

Bulletin: Insight into Unicancer and the cancer care delivery model in France

Interview of Pascale Flamant, CEO Unicancer

Pascale Flamant has been CEO of Unicancer, IHF Full Member, since 2011. She is the representative and advocate of the interests of French Comprehensive Cancer Centres.



Unicancer is the only hospital network 100% devoted to fighting cancer:

- ☐ 18 French Comprehensive Cancer Centres (FCCCs): private non-profit hospitals
- ☐ +20,000 women and men engaged in an ongoing quest for excellence in care, research, education
- ☐ +516 000 patients a year

The 6 characteristics of Unicancer's unique model: the French Comprehensive Cancer Centres

- ☐ are entirely devoted to fighting cancer
- ☐ strive for excellence to always improve patient care
- ☐ are at the cutting edge on every aspect of the fight against cancer
- ☐ have the best resources for research and development
- ☐ coordinate the fight against cancer with humanism
- ☐ provide comprehensive care for each patient, charging the standard fees set by the French social security system, with no out-of-pocket costs.

Numbers: In France, the FCCCs treat: 30% of the women with breast cancer, 21% of the patients with endocrine cancer and 20% of women with gynaecologic cancers.

Key challenge and main accomplishment for cancer treatment in France

One of the key challenges remains the cost of innovative medicine, and therefore, access to new treatments and equipment in oncology, especially in immunotherapy.

The role that AI will play in data treatment, diagnostic assistance, telemedicine – and generally speaking hospital organization – also represents one of the main challenges to come within the next decades.

The main accomplishments regarding oncology in France has been the creation in 2005 of the National Cancer Institute – INCa – which helped structuring and organizing cancer care in France, especially with the consecutive national cancer strategies (Plan Cancer).

Challenges of oncology and Unicancer at the international level

In oncology, the international challenge is to make all treatments available in every country, and not only industrialized ones. This will be possible if we work first on the cost of innovative molecules. Telemedicine – and, at a larger scale, artificial intelligence – in those countries should therefore be taken into consideration in the matter of access to care. Regarding Unicancer, the challenge is to further develop international hospital co-operations.

Expectations from and contributions to IHF

We really appreciate the benchmarking approach and peer exchanges which are ways to build new collaborations. IHF helps promoting good practices on which Unicancer can rely and to which it can participate.

Unicancer brings its expertise to IHF and its members in the cancer field: as cutting-edge structures in cancer care, FCCCs and their unique organizational model can be an example for hospitals which treat chronic diseases. The scientific and medical world known staff is dedicated to innovative breakthroughs in the interest of the patient. Unicancer network can be a great value to IHF.

On the other hand, IHF helps Unicancer being visible at the international stage, especially through events like World Hospital Congresses and Leadership Summits.

Strategies for the IHF in the next five years

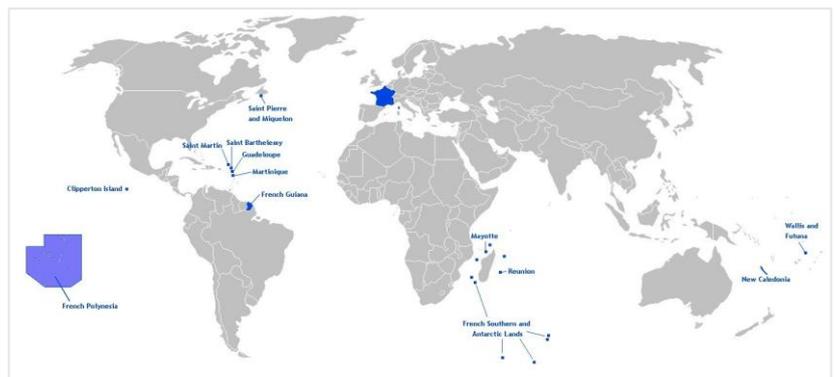
Here are some strategies that IHF could explore in the next years:

- Further developing IHF lobbying strength on public health issues with co-operations with other international associations working in the health area in order to weigh more in the international stage;
- Assisting members developing international co-operations and strengthen their management;
- Working closer together with patient representative associations, which are the voice we should listen to as care providers.

Cancer care organization in France

Cancer care delivery in France is based on 4 types of actors: public hospitals, private health establishments of public interest (ESPIC in French), private hospitals and liberal radiotherapy practices.

Hospital care is largely financed by T2A (activity-based payment model) and MIGAC (missions of general interest and support for contractualization, from the Ministry of Health, in particular research and certain specific missions). The main deficiency of this system concerns the financing of innovation: even though the ATU (temporary authorization for use) mechanism is up and running for molecules, the funding of technical innovative activities is not flowing. As a matter of fact, the period between scientific validation and social security reimbursement can be excessively long.



France and its overseas territories

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Cancer care is subject to national authorizations for surgery, chemotherapy and radiotherapy. These are delivered by Regional Health Agencies (ARS) on criteria defined by the Ministry of Health (with the help of the National Cancer Institute) and are the basis of the French healthcare delivery system.

The French National Cancer Institute (INCa) is the preeminent health and science agency in charge of cancer control in France, created in 2004. It reports to the ministries of Health and of Research.

