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.
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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 care\(^1\) – 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.

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What makes All.Can unique?

1. We work with all stakeholders: patients, healthcare professionals, payers and private sector companies.

2. We focus on improving the entire cancer pathway, from diagnosis to end-of-life care.

3. We focus on action. We are committed to helping embed meaningful and evidence-based change.

4. We start with patient insights. This is the basis of our research and objectives: improving outcomes for patients.

Changing cancer care together.
We believe there are opportunities to improve efficiency across the entire cancer pathway.

Are we focusing on what matters most to patients?

Are we using our resources as efficiently as possible?

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Aims and objectives

1. Put patients at the heart of cancer policy

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

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

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.
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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
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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**

**Environmental-scans**

**Patient Survey**

**Pharma Survey**

**Physician Survey**

**Patient Group Survey**

**HTA Survey**

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**Consolidated List of Inefficiencies**

List of top inefficiencies
Canada-wide
Within continuum of care
Provincial and National

**Pre-Roundtable meetings**

Individual stakeholder groups

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**All Stakeholders and National Bodies Roundtable Meeting**

Health Canada
Patented Medicines Pricing Review Board
Canadian Agency for Drugs and Technology in Health
Pan-Canadian Oncology Drug Review
Canadian Partnership Against Cancer
Canadian Drug Implementation Advisory Committee

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**Report**

**Steering Committee**

**Workplan**

(Completed by end of Q2 2019)
The Approach

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
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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.

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

PLEASE NOTE: Interim findings only.
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.
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Join us. Follow us. Work with us.