

Speaker



WHERE IS THE VALUE IN VALUE-BASED HEALTH CARE?



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Where is the value in value-based cancer care

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European Cancer Organisation (ECCO)**

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No disclosures



$$\text{Value} = \frac{\text{Health results that matters for the patient}}{\text{Total costs of care for a patient's condition}}$$

**What matters for the patient?
 or what does substantially improve patient value?**

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Direct costs are only half of total costs of care for a patients condition

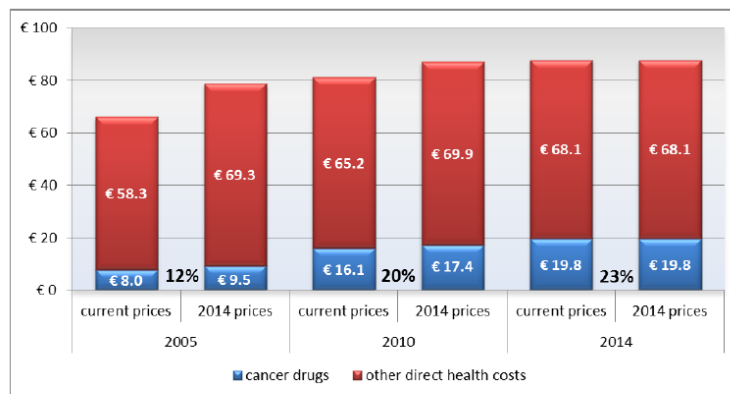


FIGURE 19: COMPONENTS OF THE DIRECT HEALTH COST OF CANCER IN EUROPE (IN BILLION €), 2005–2014 [57]

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IHE Report 2016



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Survival – value that we can measure

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Large variation in cancer survival in Europe - between countries, regions and hospitals

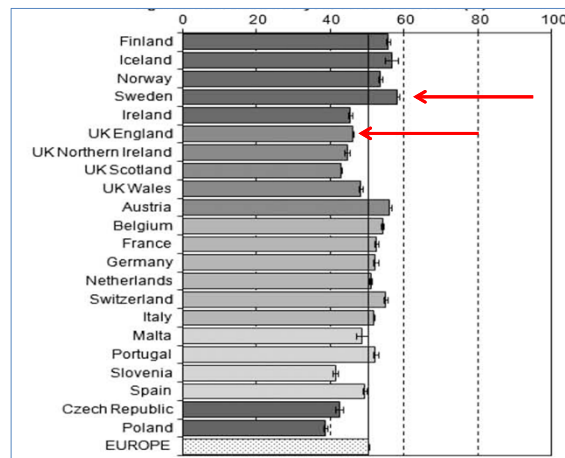
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All malignant neoplasms
Age-standardized five-year relative
survival %

Example:

Sweden 58% versus UK 46%

21000 lives annually



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EUROCARE-4



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Fast ways of improving health care and adding value for the individual patient

standardization and education

multidisciplinary care

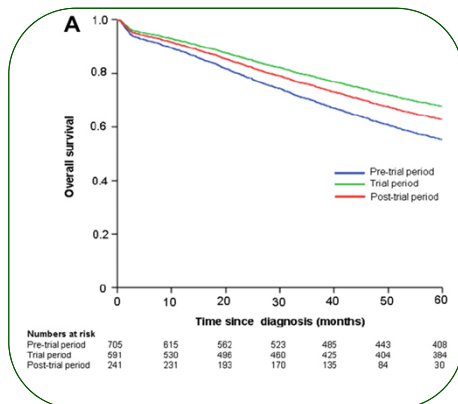
patient-centred care and informed patients involved in decisions

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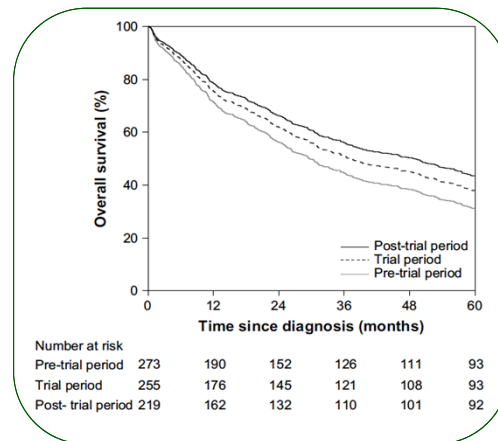


