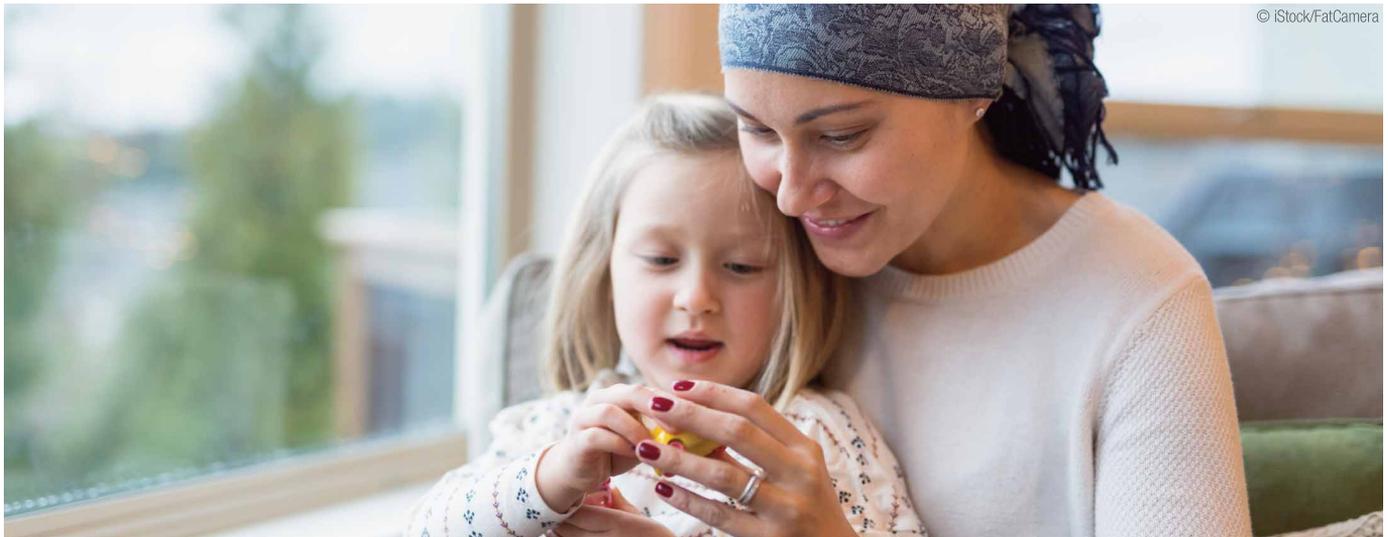


TACKLING CANCER CARE INEFFICIENCIES IN EUROPE'S FUTURE

All.Can International's Chief Executive Officer, Eduardo Pisani, discusses inefficiencies in cancer care and what might come out of the Conference on the Future of Europe



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Inefficiency in cancer care is not just about money; it is also about time, quality of life, and missed opportunities for patients and their families

All.Can International aims to identify inefficiencies in cancer care, which it defines as anything that does not focus on what matters to patients. Through research and collaboration, it highlights best practices and develop policy recommendations to improve cancer care for all.

In the context of the 15th European Patients' Rights Day and the Conference on the Future of Europe, *Health Europa Quarterly* and the Active Citizenship Network (ACN) have collaborated on a series of interviews for this Special Feature. International Editor Clifford Holt spoke to All.Can International's Chief Executive Officer, Eduardo Pisani, about inefficiencies in cancer care and what might come out of the Conference.

What do you feel that the current largest inefficiencies in cancer care in Europe? And what do you feel now needs to be done to improve patient outcomes?

There is widespread recognition that 20% of healthcare expenditure is wasted. This is based on reports published by the OECD, the WHO, and several other national institutions. Thus, to deliver high quality cancer care and, indeed, to secure



In the framework of the XV European Patients' Rights Day, this Special Feature on the Conference on the Future of Europe has been created by Cittadinanzattiva/Active Citizenship Network and realised in partnership with *Health Europa Quarterly*.

access to innovation, it is clear that we must make better use of existing resources.

Against this background, the notions of efficiency and value become increasingly important, and it is here that All.Can places its emphasis in order to protect the sustainability of cancer care by placing a greater global focus and drive towards efficient and sustainable care.

In addition, I would also like to underscore the fact that inefficiency in cancer care is not just about money; it is also about time, quality of life, and missed opportunities for patients and their families. Improving the efficiency of cancer care must therefore start with a better understanding of what patient outcomes we are trying to achieve, and this means both eliminating what brings little or no value

and benefit to patients and prioritising interventions that offer, on the contrary, the greatest benefit to patients and greatest value to the system overall.

To achieve this, we need to measure health outcomes, rather than outputs, because the former not only matter to patients, but can also mean lower costs for the healthcare system and thus for society.

All.Can is thus working to illustrate the fact that efficient healthcare systems that deliver the best possible outcomes for patients are, or have to be, evidence-based. They also need to be systems that learn and which systematically incorporate meaningful input from healthcare users in order to make continuous assessments of products and processes and report the results of healthcare interventions in a transparent manner.

I believe that a collaborative multi stakeholder approach will advance better health outcomes, and perhaps the momentum we are seeing in Europe around speeding up the Beating Cancer Plan is truly an invitation for such multidisciplinary collaboration and teamwork.

