



# Mejorando la calidad oncológica a través de la acreditación: Modelo OECI

24 / abril / 2023 Jornada en streaming a través de [seom.org](https://seom.org)



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## Mesa IV: Cuando es el próximo tren?

# CCI4EU Project: Capacity Building in excellence

Josep Maria Borràs  
Coordinador científico,  
Estrategia contra el Cáncer del SNS

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### Disclosure Information

- No tengo ningún conflicto de interés en relevante para esta presentación

# Guión

- Algunos aspectos conceptuales: de que hablamos cuando hablamos de CCI o de CCC?
- Iniciativas europeas: CCI4EU, CraNE, JANE, Health Equity
- Iniciativas futuras: Implementación de los CCCs
- La situación de partida del SNS en España: cuales deberían ser nuestros objetivos
- Retos pendientes: prioridades
- Comentarios finales

# Aspectos conceptuales

- De que hablamos cuando hablamos de CCI o de CCC?
- Origen: EU Horizon Europe Framework Programme for Innovation and Research (2021-2027)
- Initiative EU Mission on Cancer: Mission Board of experts

One of the Mission recommendations concerns setting up a network of Comprehensive Cancer Infrastructures (CCIs) within and across EU Member States to ensure that “each EU citizen or patient has access to, and could benefit from high-quality cancer research and care”. The Board defined CCI as “national or regional infrastructures that provide resources and services to support, improve and integrate cancer care, research, training of care professionals and education for cancer patients, survivors and families/carers.” The Board emphasised that for the network of CCIs to be set up, it is important to keep an open view on (comprehensive) cancer infrastructures that may exist in European countries that are not recognised or accredited (yet) as (Comprehensive) Cancer Centres.

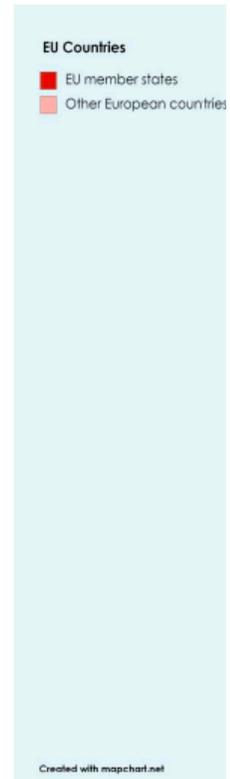
# Aspectos conceptuales: Puntos clave CCI

- Todo ciudadano de la EU debe tener iguales posibilidades de acceder centros con alta calidad de atención e investigación
- EU Network of CCI dentro y entre los estados miembros
- CCI definición global que integra CCC que pueden estar acreditados o no por organismos o sociedades científicas o metodologías existentes
- La cuestión clave es la calidad de la atención, la integración entre investigación y asistencia y formación (profesionales y pacientes y familiares)

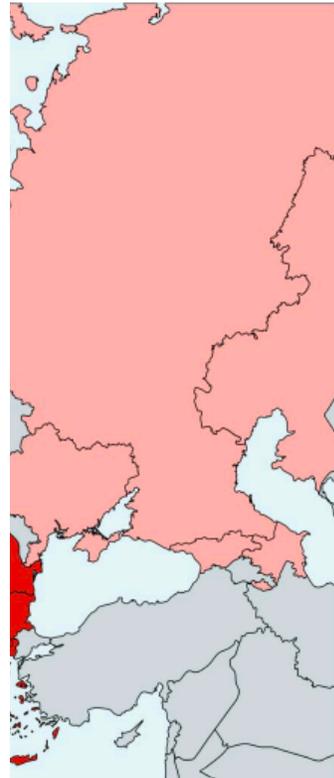
Table 3.1 Overview of reported cancer infrast definition, per country

EU countries	N=168 reported CIs
Austria	3
Belgium	3
Bulgaria	2
Croatia	3
Czech Republic	4
Denmark	2
Estonia	1
Finland	3
France	18
Germany	63
Greece	2
Hungary	4
Ireland	3
Italy	17
Latvia	1
Lithuania	4
Luxembourg	1
Malta	2
Netherlands	2
Poland	11
Portugal	5
Romania	3
Slovakia	1
Slovenia	1
Spain	6
Sweden	1

