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PEDIATRIC ONCOLOGY IN THE NETHERLANDS: SHARED CARE

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princess
MÁXIMA
center for pediatric oncology

Prof.dr. Gertjan Kaspers
Education & Training, outreach, shared care



Childhood cancer in The Netherlands



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- Rare: 550 new cases (0-18 yr) per year
- Each type typically <20 cases/year
- Scattered: 7 centers
- Survival 75%
- Most frequent cause of death in childhood
- Morbidity and poor quality-of-life
- Late effects of treatment



Volume matters



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Higher volume of high-complex interventions:

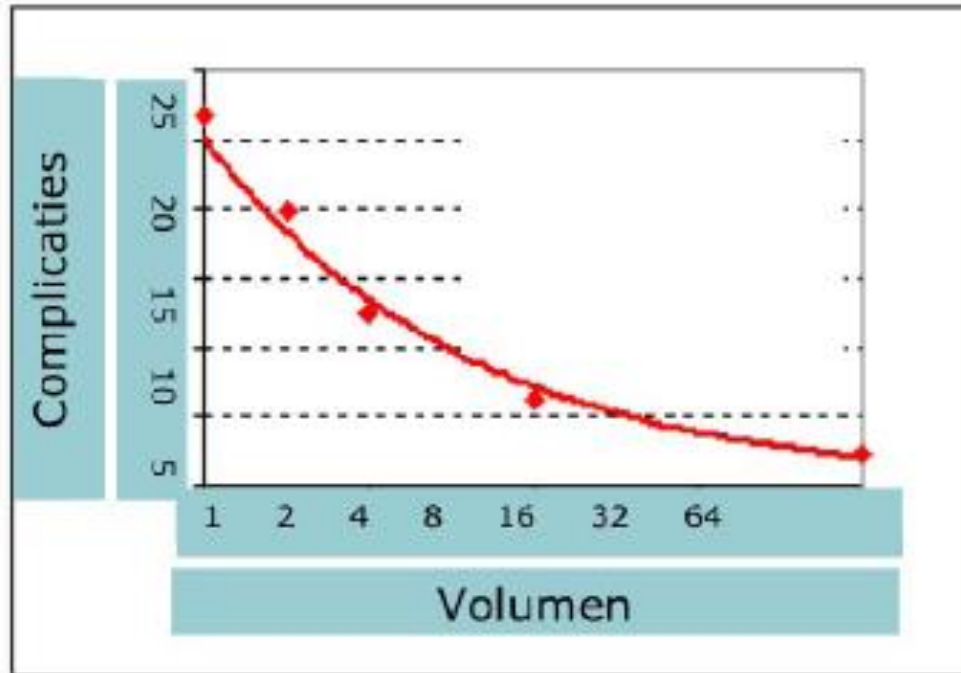
More successful treatment
and
less complications

“higher volume = better outcome”

Size matters: Inspection of Health Care and Ministry of Health, may 2010



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Learning curve for high-complex interventions:
<20 very steep
20-100 steep
>100 flat(ter)

Cut-off for concentration:
20 cases / year / team



Future? 2005 - 2014

- Concentration of complex treatment and research: critical mass for top care and top research
- Initiative of professionals and parents organisation:

Cooperation:

Single Dutch Childhood Oncology Center

Princess Máxima Center for Pediatric Oncology

- European center of excellence
- Ward within WKZ/UMCU opened October 20, 2014
- Certain solid tumors (20% of total Dutch population)





New hospital

- Not isolated but connected to partner institute
- Independent expert committee to advise on location
- Criteria:
 - *Other pediatric subspecialisms and facilities*
 - *Adult cancer center*
 - *Research institute*
 - *Accessibility, location*
 - *Willingness to collaborate/share*

Partners:

- UMC Utrecht/Wilhelmina Children's Hospital Utrecht
- Netherlands Cancer Institute/AVL

