Oncology policies in Europe

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This presentation

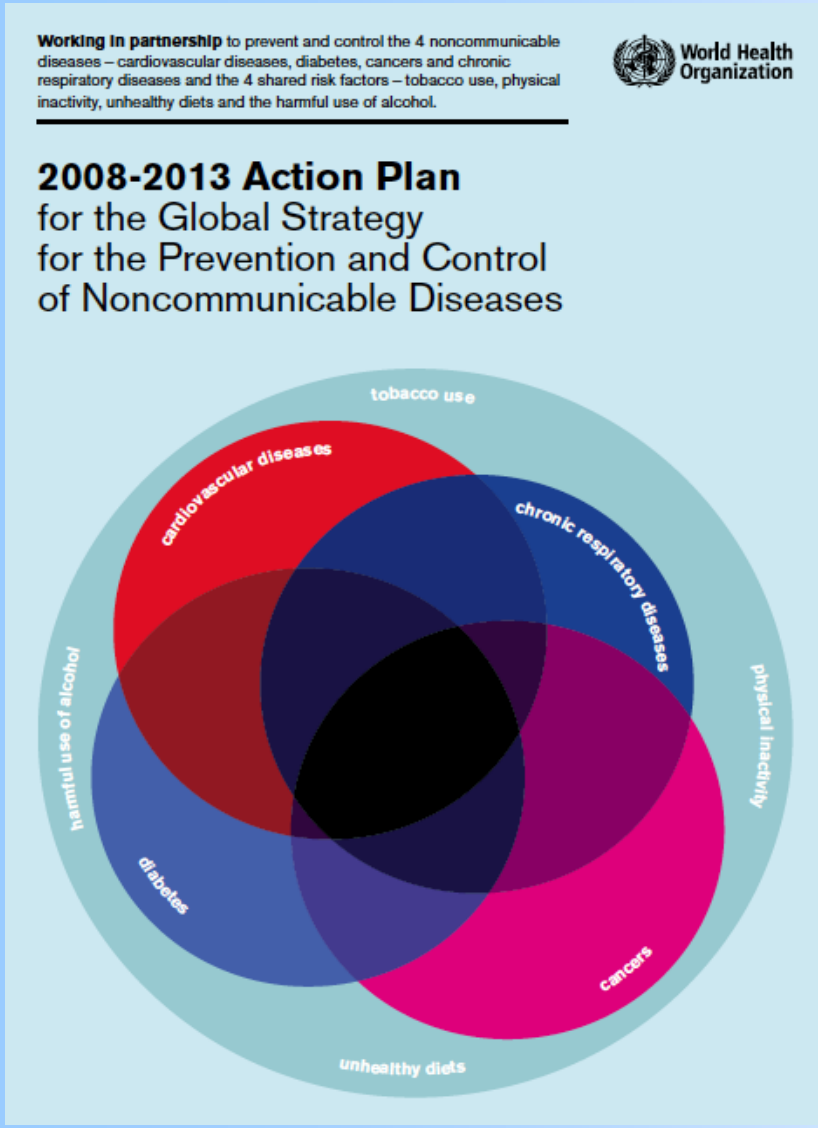
- Health policy and oncopolicy
- WHO Strategies
- European initiatives against cancer
- Sustainability in cancer care

Health policy (and oncopolicy)

… in general it is about decisions regarding goals in health care and a plan for achieving those goals. Within this field of study and practice, the priorities and values underlying health resource allocation are determined.

