Executive summary of the public audit report

PERFORMANCE OF CANCER HEALTH CARE

14 March 2014 No. VA-P-10-4-3

Full audit report in Lithuanian is available on the website of the National Audit Office: www.vkontrole.lt

DEFINITIONS

‘Accreditation Service’ means the State Health Care Accreditation Agency under the Ministry of Health.

‘eSPBI IS’ means the electronic information system for the infrastructure of health services and cooperation.

‘Health care facility’ means a personal health care establishment.

‘Mortality’ means the number of deaths from malignant tumours in a given population during a certain period (expressed in absolute numbers and per 100 thousand inhabitants per year).

‘Palliative care’ means treatment and other support aimed at the life quality of the patient with a progressive disease with little or no prospect of cure, ensuring the fulfilment of physical, psychological, emotional, and spiritual needs of the patient.

‘Malignant tumours’ (usually called cancer) means tumours the cells of which penetrate deep into the tissue of the organ in which they have evolved and grow into the adjacent organs. The organs are damaged and their functions are disrupted, thus leading to significant health problems. In addition, malignant tumour cells tend to spread to nearby (local) lymph nodes and to other organs of the body, they proliferate forming new secondary tumours, called metastases, which highly aggravate the disease. Benign tumours grow without penetrating and spreading in nearby and distant parts of the body.

‘CHIF’ means Compulsory Health Insurance Fund.

‘Incidence’ means the number of newly diagnosed cases of a disease in a given population in a given period of time (expressed in absolute numbers, per 100,000 inhabitants per year).

‘Monitoring’ means systematic data collection, analysis and evaluation (development of conclusions), forecasting further development and possible effects.

‘NHIF’ means the National Health Insurance Fund;

‘TNM’ means the classification of malignant tumours describing the size of the tumour (T), nearby (regional) lymph nodes that are involved (N), and metastases (M).

‘Cancer control’ means public and personal health care measures aimed at stopping the increase in the number of deaths from cancer.

EXECUTIVE SUMMARY

Cancer control measures have been implemented in Lithuania since 1993; however, the health indicators of the population have not been improving and the incidence of malignant tumours has been steadily increasing: compared to 2003, the incidence per 100,000 inhabitants increased by 25 per cent[1]. Malignancy is the most common cause of death in the country after cardiovascular diseases. In 2012, 21.5 per cent of all male deaths and 17.9 per cent of all female deaths was caused by malignant tumours.

The World Health Organisation has identified[2] four areas in which countries should consistently plan cancer control measures, namely, prevention, early detection, diagnosis and treatment, and palliative care.

The National Cancer Prevention and Control Programme 2003-2010 ended in 2010, however, no other programme has been approved.

The objective of the audit was to assess the effectiveness of cancer control measures by answering the following questions:

- availability of diagnostic and treatment services to the patients;
- presence of preconditions for the provision of high-quality services;
- management of complete and accurate information necessary to evaluate and forecast the situation of cancer diseases in the country;
- planning of cancer control measures at the national level.

The audit assessed how diagnostics and treatment of malignant tumours is organised; oncohematological diseases and malignant tumours in children were not addressed due to their specific features.

The audit conclusions were formulated following an analysis of the information provided by various institutions and establishments (Ministry of Health, National Health Insurance Fund, territorial health insurance funds, State Health Care Accreditation Agency, Institute of Hygiene, public health institutions), and specialist doctors.

The audit covered the period 2011–2012. The analysis also covered the data from earlier years and 2013.

The following public audit conclusions and recommendations were drawn upon the assessment of the audit findings.

CONCLUSIONS

1. No prerequisites for providing equal access to quality cancer diagnostic and treatment services have been provided for, because:

1.1. no cancer diagnostic and treatment standards (procedures, diagnostic and treatment methods/protocols or other documents) specifying disease diagnostic methods, sequence, classification, treatment methods, evaluation of the patient's condition and selection of the treatment tactics, assessment of the effectiveness (impact) have been developed at the national

1 Data published by the Institute of Hygiene, Internet access at http://sic.hi.lt/php/sr7.php?dat_file=serg7.txt.

2 Cancer Control. Knowledge into Action. WHO Guide for Effective Programmes, Internet access at http://www.who.int/cancer/modules/en/index.html.

level, so different health care facilities follow different cancer treatment and diagnostic standards;

