

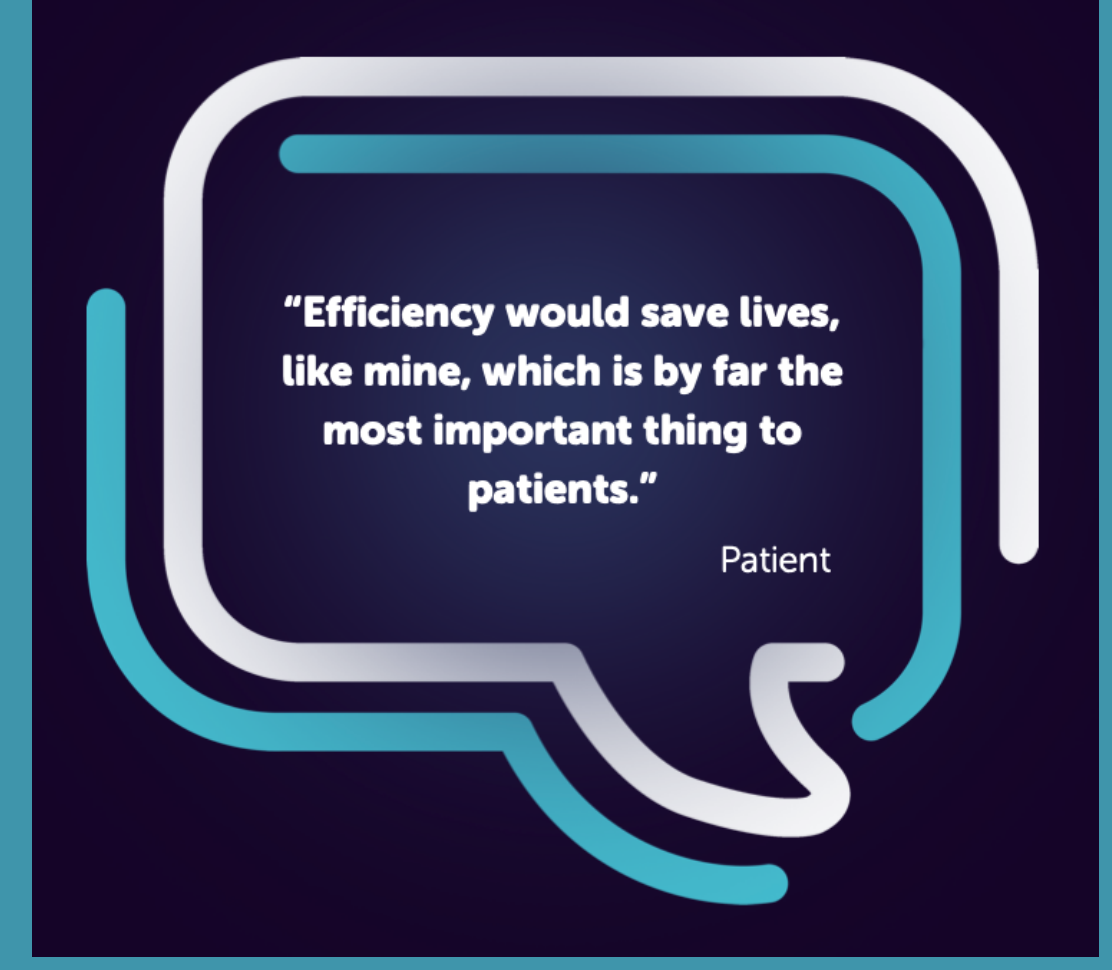


# EFFICIENCY METRICS IN CANCER CARE

A collaborative policy research project to identify a standard set of metrics to measure cancer care 'efficiency'.