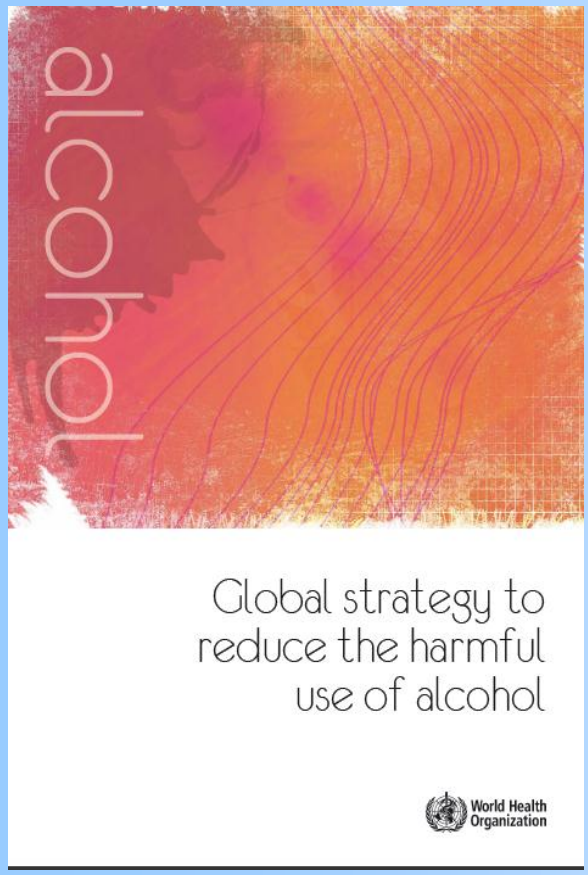
The World Health Organization

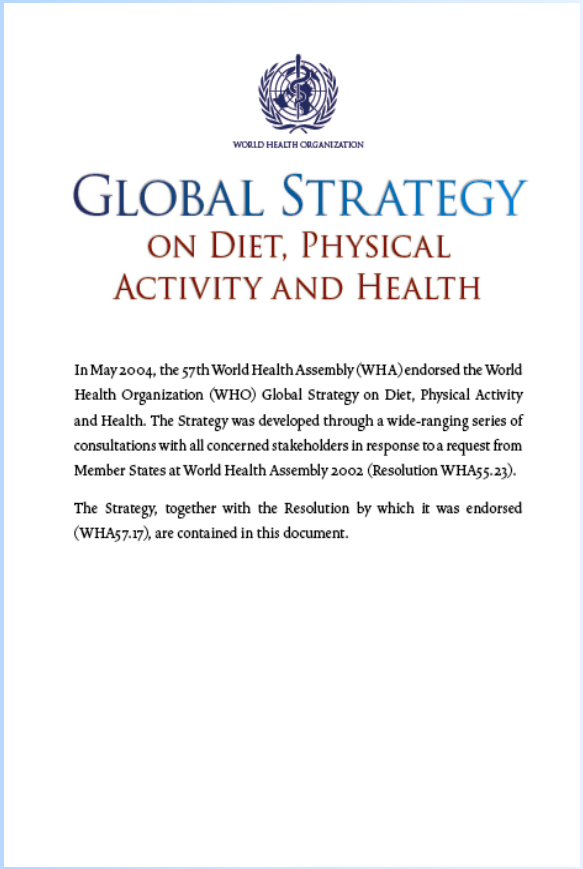
How does WHO influence national cancer (and NCDs) policies and clinical practice?

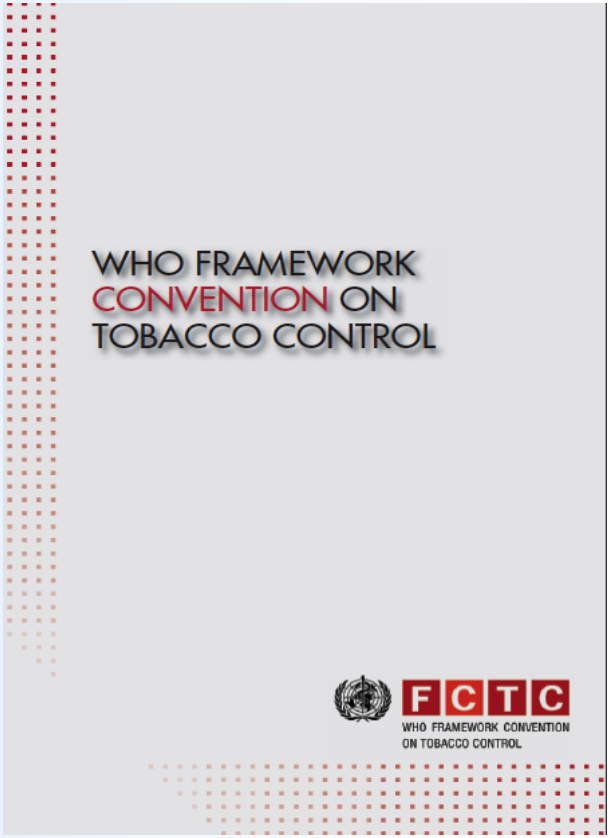


- Raised awareness of noncommunicable disease prevention in the context of individual behavioural patterns
- Culminated in recent high-level meeting at UN
- Strengthened national policies and promoted partnerships and strategies (on health determinants. . .)