Figure 3.1 Overview working definition, I

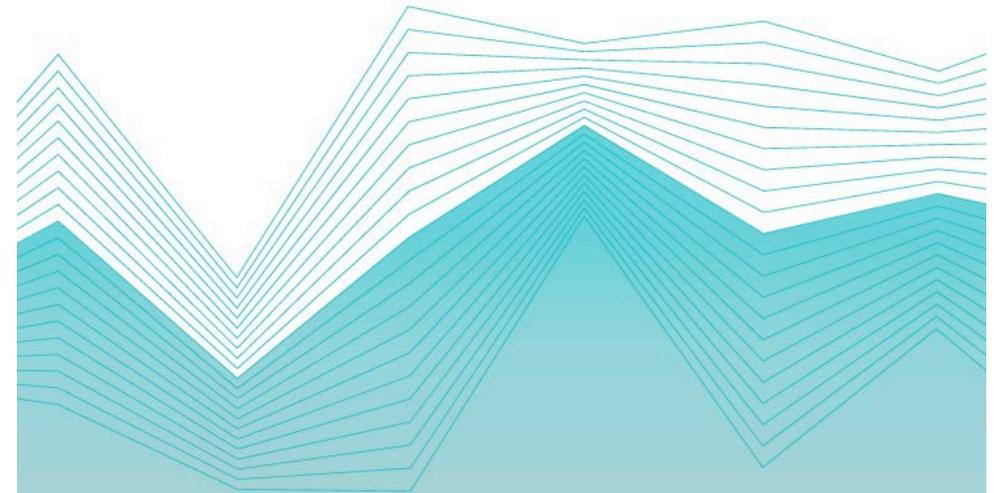


countries that meet the



# Quick scan of Cancer Infrastructures in European countries

Report



Chantal Leemrijse  
 Madelon Kroneman  
 Johan Hansen  
 Joke Korevaar  
 Mieke Rijken

## HORIZON-MISS-2022-CANCER-01-02: Strengthening research capacities of comprehensive cancer infrastructures

Closure: **07.09.2022**; Indicative call budget: EUR 10 M; Project size: EUR 10 M; **Coordination & Support Action**

### Scope:

- Offer an R&I-centred **capacity-building programme** to support existing and future comprehensive cancer infrastructures.
- Cooperation with the EU network of comprehensive cancer centres CRANE, being established through Europe's Beating Cancer Plan. Participating countries will be provided with recommendations. Support and roadmap for implementation and transferable best practices will be identified.

### Expected outcomes:

- Research and health policy makers will benefit from support to further develop or set up comprehensive cancer infrastructures, leading to improvement in *research and access to care*.
- Research and healthcare professionals will benefit from a **better integration between research and care**;
- Researchers will benefit from innovative infrastructures to perform research and participate in studies.
- Citizens, including patients and their caregivers will have access to screening, diagnostics and treatments, care pathways and integrated care. **Participation in clinical trials will be facilitated.**

# What are the steps of implementation of CB?



To achieve these challenging results in terms of process and outcomes, the CSA will design and implement the following sequential steps:

1. **Define quality indicators and Maturity Model** This will be done in integration with current European actions focused on similar concepts (UNCan, CRANE and JANE).
2. **Profile each MS and a few Associated Countries in terms of CCI presence and levels of maturity:** The opening hypothesis is that presence and maturity of CCIs varies widely among MSs without satisfying a comprehensive definition.
3. **Design tailored CBP interventions, giving priority to member states without any CCI.** This will be done according to the maturity of CCIs, the specific needs analyses from the quality indicator results, and involve relevant stakeholders in each Member State. These interventions will be both online training, and also 'deep dive' country visits to enable target sites to formulate implementation steps towards CCIs.
4. **Deliver online tailored training courses open to teams in all MSs and ACs.** These tailored interventions will be designed to train teams rather than isolated individual trainees, so that impact in CCIs can be ascertained.
5. **Implement onsite interventions.** These will be in two forms: (a) 3 Deep Dives in 9 CCIs in MSs with targeted interventions involving teams of experts consulting and capacity building, and (b) 3 regional conferences orientated towards widening participation countries – to implement CB among teams from CCIs.
6. **Scale up and sustain development.** The CB interventions will be evaluated for effectiveness, and recommendations will be formulated for designing future CB scaled-up programmes using EU instruments to building cancer research and care capacity in all CCIs in all MSs.
7. **Disseminate and exploit.** The results of the evaluated CB interventions will be published in many formats and communicated to policymakers, professionals, patients and other stakeholders for future actions.

