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National Board of Health



ISQua 2009

Monitoring National Integrated Cancer Pathways in Denmark
- Challenges, Results, and Lessons Learned

Danish National Board of Health
Monitoring & Health Technology Assessment
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How It All Started

- In comparison survival rates for cancer patients were poor and waiting times unacceptable long

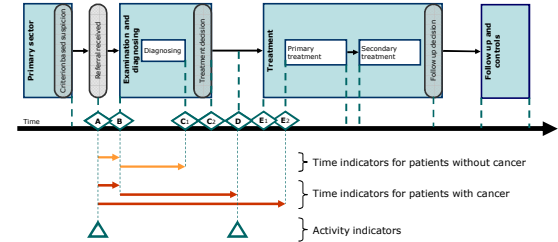
5-year relative survival in the Nordic countries in 2000 (%)				
	DENMARK	FINLAND	NORWAY	SWEDEN
Colon	♂	48	63	59
	♀	52	59	61
Rectum	♂	49	51	59
	♀	53	57	62
Lung	♂	8	10	10
	♀	9	14	15
Breast	♀	79	84	83
Cervix	♀	67	65	70
Uterus	♀	82	85	82
Ovary	♀	37	47	45
Prostate	♂	49	79	73

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Development of the Monitoring Model

- Extensive collaboration with clinical stakeholders
- Monitoring model measuring time and activity




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Presentation of Results

- Clinicians as the primary target group
 - Web based information system
 - Data at different organisational levels
 - Statistical tool for quality improvement
- Presentation to the public
 - Same data
 - Motivating factor for improving data quality



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Challenges

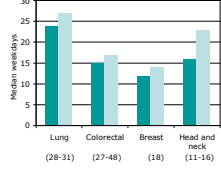
- To monitor all patients with suspicion of cancer using existing data sources
 - Disease specific quality databases
 - Administrative database of hospital episodes
- To identify the pathways in the National Patient Registry (NPR)
 - To combine episodes into pathways
 - To identify start and end points of pathways

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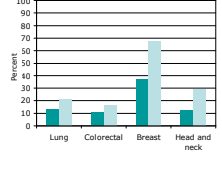
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Results

Time from referral received at hospital to treatment start



Data completeness



Preliminary results

➡ Challenge III. To obtain good data quality

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