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EXECUTIVE SUMMARY

BENCHMARKING COMPREHENSIVE CANCER CARE TO IMPROVE THE QUALITY OF INTERDISCIPLINARY PATIENT TREATMENT

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BACKGROUND

Improving performance of health care services is an important issue, especially as financial sustainability for care providers is a key challenge. For cancer care this means offering value for the patient, in terms of optimal, efficient, and effective care is the goal that many institutions are striving for. At the same time consumer demands and technological advances pose challenges in terms of the speed of availability of new technology and drugs, and new degrees of patient centeredness in services. Lastly, international exchange of information and comparison of system performances, such as in the Eurocare studies on cancer survival in EU countries, increase awareness that performance can be improved and provides proof that countries and institutions can learn from each other.

THE BENCH-CAN PROJECT SCOPE AND OBJECTIVES

In 2013, the Organisation of European Cancer Institutes (OECI) launched the BENCH-CAN project (May 2013- June 2016) aiming at reducing health inequalities in Europe and improving interdisciplinary cancer care by yielding best practice examples. To achieve this, the project addressed 6 specific objectives:

1. To collect, compare and align by consensus formation the standards, recommendations and accreditation criteria of comprehensive cancer care in selected European countries.
2. To review and refine a benchmarking tool that can be applied to comprehensive cancer care through interdisciplinary patient treatment.
3. To pilot the benchmarking tool with particular attention to operations management and best clinical practice.
4. To maximise knowledge exchange and sharing of best practice between providers of comprehensive cancer care in member states and regions.
5. To ensure compatibility of the benchmarking tools with existing cancer care resources and services.
6. To ensure the sustainability and longer-term benefits of the project.

WHAT IS BENCHMARKING

In general terms, benchmarking is the measurement of the quality of an organisation's policies, products, programmes, strategies etc. and their comparison with standard measures, or similar measurements used by its peers. The objectives of benchmarking are (1) to determine what and where improvements are needed, (2) to analyse how comparable organisations achieve their own high performance levels, and (3) to use this information to improve performance. Benchmarking in healthcare has undergone several modifications: initially, benchmarking was essentially the comparison of performance outcomes to identify disparities. Then it was expanded to include the analysis of processes and success factors for producing higher levels of performance. The most recent modifications to the concept of benchmarking relates to the need to meet patients' expectations.

THE STRATEGIC RELEVANCE OF THE PROJECT AND CONTRIBUTION TO THE EU HEALTH PROGRAMME

The number of new cancer patients is steadily increasing but differences in EU health systems performance show room for improvement, contributing to a larger degree of disease & symptom free survival after primary treatment & prolonged symptom free metastatic disease. Improving the oncologic care infrastructure beyond state of the art comprehensive care provision will contribute to patients' well-being & economic productivity, as well as economic spin-offs in biotech. It looks to

possible added value by showing to how the benchmarking tools might be used across clinical specialisms as co-morbidity rises in ageing populations.

Thus BENCH-CAN contributes to objective 2 “Promote health”, including the reduction of health inequalities & contributes to implementation of priority 3.2.4 “prevention of major and rare diseases”. It also addresses the basic principles of ‘Together for Health’; complements EPAAC WPs (healthcare and cancer data & information); and will inform Pillar B (Care and cure) of the Strategic Implementation Plan of the European Innovation Platform for Active and Healthy Ageing.

PROJECT ACTIVITIES

Activities were organised around 7 work packages. Regarding *Coordination* all partners used an agreed methods portfolio through starting, implementation & closure phases. *Dissemination* was carried out with the overall objective to put all information and communication aspects into a common framework in order to ensure their coherence, efficiency and the best possible impact using mixed active & passive dissemination methods (brochure, newsletters, briefing paper, manual, publications, website, workshops, site visits with expert support, presentations, and lay version of the report). For *Evaluation* continuous monitoring and internal & external evaluation was carried out.

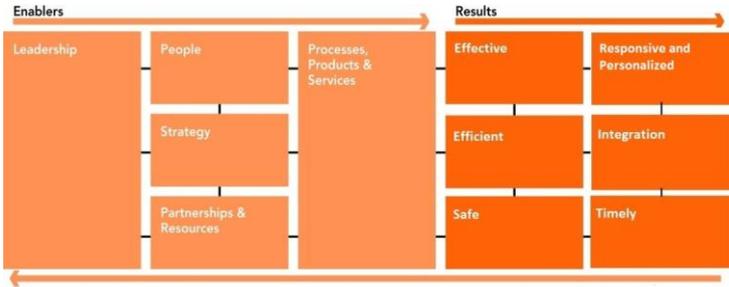
The main activity for *Benchmark development* was the development of 4 tools using both qualitative and quantitative indicators. As part of the *Pilot actions* all tools were piloted with 9 pilot sites. External review teams participated in pilot site visits. Post-benchmarking reports as well as final benchmarking reports were produced with improvement suggestions. The pilot sites identified actions to reflect on the suggestions as part of an action planning process. In the framework of the adoption and piloting of the European Cancer Consumer Quality Index, patient experience and satisfaction was measured. Good practices were also identified based on expert opinion and literature findings. A good practice database is uploaded to the project website. Also, a *Budget Impact Analysis* a tool has been created, which will monitor the time participating centres spend on the benchmarking exercise. Within the *Benchmarking manual* work package comparative analysis of the Bench-Can project with existing or past projects was conducted together with a compatibility assessment Bench-Can with other relevant systems. As a final step a benchmarking manual has been developed.

