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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No disclosures
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?

Direct costs are only half of total costs of care for a patient's condition

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure19.png}
\caption{Components of the direct health cost of cancer in Europe (in billion €), 2005–2014 [57]}
\end{figure}
Survival – value that we can measure

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

All malignant neoplasms
Age-standardized five-year relative survival %
Example:
Sweden 58% versus UK 46%

21000 lives annually
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

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
Improvement in survival by different treatment modalities

MAGIC trial
Cunningham et al, NEJM 2006

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

The importance of the multidisciplinary team
Every patient is discussed at a multidisciplinary team board.

Decisions of value for the patient:
- Down-sizing with chemotherapy
- Only Chemotherapy – palliative care
- Chemotherapy and Surgery – potential curative treatment
Potential curative or palliative treatment

- Blue: survival without treatment
- Green: Systemic treatment
- Red: Surgery

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

UK NHS hospitals
Liver resection for colorectal liver metastases

Morris et al. BJS 2010
or a second opinion after initial treatment

Crystal and Opus

CELIM study

32% resectable

60% resectable

Folprecht et al, Lancet Oncol 2010

Potential curative or palliative treatment

Blue: survival without treatment
Green: Systemic treatment
Red: Surgery

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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