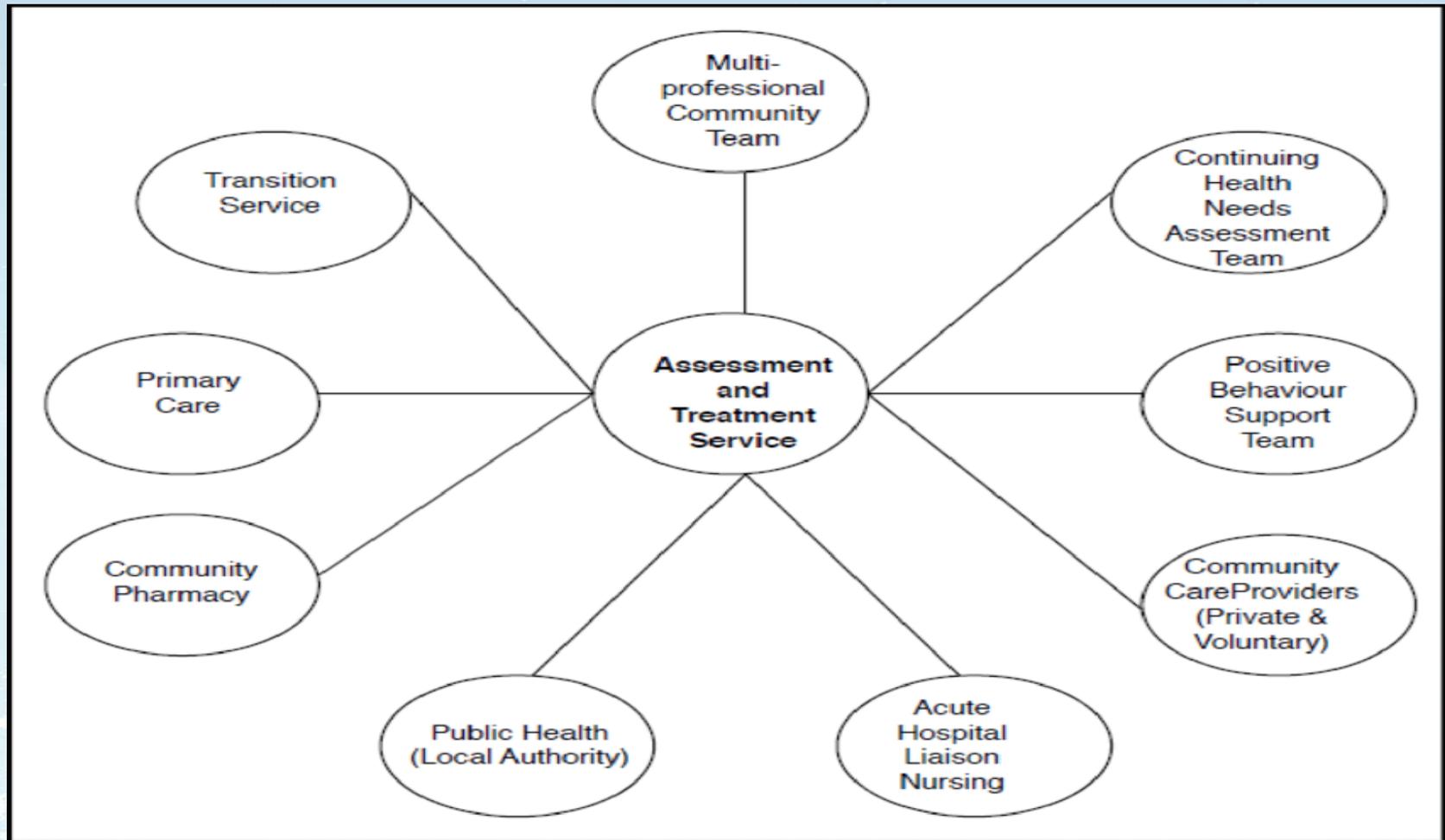
Approach to defining the networks at the EU level – Joint Action Cancer Control

- A CCCN consists of multiple units belonging to different institutions dedicated to research, prevention, diagnosis, treatment, follow-up, supportive and palliative care and rehabilitation for the benefit of cancer patients and cancer survivors.
- These units interact and have a formal agreement to work together in a programmatic and structured way with common governance, in order to pursue their goals more effectively and efficiently through collective synergies.
- Within the CCCN the care of patients is the responsibility of interprofessional teams that are multidisciplinary and tumour specific. Each team or tumour management group works together for the benefit of patients with that particular type of tumour.
- Within the CCCN all units work together and adopt uniform standards of care for cancer-specific pathways that are binding for the entire network.
- The CCCN promotes a uniform system of quality assurance; and a unified informatics system for optimal exchange of information.
- The objective of a CCCN is to provide comprehensive cancer care to all the people living in a certain geographic area, thus pursuing equality and the improvement of outcomes and quality.

Examples of hub and spoke models



Examples of hub and spoke models



Examples of hub and spoke models - Ireland

Irish Cancer Services

- 9 designated cancer centres
 - 8 adult
 - 1 paediatric
- Hub and Spoke Model
- 26 sites administering Systemic Anticancer Therapy (SACT)
- Population ~ 4.8m



Examples of hub and spoke models - Toscana



Examples of hub and spoke models - Slovenia

- HUB: Institute of Oncology in Ljubljana
- Spokes:
 - University Medical Centre Ljubljana
 - University Medical Centre Maribor
 - Clinical hospital Golnik (Lung cancer centre)
 - Oncological Department in Šempeter
 - Oncological Department in Celje

Example of a tumour-based cancer network

- Networks based around the organ-specific problems
- E.g., breast cancer network, prostate cancer network
- Advantages: same problem, higher volumes, dealing with stratification, outliers and specifics, easier to organise
- Disadvantages: fragmentation of bigger centres, focus on organs, instead of cancer biology (?)

European Reference Networks (ERNs)

- Initiative of the European Commission to stimulate advanced research through supranational networks on related problems
- One ERN for adult cancers and one on paediatric cancers
- Excellent idea and promises to support smaller countries and environments and bring their patients and professionals to the same footing
- EC will need to commit more (financial) resources as they cannot function only on competitive funding

A new era with the networks entering the EBCP

- Europe's Beating Cancer Plan (EBCP) builds on all these different experiences and brings to the top of the agenda *The EU Network of Comprehensive Cancer Centres (CCCs)*
- It aims at institutionalising the existing networking of CCCs formally organised within the OEIC and to upgrade it with a more stable organisational and certification structure
- This will be the core of the forthcoming Joint Action on the Network of CCCs (exp. in October 2022)

Conclusions - final thoughts

- Europe is a very varied organisational environment
- There is no one size fits all and consensual adoption of new organisational formats seems warranted
- Networking is a reality and works very well in different EU member states
- This does not exclude other organisational formats, such as the CCCs, which will gain more visibility through their own conceptual framework of a new network

The background features a view of Earth from space, showing the Western Hemisphere. A semi-transparent network of white lines and nodes is overlaid on the image, creating a digital or data network aesthetic. The text is centered in the upper half of the frame.

Hvala!

Grazie!

Thank you!