

Managed Clinical Network Gynaecology

Comprehensive Cancer Centre North East Netherlands

Middelveldt, Nijman, Arts, Holtkamp et al.



What are Comprehensive Cancer Centres?

- Network organisations for health care professionals and cancer care institutions (spider in web)
- Cancer Centres improve comprehensive quality of cure and care



Organisation nationwide

- 8 Comprehensive Cancer Centres
- Independent organisations
- All hospitals are affiliated
- 300 employees
- 400 medical specialists consultants



CCC Regions



CCCNE: 23 hospitals

Objectives CCCNE

Improve

- efficiency in comprehensive oncology care
- evidence based oncology care
- timely detection to reduce death from cancer
- quality of life and satisfaction with care
- optimal palliative care



Products

- National database with all cancers
- National guidelines for diagnosing and treatment of cancer
- Website to publish the guidelines www.oncoline.nl
- Consultation about treatment of cancer patients
- Research into the epidemiology of cancer and evaluation of cancer care
- Care pathways for different tumours
- projects to improve palliative and psychosocial care
- Managed clinical networks



Managed Clinical Network gynaecology

- A Managed Clinical Network (MCN) was formed by the Comprehensive Cancer Centre North East (IKNO) to reach the highest quality level of care for all ovarian cancer patients in our region. As part of the MCN 16 participating hospitals signed a contract for the agreements within the MCN.



Managed Clinical Network Gynaecology (2)

Objective:

-Increasing the disease free and overall survival for patients with ovarian cancer through optimally performed surgical procedures and treatment according to oncology guidelines

-Making sure that every patient in our region can count on the highest available quality of care



Why a Managed Clinical Network Gynaecology?

- the results of several studies gave reason to make agreements that lead to improved treatment of ovarian tumours in the North of the Netherlands



Comparison in Europe

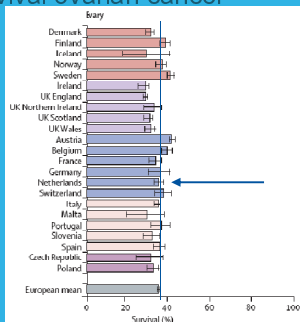
Survival for eight major cancers and all cancers combined for European adults diagnosed in 1995-99: results of the EURO CARE-4 study

Francesco Berrino, Roberto Di Angelis, Milena Sant, Stefano Rosso, Magdalena B Lesotz, Jen W Coebergh, Mariano Santagostani, and the EURO CARE Working group*

Lancet Oncol 2007; 8: 773-783



EURO CARE-4, 5 year survival ovarian cancer



Results

More complete staging in semi-specialized and specialized hospitals than in general hospitals

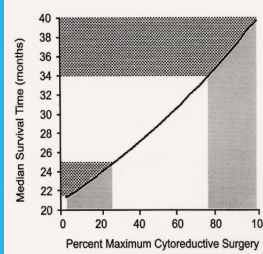
More optimal debulking:

- in specialized hospital
- with high-volume gynaecologic oncologist
- when general / oncology surgeon is present

Patient volume and optimal debulking rates much lower in Dutch hospitals than in foreign centers

KNO

Debulking percentage and survival



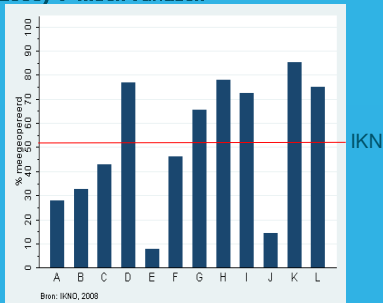
10% increase of debulking percentage = 5.5% increase of survival

Optimal debulking percentage in "expert centre" : >75%

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Surgery ovarian tumors

Percentage of surgery performed by a GO, co-operating in non-teaching hospitals (2000-2006) → much variation

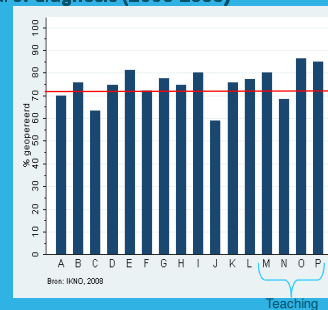


IKN

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Surgery ovarian tumours

Percentage of ovarian tumours having surgery in the hospital of diagnosis (2000-2006)



IKNO

KNO

Development of a Managed Clinical Network

- **Prologue;** inform, display results of and variation in care process (NKR) to create a base within the region to join in the inventory
- **Inventory;** interviews with peers in each hospital, mapping the care path in each hospital
- **Design;** discuss the variation in crucial steps in the care path, trying to reach consensus on how to do in the future, creating the covenant of the MCN that has to be signed by every participant
- **Implementation;** make sure every hospital implements the agreements in the covenant, create monitoring system
- **Evaluation;** evaluate the agreements of the MCN by figures from NKR/monitoring system: improved survival, shorter lead times etc.

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Outline of the covenant and results

Implementation agreement MCN Gynaecology- ovarian cancer february 2009

Target non-teaching hospitals	Results
Time to first hospital visit < 1 week	100
Time to start treatment < 4 weeks	90
Triage using Risk of Malignancy Index (RMI)	100
Surgery by gynaecologic oncologist UMCG	95
Referred to expert center UMCG: patients with likelihood of complex surgery and/or need of postoperative extended (intensive) care	100

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Results

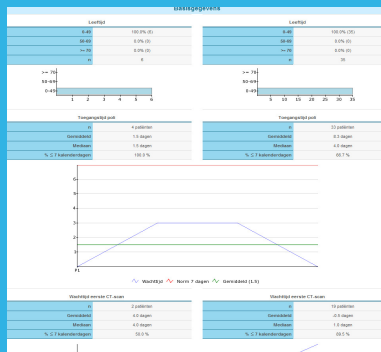
- Regional consensus was achieved on the quality standards and process of care for ovarian cancer patients. The implementation process started in September 2008. Within half a year most of the targets were reached. Using a web based database, patient characteristics, treatment procedures and final outcome of treatment will be monitored.

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Monitoring the covenant

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Monitoring the covenant



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Conclusions

- The results in this project show that the method of obligatory agreements within a Managed Clinical Network, even with 16 hospitals, can be successful
- The MCN-concept makes it possible to develop uniform patient-pathways in which parts of the care take place in the hospital nearest to the patients home whereas patients for other parts of treatment for quality reasons are referred to an expert centre.
- Other MCN's are now being developed in our region for esophageal cancer, thyroid cancer and sarcomas

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