EXPLORING ONCOLOGY CARE PATHWAYS FOR MULTIMORBID OLDER ADULTS: INSIGHTS FROM THE IMPLEMENT STUDY ACROSS FIVE EUROPEAN COUNTRIES

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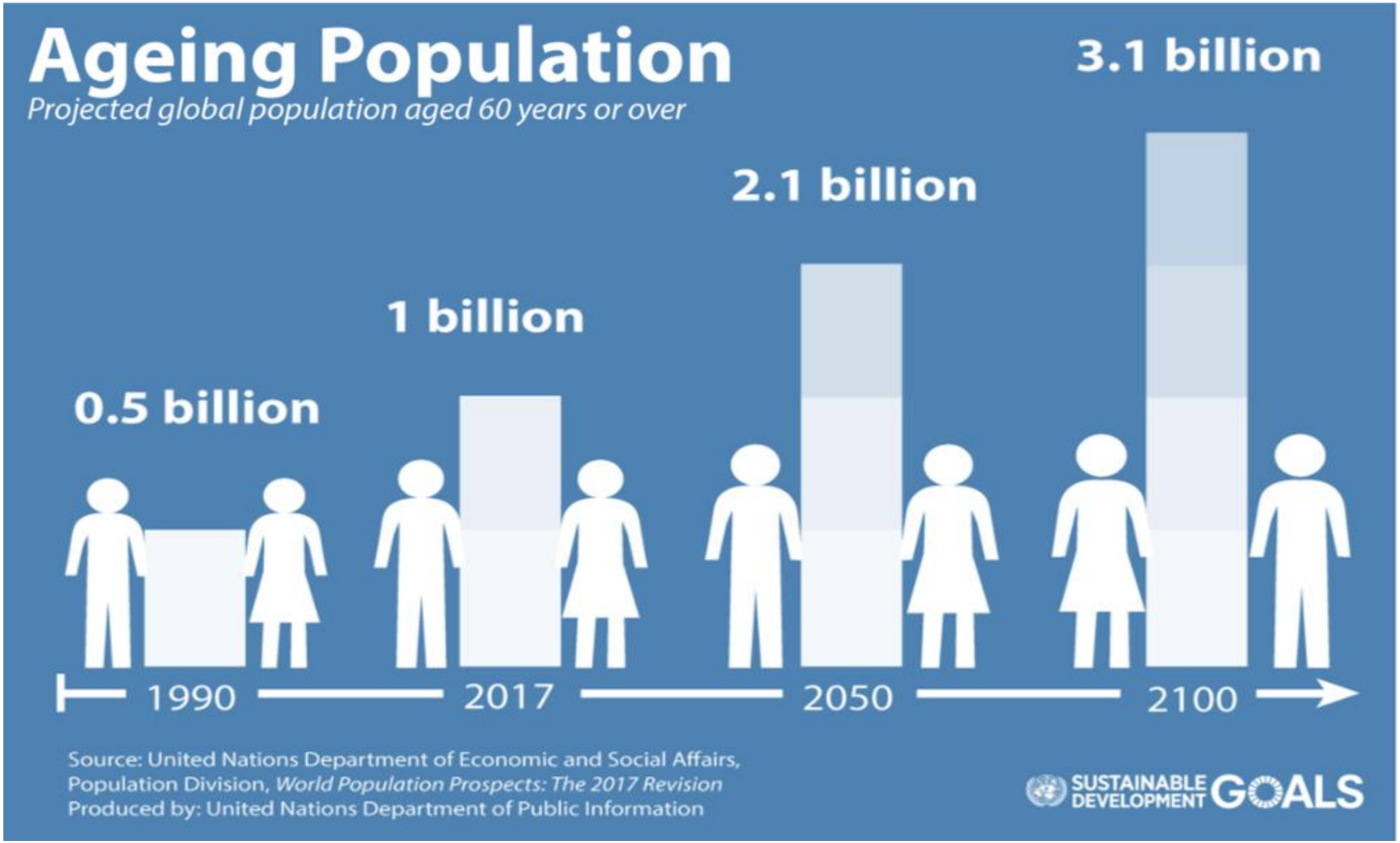
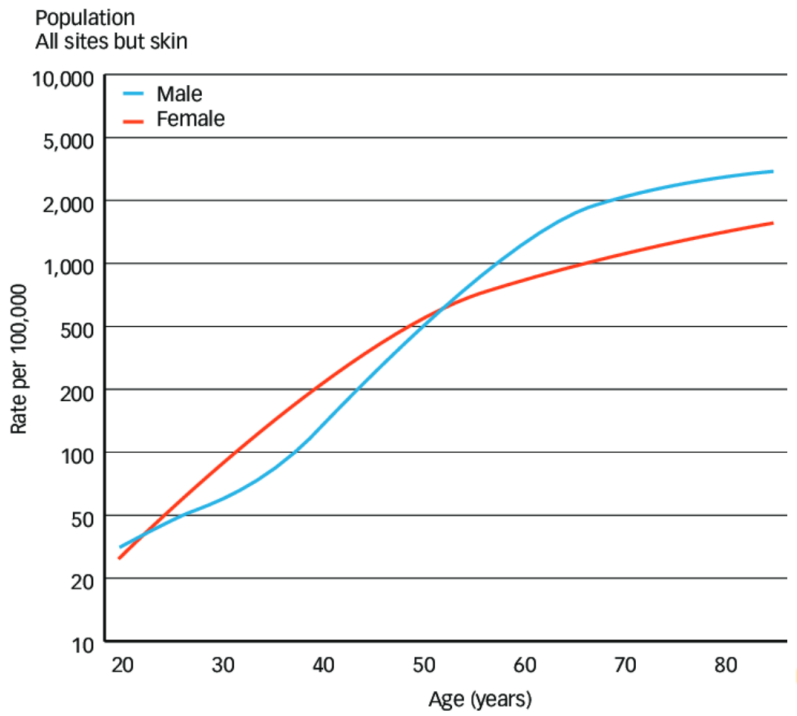
Population is aging