# What is Capacity Building (CB)?

## Dimensions of Capacity Building

### Individual

- Needs assessment
- Training
- Extending knowledge and competencies
- Processes for talent development and exchange

### Institutional

- Needs assessment
- Gap analysis and identifying barriers
- Sharing excellent practices
- Building resources (data) and teams
- Changing corporate mindsets

### Systemic

- Needs assessment
- Breaking down silos
- Bringing in outside expertise (twinning and teaming)
- Networking, governance and organisation
- Redesign of the system and sustainability

# What are the research, integration and clinical themes for CB?



## Research themes and the patient pathway

### Citizens

- Screening
- Early detection

### The patient pathway

- Diagnosis (pathology, radiology and molecular diagnostics)
- Surgery
- Radiotherapy
- Systemic therapies
- Patient-centred Care

### Underpinning infrastructures

Human resources and education  
Clinical registries and Real World Data  
Population registries  
Structures which ensure care continuity and equality of access

Research and Innovation  
themes for capacity building

Discovery and translational  
research

Clinical Research

Digital innovation

Outcomes research

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# Scope of Comprehensive Cancer Infrastructures



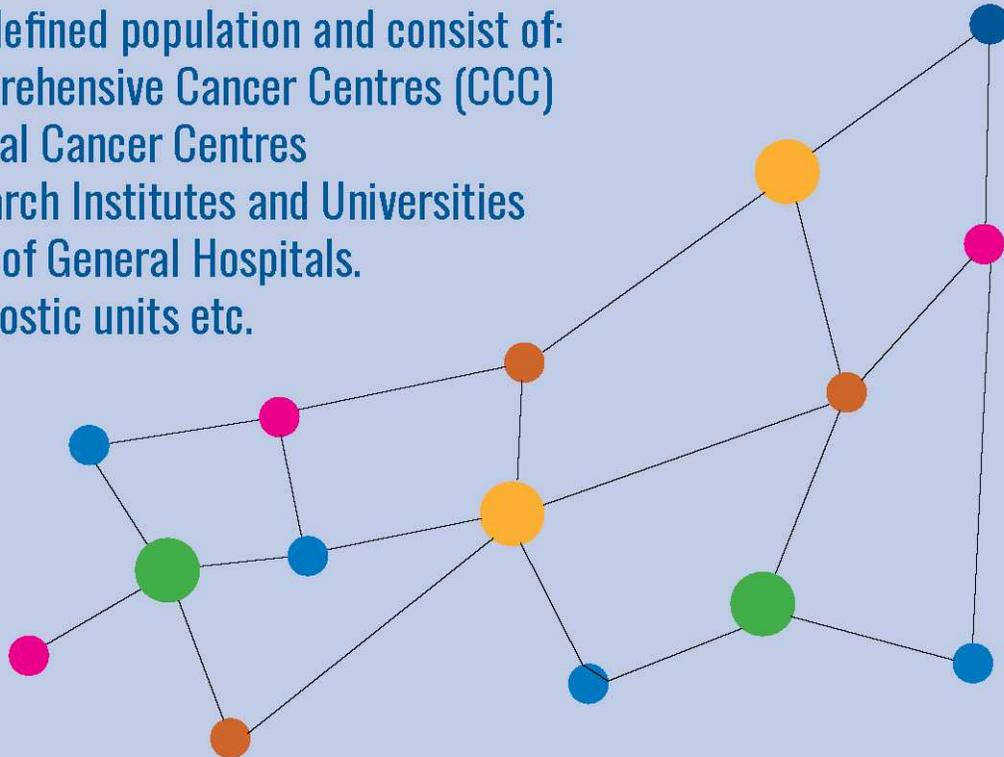
COMPREHENSIVE CANCER INFRASTRUCTURE AND COMPREHENSIVE CANCER CARE NETWORK/S

**CCI** A CCI should also include public functions such as public health, screening, primary and community care, and population cancer registries.