Tackling shared behavioural risk factors







Framework Convention on Tobacco Control

- First binding international treaty promoted by WHO
- One of the most successful UN treaties in history
- Tackles tobacco in a comprehensive way (smokefree laws, limits on sales and advertising, support for smokers, health warnings, health education and promotion . . .) with support for Member States
- Ratified by 176 countries so far (the most recent, the Czech Republic in August 2012)
- Includes implementation database and regular monitoring

Investing in health and health systems: *Health is Wealth* (The Tallinn Charter)

- Consensus reached between WHO and EURO Member States in 2008 on the importance of investing in health

- Posits spending on health systems as an investment in population wellbeing, development and economic growth

Policy innovations

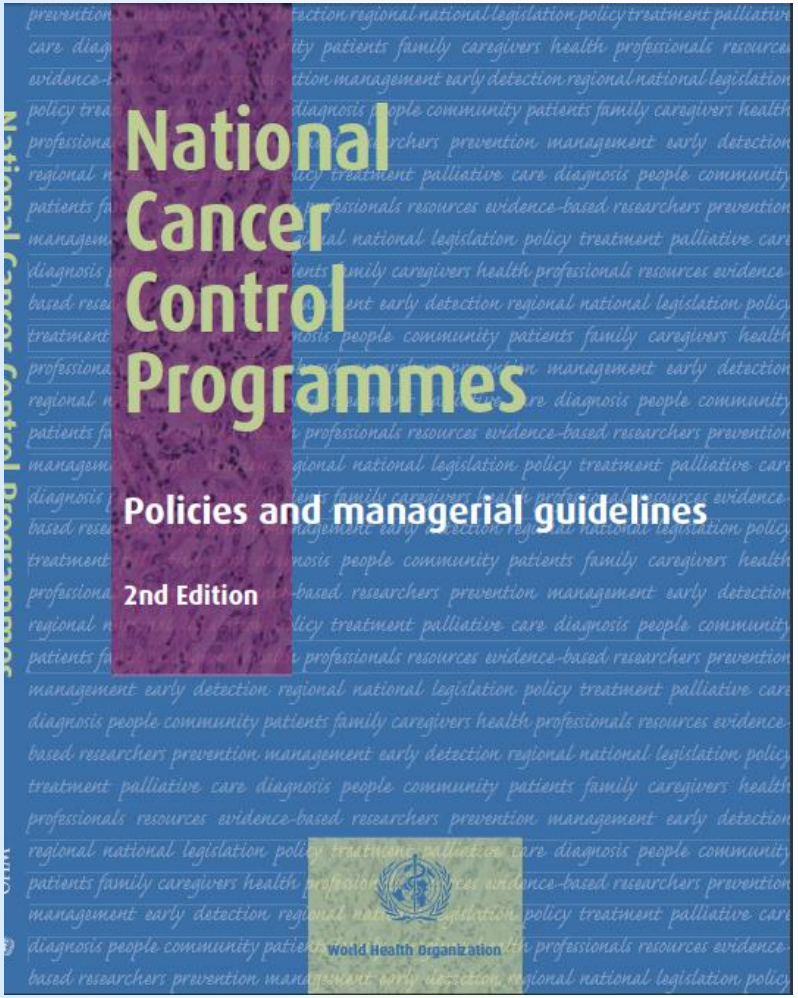
- WHO work on health systems has widened the focus from clinical practice in order to understand how policies are fed into by health system inputs:
  - Governance
  - Financing
  - Resource generation
  - Service provision

These “framework functions” work to support each other in achieving health system objectives of better health, responsiveness to patients and citizens, and fair financial contributions

WHO action against cancer

National Cancer Control Programmes

- WHO has led the development of this concept from its inception
- Dozens of countries in Europe and worldwide have since implemented an NCCP, now the pre-eminent strategy for cancer control policy



