The development of cancer networks in Germany

Ellen Griesshammer, German Cancer Society

German Cancer Society (Deutsche Krebsgesellschaft, DKG)

- Largest scientific society in oncology in German-speaking countries
- Committed to cancer care based on evidence-based medicine and interdisciplinarity
- Our aim is high quality of oncological care and our focus is on:
  - the certification of centers of oncological care,
  - the development of evidence-based, independent treatment guidelines and patient guidance,
  - knowledge development and knowledge transfer in oncology and
  - reliable patient information
- DKG includes 16 regional cancer society's, has more than 8,000 individual members and is organized in 24 working groups
- DKG represents Germany in international organizations (i.e. UICC, ECL and EU) and is the co-founder of the **German National Cancer Plan**

Starting point of the Certification Programme

Starting point:
Differences in survival rates of (breast) cancer patients in the member states of the European Union

DKG KREBSGESELLSCHAFT
Certified Breast Cancer Centre

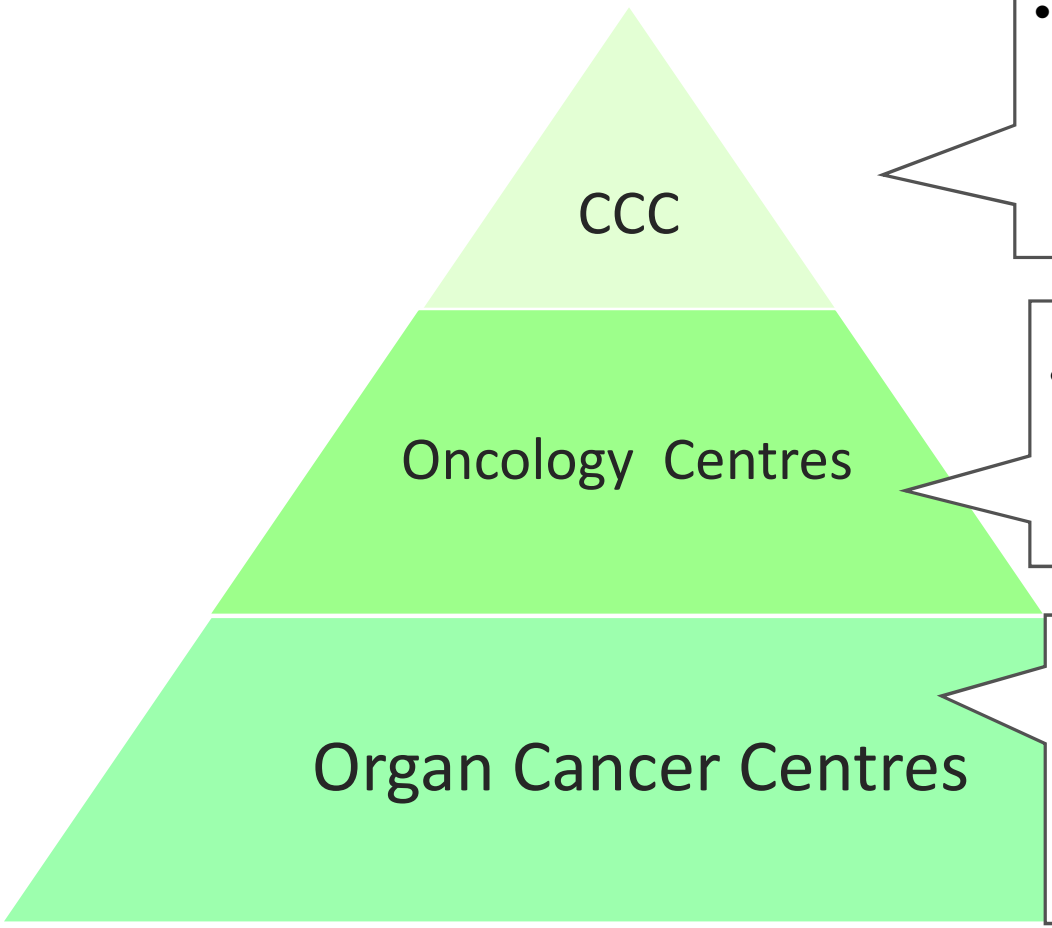
2003
Certification of Breast Cancer Centres

2008
National Cancer Plan

Cancer care is provided in certified cancer centres

Organisation of certified cancer centres

National Cancer Plan



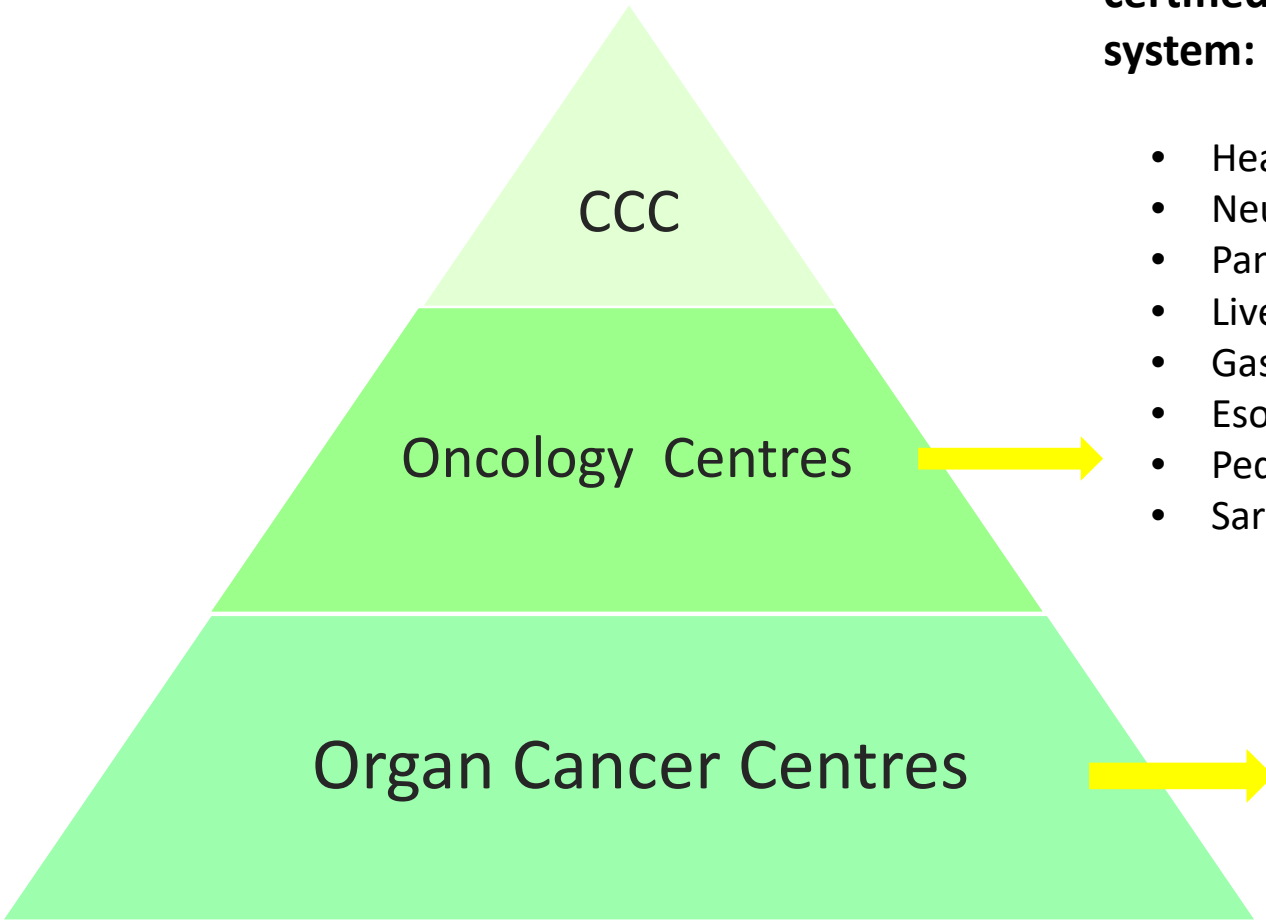
- A **Comprehensive Cancer Centre** (CCC) is a leading Oncology Centre with major research aims. Specifically for rare cancer diseases and special issues

- An **Oncology Centre** extends to several organs or specialties, particularly for not common cancers

- An **Organ Cancer Centre** is a centre specializing in one organ or specialty (breast, colorectal, lung, prostate, skin, gynecological tumors)