Cancer is a disease of aging

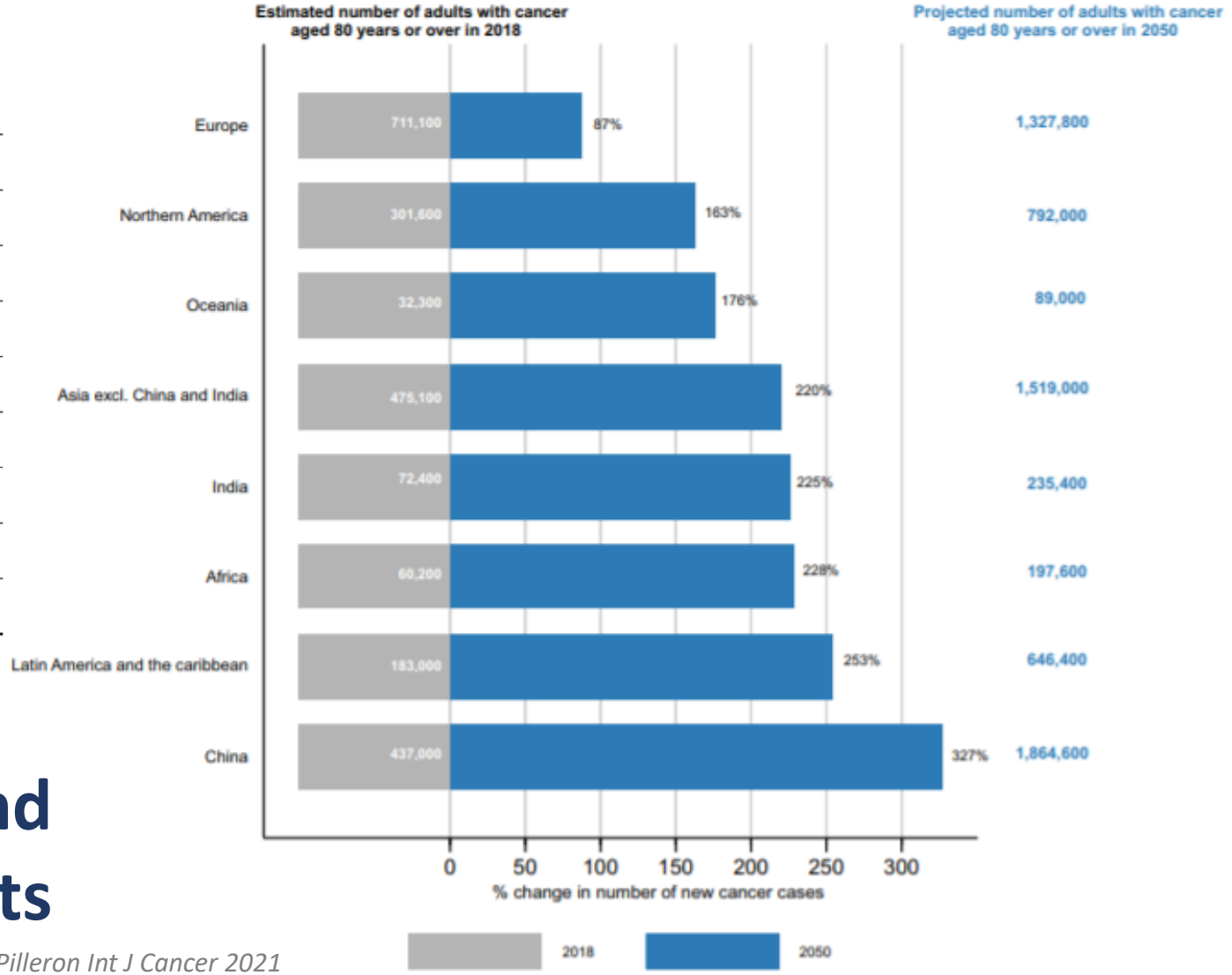
Comorbidities accumulate with age


Ageing Population
Projected global population aged 60 years or over
0.5 billion
1 billion
2.1 billion
3.1 billion
1990
2017
2050
2100
Source: United Nations Department of Economic and Social Affairs,
Population Division, World Population Prospects: The 2017 Revision
Produced by: United Nations Department of Public Information
SUSTAINABLE DEVELOPMENT GOALS

