

All.Can

Changing cancer care together

All.Can international: where we are and what we've achieved
A presentation by Kathy Barnard, All.Can Canada secretariat

All.Can is a multi-stakeholder initiative involving patient, clinical, academic and industry experts as well as policymakers. We aim to help define better solutions for sustainable cancer care and improve patient outcomes in the future. The All.Can initiative is made possible with financial support from Bristol-Myers Squibb (main sponsor), Amgen, MSD and Johnson & Johnson (sponsors) and Varian (contributor), with additional non-financial support from IntaCare and GoingsOn.

What is All.Can?

Our mission

We are an international multi-stakeholder initiative set up to identify ways to optimise the efficiency of cancer care by focusing on improving outcomes for patients.

Our vision

A world in which patients are always at the heart of sustainable cancer care.



<http://www.all-can.org>



Group name: All.Can



@AllCanGroup



@AllCanGroup

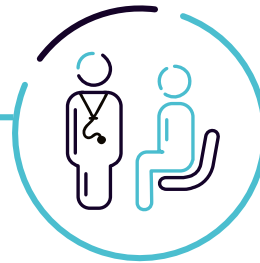
Why inefficiency? Why cancer?



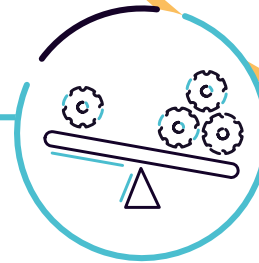
Up to **20%** of healthcare spending is estimated to be wasted on ineffective treatment and care¹ – yet improving efficiency could lead to a gain of **2 years** in life expectancy.²



Waste and inefficiency are not just a cost consideration; for patients, they may lead to **poorer outcomes and impact on quality of life.**



Cancer represents **17% of the total disease burden**, which will only increase with growing prevalence in years to come.

