Steering Committee Meeting

Report WP 7 HEALTH CARE

Josep M Borras
Luxemburg, 23 January 2014
WP 7 Collaborating partners

- European Coordination Committee of the radiological, Electromedical and Healthcare IT industry, COCIR (Brussels, Belgium)
- International Agency of Research in Cancer, IARC (Lyon, France)
- European Society of Radiology, ESR (Vienna, Austria)
- Fondazione IRCCS Istituto Nazionale dei Tumori. Surveillance of Rare Cancers in Europe, RARECARE Project (Milan, Italy)
- International Psycho-oncology Society, IPOS (Lisbon, Portugal)
- European Cancer Patient Coalition, ECPC (Brussels, Belgium)
- European Cancer Organization, ECCO (Brussels, Belgium)
- Europa Donna - The European Breast Cancer Coalition (Milan, Italy)
- European Institute of Women’s Health (Dublin, Ireland)
- European Society for Medical Oncology, ESMO (Lugano, Switzerland)
- European Association for Palliative Care, EAPC (Milan, Italy)
- Regione Lombardia (Milan, Italy)
- Cancer Policy Unit, Department of Health and Children (Dublin, Ireland)
- European Observatory on Health Systems and Policies EOHSP (Brussels, Belgium)
- European Union of General Practitioners, UEMO (Brussels, Belgium)
WP 7 Associated partners

- Polish Ministry of Health, PMH
- Catalan Institute of Oncology, ICO
- French National Cancer Institute, INCa
- European Health Management Association, EHMA
- European Society for Paediatric Oncology, SIOPE
- European Hospital and Healthcare Federation, HOPE
- European Society for Clinical Nutrition and Metabolism, ESPEN
- European Oncology Nursing Society, EONS
- Norwegian Directorate of Health, Norwegian University of Science and Technology, NTNU
- European School of Oncology, ESO
- Regione Toscana, Italy, RTI
- Belgium Ministry of Health, BMH
- Institute of Public Health, Ljubljana, Slovenia, IPH
WP7 Health Care. Objective 1: To identify and assess best cancer care practices across European health services

- Multidisciplinary care and national / regional networks (ICO)
  - Policy statement on multidisciplinary cancer care to define the core elements of multidisciplinary teams. This statement has been endorsed by ECCO, ESTRO, ESMO, ESSO, EAPC, SIOG, IPOS, OECI, EONS, EUSOMA, ECL, Europa donna, ECPC, EUSOMA and Europa Colon
  - An analysis of the strategic and organizational determinants of networks of cancer care with a regional perspective was carried out as well as the model of networks cooperation.

Policy statement on multidisciplinary cancer care

European Partnership Action Against Cancer consensus group: Josep M. Borras, Tit Albreht, Riccardo Audisio, Erik Briers, Paolo Casali, Helene Esperou, Birgitte Grube, Marc Hamoir, Geoffrey Henning, Joan Kelly, Susan Knox, Maria Nabal, Marco Pierotti, Claudio Lombardo, Wim van Harten, Graeme Poston, Joan Prades, Milena Sant, Luzia Travado, Vincenzo Valentini, Cornelis van de Velde, Saskia van den Bogaert, Marc van den Bulcke, Elke van Hoof, Ingrid van den Neucker, Robin Wilson
Multidisciplinary cancer care: a *Policy Statement for Europe*

Review of the evidence on multidisciplinary cancer care carried out by the Catalan Institute of Oncology (ICO) and the Belgium Cancer Centre (BCC)


*Criterion applied for inclusion in the review:*
- Impact of MDTs’ patient management on clinical and process outcomes
- Key organisational components which contributed to improving cancer care

2) Development of a key issues check-list (n=26) organised around 5 areas:
- *Care objectives*
- *MDT organisation*
- *Clinical information and assessment*
- *Patients’ rights and empowerment*
- *Policy support*
Multidisciplinary cancer care: a Policy Statement for Europe

3) Workshop with experts and representatives of the Scientific societies and patients associations involved in cancer care in EU (Barcelona, 31st January 2013)

European CanCer Organisation (ECCO)
European Society for Therapeutic Radiology and Oncology (ESTRO)
European Society for Medical Oncology (ESMO)
European Society of Surgical Oncology (ESSO)
International Society of Geriatric Oncology (SIOG)
European Association for Palliative Care (EAPC)
European Oncology Nursing Society (EONS),
International Psycho-Oncology Society (IPOS)
European Cancer Patient Coalition (ECPC)
EuropaColon,
Organization of European Cancer Institutes (OECI)
European Hospital and Healthcare Federation (HOPE)
European Cancer League (ECL)
EPAAC Work Packages 8 (Research), 9 (Information) and 10 (Cancer plans)
Multidisciplinary cancer care: a Policy Statement for Europe

4) Wide circulation among professionals and organisations involved and amendments (March-April 2013)

5) Endorsement and Final approval (May 2013)

**Definition** Multidisciplinary Teams:

*Multidisciplinary teams (MDTs) are an alliance of all medical and health care professionals related to a specific tumour disease whose approach to cancer care is guided by their willingness to agree on evidence-based clinical decisions and to co-ordinate the delivery of care at all stages of the process, encouraging patients in turn to take an active role in their care.*
Given the multiple benefits of MDTs and the imperative to provide equitably all patients with the best possible care, the promotion of MDTs should be considered an ethical priority.