## CCCN

Comprehensive Cancer Care Networks serve a defined population and consist of:

- Comprehensive Cancer Centres (CCC)
- Clinical Cancer Centres
- Research Institutes and Universities
- Units of General Hospitals.
- Diagnostic units etc.

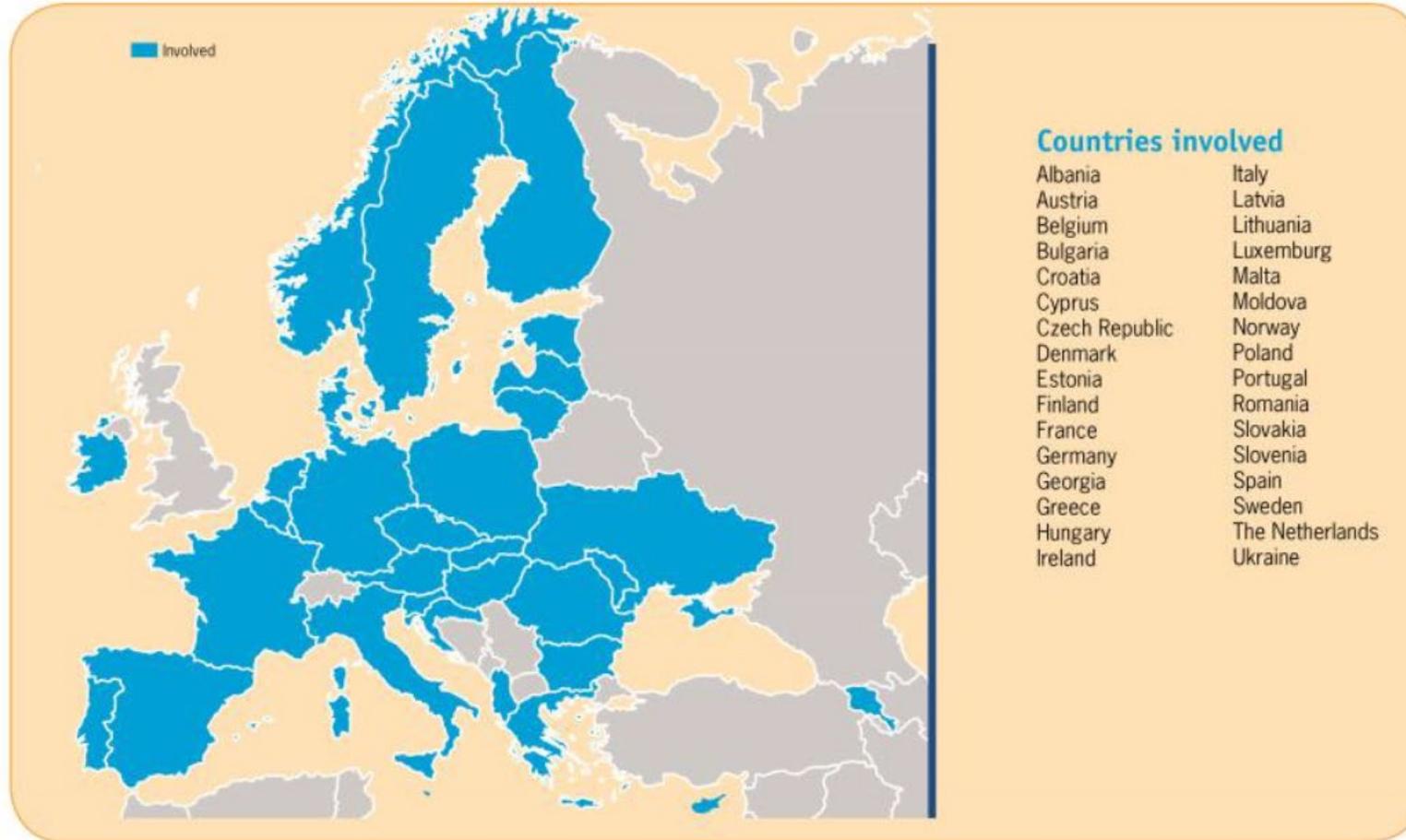


# CONSORTIUM/PARTNERS

Number of Partners: 27

Number of Affiliated Entities: 28

Number of Countries involved: 32



## y el *Comprehensive Cancer Centre (CCC)*?

- Integrado en las Comprehensive Cancer Infraestructures.
- Como las redes asistenciales, de formación o investigación
- Sin embargo, el CCC es la organización definida en el Europe's Beating Cancer Plan
- Y por lo tanto nuestra referencia como concepto para la atención oncológica y la integración con la investigación y la formación.
- Deben ser capaces de atender a las mayoría de los tumores
- Capacidad de gestionar el recorrido asistencial del paciente (*Clinical pathway*) de forma global

# Componentes esenciales del *Comprehensive Cancer Centre (CCC)*



Maximizar el impacto en el territorio definido para el CCC:  
**Networks y Clinical Pathways (CCCN)**