Matt Hickey, (CEO HVA), Adele Youngs, (COO HVA), Eduardo Pisani, (CEO All.Can International), Dr K. Krane, K., Dr. K. Lakin. Ms B Sherbon, Dr S. Thomas (University of Southampton. UK)

REPORT LINK: [https://www.all-can.org/wp-content/uploads/2022/06/Final\\_The-All.Can-Efficiency-Metrics-Study.pdf](https://www.all-can.org/wp-content/uploads/2022/06/Final_The-All.Can-Efficiency-Metrics-Study.pdf)



## INTRODUCTION

Inefficient cancer care is a leading factor in poorer outcomes for patients. Approximately one fifth of health spending across the OECD is wasted. [1] Removing this waste could reduce healthcare spending by up to 40% across. [2]

All.Can International defines 'efficiency' in cancer care as: "Care that delivers the best possible health outcomes using the human, financial, infrastructural and technological resources available, with a focus on what really matters to patients and society."

Building efficiency in cancer care requires health systems to operate as highly effective, evidence-based and data-driven learning systems. This requires a standard set of evidence-based metrics from which systems can choose, according to their specific needs and circumstances.

## AIM

To building on previous research, the All.Can "Cancer Efficiency Metrics Study" published on 17 June 2022 and identify an evidence-based suite of core cancer care efficiency metrics that could be applied, albeit in varying ways, across many countries.

## METHODOLOGY

- Systematic searches of online databases
- Searching cancer registry websites
- 'Snowballing'



### Focussing on:

1. All.Can's patient-centred definition of efficiency
2. Core measures (broad application across cancers)
3. Real-world data (quantitative measures routinely collected from health and patient data).

### Caveats:

- Limited publications to 2018-2022 period
- Excluded traditional metrics (e.g., survival)
- Included clinically validated metrics (PROMs/PREMs)

### Stakeholder surveys:

In addition, a structured interview programme was performed. Here, key stakeholders from across the cancer care continuum and from multiple continents were asked 11 questions relating to cancer efficiency. Stakeholders included: patients (3), clinicians (3), hospitals, (3), payers (3) onco-pharma companies (3), onco-med-tech companies (2), diagnostic services (1), academics (1), policy houses (1).

## RESULTS

The research identified 13 cancer metric categories (Fig 1), 26 cancer metric themes and 137 individual cancer metrics. These metrics can be applied by stakeholders across the cancer care continuum to consistently assess, benchmark and improve efficiency in cancer care. The report also presents opportunities for further research.

Ultimately, from examining what metrics were specifically referred to across all the data sources (the health literature, registries and the stakeholder interviews), 8 core metrics were identified (Fig. 2).



Fig. 1: 13 Metric categories identified.

- Time to diagnosis
- Percentage of cancers diagnosed through emergency presentation
- Primary care interval\*
- Time from tissue diagnosis to treatment
- Percentage of patients documented as having seen a Clinical Nurse Specialist (CNS)
- Percentage of patients who received chemotherapy in the last 14 days of life
- Patient experience
- Patient involvement in decision-making

Fig. 2: 8 core metrics across all sources

\* Primary care interval: number of days from date of first presentation in primary care with symptoms relevant to the final cancer diagnosis to date of first referral from primary care'

## CONCLUSION:

The report offers a foundational, evidence-based and evolving set of metrics as a foundation for stakeholders to use however best suits their needs / ambitions.

All.Can now calls upon stakeholders across the cancer care industry to:

- Validate these metrics within their own setting.
- Utilise these metrics for progressive improvement of efficiency.
- Expand data-driven research across the cancer care continuum.

As is commonly known, what is not measured, cannot be improved. Put perhaps what is equally important is to measure the right thing in the right way.

## OPPORTUNITIES

In addition to the categories, themes and metrics identified, the research (as foundational piece of research) highlighted a variety of opportunities for building on the report further. These included:

- Assembling a Delphi expert panel to agree on the most representative metrics.
- Assessing the significance of QoL as an indicator of efficiency in cancer care
- Engaging with cancer care consumers to agree on metrics most important to them.
- Assess how patient experience affects cancer care consumer decision-making.
- Assess how cancer efficiency affects individuals with multiple long-term conditions.



Changing cancer care together



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### References:

1. National Committee for Quality Assurance, 2018 Medicare Special Needs Plans Performance Results: HEDIS 2018
2. <https://www.oecd.org/health/tackling-wasteful-spending-on-health-9789264266414-en.htm>