1.2. there is no clearly regulated sequence of the provision of diagnostic and treatment, palliative care and long-term monitoring services to patients in place, and neither has it been defined in detail in which health care facilities and what services (general or specific) are to be provided, what health care specialists provide such services. Therefore, the services provided at specialized cancer diagnostic and treatment facilities include those which can also be provided by district or regional hospitals and family doctors within their competence, so patients do not receive cancer care in the shortest time possible;

1.3. the procedure of paying for services from the CHIF (when services are paid on the basis of a variable score) affects the formation of queues for receiving certain diagnostic services (expensive examination), the time during which a cancer disease is detected, and timely treatment of the disease;

1.4. no cancer diagnostic and treatment quality indicators common for all health care facilities providing such services have been developed, so it is not possible to evaluate the quality of the services.

2. No assessment of the availability of cancer diagnostic and treatment services is carried out at the national level. The Ministry of Health has not set target indicators for the availability of cancer services (the time during which a person should get specialist doctor's consultation, time for waiting for diagnostic examination, day care services or other services).

3. As to the content and composition of the Programme, the National Cancer Control Programme 2003–2010 did not specify cancer diagnostic, treatment and palliative care targets, measures to be implements and results to be achieved. No new Cancer Control Programme has been approved since 2011 and no national cancer control targets and means to achieve these targets have been set – instead, four continued selective health screening programmes have been carried out: cervical cancer prevention, breast, prostate, and colon cancer early diagnosis programmes.

4. No prerequisites for proper evaluation and prediction of cancer diseases have been provided in the country because:

4.1. three general indicators associated with malignant tumours are monitored at the national level: general and standardized mortality ratio for deaths from malignant tumours, incidence/ prevalence of malignant tumours, and hospital incidence of malignant tumours (by sex and age groups). Such information is not sufficient to properly manage information about cancer and cancer patients (stages of the disease, TNM categories, the treatment applied and its outcome, survival) and malignant tumours (morphological form of the tumour, its differentiation degree);

4.2. there is no body designated responsible for monitoring malignant tumours and the data collected in different databases is incomplete to enable proper monitoring of these diseases.

RECOMMENDATIONS

To the Ministry of Health:

1. In order to ensure the quality and improve the availability of cancer diagnostic and treatment services, the Ministry should:

1.1. initiate and coordinate the development of cancer diagnostic and treatment standards (methods/protocols), describing the epidemiology of a given cancer disease, providing for check-up and prevention, manifestation and diagnostics, specifying classifications, more detailed methods of treatment, evaluation of the patient's condition and selection of the

treatment tactics, assessment of the effectiveness (impact) of the treatment, recommending medical rehabilitation, providing for palliative treatment and pain control, medical care and supportive treatment, and principles of the provision of help to the patient and care providers;

1.2. establish a detailed procedure (scheme) of cancer help to patients, consistently describing the provision of cancer diagnostic and treatment services: complex diagnostic and treatment, palliative care and long-term monitoring services to be provided to patients, indicating in which facilities and what services (general or specific) are provided as well as what health care specialists provide these services;

1.3. establish indicators for the availability of cancer disease diagnostic and treatment services: the time during which a person should get specialist doctor's consultation, the time during which diagnostic examination, day care services, and other services should be provided, and carry out monitoring of the availability of the services at the national level;

1.4. establish quality indicators for cancer diagnostic and treatment services and carry out monitoring of the service quality.

2. In order to properly evaluate and predict cancer diseases in the country, the Ministry should:

2.1. establish a data collection and provision procedure and determine institutions which shall provide and administer data; regulate mandatory data on cancer diseases and cancer patients (process proliferation, the treatment applied and its outcome, survival rate) and malignant tumours (morphological shape of the tumour, degree of its differentiation), taking into out the data managed in health care information systems (Sveidra and others);

2.2. designate a body responsible for monitoring such data on cancer diseases;

2.3. create an information system for collecting data on cancer diseases and cancer patients and ensure the integration thereof with the eSPBI information system and its subsystems.

3. In order to effectively carry out cancer control, the Ministry should approve a Programme of Measures for Cancer Control covering all cancer control areas (prevention, diagnostics, treatment and monitoring) and a plan for its implementation, and establish responsible implementers, assessment criteria for programme implementation, and a reporting procedure.