Number of cancer patients to manage will increase



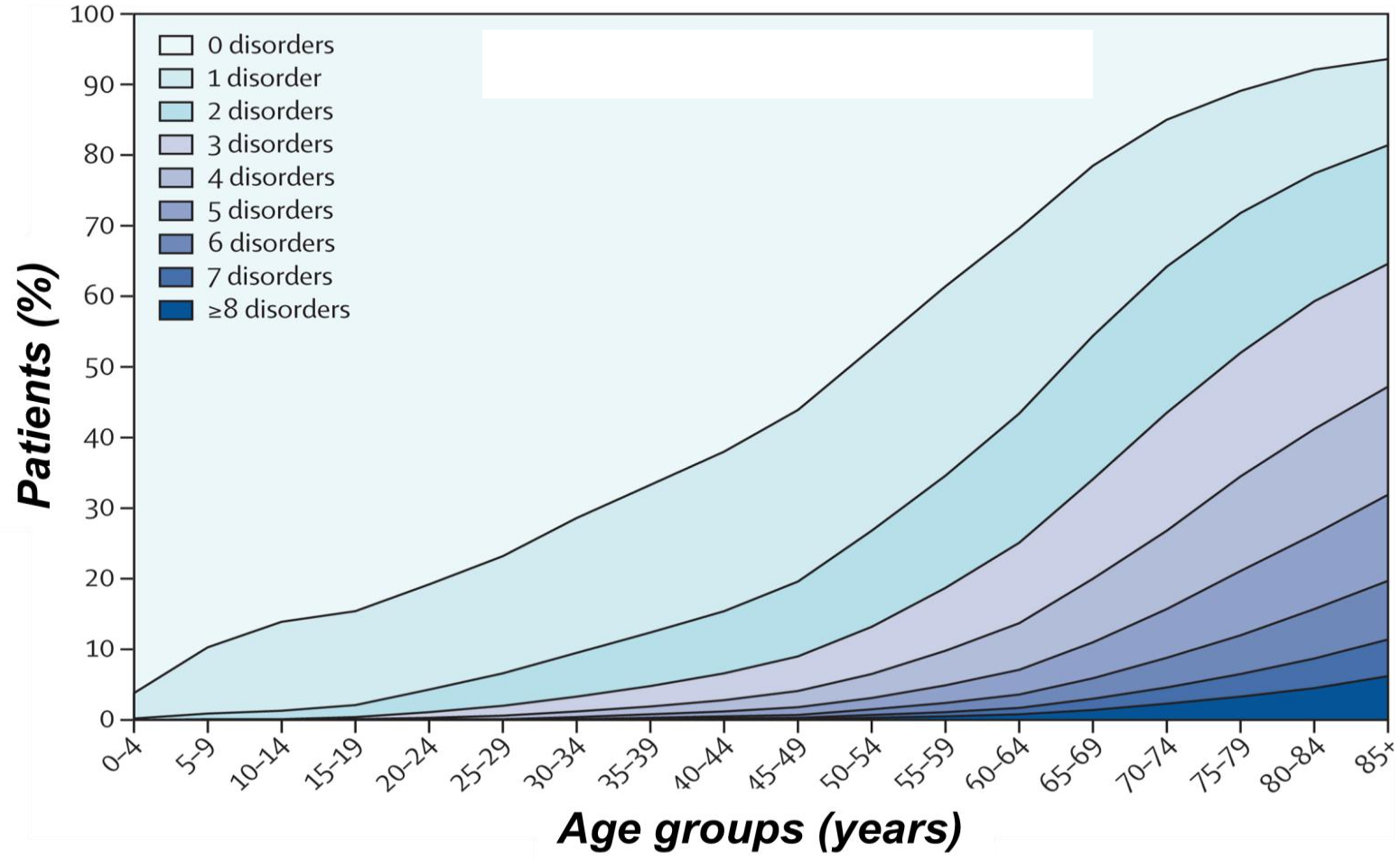
Cancer Incidence in European Men and Women on the Basis of Age, According to the International Agency on Research on Cancer (IARC) Tool 10



About two-fold in Europe and even higher in other continents

S Pilleron Int J Cancer 2021

Comorbidities accumulate with age



We have a large population to deal with…

About 2/3 of patients over 70 years have 2+ comorbidities

JOURNAL OF COMORBIDITY

Journal of Comorbidity 2016;6(1):12–20 doi: 10.15256/joc.2016.6.73

Many diseases, one model of care?

Tit Albreht[1], Mariana Dyakova[2], François G. Schellevis[3], Stephan Van den Broucke[4]

‘ **Patients with multiple chronic conditions** (multimorbidity) have complex and **extensive health and social care needs** that are not well served by **current silo-based models of care**.‘

‘ A **lack of integration between care providers** often leads to **fragmented, incomplete, and ineffective care**, leaving many patients overwhelmed and unable to navigate their way towards better health outcomes.’

Current model is disease-centered

Moving towards a patient-centered approach

While keeping benefits of hyperspecialisation

thebmj

BMJ 2020;368:l6964 doi: 10.1136/bmj.l6964 (Published 6 January 2020)

Rising to the challenge of multimorbidity

OPEN ACCESS

We need to combine generalist and specialist skills

Christopher J M Whitty *chief medical officer for England*[1], Carrie MacEwen *chair*[2], Andrew Goddard *president*[3], Derek Alderson *president*[4], Martin Marshall *chair*[5], Catherine Calderwood *chief medical officer for Scotland*[6], Frank Atherton *chief medical officer for Wales*[7], Michael McBride *chief medical officer for Northern Ireland*[8], John Atherton *co-chair*[9], Helen Stokes-Lampard *former chair*[5], Wendy Reid *medical director*[10], Stephen Powis *national medical director*[11], Clare Marx *chair*[12]

Research questions and methods

RQ1: What care pathways exist for cancer patients with multimorbidity in Europe?
RQ2: What factors influence the management and costs of care for these patients?