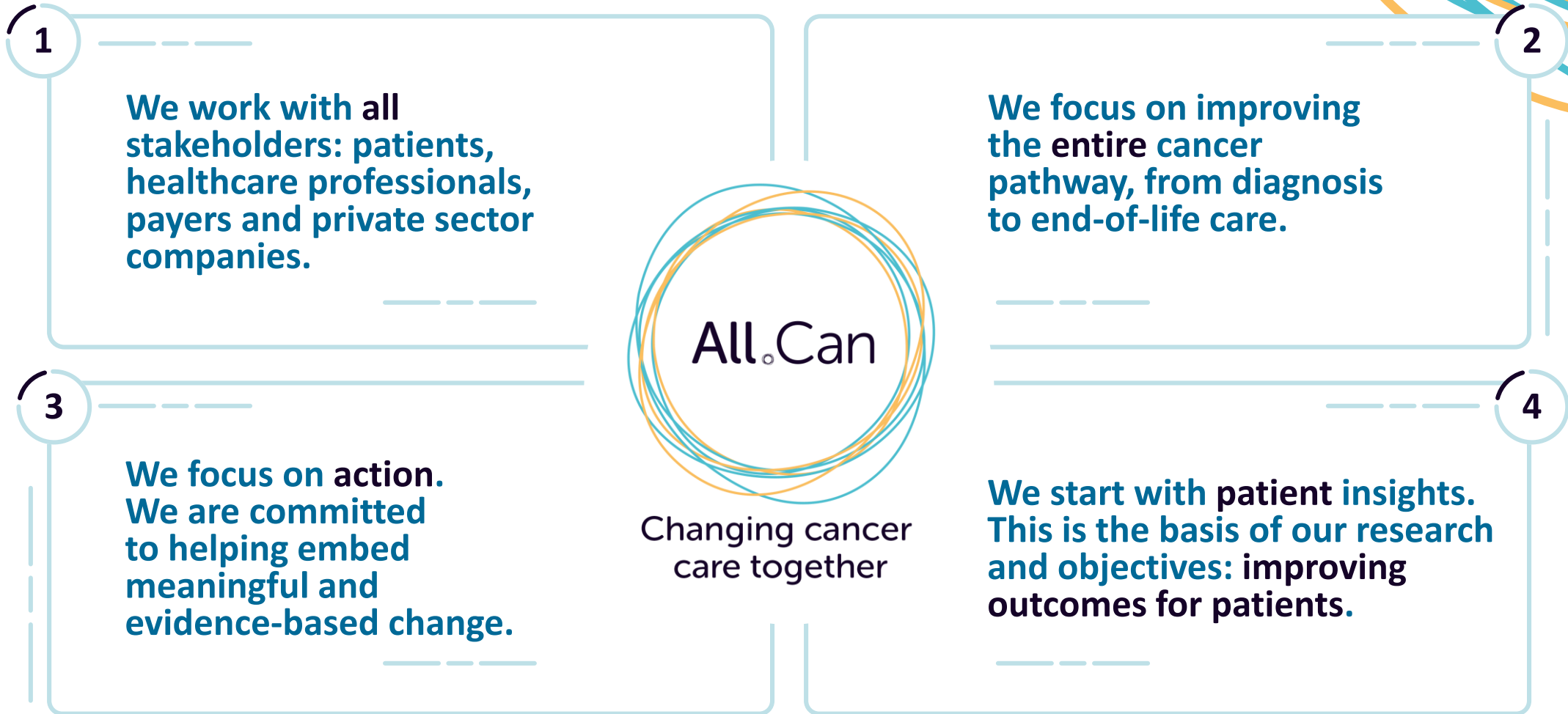


With budgetary pressures, we need to find ways to improve the **sustainability** of cancer care if we are to continue offering patients the best possible care in years to come.

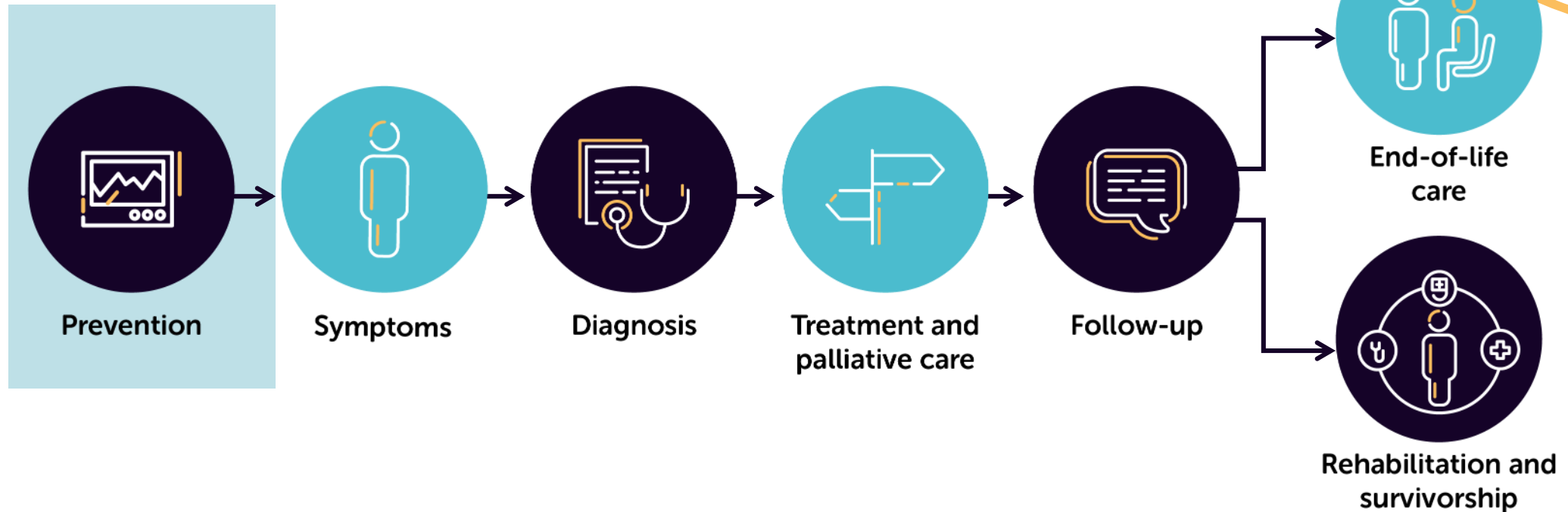
1. World Health Organisation. Health systems financing: the path to universal coverage. The World Health Report, 2010.

2. Medeiros J, Schwierz C. Efficiency estimates of health care systems in the EU. European Economy: European Commission Directorate-General for Economic and Financial Affairs, 2015.

What makes All.Can unique?



We believe there are opportunities to improve efficiency across the entire cancer pathway



Are we focusing on what matters most to patients?

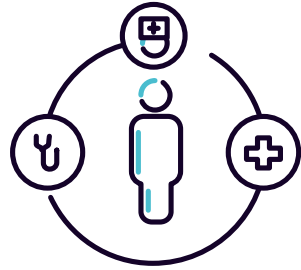
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Are we using our resources as efficiently as possible?