Transdisciplinar

Partners

Compromisos y acuerdos institucionales

Capacidad organizativa

Involucrar a los pacientes en el proceso asistencial y de investigación

# Integrar la asistencia y la investigación en el CCC

Guías de  
práctica clínica

Formación

Innovación

Conseguir que todos  
los pacientes se  
beneficien de la  
investigación



Aprender de cada  
paciente

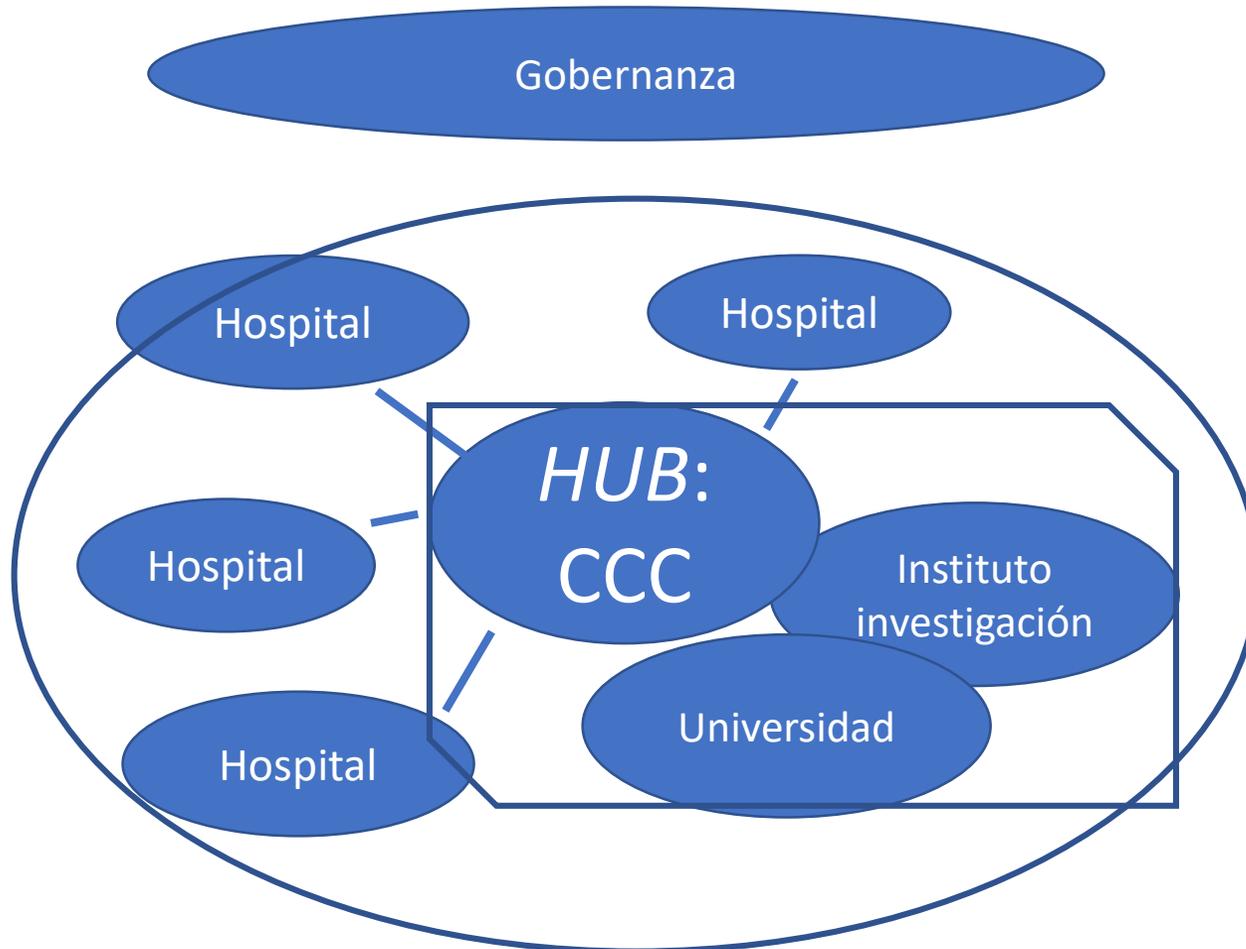
Ensayos clínicos

PROMs

Real World data y  
registro de cáncer

Datos de evaluación  
calidad y resultados

# Networks: modelo *Hub and Spoke*



Acuerdos entre hospitales  
definidos formalmente

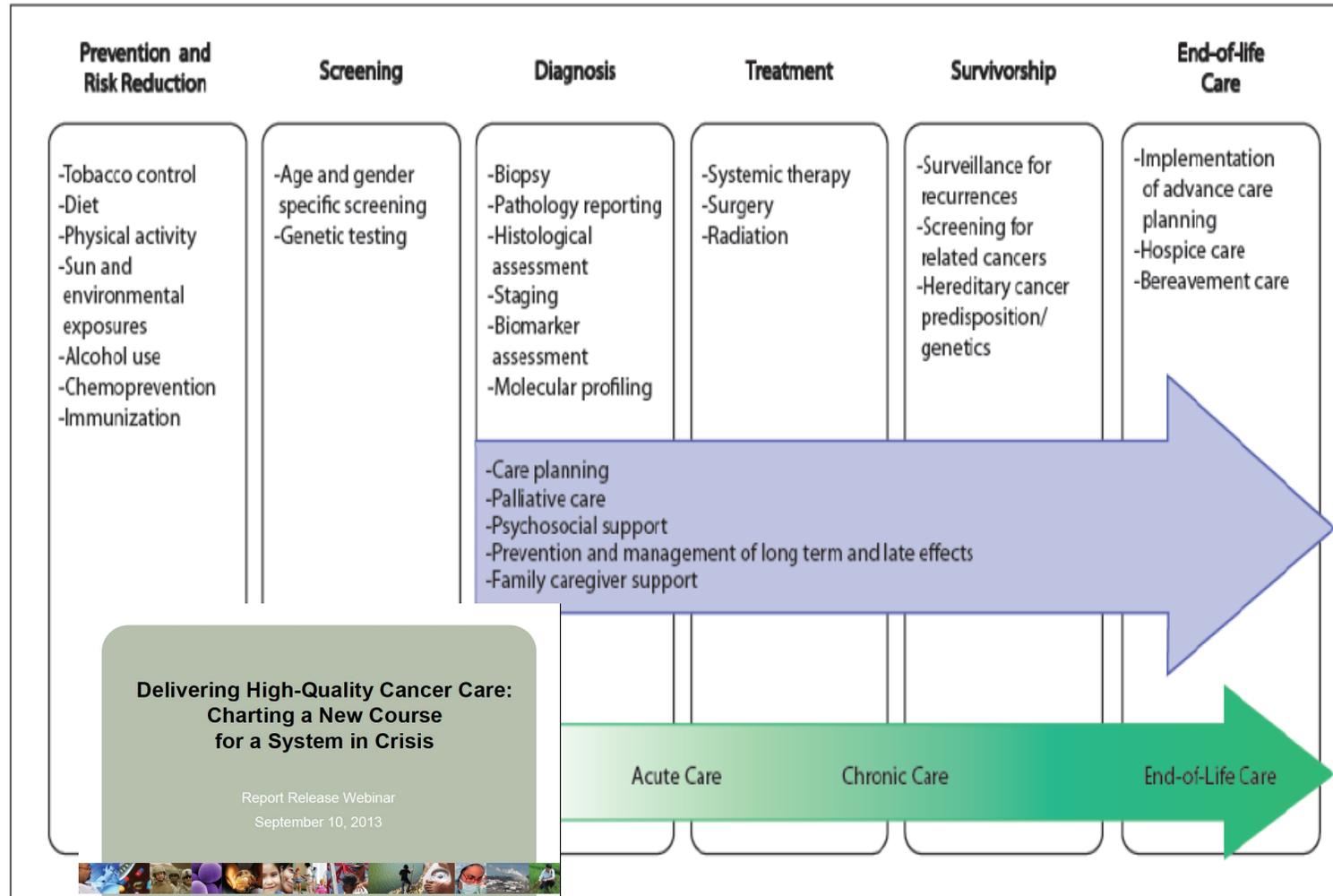
Integración con institutos  
de investigación