Organisation of certified cancer centres

National Cancer Plan



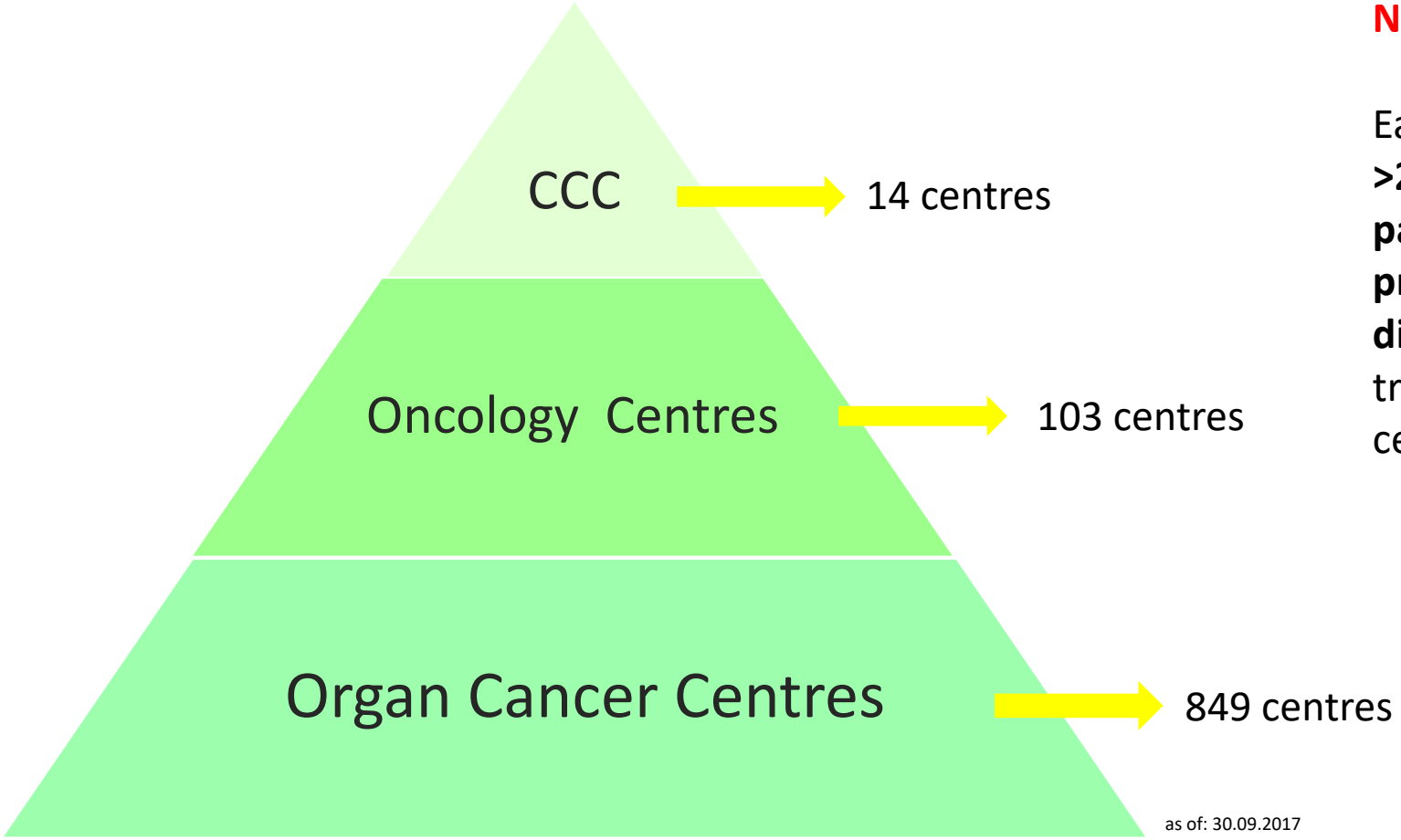
Tumor entites which can be certified within the certification system:

- Head and Neck-Tumor Centres
- Neurooncological Centres
- Pancreatic Cancer Centres
- Liver Cancer Centres
- Gastric Cancer Centres
- Esophageal Cancer Centres
- Pediatric Tumor Centres
- Sarkoma Centres

- Breast Cancer Centres
- Colorectal Cancer Centres
- Skin Cancer Centres
- Gynecological Cancer Centres
- Prostate Cancer Centres
- Lung Cancer Centres

Organisation of certified cancer centres

National Cancer Plan



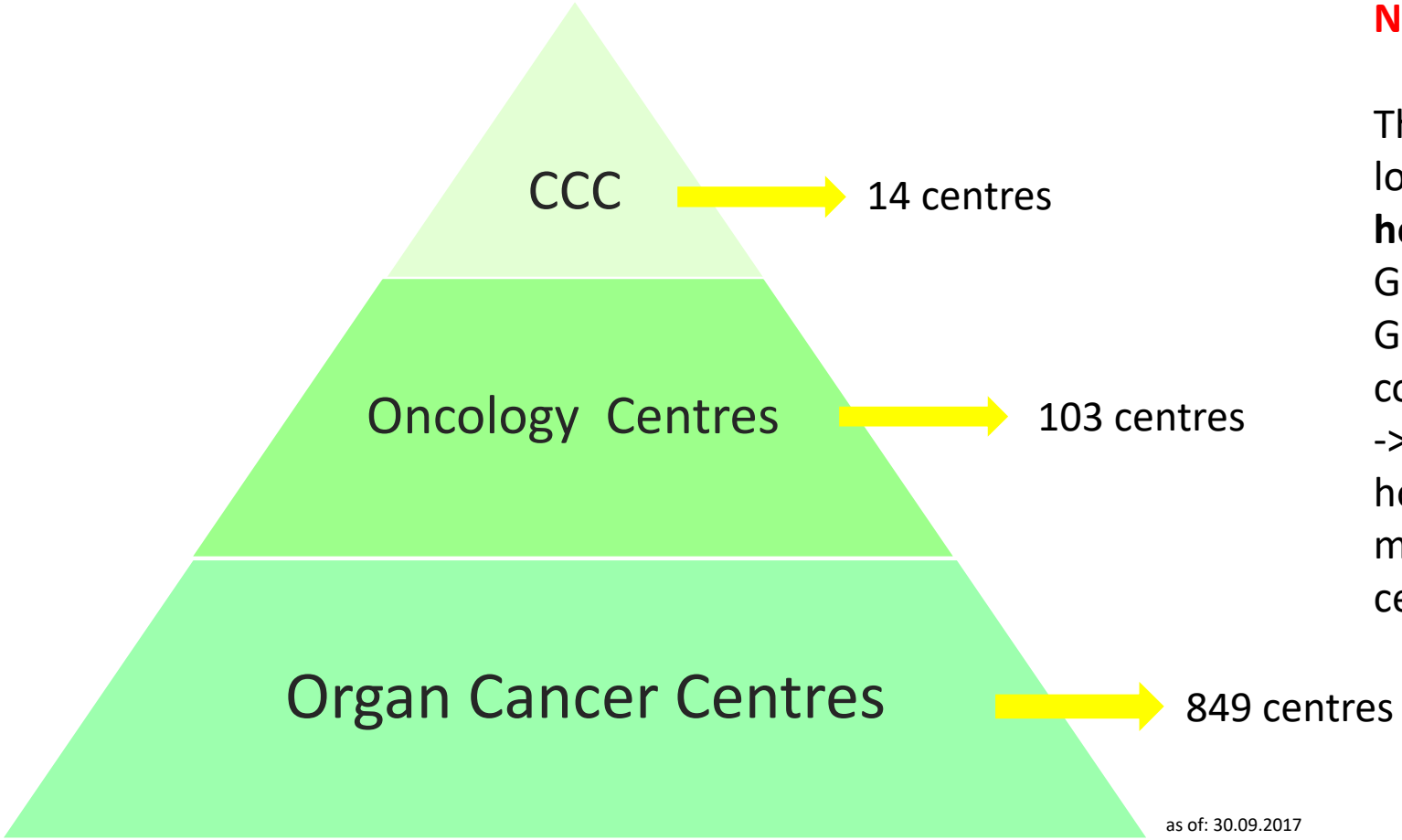
as of: 30.09.2017

Note:

Each year **>200.000 patients with a primary cancer diagnosis** are treated in the centres.

Organisation of certified cancer centres

National Cancer Plan



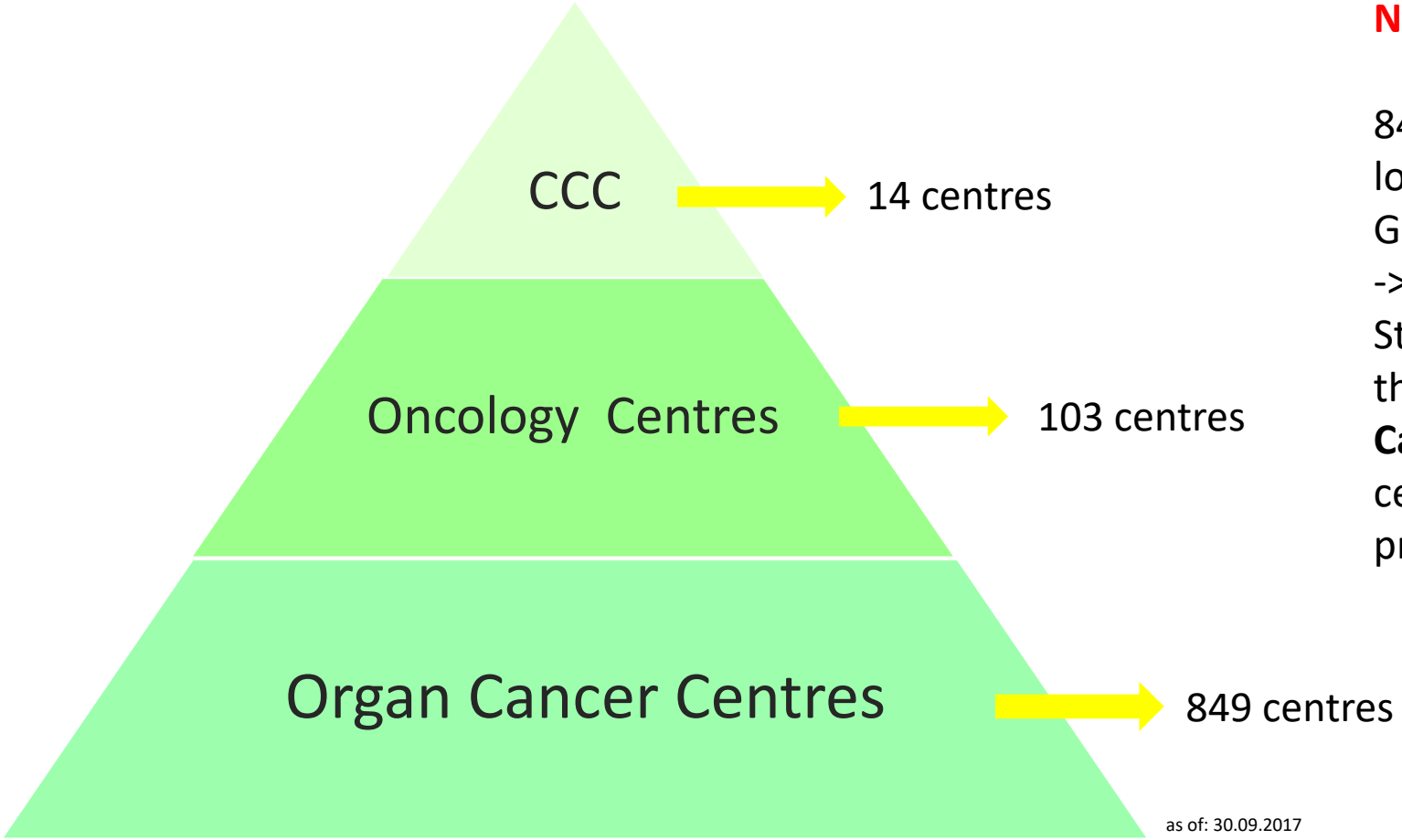
as of: 30.09.2017

Note:

The centres are located at **442 hospitals** in Germany and German-speaking countries
-> most of the hospitals have more than 1 certified centre

Organisation of certified cancer centres

National Cancer Plan



as of: 30.09.2017

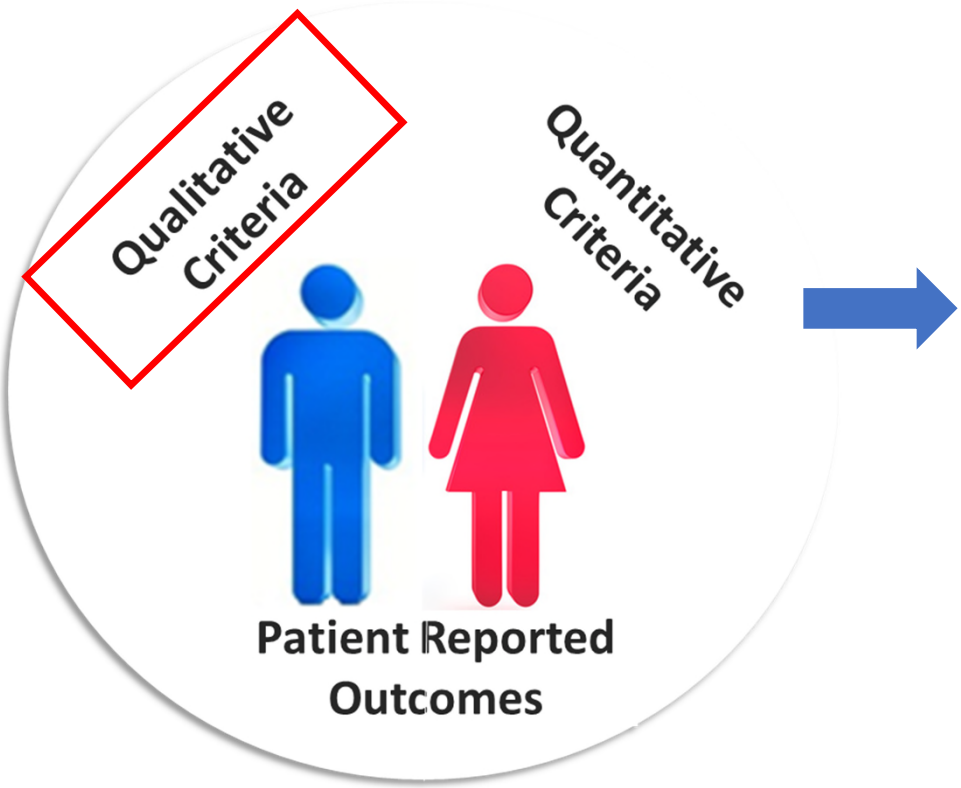
Note:

84 centres are located outside of Germany
->
Starting point for the **European Cancer Centre** certification program

Patient-centred Quality need:

Patient-centred Quality needs:

1. Qualitative Criteria

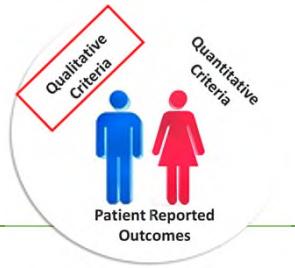


To ensure and establish **unified structures** and **processes** by:

1. Setting-up tumour-specific networks
2. Ensuring interdisciplinary and inter-professional cooperation
3. Applying tumour-specific requirements

Qualitative Criteria for:

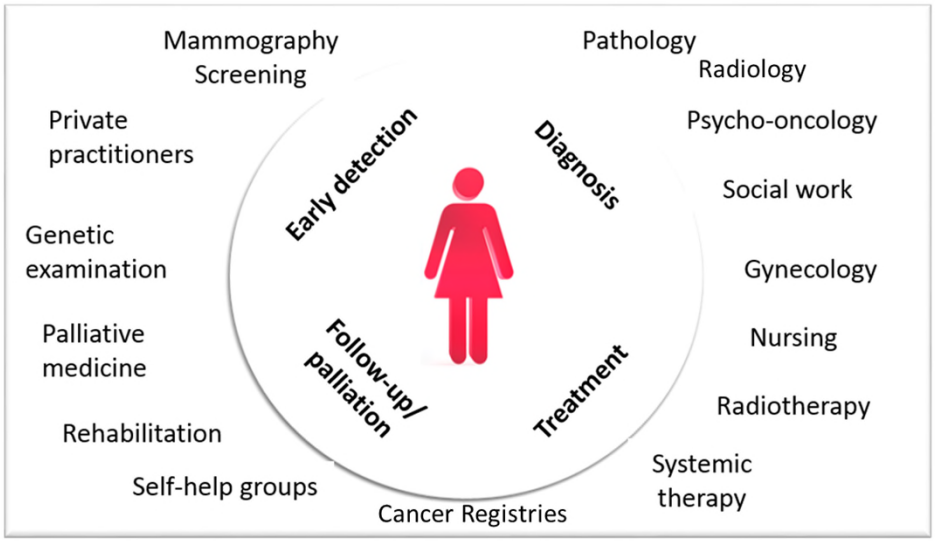
1. Setting-up tumour-specific networks along the entire chain of oncological care



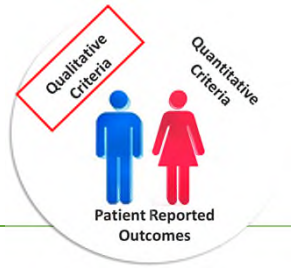
Definition of a Cancer Centre:

"A network of qualified and jointly certified interdisciplinary and trans sectoral [...] institutions that [...] if possible represent the entire chain of health care for those affected [...] "

Cooperation Partners within a Breast Cancer Centre:



Qualitative Criteria for:
2. Ensuring Interdisciplinary and Inter-professional Cooperation



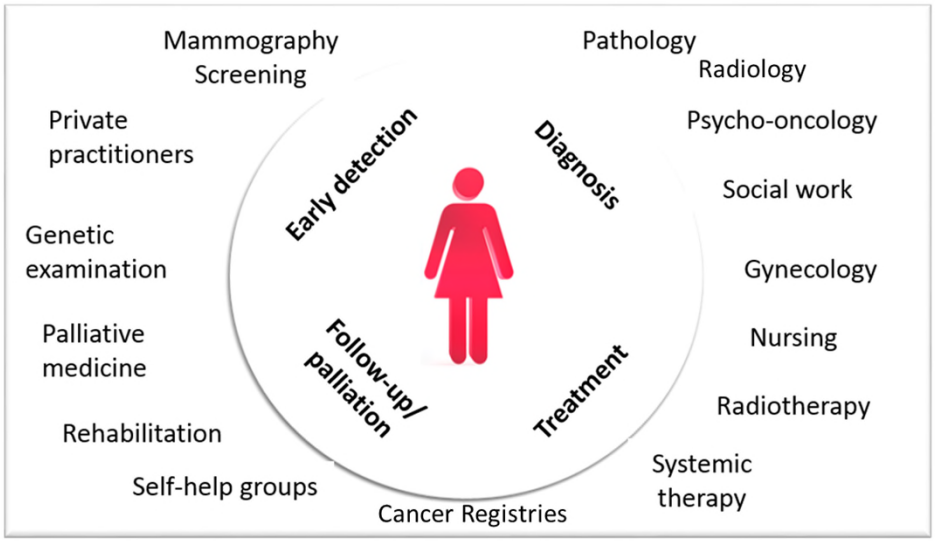
Cooperation between **medical specialties** (= interdisciplinarity), **professional groups** (= inter-professionalism), and (if needed) **hospitals**

→Treatment partners work together on the basis of **cooperation agreements**

→Each network has a board which consist of the **main cooperation partners** and has a designated **director** and **coordinator**

→The board of the network is responsible for the **development and strategic planning** of the cancer centre

Cooperation Partners within a Breast Cancer Centre:



Qualitative Criteria for:
3. Applying tumour-specific Requirements

Table of contents

3. Radiology

Chapt.	Requirements	Comments by the Colorectal Cancer Center
3.1	Specialists • At least 1 specialist in radiology • Stand-in arrangements assuring the same qualifications must be documented in writing • Specialists and their stand-ins are to be designated by name	
3.2	Radiology technicians (MTRAs)	

Structure/ Personnel qualification

chnical
uipment

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	staff members (radiological technicians) must be submitted in which the qualification measures for the coming year are described • Each year at least 1 specific further/advanced training course (at least 1 day per year) for each employee who is responsible for quality-relevant work at the Center.

education

To ensure uniformity:

⇒ All **cooperation partners** within the network have to **full-fill the requirements** set out in the Catalogue of Requirement

⇒ All cooperation partners **have to define SOPs** which are agreed within the centre

