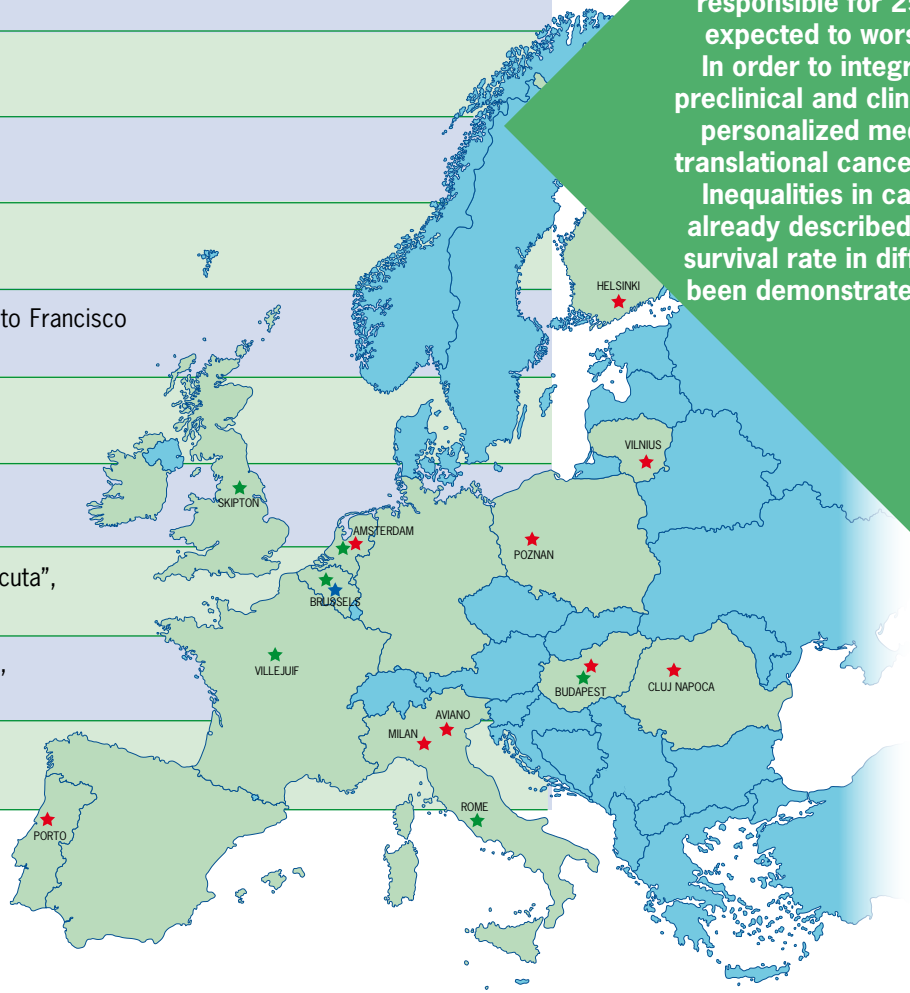
BenchCan COLLABORATING PARTNERS

- National Cancer Institute, Vilnius, Lithuania
- Centro di Riferimento Oncologico, Aviano, Italy
- The Greater Poland Cancer Centre, Poznan, Poland
- Helsinki University Central Hospital, Helsinki, Finland
- Instituto Portugues de Oncologia do Porto Francisco Gentil, Porto, Portugal
- Fondazione Istituto Nazionale Tumori, Milan, Italy
- National Institute of Oncology, Budapest, Hungary
- The Oncology Institute “Prof. Dr. Ion Chiricuta”, Cluj Napoca, Romania
- The Netherland Cancer Institute - NKI-AVL, Amsterdam, The Netherlands
- European Cancer Patients Coalition, Brussels, Belgium



European Cancer Patient Coalition
Core Group
Pilot Sites

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BenchCan

Benchmark comprehensive cancer care that provides interdisciplinary treatment for patients, and yield examples of best practices in comprehensive cancer care

Cancer is a worldwide health burden, and one of the major public health challenges, being responsible for 25% of all deaths: a situation expected to worsen with population ageing. In order to integrate basic, epidemiological, preclinical and clinical research, and to improve personalized medicine, the strengthening of translational cancer research is an urgent need. Inequalities in cancer treatments have been already described, even by the OECD, and the survival rate in different European Regions has been demonstrated to be often quite different.