Efficiency through NCCPs

- Valuable tool to control costs because a good NCCP will eliminate waste, duplication and fragmentation of services
- Favour integrated care pathways, centralization of complex treatments (e.g., Comprehensive Cancer Centres), and cooperation between sectors

Applying framework functions to cancer policy

Vertical and horizontal aspects of cancer control

↓ →	Governance	Financing	Resource generation	Service delivery
Primary prevention	Authority responsible for planning, implementing and evaluating effectiveness of services; multisectoral cooperation with other ministries or authorities	Specific revenues generated and reserved for each service identified in planning stage	Issues of training and provision of material resources (facilities, equipment, etc.), including distribution at regional/local/ centre levels	Inventory of specific, evidence based services required (and where)
Secondary prevention (screening)				
Integrated care				
Research				

-Martin-Moreno JM, et al. 2009

Comparison of NCCPs in Europe

- Found that while technical side is strong (e.g., what services should be provided), supporting aspects, especially financing and governance, are suboptimal.

- Oncologists who are part of national policy efforts to develop NCCPs should engage policymakers on framework functions in order to ensure that services are delivered in the best way.

Measuring health policy outputs

- Structural indicators
  - MRIs per population
  - Number and distribution of oncologists
- Process indicators
  - Screening coverage
  - Average waiting times
- Outcome indicators
  - Incidence, mortality and survival indicators

European Partnership for Action Against Cancer

The European "added value" for cancer policies in the region

European leadership and research for better cancer control

Overriding objectives:

Reduce cancer incidence by 15% by 2020

Develop NCCPs in all EU Member States

- Providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control
- Engaging a wide range of stakeholders, including NGOs, researchers, patients groups, industry and national authorities
- Averting duplication of efforts by optimizing limited resources
- Different Work Packages, including Healthcare