Hospital Universitario

Capacidad de establecer  
vías clínicas para los  
principales tumores

Clinical Pathways definidas para los  
principales tumores

# Cancer Care Continuum





**Models d'atenció:**

**La proposta de l'estratègia del càncer Europea**

# Flagship initiative Europe's Beating cancer plan

**Flagship 5:** The Commission will establish, by 2025, an **EU Network** linking recognised National **Comprehensive Cancer Centres** in every Member State<sup>56</sup>. It will facilitate the uptake of quality-assured diagnosis and treatment, including training, research and clinical trials across the EU. This cross-border collaboration will improve

patients' access to high-quality diagnostics and care and the latest innovative treatments. It can also help with patient mobility to ensure adequate treatment for patients with complex conditions. A new 'EU Cancer Treatment Capacity and Capability Mapping' project will help to map and share the different capabilities and expertise available across the EU.

This action will help deliver higher-quality care and reduce inequalities across the EU, while enabling patients to benefit from diagnosis and treatment close to home. The Cancer Plan aims to ensure that **90% of eligible patients** have access to such **centres by 2030**.

- Potenciar la especialización en centros de referencia
- Concepto de redes asistenciales aplicado a los servicios sanitarios y a la integración con la investigación y la formación
- Necesidad de valorar como reordenar servicios asistenciales en este marco de planificación asistencial

# Resumiendo

- La política del Plan de Cáncer Europeo claramente se refiere a los CCC
- Como se definen los CCCs es el objetivo de una **Acción conjunta CraNE**
- **Otra Acción Conjunta, JANE**, se dirige a valorar posibles nuevas Network of Expertise.
- JANE será una ampliación de las redes dentro de los European Reference Networks



# CraNE

## European Network of Comprehensive Cancer Centres

The CraNE Joint Action is proposed for funding in response to the flagship Number 5 of the Europe's Beating Cancer Plan, which defines that the European Commission will establish by 2025, an EU Network linking recognised National Comprehensive Cancer Centres (NCCCs) in every Member State.

It aims to build upon of the outcomes of previous CANCON and IPAAC Joint Actions, preparing the necessary preconditions, either administrative or professional and those related to high-quality performance and access for the patient.

The process will facilitate the integration of both the existing NCCCs as well as the newly characterized as NCCCs across all EU MS.

