



CraNE

European Network of Comprehensive Cancer Centres

WP 8

Equitable Access to High-Quality Care and Research

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To assess how Comprehensive Cancer Centres (CCCs) organize cancer care in the world action of health systems at national, regional and local level, including:

- Networking cancer services, including the use of integrated care pathways (ICP)
- Use of Molecular Tumour Boards (MTB)
- Survivorship care associated with return-to-work

- ✓ Real-life experiences, using a bottom-up approach and mapping
- ✓ Restrict all research-oriented actions to formal experiences
- ✓ Use the perspective of **equity**, meaning any institutional effort to ensure access to high-quality care and research to all cancer patients of a given region or country

Europe's Beating Cancer Plan

Flagship 5

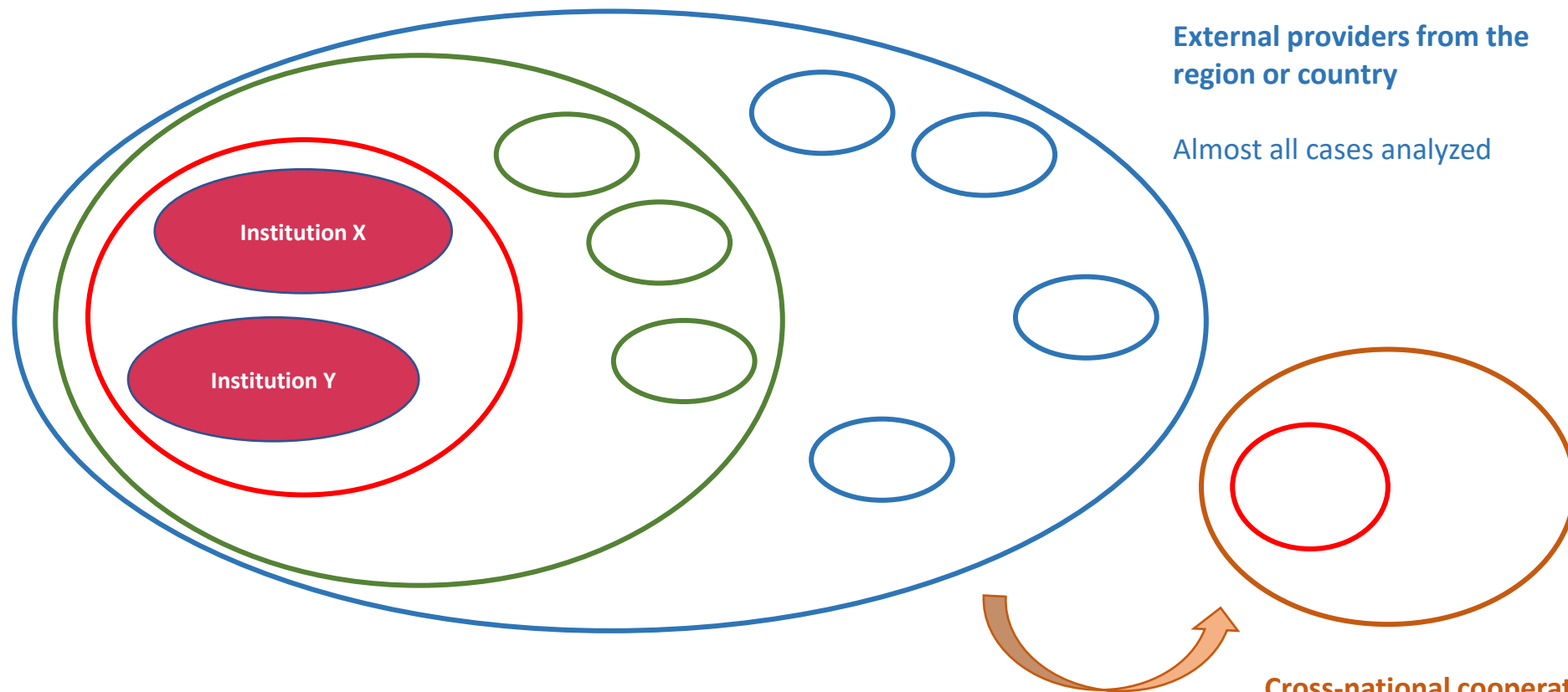
This action will help deliver higher-quality care and reduce inequalities across the EU, while enabling patients to benefit from diagnosis and treatment close to home. The Cancer Plan aims to ensure that **90% of eligible patients** have access to such **centres by 2030**.