Because of the consensus mechanisms that MDTs imply, including verification that decisions are consistent with available evidence, fostering MDTs is imperative to ensuring appropriate clinical decisions.

Multidisciplinary clinical practice guidelines and those covering all aspects of care from a multidisciplinary perspective deserve special attention.
Rationale (endorsed)

- It is beyond any doubt that MDTs require time and effort; hence, clinical leadership and firm commitment by health providers and administrators are prerequisites for changes in management and sustainability of team structures.

- Consistent MDT work is crucial for dealing with future challenges such as survivorship and support for research.
Cancer Networks: an innovative approach under assessment

**Two approaches:**

1) Case-studies review of Cancer Networks. Cases under study:

- Italy (Lombardy): Rete Oncologica Lombarda (ROL)
- Belgium (Antwerp): Iridium Kankernetwerk
- Spain (Catalonia): Institut Català d’Oncologia (ICO) network

2) Workshop with 23 experts from 8 EU countries (Barcelona, 1 February 2013)

*National/Regional cancer networks in Europe: Exchange of best practices and opportunities for mutual learning*
## Workshop experts’ discussion

1) Introductory conferences on networks model of organisation for health services

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<th>Organisation/Network</th>
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<tr>
<td>Centre CERGAS on Health Management - Bocconi University (Milano)</td>
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<td>European Observatory on Health Systems and Policies (EOHSP)</td>
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2) Reports from the experience in selected countries

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<td>South Eindhoven Cancer Network (the Netherlands)</td>
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<td>Danish Multidisciplinary Cancer Groups (DMCG)</td>
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<td>Iridium Kankernetwerk (Antwerp)</td>
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<td>Catalan Institute of Oncology (ICO) network</td>
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<td>Lombardy Cancer Network (ROL)</td>
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<td>UK Cancer Networks</td>
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<td>Rhône-Alps Cancer Network (France)</td>
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3) Policy discussion (lessons to be learned and opportunities)

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<tr>
<td>European Society of Breast Cancer Specialists (EUSOMA)</td>
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<td>EPAAC WP 10 (Cancer plans) &amp; EPAAC WP 8 (Research)</td>
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<td>European Health Management Association (EHMA)</td>
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<td>Regione Lombardia</td>
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<td>Ministry of Health (Spain)</td>
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<td>Belgium Cancer Center (BCC)</td>
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<td>UK NHS National Cancer Action Team</td>
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<td>European CanCer Organisation (ECCO)</td>
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Workshop experts’ discussion

4) Conference: *European Reference Networks (ERN) under the framework of the cross border healthcare directive*
Conclusions

- The political sphere is always present; balancing a certain level of political involvement with technical management is needed.
- Balancing organisational innovation with continuity of care and stability.
- Strong clinical leadership should be promoted in the network; open to all specialities involved in cancer diagnosis and treatment.
- Current regulation and funding mechanisms in most EU health systems do not facilitate inter-organisational coordination; an evaluation system would be advisable in the medium term.
Conclusions

- Training of health professionals should take into account these organizational innovations
- Need to define external and internal accountability of clinical networks.
- Patients should be incorporated into advisory positions within networks.
WP7 Health Care. Objective 1: To identify and assess **best cancer care practices** across European health services

- **Standardization of treatment, symptom assessment and follow-up of palliative care (EAPC):**
  - Standard assessment methodology for pain, cachexia and depression have been developed based on systematic review of the literature and expert consensus
  - A computerized communication tool for symptom management is being developed
  - Evidence based guidelines have been developed for pain, cachexia and depression
Standardization of treatment, symptom assessment and follow-up of palliative care (1.2)

Selected conclusions

• To reach the overall aim of best possible cancer care, palliative care has to be a part of everyday treatment practice in all cancer care settings.

• Recommendations to achieve this:
  – A collaborative action is needed from all relevant professional organisations within palliative care, cancer care, symptom management and patient advocacy
  – Implementation of simple screening tools – even one simple question – into clinical practice for assessment and classification that can be used in all cancer care settings
  – For pain it is recommended to use a numerical rating scale (NRS) ranging from 0–10
  – For depression it is recommended to use one screening question: “how has your overall mood been the last week?”
  – For cachexia it is recommended to register weight loss
WP7 Health Care. Objective 1: To identify and assess best cancer care practices across European health services

• **Complementary and Alternative Medicine (CAM): evidence and utilization (Tuscany)**
  
  • Evidence based review of the literature have been conducted
  
  • Survey of Cancer Units carried out to identify clinical activities related to integrative medicine, covering all EU countries.
  