The Bench-Can project linked 9 cancer centres in 8 EU Member States as well as the European Cancer Patients Coalition, helping to improve cancer care and ensure long term benefits to the patients. By concentrating on benchmarking operations management and best clinical practices, Bench-Can delivered a critical mass for tackling large scale problems. Bench-Can helped improving the oncologic care infrastructure towards state-of-the-art comprehensive care provision, contributing to patients’ wellbeing and economic productivity with the final aim to guarantee a better organization and management of the cancer care infrastructure.

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BenchCan CORE GROUP

OECI · NKI-AVL · GUSTAVE ROUSSY · healthclusternet · panaxea · Alleanza contro il cancro

BenchCan

BenchCan objectives

The general objectives of Bench-Can is to benchmark comprehensive cancer care & yield best practice examples in a way that contributes to improving the quality of interdisciplinary patient treatment. To achieve these goals, the project addresses 6 specific objectives:

1. To collect, compare and align, by consensus formation, the standards, recommendations and accreditation criteria of comprehensive cancer care adopted in selected European countries representatives of different geographic areas.
2. To review and refine a benchmarking tool that can be applied to comprehensive cancer care through interdisciplinary patient treatment.
3. To pilot the benchmark tool with particular attention to operations management and best clinical practices.
4. To maximise knowledge exchange and sharing of best practices among providers of comprehensive cancer care in European countries and regions.
5. To ensure compatibility of the benchmarking tool with existing cancer care resources and services.
6. To ensure the sustainability and long-term benefits of the project.

BenchCan work plan

Evaluation

Collection of information about activities, meeting expectations & outcomes to inform judgments about project performance, strategies, work quality, cost efficiency & decisions about future work.

Benchmark tools piloting

The tools will be piloted in 3 geographic EU clusters. Each cluster conducts a benchmarking (BM) exercise and it is visited by an external review group. These clusters have been identified as: North/West (Amsterdam, Helsinki, London, Heidelberg); South (Porto, Aviano, Milan); Central & Eastern (Poznan, Vilnius, Budapest, Cluj). In addition to the 3 geographic clusters, the subjects are assessed in three development categories: full, medium and promising/potential. Data collection in pilot sites will have 2 parts (i) description of pilot site organization, with an agreed number of indicator sets, describing the comprehensive care context (ii) modeling performance of comprehensive cancer centres or cancer departments/units at general hospitals by several matrices e.g. organizational objectives/intermediaries (staff/teams); intermediaries/services; services/patient outcome enablers; translational research or medicine-related data. One way to improve benchmarking efforts is an analytical technique called “data envelopment analysis” (DEA), which performs complex mathematical optimization of inputs (resources consumed) and outputs of healthcare production processes to facilitate comparison of one organization to others making adjustments for scale.

Budget impact analysis

The benchmarking tool foresees a detailed budget impact analysis. It is focused on benchmarking the financial performance and operational efficiency of comprehensive cancer centres and cancer departments/units at general hospitals.

Benchmarking manual

The manual is addressed to the care-categories engaged in comprehensive cancer care through interdisciplinary treatment of patients (clinical staff, management, patients/carers and service funders).

BenchCan strategic impact

The number of new cancer patients is steadily increasing. All aspects of quality in cancer care, defined by IOM (effectiveness, efficiency, patient-centeredness, equity and safety) have to be taken into consideration. Differences in health systems performances in EU countries, indicate that there is sufficient room for improvement, contributing to a larger degree of disease & symptom free survival after primary treatment & prolonged symptom free metastatic disease.

Having a sufficiently developed comprehensive care infrastructure (in which comprehensiveness relates to (i) number of disciplines of technological infrastructure (ii) to the translational research & medicine infrastructure) provides a fertile environment for R&D of various biomedical technologies related to cancer treatments. Improving the oncologic care infrastructure towards state of the art comprehensive care provision, will contribute to reduce the shifting of R&D activities outside Europe, attracting pharmaceutical companies to invest in Europe. An infrastructure of benchmarking, especially embedded in existing European organizations such as the OECI (the only existing European Network of CCCs) is an optimal prerequisite for a successful benchmarking system that can help EU cancer care providers to improve infrastructure & functioning. The project also looks to possible added value by initial attention to how the benchmarking system can be used across clinical specialisms focusing on the patient holistically. This will become more critical as compression of co-morbidity increases with ageing populations.

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