⇒ The cooperation partners **decide together on the guidelines** to be used

Qualitative Criteria for:
3. Applying tumour-specific Requirements

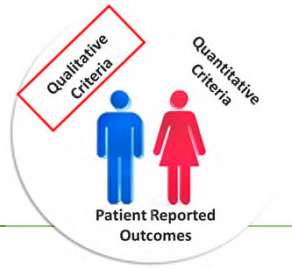

Table of contents

Chap.	**Requirements for Tumour Board:**
1.2.1	**Frequency/participants** The tumour board must meet at least once a week. **Tumour board participants** Participation in the tumour board on the specialist level is mandatory for the following specialties and must be documented by an attendance list: • visceral surgery • gastroenterology • radiotherapy
1.2.6	**Preparation of the tumour conference** • The essential patient and treatment data must be summarised in writing beforehand and made available to the conference participants. Suitable study patients must be observed beforehand. • All patients with relapses and/or metastases who have asked the Centre for treatment must be presented.
1.2.7	**Minutes of the tumour conference** • The outcome of the tumour conference consists, among other things, of a written, interdisciplinary treatment plan ("minutes of the tumour conference"). • The minutes of the tumour conference must be reliably available at all times for all main cooperation partners and can simultaneously represents the doctor's letter. • The "minutes of the tumour conference" should be automatically generated from the tumour documentation system. The outcome of the tumour conference must be recorded in the tumour documentation system.
1.2.8	**Participation in the tumour conference as advanced training** Participation in the tumour conference must be made possible for the following functions/professions: • Assistant staff (medical-technical assistants, radiology technicians, etc.) from the fields of radiology and radiotherapy • Social-services and psycho-oncology staff • One specialised oncology nurse and at least 2 nurses per treatment unit
1.2.9	**Therapy deviations** • In principle, the treatment plans and/or recommendations of the tumour board are binding. • In case any deviation from the original therapy plan or divergence from the guidelines is ascertained, they must be noted and assessed. Measures to avoid such divergence are to be introduced, depending on the cause. It must be noted if the patient refuses to begin or prematurely interrupts treatment (despite an existing indication).
1.2.10	**Morbidity/mortality conference** • This conference can be scheduled to coincide with the tumour conference. • The date of the conference can be combined with the tumour board or with scheduled events for the referring physicians • A list of participants is kept. • Morbidity conferences are to be held at least twice a year. • Cases with a special history or a history that could be improved should be discussed. Patients who deceased after surgery/ after intervention must be subject to the conference.

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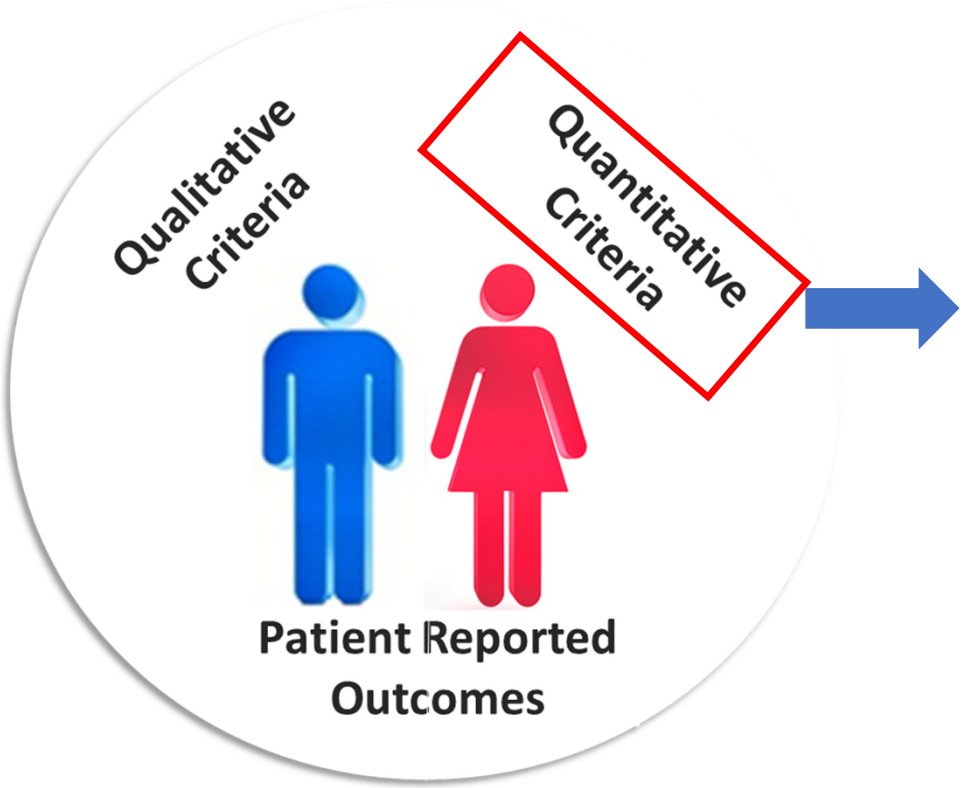
Patient-centred Quality needs:

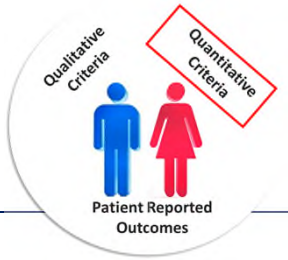
2. Quantitative Criteria



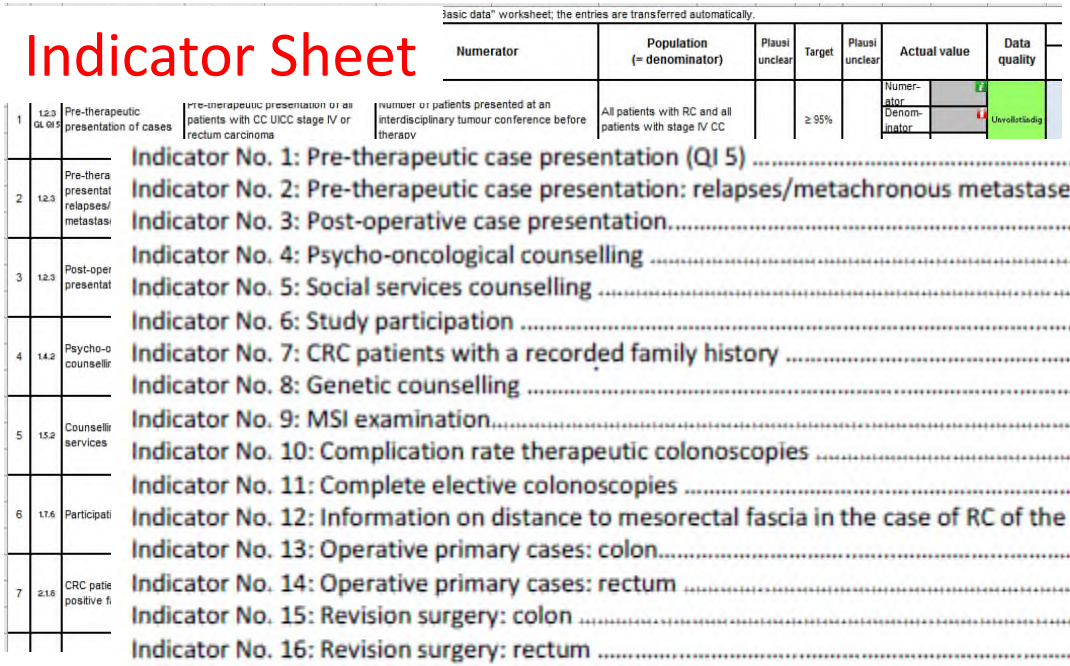
To make Quality of Cancer Care

1. Measurable
2. Transparent
3. Evaluable
4. Improvable

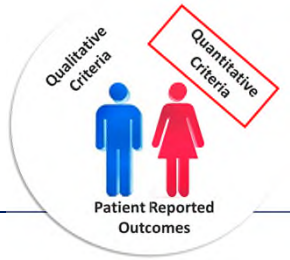
Quantitative Criteria for:
1. Measuring of Quality of Cancer Care



Indicator Sheet



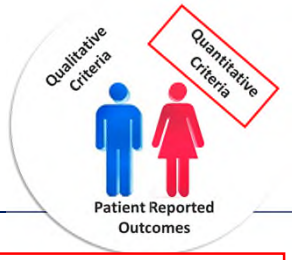
Quantitative Criteria for:
1. Measuring of Quality of Cancer Care



Indicator No. 1: Pre-therapeutic case presentation (QI 5)
Indicator No. 2: Pre-therapeutic case presentation: relapses/metachronous metastases
Indicator No. 3: Post-operative case presentation
Indicator No. 4: Psycho-oncological counselling
Indicator No. 5: Social services counselling
Indicator No. 6: Study participation
Indicator No. 7: CRC patients with a recorded family history
Indicator No. 8: Genetic counselling
Indicator No. 9: MSI examination
Indicator No. 10: Complication rate therapeutic colonoscopies
Indicator No. 11: Complete elective colonoscopies
Indicator No. 12: Information on distance to mesorectal fascia in the case of RC of the lo
Indicator No. 13: Operative primary cases: colon
Indicator No. 14: Operative primary cases: rectum
Indicator No. 15: Revision surgery: colon
Indicator No. 16: Revision surgery: rectum
Indicator No. 17: Post-operative wound infection
Indicator No. 18: Anastomotic insufficiencies: colon (QI 9)
Indicator No. 19: Anastomotic insufficiencies: rectum (QI 8)
Indicator No. 20: Post-operative mortality
Indicator No. 21: Local R0 resections: colon
Indicator No. 22: Local R0 resections: rectum
Indicator No. 23: Marking of stoma position (QI 10)
Indicator No. 24: Primary resection of liver metastases (UICC stage IV CRC)
Indicator No. 25: Secondary resection of liver metastases (UICC stage IV CRC)
Indicator No. 26: Adjuvant chemotherapies: colon (UICC stage III) (QI6)