.....>

Aims and objectives

1



1. Put patients at the heart of cancer policy

2



2. Invest in data that track variations in patient outcomes and define what waste means to patients

3



3. Create accountability to ensure resource allocation is always centred around patient outcomes

4



4. Focus political will to embed these steps into health policy at an international and national level

Our commitment



We are at the forefront of innovation and engagement. Our pioneering research is laying the foundation for tackling systematic problems of waste and inefficiency, ultimately contributing to the sustainability of cancer care.

Expanding the All.Can family of national initiatives

Established:

Australia
Belgium
Canada
Germany
Italy
Poland
Spain
Sweden
Switzerland
United Kingdom

In development:

Austria
Denmark
Greece
Japan
Norway
USA

All.Can Canada - How to Begin?

Where to focus?

Continuum of Care:

Ethics
Clinical Trials/Research
Social determinants
Prevention
Screening
Diagnosis
Treatment (care and drugs)
Real world evidence/Data collection
Recovery/ Survivorship
End-of-life care



The Approach



The Approach

Patient Survey



Pharma Survey



Physician Survey



Patient Group Survey



Top responses

1. Long waits for initial diagnoses including diagnostic services and misdiagnoses
2. Delays, duplication and miscommunication in drug approval process (Health Canada, pCODR, PMPRB, CADTH, PCPA) resulting in patients without timely access to new treatments, and inequitable access across Canada
3. Inadequate medical record information systems resulting in delays and inefficient care for patients
4. Lack of access to psychosocial support for patients

Interim findings

Where does inefficiency occur most for patients?

“During the whole of your cancer care and treatment, where do you feel there was most inefficiency?”

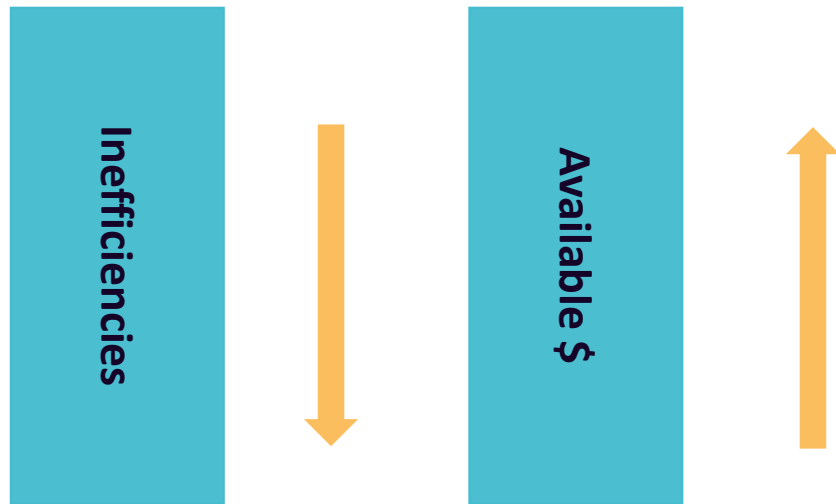


PLEASE NOTE: Interim findings only.

CANADA		Poland		UK	
My initial cancer diagnosis	25%	Dealing with ongoing side effects	26%	My initial cancer diagnosis	36%
Dealing with ongoing side effects	17%	Dealing with psychological impacts	19%	Dealing with ongoing side effects	18%
Dealing with psychological impacts	15%	My initial cancer diagnosis	15%	Dealing with psychological impacts	17%
Dealing with the financial impacts	14%	Getting the right treatment for my cancer	14%	The opportunity to take part in clinical trial	5%
Getting the right treatment for my cancer	9%	Dealing with the financial implications	11%	Access to patient support groups	5%
Access to patient support groups	7%	The opportunity to take part in clinical trial	8%	Getting the right treatment for my cancer	4%
The opportunity to take part in clinical trial	5%	Access to patient support groups	4%	Dealing with the financial impacts	4%
Other	8%	Other	3%	Other	10%

How does All.Can Canada fit with VBHC?

All.Can Canada impacts are a pre-cursor to VBHC



In a VBHC system, the dollars saved by reducing inefficiencies are redirected to other areas of oncology treatment.

Join us. Follow us. Work with us.



**Changing cancer
care together**

Together #WeAllCan

Contact: secretariat@all-can.org

www.all-can.org

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