



INTENT CE1047 - Internal complementing evaluation

**Deliverable D.M.5.1 Interim internal
evaluation report**

01 2020





Introduction

The INTENT project of an EU cohesion policy programme Interreg Central Europe aims to find solutions for innovative patient-centered cancer care (PCCC). It targets and involves various types of stakeholders: cancer care providers, patients and policy makers. The aim of the project is to work with these groups and create a better understanding of how to interpret the patient-centered approach and identify ways for improving cancer care in central Europe. The outputs of the project shall include an innovative cancer care model, policy recommendations, an online benchmarking tool for PCCC evaluation and identification of priorities for improving existing systems on local level and creation of a Virtual Know-How Centre.

The Interim report shall provide a general overview of the project; it shall provide information on project findings and achievements up to the current point. The interim report will also focus on the first two steps in the change management continuum that provides the logic flow for INTENT.



General project overview

There are 9 active Partners involved in the INTENT project.

Partner name and No.		
Partner name and No.	Partner abbreviation	Country
1 - Masarykův onkologický ústav	MMCI	CZECH REPUBLIC
2 - Istituto Oncologico Veneto - IRCCS	IOV	ITALY
3 - Centro di Riferimento Oncologico - IRCCS	CRO AVIANO	ITALY
4 - Országos Onkológiai Intézet	OOI	HUNGARY
5 - Nacionalni inštitut za javno zdravje	NIJZ	SLOVENIA
6 - Ústav zdravotnických informací a statistiky České republiky	IHIS	CZECH REPUBLIC
7 - Onkološki inštitut Ljubljana	OI Lj	SLOVENIA
9 - Ministero della Salute	MINSAL	ITALY

Five of the Partners are Oncology hospitals/ centers, which are considered Pilot sites for the purposes of the INTENT project

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Project goals and outputs

Oncologic diseases is a leading cause of death in the EU. Recent changes in the society showed a need to a more patient-centered approach to care. To help achieve this, INTENT shall: “Put in place know-how, competencies & capacity to capitalise on benchmarking & social entrepreneurship in harmonising & improving patient centered cancer care in Central Europe”. This will result in: better understanding of what patient-centered care means; new tools and methods to implement this approach; relevant policy recommendations & local stakeholders working together to identify what needs improving & generating innovative solutions.

INTENT outputs that will benefit cancer care providers, patients & policy makers taking part in 5 pilot sites shall include:

- A patient-centered cancer care model with implementation guidelines
- Policy recommendation(s) for adopting the patient-centered model
- An online benchmarking tool to show what needs doing better to deliver patient-centered care
- Performance Improvement Plans that identify local improvement priorities & prospects for social entrepreneurial actions

And, finally, based on all of the above, a:

- Virtual ‘know how’ centre that will host good practices, benchmarking results & innovative ideas.

Looking to the future, INTENT will provide the basis for crossover collaboration with industry in unlocking the innovation potential of public services and Cancer care approach. This approach and tools could be later on implemented in other Centers in Central Europe.



Need for change in oncology field in Central Europe

The need for change is evident from the Patient-centred cancer care (PCCC) model with implementation guidelines document prepared in INTENT work package Nr.1.

In order to define what PCCC means among INTENT partners, the partners undertook a 3-step consensus building exercise -awareness, agreement, choice. PCCC was then defined as: 1) Improving patients' active role in care and research; 2) Improving health gain, including quality of life; 3) Actively contributing to organizational learning and continuous improvement in this field.

The definition arose both from interviews with the partners (carried out as part of work packages Nr. 1 and 3) and a survey, which targeted different groups of stakeholders (patients, caregivers, medical staff). The results of all that work was then “translated” by the partnership to Healthcare and Innovation Indicators (work package Nr.2).

According to results from work package Nr. 1. of INTENT, the changes required should be coming from the healthcare or oncology network. Such network would provide:

- a. Harmonization of treatments, quality and outcomes across the region.
- b. Integration of all phases of cancer intervention (primary prevention, secondary preventions - e.g. screenings - diagnosis, treatment, supportive disciplines, palliative care and survivorship - e.g. social programs, transition to adult life, back to work). For instance supportive disciplines/rehabilitation programs are present since the early phases of treatments, or palliative care accompanies late phases of treatments. Tools (psychological distress, nutritional screenings) are in place to monitor regularly patient outcomes.
- c. Collaboration with non-public parties. Cancer Network seeks the collaboration with Social entrepreneurship initiatives: in several regions, patient and/or caregiver associations help patients and their caregivers in logistics (transport to and from the hospital), psychological support (e.g. listening groups, organizing meetings with psychologists), rehabilitation (e.g. lymph drainage, gentle strength training), and information on cancer and socio-economic aspects (insurance issue, school in the hospital). In its broader meaning, social entrepreneurship also includes the private sector (e.g. small-medium-large enterprises), with which collaborate for research projects aiming to improve patient outcomes/experience (e.g. better personalization of treatment through real time dosage of chemotherapeutic drugs or molecular genetics, assisted mobility of patients within the hospital).

In the future, the Networks and Centers could also use the INTENT tools, including the Benchmarking tool of INTENT and the Know-how Center (Outputs from INTENT Work packages Nr. 2 and 4).



Preparation for change

As mentioned above, the Network is the key organizational answer.

1. To overcome resource constraints and improve efficiency, the realization of cancer care networks is the ideal management strategy.
2. Cooperation is comprehensive and includes all stakeholders of the network: cancer related (comprehensive cancer centres, oncology clinics) and not (e.g. general hospitals, services on the territory, supportive disciplines and rehabilitation), social Entrepreneurship (e.g. patients/caregivers and associations), General Practitioners (GPs), small and large private enterprises.

A document Policy recommendations for adopting the patient-centred model and guidelines (part of Work package Nr.1) summarizes the steps needed to be done by the Networks, the centers and the policy makers to achieve a PCCC. Policy Recommendations is a document, which shall assist policy makers in adopting the patient-centred care (PCCC) model. Policy recommendations are categorized in accordance with the previously issued Report on policy mapping and include three Focus areas: Cancer Care Models, Patient Empowerment and Performance monitoring. Those are the areas showing that PCCC is working properly at a certain region. The document of Policy recommendations can be further shared with policy makers in other regions of Central Europe and with stakeholders within the healthcare system.

As mentioned earlier, the Networks and Centers could also use the INTENT tools, including the Benchmarking tool of INTENT and the Know-how Center. Further preparation for the change shall be done within the work on work package Nr.2. – the Healthcare and Innovation indicators shall be transferred into a digital form, thus creating the first version of the Benchmarking tool. The tool will undergo piloting and, later, a final version will be incorporated into the Know-how Center.

Farther preparation for change was prepared as part of work package Nr.3. as the Performance Improvement Plans (PIPs) and Action plans. Each pilot site will inform preparation & adoption of action plans to address where improvements needed for patient-centred approach to cancer care; generally, those plans detected the weak links in PCCC dimensions within each of the centers. PIPs were spread among partners in the end of 2019 – improvements and actions are expected in the first half of 2020.



Additional information and planned project schedule

Work packages 2, 3 and 4 shall finish within the year 2020. Some modification to the original schedule shall be required for the benefit of the project. Modifications shall be specified in a separate Modification request document, which shall be submitted to the Interreg Joint secretariat in the first quarter of 2020.