Methods

Documentary analysis
Survey
Semi-structured interviews (e.g. clinicians, nurse, geriatrician, management accountant)
Focus groups

What's the definition of care pathways?

Every touch point that patients have with the health care system, from diagnosis to follow up

GERONTE Project: a consortium of 10 partners from 7 European countries

Università Bocconi
CERGAS
Centro di Ricerche sulla Gestione dell'Assistenza Sanitaria e Sociale

GERONTE Consortium

université de BORDEAUX
KU LEUVEN
Diakonessenhuis
Oslo universitetssykehus
UCD DUBLIN
Eseniors
Università Commerciale Luigi Bocconi
SIOG INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY
DCU Ollscoil Chathair Bhaile Átha Cliath Dublin City University
myPatientSpace

#Horizon 2020 Funding

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GERONTE Innovative evaluation method

The GERONTE project adopt **effectiveness-implementation hybrid designs** (type 1 for FRONE and type 3 for IMPLEMENT). The results of the two studies will be analysed in a combined way to capture the full impact of comprehensive care models and inform the transition to integrated care models.

FRONE

A stepped wedge randomized controlled trial in France

(including 8 clinical sites)

IMPLEMENT

An observational study aimed at observing and gathering information on current care pathway for multimorbid patients in 5 EU Countries (Belgium, France, Ireland, Italy, The Netherlands)

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Preliminary findings: overview of the interviews

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We conducted **40 Semi-structured interviews** with key relevant stakeholders (e.g., oncologists, geriatrician, nurses).

Clinical site	Location	PI	Oncologist	Geriatrician	APN/Nurse	Data manager
France						
Institute Bergonié	Bordeaux	Yes	Yes	Yes	Yes	Yes
CH de la Côte Basque	Bayonne	Yes	Yes	Yes	NA	Yes
CH Saint Malo	Saint Malo	Yes	Yes	Yes	Yes	Yes
CHU Nice	Nice	Yes		Yes*		
Centre Antoine Lacassagne (CAL)	Nice	Yes		Yes*		
Centre Azuréen de Cancérologie	Mougins	Yes		Yes*		
CHD Vendée	La Roche-sur-Yon	Yes	Yes	Yes	Yes	Yes
Hôpital Tenon APHP	Paris	Yes	Yes		Yes	
Belgium		Yes				
UZ Leuven	Leuven	Yes	Yes	Yes	Yes	Yes
UZ Brussel	Brussel	Yes	Yes	Yes	NA	Yes
AZ Groeninge	Kortrijk	Yes	Yes	Yes	Yes	Yes
AZ Sint Jan	Brugge	Yes	Yes	Yes		Yes
The Netherlands						
Diakonessenhuis	Utrecht	Yes	Yes	Yes	Yes	Yes
Leiden University Medical Centre	Leiden	Yes		Yes		
Catharina Ziekenhuis	Eindhoven	Yes		Yes	NA	Yes
Maasstad Ziekenhuis	Rotterdam	Yes		Yes		

Preliminary findings: significant variability

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The analyses highlighted high variability in the process of care for older multimorbid patients across countries and centres.
The organizational context in which each site is embedded affects its operating conditions and there are at least **three dimensions that affect the delivery of patient care**

