

Evidence, Ethics, Economy and Cancer Registries

Managing the Swiss Health System seems to be an impossible task. There is no concept to guide the complex Swiss Health Care System in accordance to technical, economic, social and political challenges in the field of highly specialized and basic health care, as well as costs and human resources.

In the ICoC project Clarival and Biller-Andorno are investigating the impact of the introduction of Swiss DRG to health care quality and -fairness and employment conditions for health care workers. Depending upon the payment system there are different incentives to make profits. *Payment for service systems* may mislead to do more than is needed. In our existing public health system, one can only receive an optimal, not a maximal treatment. Therefore, quality has to be more than what the client wishes. Zerkiel describes the challenge to develop validated methods for the daily practice of screening patients' needs for rehabilitation. A second challenge is to measure added treatment benefits with structured rehabilitation programs. Medical intervention in prevention, diagnosis, therapy and rehabilitation should only than be reimbursed when they are in accordance with sufficient evidence, ethics and economy.

In an *all-included package system* (DRG, Capitation), the physician can improve his income by withholding expensive treatment. DRG and capitation may encourage doctors, to do less than is needed. Missing data for treatment quality before the introduction of G-DRG was the main reason for Germany having no adequate accompanying research. In the Swiss Health Care System, there is also a lack of a sufficient data base for accompanying - and health services research. There are practically no registries collecting data about treatment. For empiric research the ICoC project is based only on the single private AMIS Registry. Cantonal health authorities are both: the financer and owner of public hospitals. But as they have the role of both - financer and operator of their own hospitals, this enables them to determine patient flow in their own interests. To be transparent, their decisions should be based on results instead on process and structural criteria.

Rageth explains the difference in reduction of breast cancer mortality rate between the German and French part of Switzerland with the introduction of breast cancer screening programs. He pleads for a nationwide access to certified breast cancer centers because outside of these centers treatment quality is seen to be insufficient. But an inverse gradient exists in the use of Herceptin: the dose per inhabitant used in Geneva is two times higher than in the eastern part of the country. The amount of health care expenditure in Geneva (SFr. 6361.-) are more than twice as high as in St. Gallen. (Luca Crivelli, National Health Policy 19. Nov. 2009). Are these regional differences due to an under or overuse of resources? Does better care quality require a higher price? Due to lack of data we don't know the answer. But the faster reduction of breast cancer mortality in the French part of Switzerland can be due to factors other than screening programs.

A retrospective analysis of Breast cancer Treatment between 2000 –2005 based on data of the cancer registry of Geneva shows scores of high treatment quality with 85% in the cancer center and 87% in the cancer network and an identical breast cancer specific survival in both groups after 5 years. Thanks to the willingness of the network and center physicians to disclose their treatment data to the cancer registry, they have disproved the theory that women «get the best possible treatment in certified centers» and exposes it as a cover-up for their own interests. Cancer patients should have nationwide access to treatment facilities where caregivers disclose their treatment data in a certified quality register based on the data of cancer registries (as it is done in Sweden). This is basic for the integral quality concept elaborated by the Swiss Society of Medical Oncology (SSMO), as its contribution to the National Cancer Program (NCP) 20121 – 2015.

Medical Oncologists who have joined the Swiss Cancer Network (SCN) are dedicated to this goal. To implement this quality concept as well as a quality culture in our country, we need a national registry law with the same facilities as the registry of Geneva. Today, data for breast cancer treatment is sent to different private registries (EUSOMA, SGS, DKH) but neither the cantonal registries nor the professional societies have access to this data to analyse and compare treatment quality. Linking together epidemiology, accompanying - and Health Services Research and a quality register of the professional society based on the data of the cancer registries enables us to monitor the impact of new care delivery models on the treatment quality. Such information is essential for a rational and transparent management of the health care system independent of the financing system.

The project of Bordoni is an important step in achieving this goal. Here quality indicators for five common solid tumours are collected prospectively by the cancer registry in close collaboration with the treating physicians. With this population based data, a quality register of the professional society can be implemented. Each caregiver and treatment network can compare one's treatment to the collective. With a user friendly application platform, data has to be collected only once. This is in contrast to Germany: Here one fills out more than 400 forms to follow up a woman with breast cancer without recurrence over a 10 year period in a quality assurance project. With the proposed quality data registry owned by the professional society, the obligation of art. 22 a of the KVG to deliver quality indicators to the health authorities should be fulfilled. In Northern Europe such registries are an essential part of the quality concept of various professional societies. Their common denominator is a public contract, public founding and the ownership of the registries by the professional societies and not by the government. The registries inform health authorities regularly about improvement of treatment quality. Matter from the SAKK network outcome research describes the instrument of small area analysis. This method makes it possible to map indicators of health services structures. They can be used on a meta level for decision making.

Based on the NCP 2011-2015, the SSMO elaborated a comprehensive quality concept with four main issues:

- Comprehensive care during the entire treatment chain,
- Treatment according to (international) guidelines and treatment pathways
- Treatment planning in an interdisciplinary tumour board
- Disclosing treatment data in a certified registry

Their use had a positive influence on survival (BMJ 2012 344 e2718). The members of SCN are dedicated to implement this quality concept. NICER, SAKK and SSMO bring together the knowhow to create the necessary framework.

Let us use the window of opportunity to implement this quality concept as the Swiss standard in oncology. Let us influence politicians to create a modern registry law, which allows the use of this registry data for epidemiology, treatment quality and accompanying - and health services research. In this way we can develop a quality culture in Switzerland to improve patient care considering evidence, ethics and economy.

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