The Institute is a public interest grouping (GIP) which brings together State representatives, charities, health insurance funds, research organisations and hospital federations. These stakeholders share a common goal of reducing the incidence of avoidable cancers and the number of cancer deaths, improving the quality of life of people with cancer during and after their illness, and reducing inequalities related to cancer.

The Institute provides an integrated approach encompassing all cancer-control dimensions (health, scientific, social and economic) and areas of intervention (prevention, screening, care and research) for the benefit of patients and their relatives.

The Institute is responsible for rolling out the 2014-2019 Cancer Plan. The primary aim of the Cancer Plan is to cure more patients by promoting early diagnosis and guaranteeing access for all to quality medicine and innovations. Apart from improving care and medical practices, the Cancer Plan proposes the comprehensive care of the patient, taking into account the totality of his/her needs to maintain the continuity and quality of life during and after the illness.

Cancers are also the leading cause of avoidable deaths. Based on current knowledge, it is estimated that nearly one in two cancer deaths could be avoided. Thus, the Plan is investing in prevention to significantly reduce the number of new cancer cases. Finally, it supports basic research as a source of future advances.

An additional aim is to optimise management and arrangements related to combating cancer, for better efficiency, with full involvement of patients and users of the health system.

The Plan, which comprises 17 operational objectives, is part of the implementation of the National Health Strategy and the Strategic Agenda for Research, Technology Transfer and Innovation, "France-Europe 2020."

Role and activities of Unicancer

Unicancer unites all of the French Comprehensive Cancer Centres (FCCCs). These private non-profit health institutions are exclusively devoted to healthcare, research and education and training in oncology. Unicancer facilitates the pooling of resources and skills between FCCCs: medical scientific project, financial strategy, human resources, purchasing, information system projects, quality control, etc. The practice of internal benchmarking (among FCCCs) and external benchmarking (FCCCs with competitors) makes a permanent evaluation of performance and quality possible.

Unicancer's mission is to enable FCCCs to stay ahead and innovate together, and always for the benefit of their patients. Unicancer also represents and defends the FCCCs (21,000 employees) with the public authorities as a hospital representative federation.

Unicancer's main priority is to promote FCCCs' unique organizational model in cancer care (see introduction), especially through its brand strategy: as a label, Unicancer's brand helps patients to better understand the French healthcare system.

Unicancer also conducts prospective studies to better identify the future of cancer care, the patient needs and the innovations to come (see next section for more details). This work benefits to FCCCs and allow them to stay innovative hospitals, with state-of-the-art equipment, e-health and AI approach, innovative treatment.

Last but not least, Unicancer is the main European academic sponsor in oncology. It contributes to the development of clinical research in oncology in France and abroad, by focusing on scientific issues insufficiently covered by the pharmaceutical industry and facilitate patient access to innovation to improve their care.



Prospective studies of Unicancer: changes in cancer care by 2025

Through several prospective studies, Unicancer has identified the major changes in caring for cancer by 2025. These transformations are already present on a daily basis in the Centres.

- Evolving role of the patient: Patients are increasingly informed, connected and influential
 - o Connected patients will become more active in decision making
 - o Patient reported outcomes will disrupt the way care is delivered
 - o Patient driven initiatives and associations have increasing importance and have a role in influencing and supporting further patients
- Connected/digital health: advanced digitalization and connected health will allow for more agile healthcare delivery:
 - o Big data based analytical platforms will be used as clinical decision support tools to guide treatments
 - o Telemedicine will remove the necessity of requiring colocation between providers and physicians
 - o Process automation technologies will drive system efficiencies
- Interaction across care settings: the evolving role of different care settings will mean that cancer centers won't be the only site where care is given:
 - o Increased "survivorship" will challenge traditional delivery models
 - o Integration of general oncology with supportive care is necessary
 - o Certain patients will be increasingly be treated in the community and at home
 - o Hospitals are expanding into more networked providers
- An increase in out-patient surgery:
The number of stays for ambulatory surgery should more than double.
- Radiotherapy will be more targeted and less invasive: In the upcoming years, the reduction in the number of radiotherapy sessions will concern 45% of breast cancer treatments, changes from 30 to 20 sessions on the average.
- The development of oral treatments and home hospitalization chemotherapy: The characterization of tumors, making it possible to better understand them in order to better treat them: The changes in chemotherapy will increasingly allow the patient to be cared for at home, thanks to the development of oral treatments and in-home hospitalization. The proportion of drug treatments through the mouth could change from 25% to 50% and intravenous chemotherapy could decrease 25%.
- Interventional radiology will replace certain complex and invasive surgeries. The number of stays for interventional radiology could be multiplied by four.
- Supportive care will be considered as indispensable in treating all cancers. A multidisciplinary team of 18 healthcare professionals (doctors, caregivers, psychologist, etc.), per bracket of 10,000 patients, are to be entirely dedicated to this accompaniment.
- Molecular biology will allow for better tumor characterization: Tumor characterization, thanks to molecular biology, already allows for a more precise diagnosis, identifies the molecular anomalies involved and treats them, when this is possible, with targeted therapy. This tumor characterization and genetic screening of populations at risk will be much more widespread by 2020.