Types of collaboration in cancer care provision including CCCs



Cancer care networks or regionally-integrated institutions

- Piedmont (ROP)
- Rhône-Alps (ONCOAURA)
- North of Flanders (IRIDIUM)
- Cantabria (ROC)
- Aarhus Region (DK)
- Campania (ROC)
- Tuscany (ISPRO)
- Cluj-Napoca (IOCN Network)
- Skåne Region (SW)
- Western Norway (OUS)



Partners making up the CCC

- Upper Austria (ONKZ)
- Catalonia (ICO)
- Toulouse (IUCT Oncopole)

External providers from the region or country

Almost all cases analyzed

Cross-national cooperation

Luxembourg
Malta



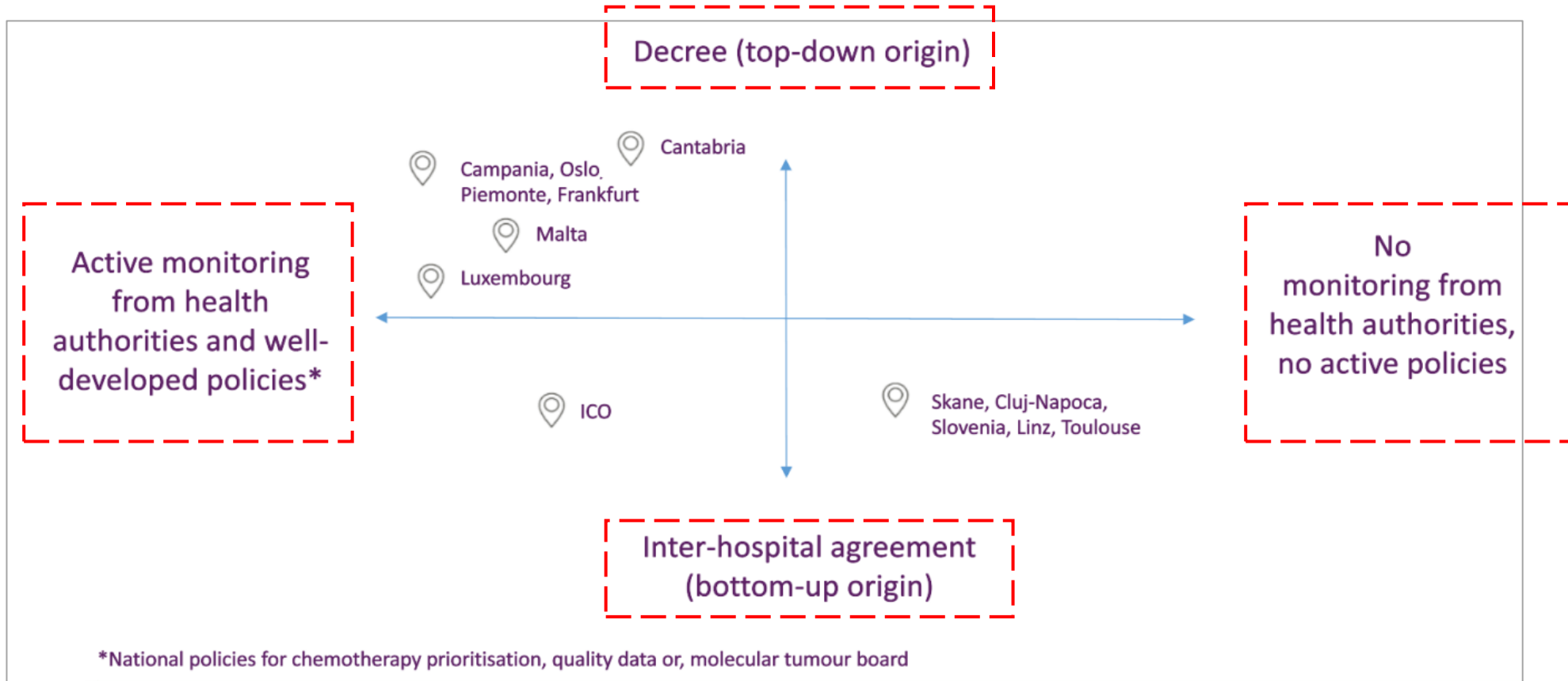
Mapping networks built around CCCs: key dimensions