Indicators for inter-disciplinary and inter-professional cooperation

Quantitative Criteria for:
1. Measuring of Quality of Cancer Care



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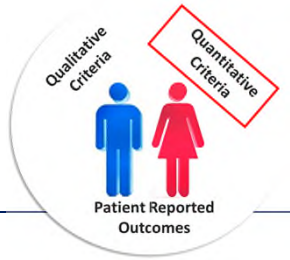
Indicators for medical expertise of health care providers

Quantitative Criteria for:
1. Measuring of Quality of Cancer Care



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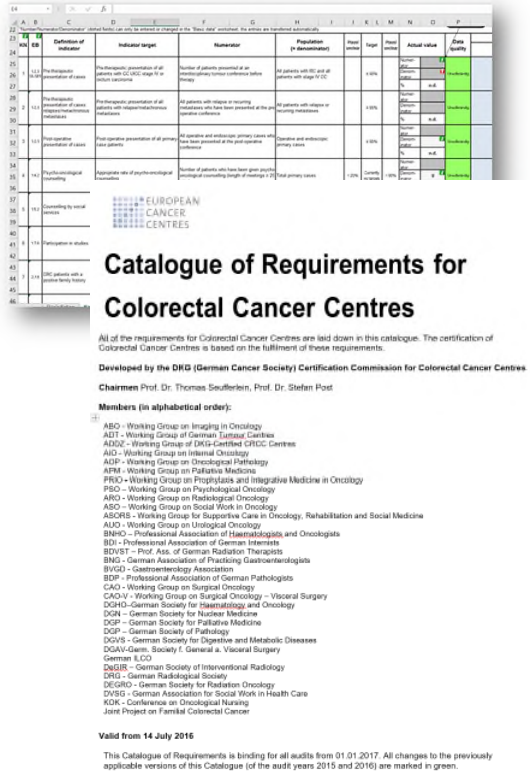
Quality Indicators for ensuring the application of evidence-based medical guidelines

Quantitative Criteria for:
2. Transparency of Quality of Cancer Care



EUROPEAN CANCER CENTRES

Catalogue of Requirements for Colorectal Cancer Centres

All of the requirements for Colorectal Cancer Centres are laid down in this catalogue. The certification of Colorectal Cancer Centres is based on the fulfilment of these requirements.

Developed by the DKG (German Cancer Society) Certification Commission for Colorectal Cancer Centres

Chairmen Prof. Dr. Thomas Seufferlein, Prof. Dr. Stefan Post

Members (in alphabetical order):

ABO - Working Group on Imaging in Oncology
ADT - Working Group of German Tumour Centres
ADDZ - Working Group of DKG-Certified CRCC Centres
AIO - Working Group on Internal Oncology
ADP - Working Group on Oncological Pathology
APM - Working Group on Palliative Medicine
PRIO - Working Group on Prophylaxis and Integrative Medicine in Oncology
PSO – Working Group on Psychological Oncology
ARO - Working Group on Radiological Oncology
ASO – Working Group on Social Work in Oncology
ASORS - Working Group for Supportive Care in Oncology, Rehabilitation and Social Medicine
AUO - Working Group on Urological Oncology
BNHO – Professional Association of Haematologists and Oncologists
BDI - Professional Association of German Internists
BDVST – Prof. Ass. of German Radiation Therapists
BNG - German Association of Practicing Gastroenterologists
BVGD - Gastroenterology Association
BDP - Professional Association of German Pathologists
CAO - Working Group on Surgical Oncology
CAO-V - Working Group on Surgical Oncology – Visceral Surgery
DGHO–German Society for Haematology and Oncology
DGN – German Society for Nuclear Medicine
DGP – German Society for Palliative Medicine
DGP – German Society of Pathology
DGVS - German Society for Digestive and Metabolic Diseases
DGAV-Germ. Society f. General a. Visceral Surgery
German ILCO
DeGIR – German Society of Interventional Radiology
DRG - German Radiological Society
DEGRO - German Society for Radiation Oncology
DVSG - German Association for Social Work in Health Care
KOK - Conference on Oncological Nursing
Joint Project on Familial Colorectal Cancer

Valid from 14 July 2016

This Catalogue of Requirements is binding for all audits from 01.01.2017. All changes to the previously applicable versions of this Catalogue (of the audit years 2015 and 2016) are marked in green.

1. XML OncoBox

www.xml-oncobox.de\en

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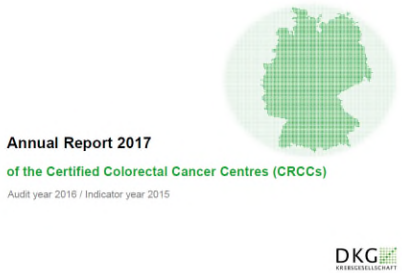
2. On-site Audit



Annual Report 2017

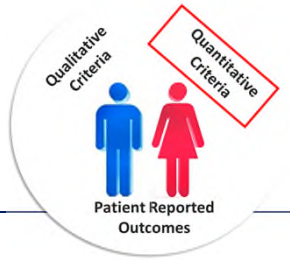
of the Certified Colorectal Cancer Centres (CRCCs)

Audit year 2016 / Indicator year 2015

DKG

=> Only collecting data without checking the structures and processes on-site will not generate valid results !

Quantitative Criteria for:
3. Evaluation of Quality of Cancer Care



Annual Report CRCCs 2017 (Audit year 2016 / Indicator year 2015)

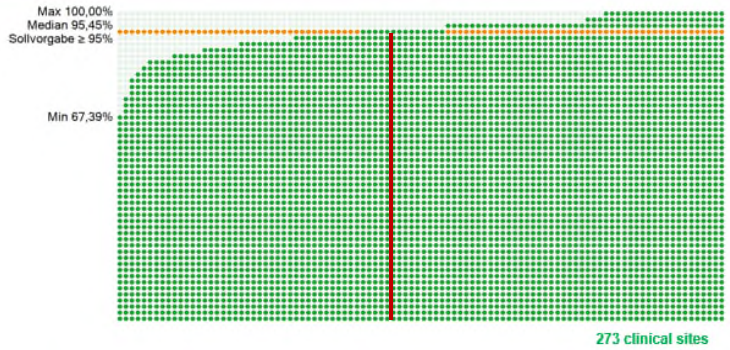
1. Pre-therapeutic case presentation (QI 5 of the Guideline)

DKG KREBSGESELLSCHAFT

Annual Report CrCCs 2017 (Audit year 2016 / Indicator year 2015)

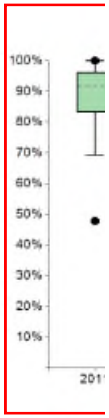
1. Pre-therapeutic case presentation (QI 5 of the Guideline)

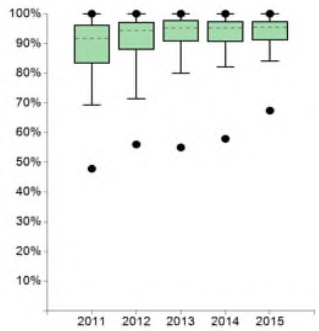
DKG KREBSGESELLSCHAFT



	Indicator definition	FAD-Z257 2010	2011	2012	2013	2014
Numerator	Patient presented at an interdisciplinary tumour conference before therapy	k.A.	k.A.	54	62	48
Population	Patients with RC and all patients with stage IV CC	k.A.	k.A.	58	68	51
Rate	Target ≥ 95%	k.A.	k.A.	93,10%	91,18%	94,12%

*The medians for numerator and population do not refer to an existing centre but indicate the median for all numerators of the cohort and the median of all populations of the cohort.





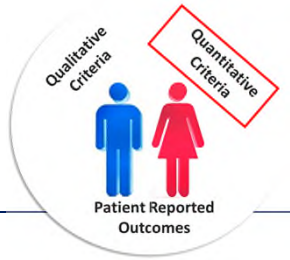
	2011	2012	2013	2014	2015
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
25th percentile	83,33%	87,87%	90,63%	90,59%	91,11%
5th percentile	69,23%	71,42%	80,00%	82,03%	84,05%
Minimum	47,83%	56,00%	55,00%	57,89%	67,39%

Individual Report

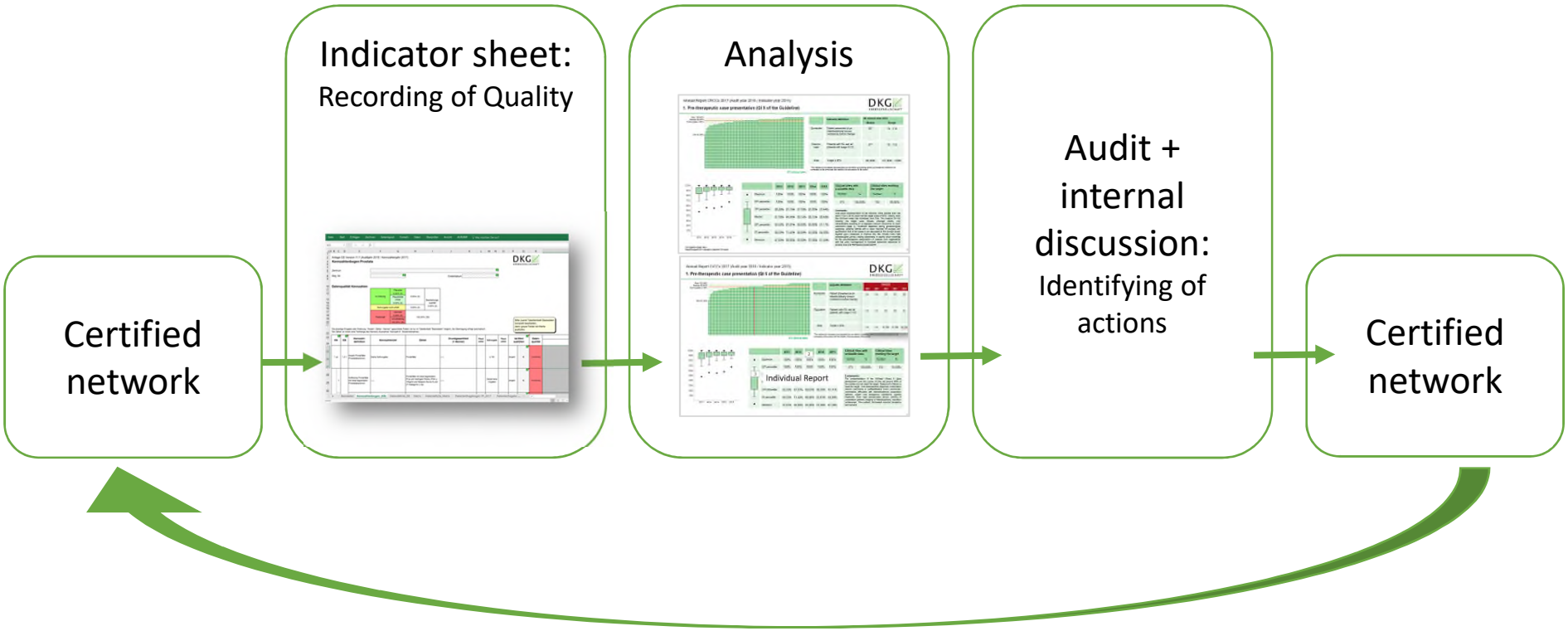
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
273	100,00%	152	55,68%