From principles to building design



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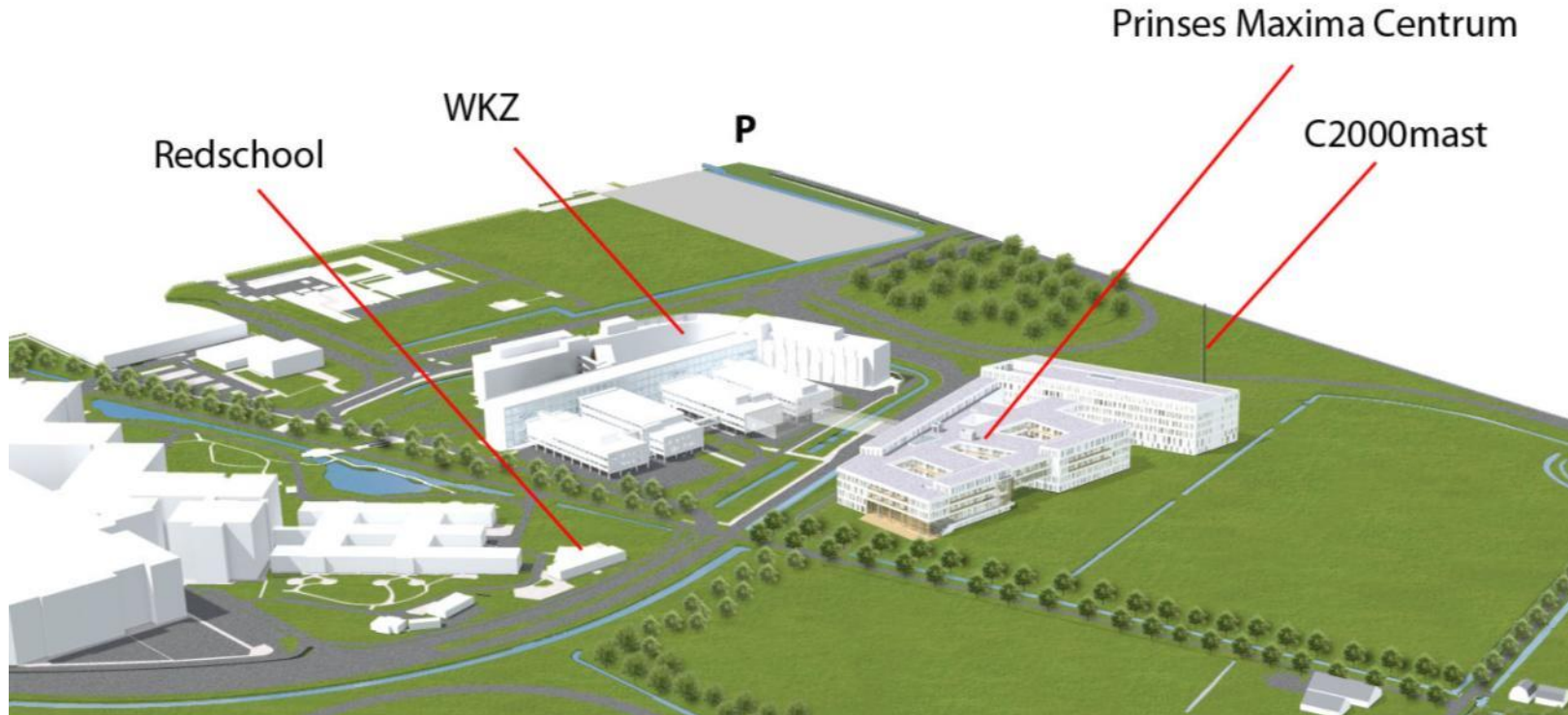


Location

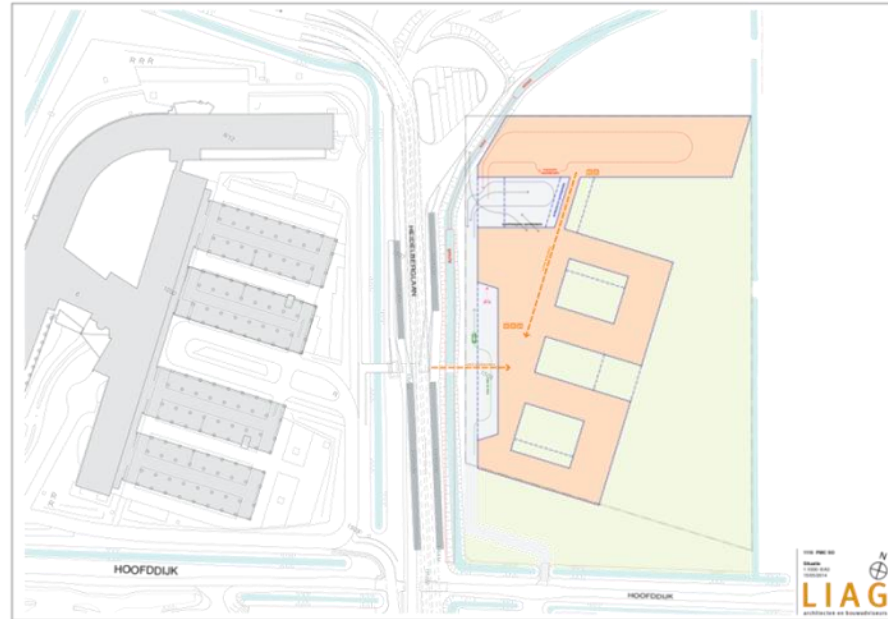
Building design July 2014



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- **Four units**
 - Hemato-oncology
 - Neuro-oncology
 - Solid tumors
 - Late effects
 - **Research**
-
- 75 – 85 hospital beds
 - 20-25 daycare beds
 - 800-900 patients in treatment annually



