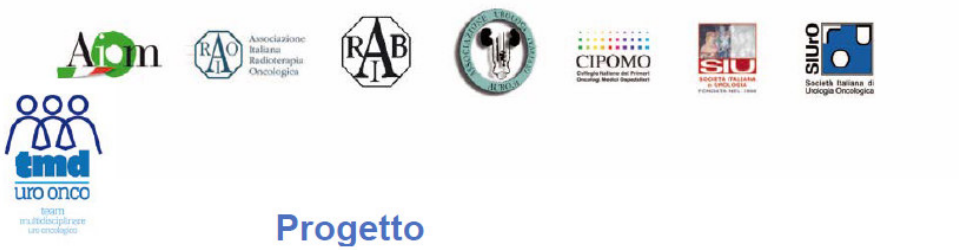
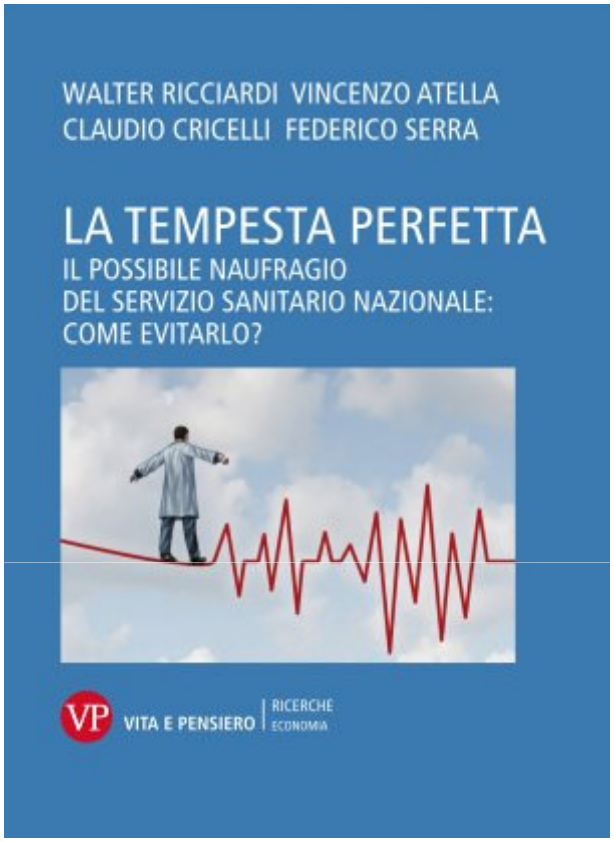


Sostenibilità e appropriatezza

Antonio Federici

Ministero della salute



? sostenibilità

PUBLIC HEALTH XXX (2017) 1–2

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Letter to the Editor

Italian National Health Service: defusing the bomb

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

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Commentary

How to not detonate the bomb: the case of the Italian National Health Service

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Overview of CANCON Deliverables and Objectives

Policy papers

Enhancing the Value of Cancer Care Through a More Appropriate Use of Healthcare Interventions

CanCon
Cancer Control Joint Action

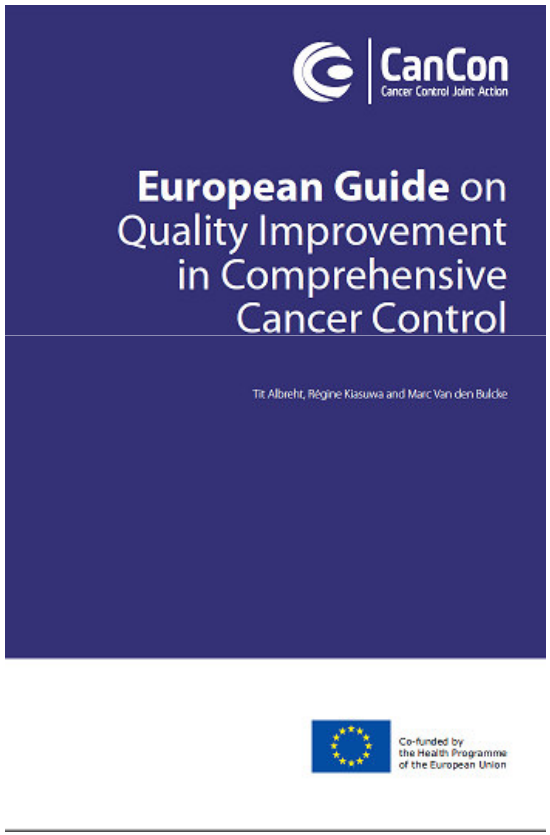
A. Federici| Milano | 12-13 dicembre 2017