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The difference with a focus on cancer surgical techniques – standardisation and quality assessment



Rectal cancer surgery (TME)
Den Dulk et al, EJC 2008

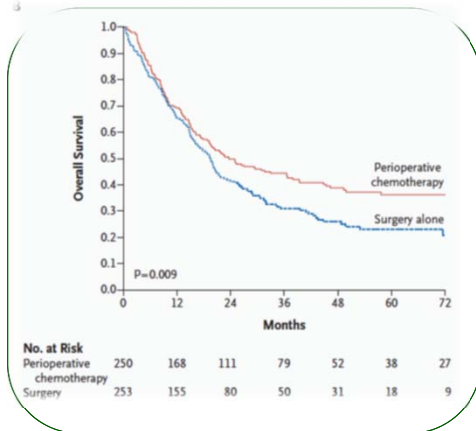


Gastric cancer surgery (D1/D2)
Krijnen et al, EJSO 2009

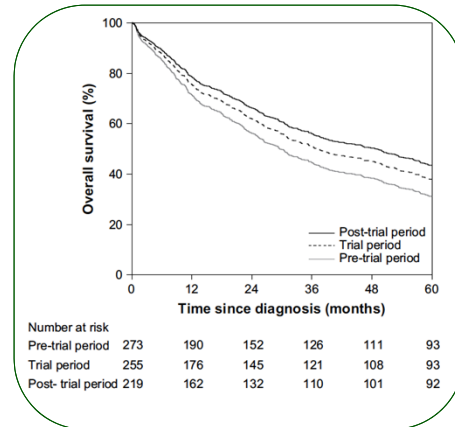


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Improvement in survival by different treatment modalities



MAGIC trial
 Cunningham et al, NEJM 2006



Gastric cancer surgery (D1/D2)
 Krijnen et al, EJSO 2009



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The importance of the multidisciplinary team



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Every patient is discussed at a multidisciplinary team board



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Decisions of value for the patient



Down-sizing
with chemotherapy



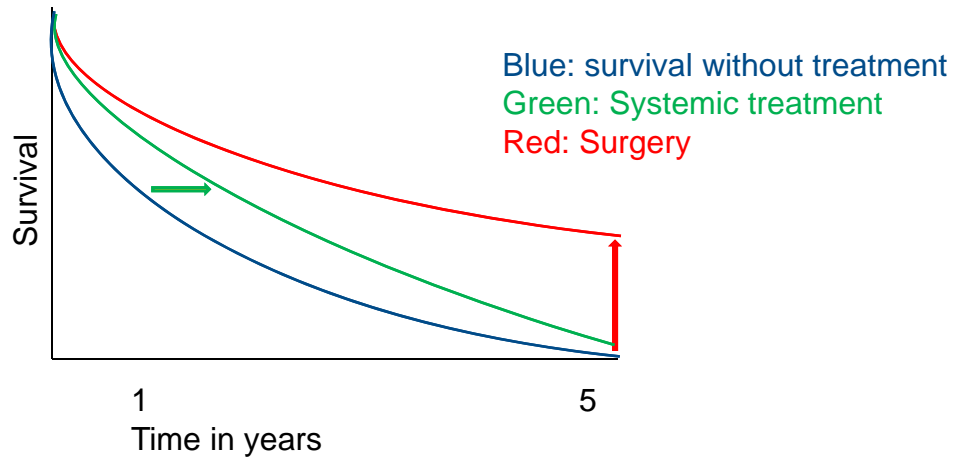
Only Chemotherapy – palliative care
Chemotherapy and Surgery – potential curative treatment

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Potential curative or palliative treatment