Network positioning within the wider health care system

Key dimensions

1



Patient representatives involved in networks' guidance

Key
dimensions



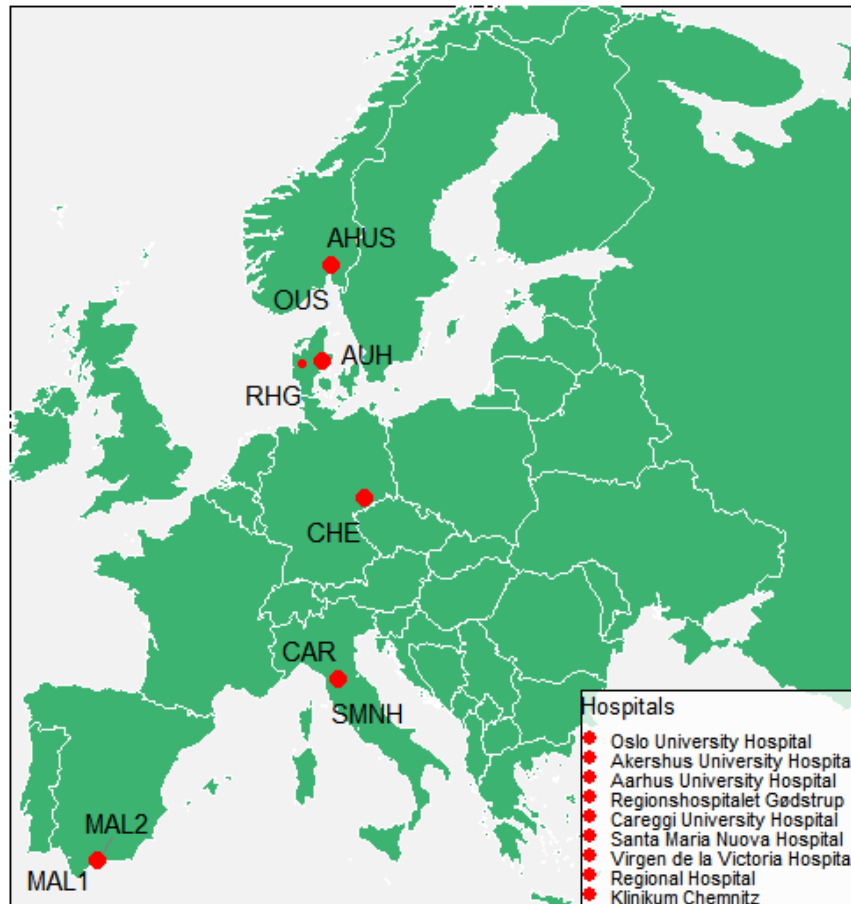
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- ✓ 7 of the 13 networks had patient representatives participating on their boards
- ✓ Patient representatives are essential, among other things, to raise awareness of the transition between institutions. Large geographical areas, different population densities... Efforts should be made to avoid **potential access barriers**.

The EUnetCCC Standards involve patient participation at all relevant levels

Integrated care pathways implemented in a context of cancer care networks or regionally-integrated institutions



Map source: South (2017)

Selected cases

- Oslo University Hospital (OUS) and Akershus University Hospital (AHUS), Norway
- Aarhus University Hospital and Gødstrup Hospital, Denmark
- Careggi University Hospital and Santa Maria del Prato Hospital, Firenze, Italy
- Virgen de la Victoria Hospital and the Regional Hospital, Málaga, Spain
- Klinikum Chemnitz and oncological practice, Germany



Integrated care pathways implemented in a context of cancer care networks or regionally-integrated institutions

Experiences assessed and Method	<ul style="list-style-type: none">• Multiple-case study / Lung cancer as an example• Fifty-one semi-structured interviews with multidisciplinary sample of professionals• Theoretical framework used to assess quality of collaboration (D'Amour et al, 2008)
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Main CCC-related endpoints

- ICPs contributed to **align** the interests and objectives of cancer care providers beyond the existing integration of services (e.g. networks, pool of services, satellite centres)
- Segmentation of care processes between hospitals is common, so it is necessary to define the role of each center in order to elucidate their **responsibilities** while enhancing efficiency as a whole
- Improving the **positioning of the CCCs** requires the standardization of work procedures and clinical approaches in collaboration with associated providers.
- **Roles** such as the pathway leader, the clinical pathway coordinator, and the nurse pathway coordinator are essential for ICPs' effective functioning

Models of *networks built around CCC*



CCC-driven network model

The CCC is the main driver for change at a network level and brokers the interests of all stakeholders. Structured dialogue (e.g., through multicentre MTMs) is more important than common rules. Examples are ICO, Oslo, Toulouse, Cantabria, Cluj-Napoca.





Thank you!

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