JOINT ACTION

- Joint Actions (JAs) are projects intended to develop different policy solutions for EU Member States. Ideally, they should provide general or generic solutions for as many as possible
- They are established between the European Commission and a coordinating institution from one of the member states who assembles a consortium of partners interested in developing the proposed framework.
- Financing is provided both by CHAFEA as well as by the (interested) Member States

GENERAL OBJECTIVES

- 1ST General Objective of CANCON:

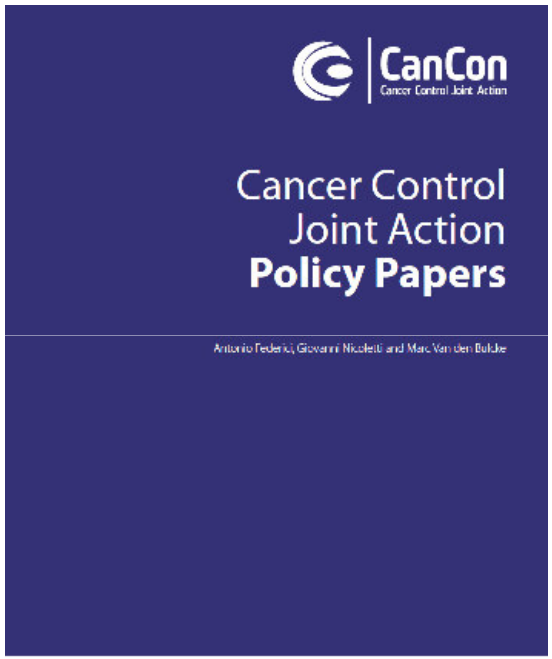


The Guide aims to contribute to improvements in overall cancer control through:

- quality based cancer screening programmes,
- better integration of cancer care,
- community-based cancer care approaches,
- providing concerted efforts in all aspects of survivorship, including palliative care

GENERAL OBJECTIVES

- 2nd General Objective of CANCON:



Member State Platform:

- discussion of key cancer control topics,
- invite MS to share about the different challenges they are facing and their experiences which are a valuable lesson for others.
- delivering policy papers to be used by MS

POLICY PAPERS

- Impact Evaluation System to Assess Prevention Outcomes
- Common European Objectives for National Cancer Control Plans
- Public Health Genomics in Cancer
- Enhancing the Value of Cancer Care Through a More Appropriate Use of Healthcare Interventions
- Tackling Social Inequalities in Cancer Prevention and Control for the European Population

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ENHANCING THE VALUE OF CANCER CARE THROUGH A MORE APPROPRIATE USE OF HEALTHCARE INTERVENTIONS

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DEFINITIONS OF DISINVESTMENT FOR REALLOCATION

- "Disinvestment specifically refers to resource allocation decisions based on withdrawing funding from no or low added-value health interventions, freeing up these resources for reinvestment in other health technologies that meet the criteria of safe and cost-effective care." (Garcia-Arnesto,2013)
- "The process of (partially or completely) withdrawing health resources from any existing health practices, procedures, technologies or pharmaceuticals that are deemed to deliver little or no health gain for their cost, and thus are not efficient health resources allocation." (Elshaug, 2007; Peirò, 2014; Parkinson, 2015)
- "The displacement of non-cost-effective technologies for resources reinvestment or reallocation." (Joshi, 2009)
- "An explicit process of taking resources from one service in order to use them for other purposes that are believed to be of better value." (Pearson, 2007)

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RECOMMENDATION 1:

Policies aimed at reducing low-value oncologic care should be appropriately framed, emphasizing the goal of *enhancing quality of care*, rather than merely reducing healthcare costs. It should be made clear that the effort is ***not*** *aimed at cutting resources* for cancer care

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RECOMMENDATION 2:

Withdrawing (totally or partially) resources from low-value or inappropriate care should be linked to *sustaining patient access to good quality care*, addressing both the issue of underuse of existing valuable interventions and *access to innovations* whose actual clinical value has been properly assessed.

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RECOMMENDATION 3:

The process should include proper consideration and analysis of the *views and interests of health professionals and patients*, as well as of other contextual factors relevant to the decision to withdraw support for a particular intervention

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RECOMMENDATION 4:

The need to reduce patients' **risk of exposure to low-value care** is increasingly acknowledged by organisations of health professionals. Every effort should be made *to foster collaboration* and partnership between initiatives sharing these goals, among institutions, health professionals and patient associations.

