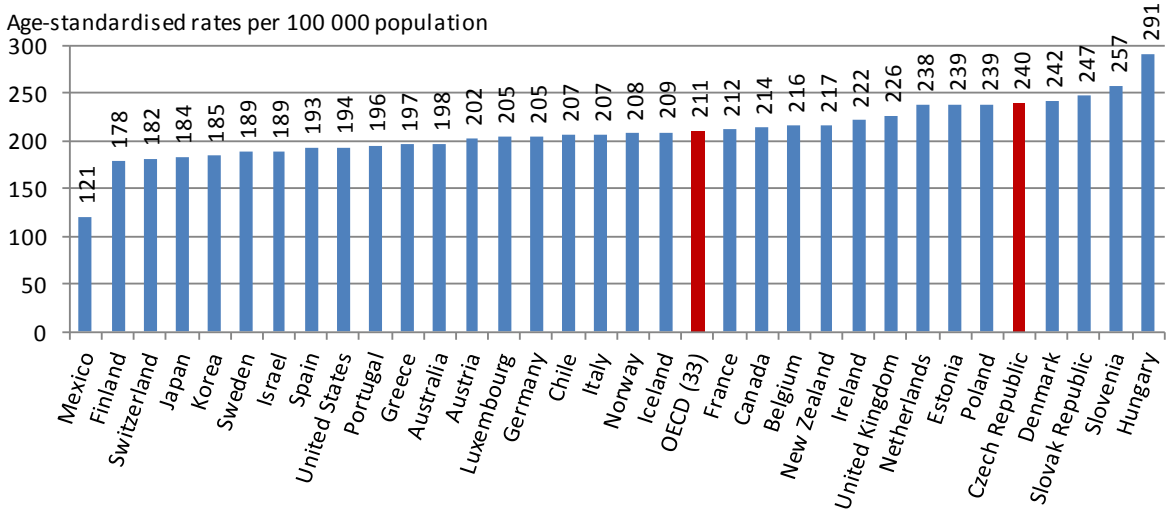
Cancer Care: Assuring quality to improve survival

Country note: Czech Republic

Cancer outcomes in the **Czech Republic** could be improved. According to the latest data, the five-year relative survival estimate is lower than the OECD average: 64.9% for cervical cancer vs. OECD average of 66.0%; 80.7% for breast cancer vs. average of 84.2% and 53.4% for colorectal cancer vs. average of 61.3%. Mortality is generally high; based on the OECD age-standardised rates, 5.1 for cervical cancer and 26.5 for breast cancer per 100 000 women and 33.0 per 100 000 population for colorectal cancer, above the OECD average of 3.7, 26.3 and 25.0, respectively in 2011.

All cancer mortality rates, 2011 (or nearest year)



Note: Raw mortality data from the WHO Mortality Database have been age-standardised to the 2010 OECD population.
Source: OECD Health Statistics 2013

Cancer care system has been strengthened in recent years with the emphasis on clinical guideline development, quality assurance, and health information infrastructure, but the country could further focus on following areas.

Promote prevention and healthy lifestyles

Smoking rates have actually increased in the past decades in the **Czech Republic**; one in four adults (24.6%) smoked daily in 2008, and smoking among 15 years old is 28% of children smoke at least once a week in 2009-10, the highest in the OECD after Austria. The United States has implemented comprehensive anti-smoking measures including smoke-free policies, tobacco tax, telephone and internet-based programmes and pay-for-performance for smoke cessation in the past decades. These have resulted in one of the lowest adult smoking rates at 14.8%, much lower than the OECD average is 20.9% in 2011. In the **Czech Republic**, cancer incidence is high at 288.5 per 100 000 population above the OECD average of 260.9 in 2008, and risk factors are increasing (adult obesity is 21.0%, above the OECD average of 17.6% in 2011). Therefore, a comprehensive approach is needed to reduce risk factors for cancer and improve lifestyles, involving all stakeholders such as industry, the entire population (including children and their parents), and health care providers including primary

care doctors. For example, some countries have enhanced the role of primary care doctors to promote prevention sometimes through financial incentives.

Improve the availability of new drug treatment

The authorisation of new drug is not fast compared with other OECD countries and the availability of such treatment is not also stable over years as it depends on the negotiation between insurance companies and associations of providers (or providers themselves). In order to ensure the more secure access to new drug treatment, the country could learn from separate financing arrangements developed for innovative pharmaceuticals in other countries. For example, in Australia, separate funding became available for Herceptin, and a similar arrangement is available in France. In Germany, cancer drugs are paid on a DRG basis or through "specific additional payments" (*Zusatzentgelte*), and DRG and additional payment levels are updated every year by the National Institute for Payment in Hospitals.

Strengthen feedback mechanisms

Czech Society of Oncology monitors and evaluates the effectiveness of key treatment, but the country could strengthen the feedback mechanisms to promote best practices in cancer diagnosis and treatment among providers. In Israel, for breast cancer screening, detection rates, recall rates, further examination rates, and staging information, and negative/positive test result rates are provided to all providers every year so that they can compare their performance relative to the national average and to other providers in the country. In the **Czech Republic**, strong political and legislative support is needed for the implementation of population-based cancer screening programmes (including addressed invitation to screening examination) and their evaluation. Moreover, data linkages between population registries (notably between cancer and screening registries) would substantially strengthen monitoring of cancer screening programmes. The **Czech Republic** could also undertake systematic reviews as done in the Netherlands and some health care organisations in the United States. In the latter, health systems like Intermountain Health and Kaiser Permanente have robust systems of assessment and feedback. Public reporting is also important to promote provider accountability and patient-centred care delivery.

More information on ***Cancer Care: Assuring quality to improve survival*** is available at http://www.oecd.org/health/health-systems/cancer-care.htm.

For information on OECD's work on the **Czech Republic**, please visit www.oecd.org/czech.