1. The **scope** of the services offered

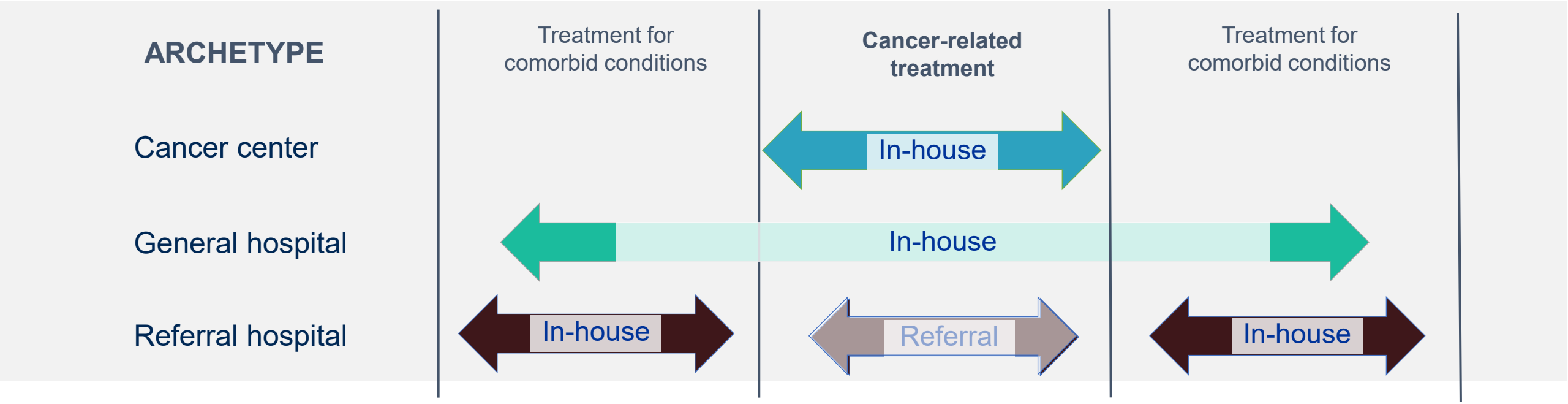
2. The collaborative **relationship** between HCP, including access to specialist knowledge

3. The **tools** available to ensure integration between the HCPs in the different stages of the care pathway

Preliminary finding:

1. The organizational context influences the scope of the services offered

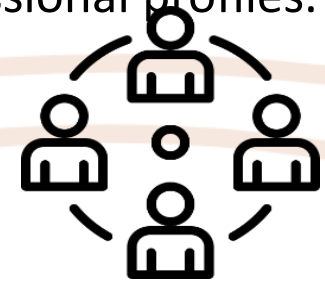
The organizational context orients the relationship between the oncologic department and other units/wards/departments within the hospital, leading to more or less structured processes for patient referral to other nodes in the supply network.



Preliminary findings:

2. The organizational context influences the professionals involved and the collaborative relationship among HCPs

Providing comprehensive care for older oncologic patients with multi-morbidities necessitates the organized interdependence of various professional profiles.



Core oncological team

Oncologist, radiologist, organ specialists (e.g., pulmonologist for lung cancer or gastroenterologist for colorectal cancer), therapist, physiotherapist, psycho-oncologists

Organ specialists (comorbidities)

Nurse, ANP, physiatrist, nutritionist, ago-therapists, anaesthesiologist…

Geriatrician

General Practitioners

Preliminary findings:

3. The organizational context affects the tools available to ensure integration

Physical and logistical integration

This involves sharing equipment, spaces, assets resources and technology.

Professional and clinical integration

This entails the development of common protocols and care pathway

Functional integration

This relates to the use of common electronic medical records and information exchange.

Preliminary lessons learned

1. Significant **heterogeneity** in the care provided to older multimorbid cancer patients across the participating countries and clinical sites.

2. The importance of considering the **specific characteristics of the organizational context when designing and evaluating** complex service intervention and care pathways for older multimorbid patients

3. Impact on costs (?) → Still to be captured (TDABC)

4. Shift the focus from achieving uniformity in organizational models to ensuring **uniformity in patient outcomes**

GERONTE

TRANSFORMING PATIENT CARE

THANK YOU!

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