Abstract for the European Cancer Summit 2024

Key category: Health Systems & Quality Cancer Care

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Title: Bridging the gap: Enablers and barriers in implementing global cancer care efficiency metrics - A qualitative implementation study.

Background: Efficiency in cancer care is essential for improving patient outcomes and experience, optimizing resource utilization, and ensuring healthcare systems performance. As cancer rates rise globally, timely and coordinated care is crucial. All.Can International, jointly with the Health Value Alliance and the University of Southampton, previously identified eight efficiency metrics as a foundational starting point for standardising measurement along global cancer care pathways (1). This study identifies the enablers and barriers to implementing these metrics at national and organisational levels.

Methods: Semi-structured interviews were conducted with experts from 18 countries across five continents, including oncologists, nurses, researchers, representatives of industry, patient organisations and national health agencies. Barriers and enablers were identified through deductive coding, guided by the 'attributes of context' from the Implementation in Context (ICON) Framework (2), which encompasses: community influences; intercommunity, interorganisational and intersectoral relationships; political influences; regulatory influences; and regional and global influences on health. These findings were further categorised through inductive coding within each ICON framework attribute.

Results: When discussing the implementation of the metrics across interviewees' health systems, three themes emerged: timeliness of care, coordination of care, and patient-centredness.

For the timeliness of care metrics, 80 enablers and barriers were identified, with regulatory influences being the most prominent (n=50). Key enabler categories included the regulation of standardised care pathways (n=6) and the presence of national strategic planning documents (n=5). Poor interoperability of data infrastructures was identified as the most critical barrier (n=10).

In the implementation of coordination of care metrics, 52 enablers and barriers were identified, with a strong emphasis on regulatory influences (n=39). Notable enablers included regulations defining the roles of multidisciplinary teams (n=8) and oncology nurses (n=4). The most frequently cited barrier was the lack of regulation and prioritisation of oncology nurses' roles (n=8).
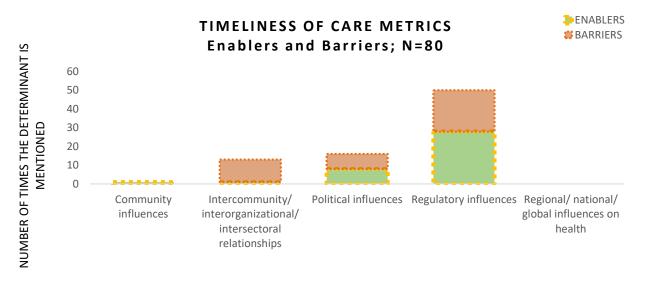
Implementation of patient-reported metrics was predominantly influenced by political factors (n= 21). Political will (n=7) and patient advocacy (n=5) emerged as key enablers. The absence of a national approach to systematic data collection was identified as the primary barrier (n=10).

Conclusions: This study identified critical enablers and barriers to implementing cancer care efficiency metrics across health systems. Addressing barriers such as poor regulation and data interoperability, while leveraging enablers like strategic planning and political will, can enhance the effectiveness and sustainability of cancer care globally. These insights provide a foundation for stakeholders to improve the utilisation of cancer care metrics, ultimately aiming to enhance health outcomes and system performance.

References:

(1) All.Can International. The All. Can Cancer Efficiency Metrics Study: A collaborative policy research project to identify a standard set of metrics to measure cancer care'efficiency'.". [Online] 2022. [Cited: 30 08 2024.] https://eprints.soton.ac.uk/468679/1/Final_The_All.

(2) Squires, J.E., Graham, I.D., Santos, W.J. et al. The Implementation in Context (ICON) Framework: A meta-framework of context domains, attributes and features in healthcare. Health Res Policy Sys 21, 81 (2023). https://doi.org/10.1186/s12961-023-01028-z.

Figure 1: Enablers and Barriers identified per theme of cancer efficiency metrics: timeliness of care metrics (n=80), coordination of care (n=52), and patient-centeredness (n=46).

TIMELINESS OF CARE METRICS
Enablers and Barriers; N=80

ENABLERS
BARRIERS

NUMBER OF TIMES THE DETERMINANT IS MENTIONED

60
50
40
30
20
10
0

Community influences | Intercommunity/ interorganizational/ intersectoral relationships | Political influences | Regulatory influences | Regional/ national/ global influences on health

EXTERNAL HEALTH SYSTEM LEVEL (ICON FRAMEWORK)

COORDINATION OF CARE METRICS
Enablers and Barriers; N=52

BARRIERS

NUMBER OF TIMES THE DETERMINANT IS MENTIONED

50
40
30
20
10
0

Community influences | Intercommunity/ interorganizational/ intersectoral relationships | Political influences | Regulatory influences | Regional/ national/ global influences on health

EXTERNAL HEALTH SYSTEM LEVEL (ICON FRAMEWORK)

PATIENT-CENTEREDNESS METRICS
Enablers and Barriers; N=46

BARRIERS
ENABLERS

NUMBER OF TIMES THE DETERMINANT IS MENTIONED

25
20
15
10
5
0

Community influences | Intercommunity/ interorganizational/ intersectoral relationships | Political influences | Regulatory influences | Regional/ national/ global influences on health

EXTERNAL HEALTH SYSTEM LEVEL (ICON FRAMEWORK)