MAIN RESULTS

THE BENCHMARKING TOOLS

Two *general benchmarking tools* were developed for cancer centres and tumour services/cancer care pathways using qualitative indicators. These tools have been developed within a framework based on the European Foundation for Quality Management (EFQM) Model and the Institute of Medicine (IOM) domains of Quality.

Figure 1: The BENCH-CAN Framework



A *quantitative benchmarking tool* was developed to gain insight into the relative operational efficiency and resource allocation of the participating centres. The framework contains 141 indicators categorized in seven groups: 1) Medical activities per annum; 2) Human resources input; 3) Institutions capacities and facilities; 4) Financial: human resources; 5) Diagnosing and treatments costs; 6) Institution characteristics for comparisons; and 7) Institution financials.

The tool for measuring patient experience and satisfaction was developed to see whether care is responsive and personalized. Patients are asked about their experiences during their care by using a questionnaire, the *European Cancer Consumer Quality Index (ECCQI)*.

THE MANUAL

A Manual has been created which incorporates the developed benchmarking tools and presents the necessary processes for carrying out an own benchmarking project. It is primarily aimed at the groups engaged in comprehensive cancer care through interdisciplinary treatment of patients (clinical staff, management, patients/carers and service funders). But it can also be used by those providing cancer services and pathways in general hospitals and anyone whether they have previous experience or knowledge of benchmarking or not.

GOOD PRACTICES TO IMPROVE QUALITY OF CARE

The BENCH-CAN project identified good practice examples of clinical practice, patient experience, and operations management processes at designated comprehensive cancer centres & interdisciplinary tumour services. These good practices help foster knowledge exchange and collaboration between European cancer centres committed to excellence and the improvement of their care by learning from others.

BENEFITS FOR THE TARGET GROUP

By participating in benchmarking, providers of cancer care can receive feedback on how to improve their services and it allows identifying their good practices. Building on the results of the benchmarking exercise organisations can substantially improve the quality of their care for patients by optimising services, increasing efficiency, and/or decreasing costs in the organisation. Representatives of areas like management, research, clinic, and patients can all benefit from benchmarking and use it for self-assessment. Information for the Bench-Can exercise is of interest of all participating (and non-participating) hospital directors, change managers, HR managers, physicians and patients as it provides insight on how cancer care is organized and what can be improved in comparison to other organisations.

CONCLUSIONS AND RECOMMENDATIONS

1. Improving performance of health care services is of key importance, especially as the financial sustainability of care services remain under pressure.
2. Offering value for the patient, in terms of optimal, efficient, and effective care should be the goal for each cancer care organisations. A closer collaboration between patients and organizations is advised in all cancer care sites.
3. International projects can increase awareness that performance can be improved and lead to the notion that countries and institutions can learn from each other.
4. Identifying what works can assist hospitals in improving their services & reduce inequalities in care provision & raise the level of oncologic services across Europe.

5. Benchmarking is the measurement of the quality of an organisation's policies, products, programmes, strategies etc. and their comparison with standard measures, or similar measurements used by its peers.
6. With benchmarking we are able to determine what and where improvements are needed, to analyse how comparable organisations achieve their own high performance levels, and to use this information to improve performance.
7. Health institutions should learn from each other and look for and if possible implement good practices from other institutes that have been proven to work.
8. In terms of policy development, it should be clear that benchmarking is not a new (required) certification process, but a platform and methodology to enhance knowledge exchange between international cancer centres. Therefore, no policy interference is required other than motivating centres with incentives, but keeping the action voluntary, and providing cancer centres with the freedom and resources to participate in such a comparative study.
9. In order to be able to implement actions for improvement based on benchmarking results, representatives of key stakeholders from the organisation are advised to participate in the benchmarking process from the very beginning to develop interest and strengthen commitment.
10. Common process should be developed for those cancer centres planning to enter both the OECI Accreditation & Designation system and a benchmarking project, as to lessen the burden of carrying out both projects.

PROJECT PARTNERSHIP

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