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RECOMMENDATION 5:

Although other forms of evidence should form part of the policy process, *research evidence* on the safety, effectiveness and cost-effectiveness of oncologic healthcare interventions should be given a pivotal role in the decision making process.

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RECOMMENDATION 6:

The complexity of the scientific techniques and methodologies should be fully acknowledged in support of the policy process, assuring that *adequate resources* and skills are provided to make the overall attempt at identifying low-value interventions feasible and successful

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RECOMMENDATION 7:

Multiple sources of information should be used in identifying lowvalue interventions and in assessing their use in clinical practice. Among the many low-value interventions that could be targeted, *priorities* should be set to identify those for whom disinvesting- totally or partially- is likely to provide the highest return in terms of benefit for patients and/or reduction of wasted health system resources.

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RECOMMENDATION 8:

Implementation strategies aimed at stopping or reducing the use of low-value interventions should consider the *contextual factors* that favour or hamper the desired changes. Implementation of initiatives undertaken at a system level could consider the options offered by the use of audit and feedback mechanisms, the cautious use of incentives, and the use of mass media campaigns

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RECOMMENDATION 9:

It is important to foster collaboration among health systems, given the similarity of problems and challenges faced by individual countries, despite differences in policy and social context, administration, and the organisation of services. *Sharing experiences between countries* will help to reach a common framework and taxonomy for these policy initiatives. It will support a common methodological approach to the identification of low-value interventions and will offer the opportunity to avoid redundancies and duplications in the scientific and technical aspects of the process

RECOMMENDATION 10:

Research that addresses the methods, implications and effects of reducing low-value cancer care should be promoted and supported. Health policies are in need of good *quality research* that sheds light on health services overuse and its multiple determinants

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RECOMMENDATION 11:

Every effort should be made to assure *patient participation* in the process of identification and removal of low-value and inappropriate care.

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Conditions for which interventions are assessed

- Availability of new evidence on safety, effectiveness and/or cost-effectiveness.
- Evidence of variation in clinical practice among geographic areas or providers, suggesting differences in clinical opinion about the value of interventions.
- Temporal variations in volume, showing significant increase or decrease in utilisation rates.
- Communication from patients, consumer advocacy and support groups, and community groups, highlighting negative (or ineffective) experiences following treatment.
- Consultation with clinical, nursing, allied health and technical staff, healthcare administrators and funders.
- Nomination through a process involving individuals, associations, and colleges.
- In situations where a new intervention is assessed and is considered a potential replacement of another, the latter is considered and assessed for disinvestment.
- Technology use (with reimbursement) outside of evidence-based indications.
- Long-established technologies that have never had their cost-effectiveness assessed.
- In situations where practice is inconsistent with clinical practice guidelines.

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Criteria

- The cost of the technology has a significant overall budget impact.
- There are effective alternative technologies of demonstrated cost-effectiveness that may be currently underused.
- Elimination of the technology may reduce risks to patient safety.
- The impact of disinvestment will not be borne largely by specific vulnerable populations such as the disabled, elderly or children.
- The ascribed benefit of the technology is small, i.e. it is not used to treat very severe or life-threatening conditions.

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RECOMMENDATION FROM:

- The American Society of Clinical Oncology Identifies Five Key Opportunities to Improve Care and Reduce Costs: The Top Five List for Oncology (Journal of Clinical Oncology, vol 30: pp 1715, **2012 -** Journal of Clinical Oncology, vol 31: pp 4362, **2013**)
- Choosing Wisely Canada Cancer List: Ten Low-Value or Harmful Practices that Should Be Avoided In Cancer Care (Journal of Oncology Practice, vol 11: pp e296, 2015)
- Choosing Wisely: The American Society for Radiation Oncology's Top 5 list (Practical Radiation Oncology, vol 4: pp 349, 2014)

RECOMMENDATION FROM:

Presidenza del Consiglio dei Ministri

CONFERENZA PERMANENTE PER I RAPPORTI
TRA LO STATO, LE REGIONI E LE PROVINCE AUTONOME
DI TRENTO E BOLZANO

Intesa, ai sensi dell'articolo 8, comma 6, della legge 5 giugno 2003, n. 131, tra il Governo, le Regioni e le Province autonome di Trento e Bolzano concernente il "Documento tecnico di indirizzo per ridurre il burden del cancro - Anni 2014-2016"

Rep. n. 144/CSR del 30 ottobre 2014

Articolo 3

(Buon uso delle risorse in oncologia)

Al fine di consentire a Ministero, Regioni e Pubbliche Amministrazioni di utilizzare al meglio – nell'ambito della propria autonoma attività di programmazione – le proprie risorse per la lotta

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