Comments:
The implementation of the indicator shows a good development over the course of time but around 49% of the centres did not meet the target. Reasons for failure to meet the target: first intraoperative diagnosis confirmation (rectum carcinoma or metastatisation colon carcinoma), coordination difficulties with internal/external cooperation partners, urgent (not emergency) operations. Agreed measures: more rigid protoscopies pre-op, training of cooperation partners, staging of interdisciplinary indication conferences. The auditors formulated several deviations and remarks.

Quantitative Criteria for:
4. Improving Quality of Cancer Care

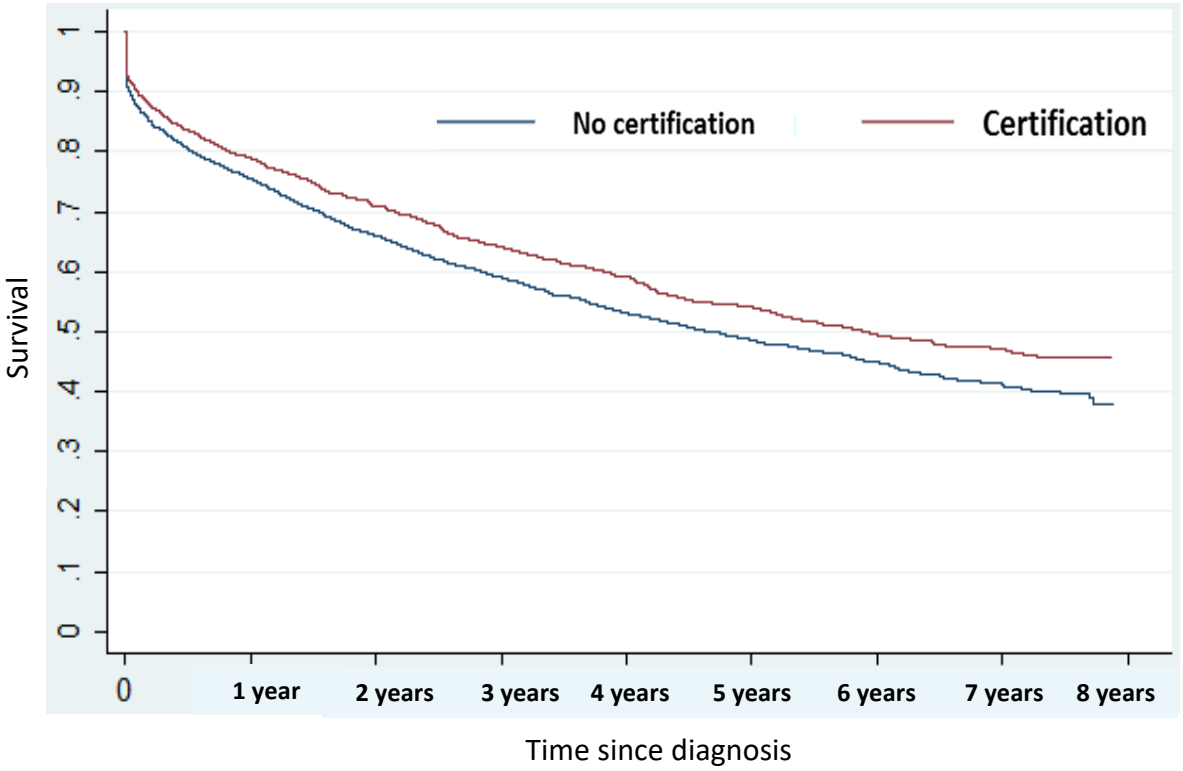


= Implementation of a PlanDoCheckAct-Cycle through certification:



Quantitative Criteria for:
4. Improving Quality of Cancer Care

Significantly increased outcome quality for oncological patients:



⇒ <u>Colorectal Cancer:</u>
Analysis with data from the biggest health insurance provider in Germany (AOK); 6,186 patients with surgically treated colorectal carcinoma

⇒ <u>Summary</u>:
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GERMAN CANCER SOCIETY

C Reissfelder, F Trautmann, M Pecqueux, J Weitz, J Schmitt (2017) Wirksamkeit operativer Behandlungen von Patienten mit Kolonkarzinom in zertifizierten Krebszentren. Eine Sekundärdaten-basierte Kohortenstudie. Z Gastroenterol 2017; 55(08): e57-e299 DOI: 10.1055/s-0037-1604861

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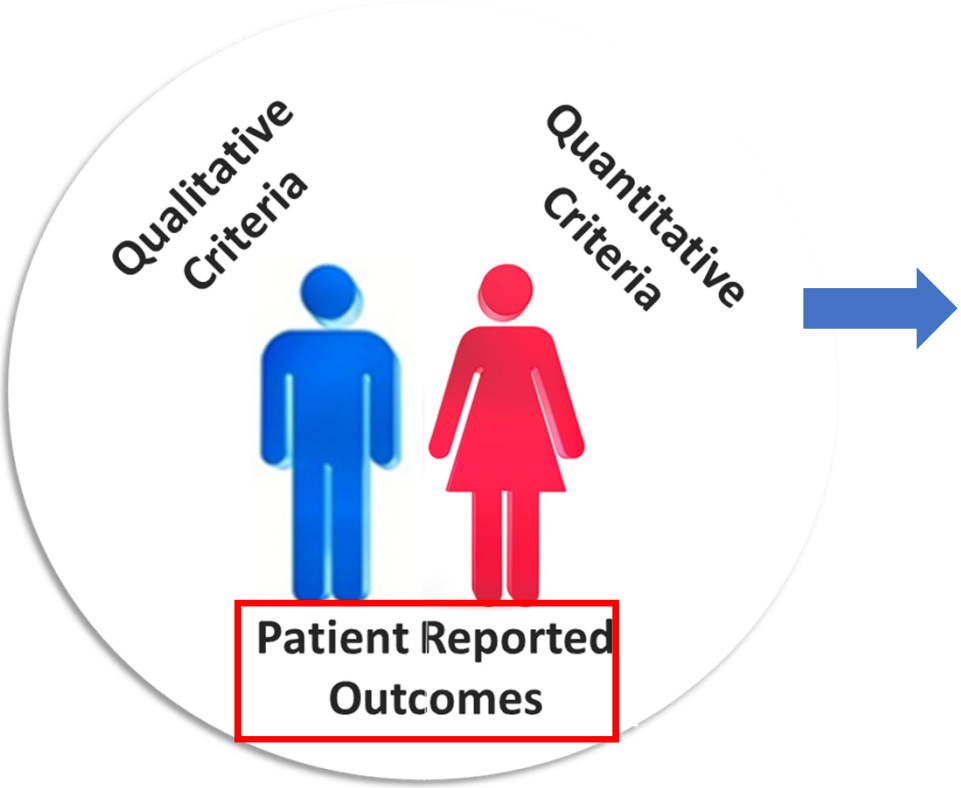
Patient-centred Quality needs:

3. Patient Reported Outcomes



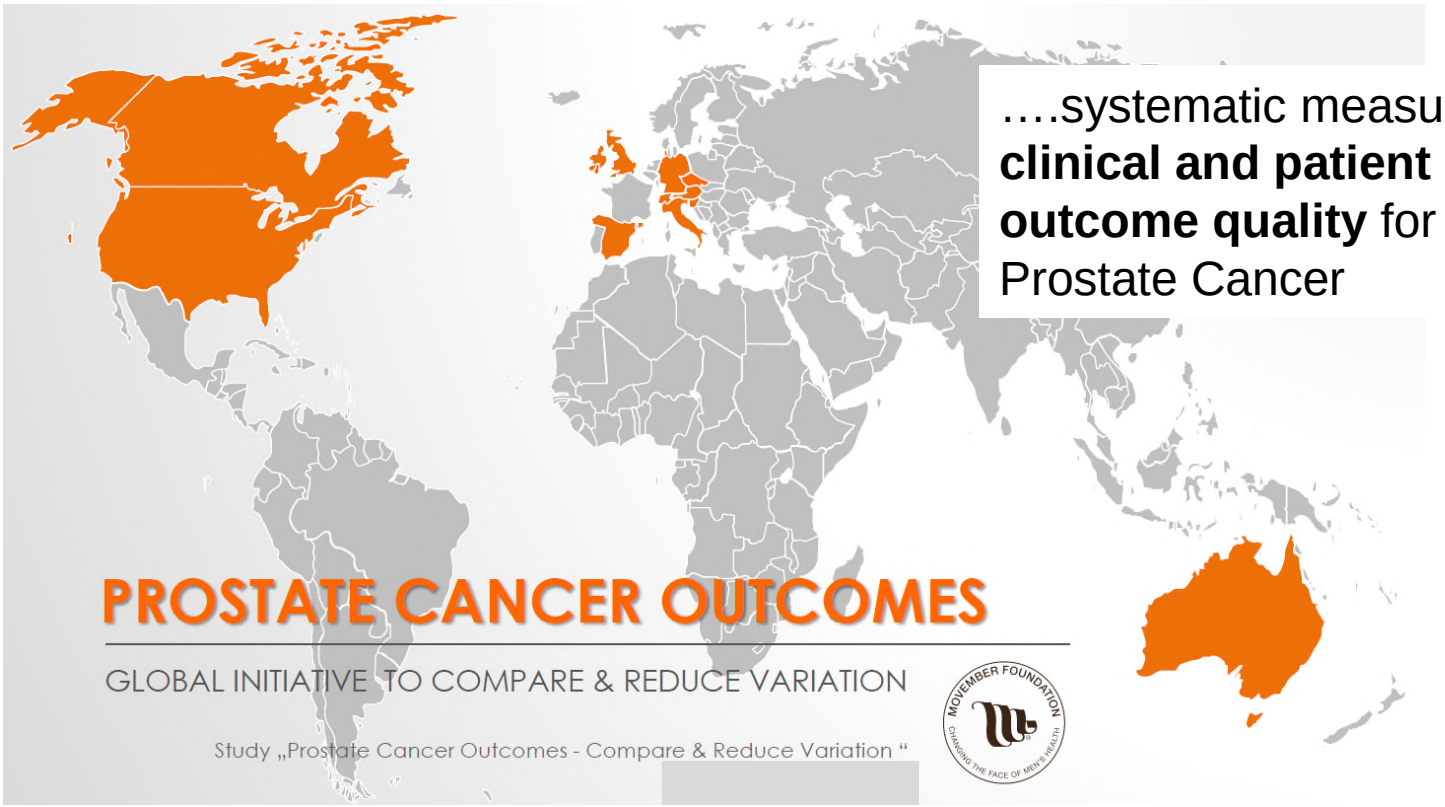
Bridging the Gap:

Ensuring that the stated quality of the health care providers and the treatment according to the evidence-based guidelines meets the need of the patients

PCO-Study

Patient-Reported Outcome

Prostate Cancer



….systematic measurements of **clinical and patient reported outcome quality** for localized Prostate Cancer

DKG KREBSGESELLSCHAFT · BPS · MOVEMBER FOUNDATION · Förderverein Hilfe bei Prostatakrebs · ONKOZERT

www.pco-study.com

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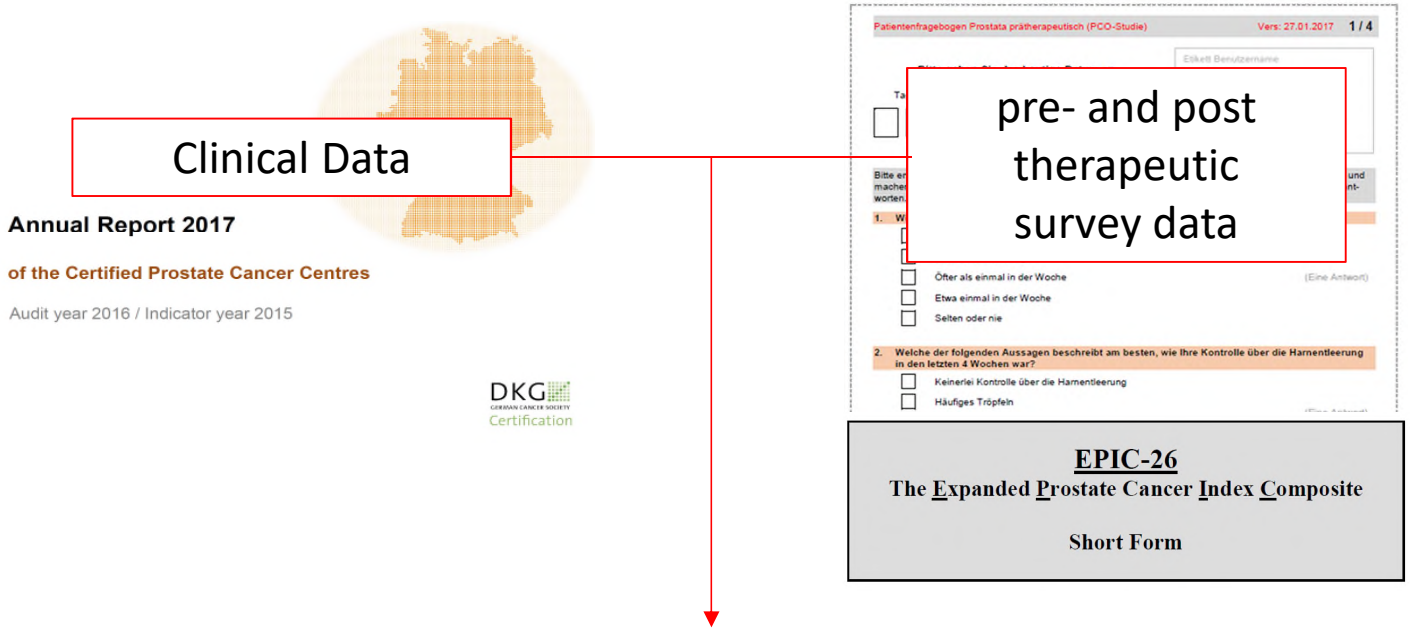
What makes this project special?

Patient-Reported Outcome

Prostate Cancer

1. Connection of clinical data and survey data:



- Comparison of results
- Identification of reasons for different results
- Identification of improvement potential and its application

What makes this project special?

Patient-Reported Outcome

Prostate Cancer

2. Utilisation of survey data on-site i.e. during consultation hours:

Pretherapeutic Questionnaire PCO-Study

TestZentrumname
Patient username: A75WF29B
Submitted on: 26.01.2017; 08:59 Uhr

Domain	Number of responses		* Score (max. 100 points)
Incontinence	4 from 4	(min. 4)	66.50
Irritative/Obstructive	4 from 4	(min. 4)	93.75
Individual question	1 from 1		---
Bowel	6 from 6	(min. 5)	0.00
Sexual	6 from 6	(min. 5)	31.83
Hormonal	5 from 5	(min. 4)	85.00
Libido	7 from 7		---
Social status	3 from 3		---
Total	36 from 36		---

* Score "---" => minimum amount of answered questions (for example, "min. 4") for the score calculation is not met or there is no defined score. Higher numbers indicate better performance in the field in question. 100 is always the best, 0 the worst possible value. Reference values for Germany so far do not exist and will be determined during the project.

Every practitioner can see anytime the results of his/her patient and can act in case of conspicuous treatment results

QUESTION		RESPONSE	POINTS
Incontinence			66.50
1	Over the past 4 weeks how often have you leaked urine?	Rarely or never	100.00
2	Which of the following best describes your urinary control during the last 4 weeks?	Frequent dribbling	33.00
3	How many pads or adult diapers per day did you usually use to control leakage during the last 4 weeks?	2 pads per day	33.00
4	How big a problem if any has each of the following been for you during the last 4 weeks? Dripping or leaking urine	No Problem	100.00

Conclusion

Patient-centred Quality needs:

To ensure and establish unified structures and processes for patient centred care by

- Setting up tumor-specific networks
- Ensuring interdisciplinary & inter-professional cooperation
- Applying tumour-specific requirements

Through the collection of PRO it is ensured that the reported high quality of the health care providers and treatment based on evidence-based guideline meets the need of the patients

- PCO study (prostate cancer)
- EDIUM (colorectal cancer)

To make quality of care

- Measurable
- Transparent
- Evaluable
- Improvable

By using indicators to:

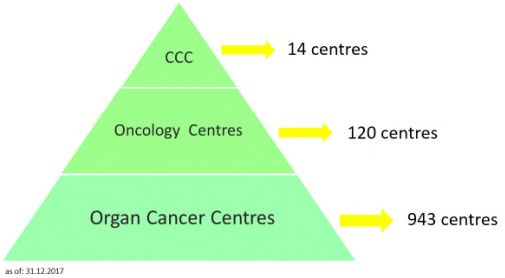
- ensure the application of evidence-based medical guidelines
- ensure high quality medical expertise of health care providers

Thank you!

Ellen Griesshammer
ECC Certification Division / German Cancer Society
griesshammer@krebsgesellschaft.de

Conclusion

1 Organisation of Certified Cancer Centres

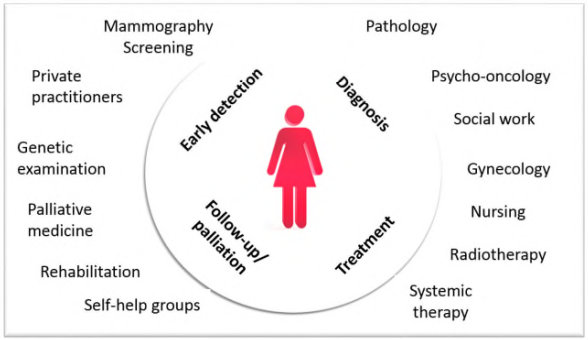


Note:

The certification program initiated by the German Cancer Society **is the biggest and best implemented program for cancer care in Europe.**

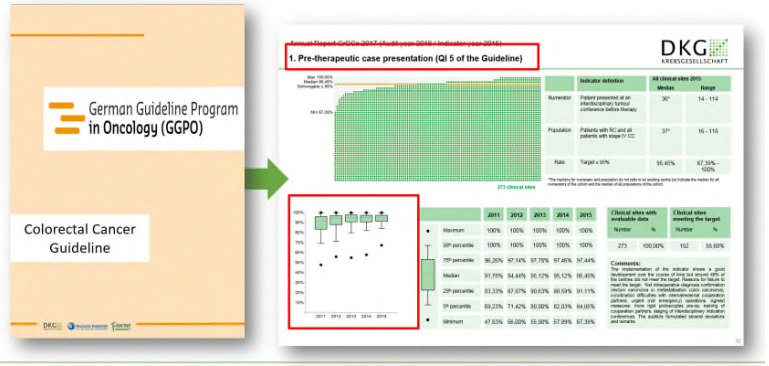
2 How does certification improve the quality of care for oncological patients?