Can you tell me a little about All.Can's recent patient survey and what cancer patients feel matters most to them?

This survey was conducted towards the end of 2019, with the results being delivered in 2020. It was conducted in 10 countries and collated the responses of 4,000 participants, which is quite a significant size for a survey of this kind. Our aim was to identify the main opportunities to improve efficiency from the patient's perspective, and four areas were identified in the survey and which therefore define where opportunities to improve exist. The first of these is related to ensuring a swift, accurate, and appropriately delivered diagnosis, which is fundamental. When asked to select the one area of cancer care where patients experience the most inefficiency, 26% of respondents identified diagnosis as a fundamental area.

The second relates to improving information sharing, support, and shared decision-making. This perhaps implies that too much information is being given at once and can therefore sometimes be overwhelming for patients. As such, they would prefer to receive relevant information at appropriate points along the entire care pathway. At the same time, almost half of the respondents did not feel sufficiently involved in deciding which treatment option was best for them. Hence, this area is a combination of information sharing and shared decision making.

The third area relates to making integrated multidisciplinary care a reality for all patients. For example, specialist cancer nurses were found to

have played a critical role both during and after treatment, with 24% of respondents having felt that support from allied health care professionals – whether physiotherapists or dieticians, etc. – was not always available, despite it being extremely valuable in terms of improving their quality of life.

Finally, the fourth area concerns addressing the financial implications of cancer. This does not exclusively refer to paying for the treatment or care; it also concerns financial loss as a result of losing one's employment, as well as the need to invest in travelling to a cancer care centre, and so on. Many cancer patients may also experience difficulties post-treatment, for example in obtaining a mortgage, loan, or health insurance policy, which is wholly unacceptable.

The Conference on the Future of Europe is invited to reach conclusions that will provide guidance for Europe's future direction. How central do you feel health-related issues will be in the context of the Conference?

Health-related issues are extremely central, and the COVID-19 pandemic has perhaps accelerated something that had been already discussed and promoted by several advocacy groups and also several policymakers. That is, until recently we used to talk about how 'health equals wealth'; in other words, the socioeconomic impact of health is absolutely fundamental for all European citizens. COVID-19 has, unfortunately, rather demonstrated the need for additional co-operation, preparedness, and system resilience.

What priority themes do you believe the Conference should focus on in order to feed a reflection that could lead to a 'European Health Union', as advocated by the European Commission President Ursula von der Leyen?

To choose just a few priorities, perhaps first and foremost it is necessary to tackle inequalities in health. In the context of 'leaving no one behind' – a slogan that has also been used by the WHO – this is something that is perfectly applicable to the European Union as well. Inequalities must be a parameter of reference when implementing a number of policies. One additional element here concerns strengthening collaboration across Member States in areas such as health promotion, disease prevention, and cross-border healthcare which translates, at least for the time being, to helping with the mobility of patients that suffer from rare diseases, as well as to strengthening the European Reference Networks. These items have been on the EU's agenda for a number of years,



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and I believe that they can be strengthened and scaled up without having a negative impact on the sovereignty of Member States.

A further dimension concerns implementing a research and innovation policy strategy, the importance of which has been underlined by the COVID-19 pandemic in terms of vaccine development and procurement. Research and innovation must be developed and, indeed, must be looked at hand-in-hand with an industrial policy that strengthens the European assets that we need.

Finally, there is also a need to define a framework for digital health. The digital transformation has certainly been highlighted as a priority, and in the case of health, digitalisation is fundamental to improving efficiency and therefore ensuring that the resilience and sustainability of healthcare systems can be guaranteed over time.

Given that it is perhaps easier to identify priorities than it is to envisage how those priorities will be realised, what barriers are in the way of any proposals actually being taken forward, and how can they be overcome?

To return to the larger picture: I believe, as a committed European, that sovereignism of any nature is the wrong concept. Only by joining forces can we address common challenges and achieve ambitious goals in the field of public health.

Discussions have been going on for decades around the so-called 'subsidiarity principle' which particularly pertains to public health policy, which has so far been considered a national prerogative. Certainly from a budgetary perspective, it does remain a national prerogative. However, when it comes to issues such as preparedness, healthcare system resilience, collaborative research, and so

on, I believe that it is important to ensure that Europe has both the tools and the appropriate legal framework that allows us to work together to address these challenges.

A second area, which I have already alluded to, concerns budgetary resources for health, which have to increase. A perfect example is the fact that we have recently seen over €5bn being allocated to the EU for Health plan, which is the right way to go. This level of funding should remain consistent or even increase; cost containment in health is a major threat to everything we have discussed and is thus a significant barrier to future progress.

Cost containment measures in health are indiscriminate and if you look at the EU Member States which have suffered cost containment measures and cuts to their healthcare budgets in recent decades, it is clear that they also lack the ability to rapidly respond to a major pandemic such as COVID-19.

A third barrier concerns the lack of digital infrastructure. Data is a driver for efficiency, and it is therefore extremely important that the European Commission has launched the European Health Data Space initiative. Data and digitalisation underpin a smart healthcare system and act as a catalyst for a continuous cycle of improvement and drive towards the better use of resources in order to achieve better outcomes for patients.

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