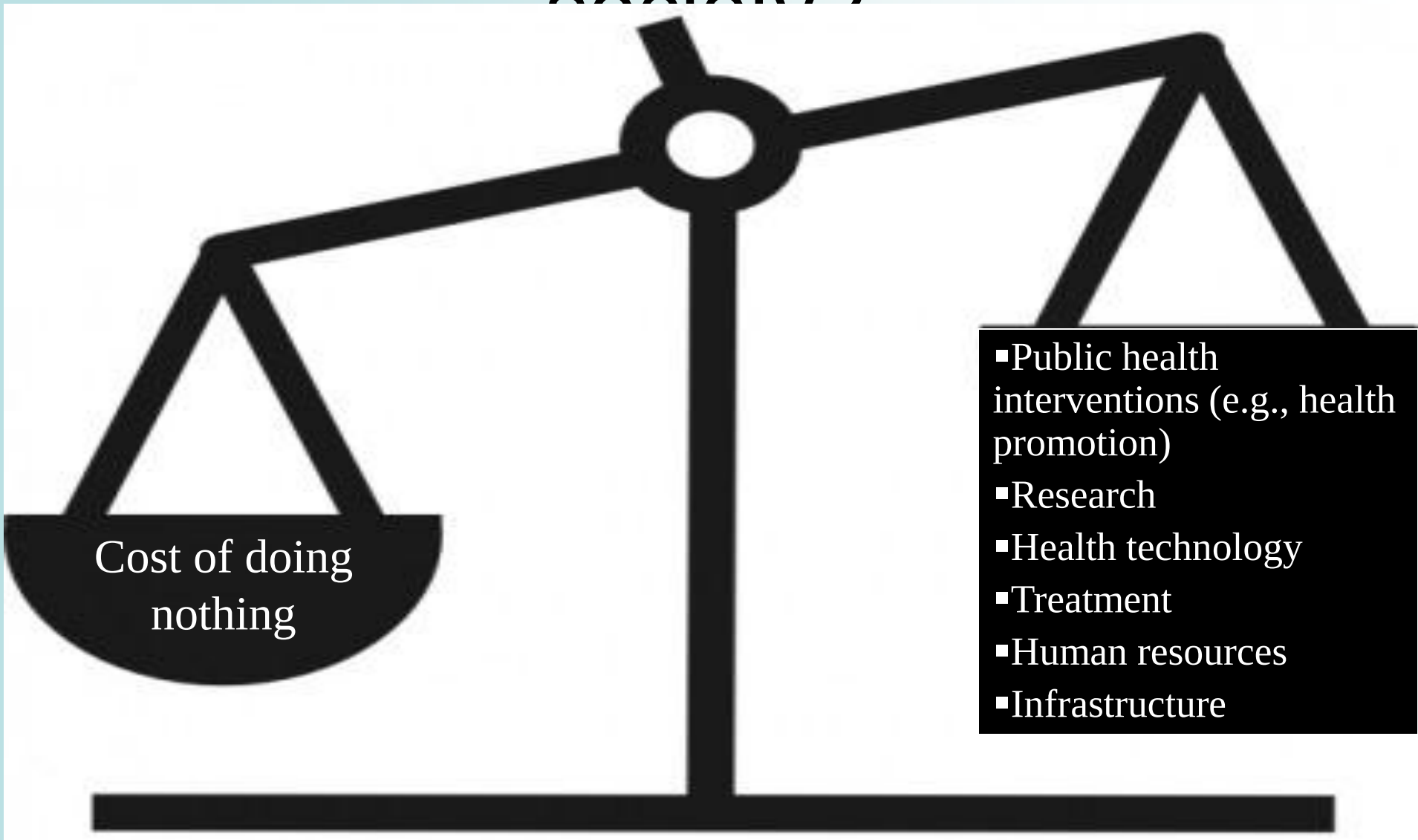
Oncologists' role in EPAAC

- Inform technical aspects of policy debate by closely participating in relevant research in workpackages (e.g., healthcare)
- Improve collaboration and synergy with national policymakers in areas such as monitoring and evaluation; translational research; knowledge brokering; and communication with patients