1. By setting up **networks** where health care providers treat patients with verified high-quality medical expertise



3 How does certification improve the quality of care for oncological patients?

2. By implementing **evidence-based medical guidelines** and thus ensuring a broad application



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Conclusion

4

How does certification improve the quality of care for oncological patients?

3. The **quality of care** in the individual centre is
   - recorded and analyzed,
   - reflected and
   - (if necessary) improved by applying suitable measures

Certified network → Data Sheet: Recording quality → Analysis

5

How does certification improve the quality of care for oncological patients?

3. The **quality of care** in the individual centre is
   - recorded and analyzed,
   - reflected and
   - (if necessary) improved by applying suitable measures

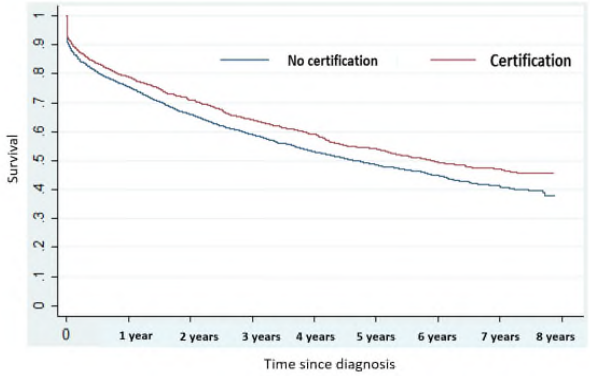
Plan: Certified Network → Do: Data Sheet: Recorded quality → Check: Analysis → Act: Audit + internal Discussions: Identifying measures → Certified Network

6

How does certification improve the quality of care for oncological patients?

INTERNATIONAL CERTIFIED CANCER CENTRES | Certified Colorectal Cancer Centre

4. By **improving overall survival** and reducing **hospital lethality** and **follow-up-resection rate**:



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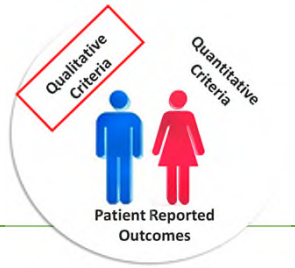
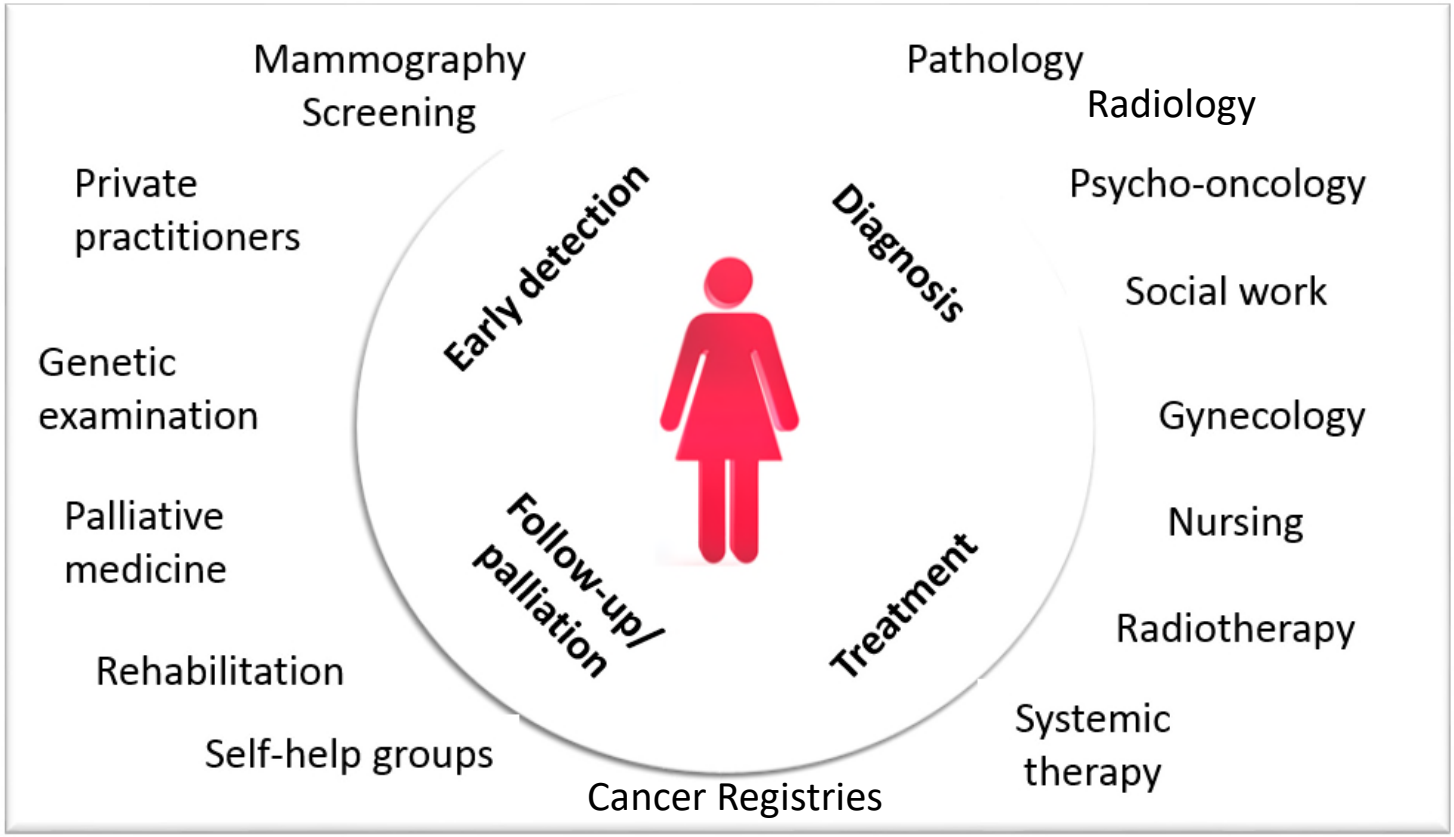
INTERNATIONAL CERTIFIED CANCER CENTRES

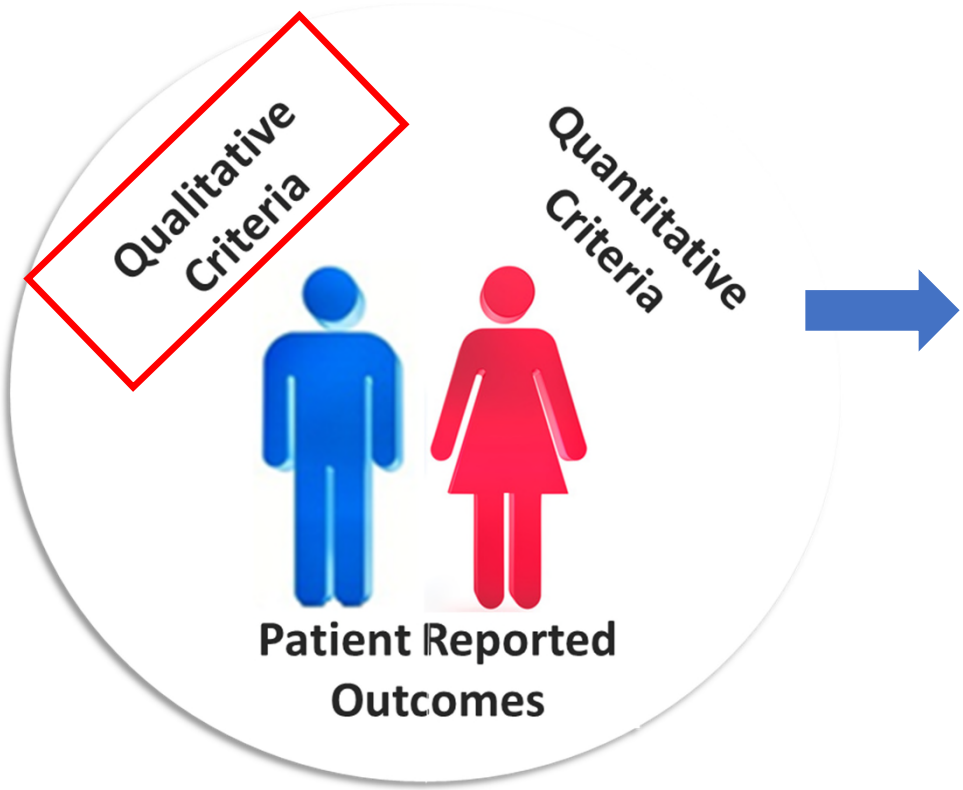
1. Setting-up tumour-specific networks along the entire chain of oncological care



The Breast Cancer Centre as an example:



Qualitative Criteria for Quality of Cancer Care



1. Setting up **tumour-specific networks** with qualified health care providers who treat patients along the **entire chain of oncological care**

2. Interdisciplinary, inter-professional **cooperation** (i.e. tumour conference, quality circles)

3. **Unified structures** and **processes** for patient centred care