BVO 38.944 m2



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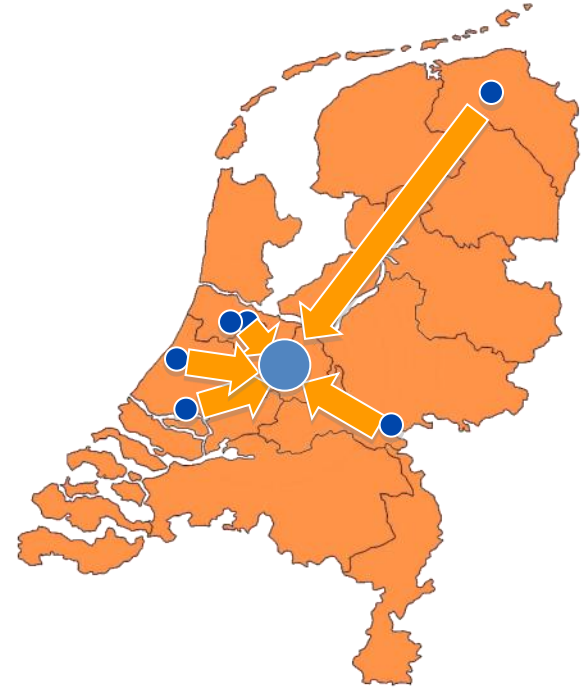
Ambition:

- >90% cure
- <50% of patients having late effects
- Improved palliative care
- Nr 1 pediatric oncology center of Europe, top 5 globally



Concentration

- From 7 centers to 1 for complex care
- No merge; new center in Utrecht
- Collaboration with UMC Utrecht/Wilhelmina Children's Hospital: sharing resources, personnel and facilities
- Collaboration with other UMCs & AVL
- Shared care



Shared care

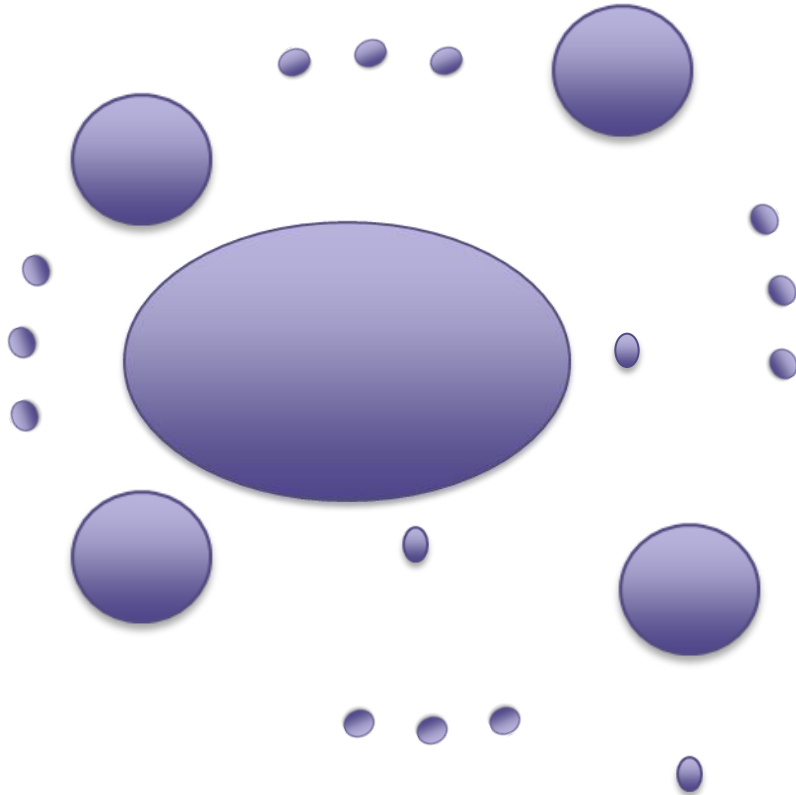
- Centralised care if necessary, local care when possible
- Central: classifying diagnostics, treatment plan, tumor surgery, radiotherapy, complex chemotherapy, immunotherapy, transplantation, early clinical trials
- Local: less complex parts of treatment including supportive care and chemotherapy in 15 shared care hospitals plus 4 shared care UMCs
- Shared care supervised by Princess Máxima Center



Shared care model



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Challenges:

- Each hospital legal entity, but care must be one process
- Procurement of total care process by Princess Máxima Center
- Mutual services between Princess Máxima Center and shared care hospitals
- Communication, efficient exchange of crucial data

Communication & data-/information exchange

- Who, what, when, how
- Care; clinical trials; research
- Privacy issues
- Electronic Patient File: one (?) for each patient ...
- Data-definition / data-management issues
- Phone, fax, e-mail, letters vs. conferencing, interoperability



Professionals involved

- General physician
- Pediatric oncologist
- Other specialists (surgery, radiology, radiotherapy etc.)
- Case manager
- Pediatrician/pediatric oncologist in shared care center
- Nurses in Princess Máxima Center and in shared care hospital
- Home care team members
- Members of the Psycho Social Team
- Members of the Educational Team
- etc etc etc

Data set (to be developed):

- patient identification
- test results & images
- treatment itself: distributed protocol/treatment planning
- medication prescription, preparation & admission
- surgery
- efficacy
- toxicity
- suited to responsibilities contractor & subcontractor
-



Conclusion

- Care centrally if complex, closer to home whenever possible
- Innovative in care, research and organisation
- The very best for patient, family and employees
- European Center of Excellence
- Communication and data exchange: a complex challenge