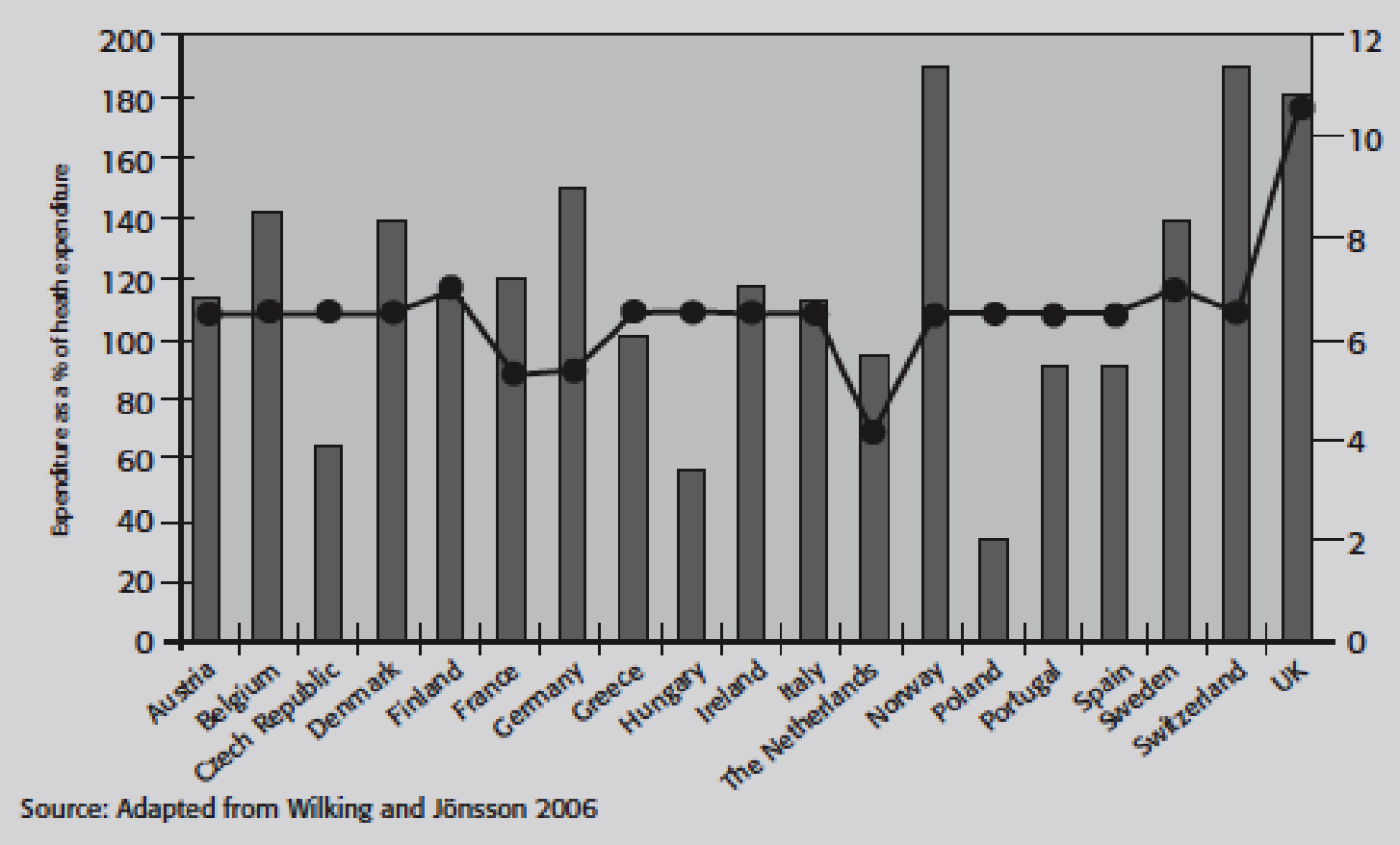
Rising costs of cancer control

Tackling the sustainability challenge
in different cultural contexts

What does cancer cost society?



But what is the quantifiable cost?



Little research available on disease-specific spending within health systems

Available research estimates that countries spend between 4.1% and 10.6% of healthcare resources on cancer

Contextual issues

- The case can be made that cancer deserves more resources, but is this really feasible in a time of financial crisis, rescue packages, recession and cutbacks to entire health systems?

- Realistically, how can oncologists and oncological societies best advocate for quality cancer care in Europe?

The encroachment of financial crisis on healthcare decision making

- Greece bail-out package limits health system spending to 6% of GDP
- Co-pays being introduced or increased on hospital care and drugs in Portugal
- Mechanisms to increase competition and trade implemented in Ireland

More important than the changes themselves are the people and institutions driving them . . . Larger economic players rather than health system managers or authorities

Cancer medicines:

Pushing the envelope for better quality of life for cancer patients

How to balance innovative medicines with other healthcare needs in the population?

Personalized medicine

- Potentially cost-saving in the long run, but with implications for large investments in the short run
- Changing the way clinical trials are conducted . . . Are randomized clinical trials feasible/possible for personalized cancer drugs?

Inequalities in cancer care

- Financial crisis has exacerbated social inequity, including in health
- Copays being introduced, representing a *de facto* tax on the sick
- Inequity in drugs and treatment stemming from income, social strata, geography . . .
- Can inequity be addressed solely through debates within the health system?

Health Technology Assessment: To what end?

The role of policymakers, clinicians, patients and industry in using HTA to make decisions on resource allocation

Time has shown that efficiency is not always synonymous with savings, and the spending efficiently does not always mean spending *less*, although it should mean spending *better*.

Reimbursement criteria and HTA

- Cost efficiency
- Cost effectiveness
- Innovative value
- Available alternative treatments
- Impact on other areas (e.g., social security, disability)
- Equity
- Degree of uncertainty
- Severity of disease

Other considerations: HTA vs. practice

These assessments are usually carried out prior to use in clinical practice. Follow-up studies need to be conducted to discover real impact on practice.

HTA in European countries

- NICE in the UK stands out for the transparency of its decision-making process . . . The criteria used in reimbursement decisions can be challenged, but that is the point: it can be challenged.
- Most other countries make decisions behind closed doors

European added value for HTA?

- Possible to join forces between countries for joint HTA?
- Should the EU have a role beyond the EMEA in making decisions on medicines?
- Can groups like ESMO contribute to a European initiative on HTA?

Citizens' and patients' role in cancer control

Context of scarce resources and growing needs

- Patient empowerment in chronic care management and research
- Patient advocacy groups

Conclusions

- Need for patient-focused policies
- Reframe the debate from the cost of health to an investment in it.
- Role of oncologists / health professionals
- Policy must work for people

Thank you!

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