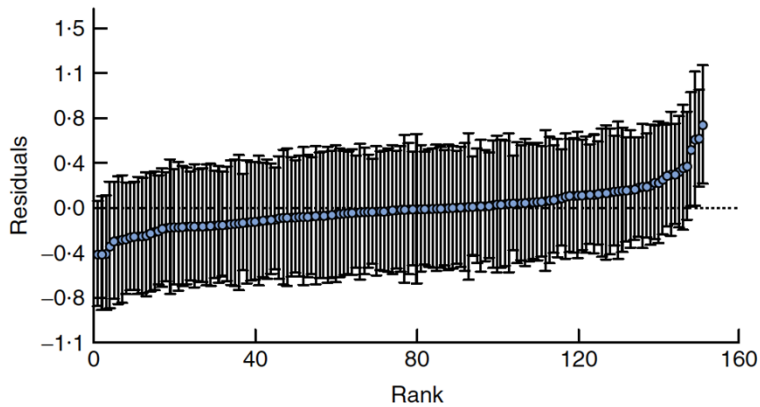


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Large variation in possibility for a patient to be considered for curative treatment



UK NHS hospitals
Liver resection for
colorectal liver
metastases

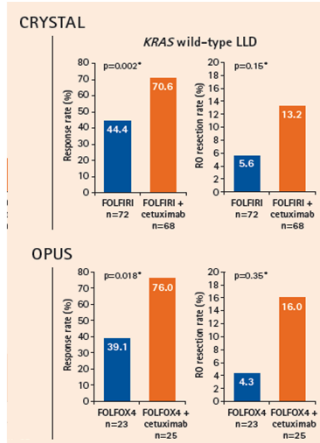
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Morris et al. BJS 2010



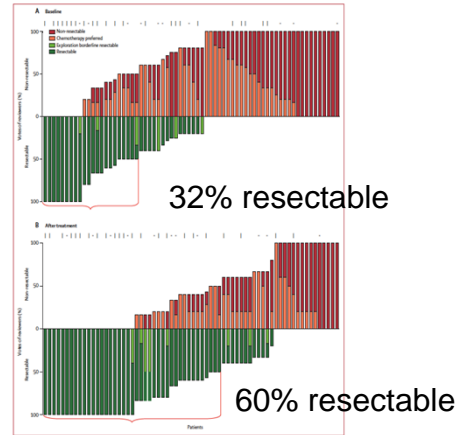
or a second opinion after initial treatment

Crystal and Opus



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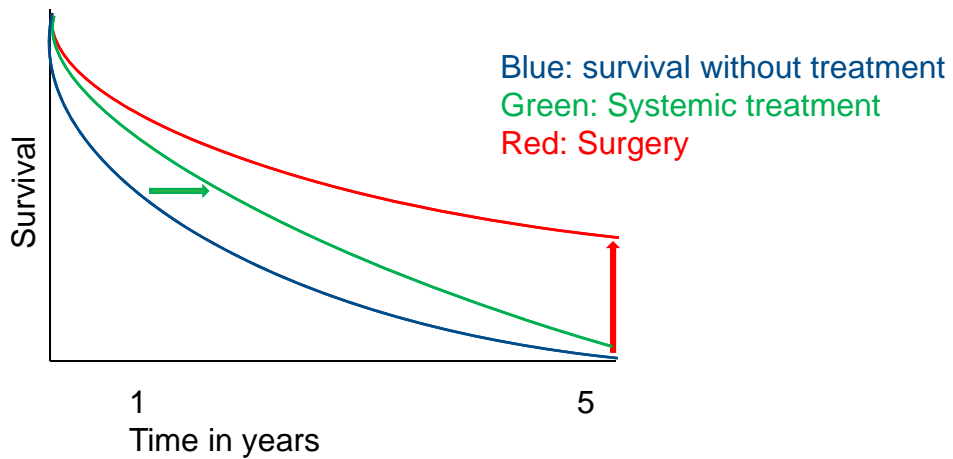
CELIM study



Folprecht et al, Lancet Oncol 2010



Potential curative or palliative treatment



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ECCO Essential Requirements for Quality Cancer Care: Colorectal Cancer. A critical review

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Patients should be diagnosed and treated at units where essential requirements of quality cancer care is met

Multidisciplinary teams expands value of care by increasing the knowledge base and patient centricity

Treatment with a curative intent or palliative purpose
Abstain from diagnostics and treatments

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