  • Complementary therapies more frequently provided are acupuncture and other related techniques; herbal medicine; homeopathy; homotoxicology and anthroposophy.
  
  • The fields of application of treatments are mainly the adverse reactions to chemotherapy, radiotherapy, pain, nausea and vomiting during/post chemotherapy; improvement of Quality of life and palliative care.
WP7 Health Care. Objective 1: To identify and assess **best cancer care practices** across European health services

- **Standards of care for children with cancer (SIOPE):**
  - Document currently available in
  - A 2 day conference to increase participants from 28 countries with
  - Experts and national authorities survey report on implementation
WP7 Health Care. Objective 2: To develop, review and harmonize Clinical Guidelines (CG)

- **Nutritional care guidelines (ESPEN):**
  - Systematic review of the literature related to nutrition problems in cancer care
  - Guideline recommendations of nutrition in cancer care
  - Delay in the deliverable: expected draft February 2014
WP7 Health Care. Objective 2:
To develop, review and harmonize Clinical Guidelines (CG)

• Harmonization of CG on rare cancers (INCa, ECPC, ESMO):
  • Workshop to assess the feasibility of harmonization of clinical guidelines at European level successfully organized using sarcomas as case study.
  • Guidelines harmonization was seen as prerequisite to the establishment of EU network for rare tumors. Problems remain in the implementation of guidelines.
EPAAC WP7 Workshop on rare cancers

July 4, 2013
Espace Landowski, Boulogne-Billancourt
Initial analysis of the survey on sarcomas networks in the European Union
Jeanne-Marie Bréchot, INCa
Response rate

- 25 responses out of 46 (54.3%) : 12 partial/13 complete
- 22 questionnaires eligible for analysis
- 19 different countries
- No response from Austria, Denmark, Estonia, Lithuania, Luxembourg, Malta, Romania, Slovakia
Q6 If there is a national program, does it include a specific focus on rare cancers?

Yes 40%  No 60%

Q9 Are there centres of excellence or centres of reference for sarcoma patients in your country?

Yes 80%  No 10%  I don't know 10%
WP7 Health Care. Objective 2:
To develop, review and harmonize Clinical Guidelines (CG)

- **Health inequalities in CG implementation (EHMA):**
  - Literature review carried out
  - Workshop on implementation of CG, January 2014.
WP7 Health Care. Objective 2:
To develop, review and harmonize **Clinical Guidelines** (CG)

- **Effective implementation and self-assessment tool for health care organizations (EONS):**
  - Putting evidence into practice (PEP) guidelines reviewed and adapted for specific symptoms. Translated to 5 European languages.
  - PEP workbook for training Oncology nurses
  - Self assessment tool adapted to evaluate the outcomes of the implementation of EuroPEPs in clinical practice
Putting evidence into practice

Workshop Evaluation Report
Green = Go!
The evidence supports the consideration of these interventions in practice.

Yellow = Caution!
There is not sufficient evidence to say whether these interventions are effective or not.

Red = Stop!
The evidence indicates that these interventions are either ineffective or may cause harm.
WP7 Health Care. Objective 3: To implement a training strategy to improve psychosocial care and communication skills

- **Mapping the psychosocial needs in EU countries (IPOS, ICO)**
  - National focal points from 27 countries responded to a survey about psychosocial needs. Report to be published.

- **Pilot training workshop (IPOS, ICO)**
  - Workshop aimed at developing communication abilities and psycho-social oncological assistance among health providers in a country identified with high need is being organized.  
    1\textsuperscript{st} **Communication Skills Training** (CST) targeting physicians treating cancer patients, from the main NHS cancer centres and relevant public hospitals in Romania – dates October 24-25, 2013.

  2\textsuperscript{nd} **Psychosocial Oncology Care** (PSOC) targeting professionals providing psychosocial care to cancer patients, mainly clinical health psychologists but also nurses and cancer physicians from the main NHS cancer centres and relevant public hospitals in Romania – dates November 18-20, 2013.
IPOS-EPAAC Task-Force

Chair: Luzia Travado (PT)
Co-chair: Maggie Watson (UK)
Members: Neil Aaronson (NL), Elisabeth Andritsch (AU), Luigi Grassi (IT), Christoffer Johansson (DK), Anja Mehnert (DE), Sylvie Dolbeault (FR), Dégi Csaba (RO)

Communication Skills Training & Psychosocial Oncology Care
an EPAAC-WP7 objective
CONCLUDING REMARKS

• Stakeholders involvement in relevant cancer care issues is feasible at EU level, as showed in the example of multidisciplinary cancer care.
• Organizational approaches are emerging in the cancer policy: clinical networks at regional, national and EU level as the best example
• Harmonization of clinical guidelines seems feasible, such sarcoma or palliative care symptoms
• Rare tumors as the best example of the way to build cooperative structures at EU level
• Efforts focused on implementation of clinical guidelines
• Support for improvement in communication skills and psycho-oncology training for countries with high need in this area is feasible and useful