

3rd Annual International Oncology Leadership Conference

NOVEMBER 17-19, 2019, ANTWERP, BELGIUM

D. Verhoeven, MD, PhD¹, A. Paravati, MD, MBA²

SUMMARY

The annual International Oncology Leadership Conference (IOLC) brings together physicians and administrative professionals from around the world to share best practices and to discuss future trends and challenges affecting the provision of cancer care. Following prior IOLC meetings in London and Milan, the conference in 2019 took place in Antwerp. Chairperson *Prof. Didier Verhoeven* and the planning committee organised an engaging agenda which was divided into three parts: economy, technology, and patient engagement/leadership. One of the main purposes of this conference is to compare US and European approaches and to learn from each other. Attendees from thirteen countries participated at the IOLC 2019. IOLC is presented by the *Association of Cancer Executives* and in partnership with *Hauck & Associates, Inc.* Some interesting points of the meeting are mentioned below.

(BELG J MED ONCOL 2020;14(2):84-5)

In the **economy session**, *Catherine Gillespie (RGN, BSc, MA, oncology nurse and administrative leader from the UK)* shared her experience from Hamad, Qatar. She observed the benefits to an emerging national health system of investing in a long term partner, in the case of Qatar, Toronto's Princess Margaret Hospital, as opposed to short term consultancies aimed at quick results and interventions.

Didier Verhoeven spoke about the pay for performance (P4P) strategy. The aim of this strategy is to improve the quality of clinical care, to reduce the cost of care, and to spend resources more wisely while providing financial incentives to caregivers for practicing in a 'value-based' way. Recently, a pay for performance program was introduced in Belgium, based on the following metrics: hospital/clinic participation in accreditation programs, patient experience, and a selection of clinical (oncologic) process and outcome indicators.

In a recent publication in the *Annals of Internal Medicine* by *Mendelson et al. (2017)* from Harvard, researchers analysed 69 studies to assess the effect of P4P incentives.

This meta-analysis demonstrated that P4P might be associated with improved care in an ambulatory setting. However, they found no positive association of improved health outcome in all settings combined. These authors concluded P4P does not improve the health of patients, may harm sicker and poorer patients, encourage caregivers to avoid sicker patients, and in some cases may serve as a perverse incentive causing life-saving treatments to be withheld. In addition, it creates interruptions in needed care, undermines altruism and professionalism and lastly, causes doctors to 'game' quality measures. A better approach may be 'Value-based health care', which seeks to redefine value by placing the patient at the centre. Looking for actions as catalysts for val-

¹Department of Oncology, AZ KLINA, Brasschaat, University of Antwerp, Antwerp, Belgium, ²Radiation Oncology, Kettering Medical Center, Kettering, Ohio, United States of America.

Please send all correspondence to: D. Verhoeven, MD, PhD, Department of Oncology, AZ KLINA, Augustijnslei 100, 2930 Brasschaat, Belgium, tel:+32 36505157, e-mail: didier.verhoeven@klina.be.

Conflict of interest: The authors have nothing to disclose and indicate no potential conflict of interest.

Keywords: economy, leadership, oncology, technology.

ue, it is suggested not to reward volume, but to standardise methods and to create choices, thereby avoiding monopolistic scenarios. Lastly, data and outcomes must be transparent. Alex Zafirovski (MBA, Lurie Cancer Center at Northwestern University, Chicago (USA)) presented his organisation's approach to comprehensive cancer care and research. This approach is characterised by world-class teaching programs and a commitment to advancing the quality of cancer care across all the major disciplines: medical, surgical, radiation and interventional oncology. Collaboration with cancer centres across the nation and around the world resulted in improved performance outcomes at Northwestern. Special attention was given to the Chicago Sister Cities International Medical Initiative Program, which brings international physicians from 29 Sister Cities to Chicago to participate in various research and clinical experiences.

Denis Lacombe (MD, general director of the EORTC) spoke about the many gaps in knowledge of the efficacy and therapeutic use of medicines, which can impose a significant financial burden on healthcare systems, to the detriment of more cost-effective interventions. Policy changes are required to integrate clinical research with care at the bedside. New avenues to optimise the integration of drug development and care are being proposed to achieve this ultimate goal.

In the **technology session**, Anthony Paravati (director of stereotactic radiosurgery and stereotactic body radiotherapy services at Kettering Health Network in Ohio (USA) and chair of next year's conference in Rome) drew a contrast between the predominant European model of building cancer services around large referral centres and the 'regionalised' model, more prevalent in the United States. People who live outside of the large population centres have to travel long distances when they need advanced specialised services such as radiosurgery or stereotactic body radiation therapy. In the US, the tendency has been to offer the same or near the same level of sophisticated therapy as found in referral centres, also in small regional centres affiliated with larger referral centres. An aspect of fundamental importance to the success of the 'regionalised' model is the implementation of adequate IT/software infrastructure for communicating across the clinical network to make sure that the care delivered in the smaller outlying 'regional' centres does not suffer in terms of quality, safety, or outcomes.

Marc Gelinias (MHA, CMPE, CPHIMS, FACHE from the Oncology Group, Dallas (USA)) spoke about proton therapy gaining acceptance in the US and the growing number of facilities

offering this service. His discussion made clear that opinions are divided regarding the value of proton therapy and that more scientific evidence must be provided to prove the value of this costlier approach to radiotherapy.

In the **patient involvement/leadership** session, Michael Koroscik (MHA, MBA, Sutter Health, Sacramento (USA)) discussed how to reduce emergency department visits and hospitalisations due to the side effects of oncologic treatments. To prevent those visits and their associated negative consequences on cost, quality and patient satisfaction, Sutter Health has invested in urgent care programs for cancer patients. The Cancer Patients Urgent Care Pro Forma was shared to demonstrate the impact of Sutter's approach to urgent care for cancer patients on the system's financial performance.

Marc Peeters (MD, PhD, University of Antwerp) highlighted the use of health information technology to improve early symptom detection to prevent admission through the emergency department. The use of an interactive self-reported tool is feasible, reliable, and acceptable to outpatients. The RemeCoach and its associated algorithm will be further developed as an interactive patient-reported outcome (PRO) system, to improve early detection of side effects in an outpatient setting.

At the end of the conference, an interesting international debate was organised to discuss key points related to accountable cancer care and during which several of the most vexing issues affecting cancer care were discussed from both a European and a North American perspective.

Next year's conference will be held in Rome from 15-17 November, 2020 in collaboration with the *Policlinico Universitario Agostino Gemelli IRCCS*.