The assessment of feasibility of such an EU Network of NCCCs, taking in account the various Member States Health systems, will be performed in order to ensure to the sustainability of the scheme.

## CraNE Work Packages

WP1: Coordination

WP2: Dissemination

WP3: Evaluation

WP4: Sustainability

WP5: The EU Network of NCCCs

WP6: Organization of comprehensive, high-quality cancer care in NCCNs

WP7: Framework and criteria to enable the implementation of NCCCs within an EU Network

WP8: Equitable access to high-quality care and research: networks in the context of NCCCs

## Main Objectives of CraNE JA

The main objectives of CraNE Joint Action are:

- To prepare the necessary preconditions, administrative, professional, and those related to high-quality performance towards NCCCs Network.
- To link the development of an EU Network of NCCCs and NCCCs in individual MSs to the development of national and regional NCCNs.
- To provide an assessment on sustainability and feasibility of NCCCs Networking.

1. Prepare everything needed to launch the Networks of Expertise, from defining their missions and objectives, studying their design and working out selection criteria for participants, to providing all items to set up calls for expressions of interest;
2. Critically evaluate existing models of current EU networking, research infrastructures and platforms, future networking among comprehensive cancer centres, as well as technologically relevant aspects for optimal functioning of networking in general, in order to properly shape the new Networks of Expertise.

Seven new Networks of Expertise:

- complex and poor prognosis cancer
- palliative care
- survivorship and comorbidities
- personalised primary prevention
- omic technologies for healthcare
- high-tech care facilities
- adolescents and young adults with cancer

# Cual es la situación en nuestro SNS? Aspectos a considerar

- Tamaño de los centros de referencia en el contexto europeo
- Cultura de especialización en cáncer en las hospitales terciarios o de referencia en nuestro país: no hay gobernanza del cáncer compartida en la mayoría de centros que potencialmente pueden cumplir con los criterios para ser CCCs
- Volumen de casos en el rango inferior de los centros europeos de referencia
- Experiencias limitadas pero bien estructuradas de redes asistenciales
- Investigación mediante Institutos acreditados por ISCIII, integrados en los campus sanitarios
- Calidad de la investigación clínica, básica , traslacional y epidemiológica en estos centros.
- Integración/coordinación con las Universidades
- Pocas experiencias de evaluación clínica basada en resultados asistenciales

# Cual es el próximo tren? Y Cuando?

- **CraNE**: dentro de 8-12 meses se habrán definido los criterios para CCC y CCCN así como los estándares de calidad
- Secuencia de fases para progresar en el grado de cumplimiento con los estándares.
- Pilotos entre países para comprobar adecuación y consistencia de los indicadores
- Próxima Acción Conjunta para implantación del CCC en los países europeos (2025-28)
- Pero los estándares estarán disponibles a principios del 2024.

# Cual es el próximo tren? Y Cuando?

- CCI4EU: Pasos inmediatos:
- definir el modelo (**maturity model**) y los indicadores de evaluación
- evaluar los centros que pueden ser referencia y
- Establecer objetivos de mejora adaptados
- Evaluar la posibilidad de Twinings entre centro de referencia y CCI en periodo de mejora.
- A partir de la segunda mitad del 2023 se inicia el proceso



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# Comentario final

- Necesidad de alinear el SNS con los criterios Europeos
- Muy probablemente tenemos centros con los recursos y capacidad asistencial e investigadora pero...
- Definir la **gobernanza del cáncer** (CCC) en el marco del centro de referencia, consolidar la atención multidisciplinaria y establecer criterios de evaluar resultados
- Reconocer la importancia en la práctica de la investigación traslacional, epidemiológica y en prevención en el marco de los centros de referencia.
- Oportunidad con la nueva **Acción Conjunta Implantación de CCC en los sistemas sanitarios nacionales** a partir de la definición de CraNE (2025-28).
- Tenemos buenas experiencias en los centros de referencia europeos para tumores raros (EuroCan, PaedCan, Genturis, EurobloodNet) y la presidencia española como oportunidad.