

#### **Cost of Hadrontherapy: the ABC method applied to CNAO's operations**

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## Agenda

- 1. Purpose of the study with CERGAS University Bocconi
- 2. Methodology
- 3. Results
- 4. Comparison with italian value of reimbursement
- 5. Final considerations and take home message





#### **Purpose of the study**

The study wants to investigate cost of the activities related to the hadrontherapy treatments delivered at CNAO with three main purposes:

- comparing these results with approved tariffs
- monitoring and giving evidence of the incidence of research costs and indirect costs on the yearly operating costs of CNAO
- monitoring the allocation of the adequate quantity of resources to the core processes

**Final goal ...coming soon ...relating them with the benefits** on patients and National Health Ssytem generated by the treatments with Hadrontherapy







#### 1) Methodology: What is ABC

ABC = Activity Based Costing

«..a costing system that focuses on activities as the fundamental cost objects. Costs are assigned to products based on the resources that the products consume in term of those activities» (Horngren, Datar, and Rajan (2012)







#### 1) Methodology: Assumptions

- CNAO's as the reference facility for the analysis, providing protons and carbon ions thanks to the presence of a syncrothron
- Base of analysis: 2023 financial year data of activities, costs and revenues. Construction and expansion costs, (asset costs) are not taken into consideration
- Facility with experience, not far from his full capacity, 538 patients treated in 2023
- Patient treatment mix (50% protons 50% carbon ions)
- Description of operations and time required for each activity is the result of interviews to personnel involved in the patient path. (First interview 2022, revised in 2023)





#### Methodology. The Patient path: phases, identification of macro-activities and activities

**Treatment Delivery** 

Enrollement

#### ENROLLEMENT

- **Multidisciplinary Discussion**
- Clinical evaluation patient referred from Oncologycal Facility
- Clinical evaluation patient self referral
- Clinical evaluation international patient
- Discussion with group pathology in CNAO
- Preliminary Remote Consultation
- Preliminary Consultation
- Preliminary Consultation Paediatric
- Vanagement of Extra Region Authorizations
- Administrative procedures for foreign patients
- ogistics for foreign patients

TREATMENT DELIVERY
PRE - TREATMENT
SIMULATION
TREATMENT PLAN
TREATMENT DELIVERY
RE-SIMULATION
RE-PLANNING
EXTERNAL DIAGNOSYS OR LABORATORY
ANAESTHESIA
EDUCATIONAL-TRAINING

Agenda planning for simulation Agenda planning for treatment Agenda for eye melanoma Agenda for paediatric patient Pre-treatment TC for verification Consent signature Consent signature - paediatric

TC for simulation TC for simulation eye melanoma TC for simulation paediatric MR for simulation MR for simulation paediatric PET for simulation (external service) PET for simulation in CNAO

#### Follow-up

#### FOLLOW UP

PET for Follow up (external service) PET for Follow up in CNAO Re-examination external iaging MR for follow up TC for follow up MR with contrast mean TC with contrast mean Data entry clinical information in RedCAP Data entry quality of life questionnaires

## 74 activities grouped in 10 macro activities





#### Methodology – Resources allocation on activities on the base of time and quantities

MACRO		ACT	IVITY-RELATED RE	ESOURCES (4 categ	ories)
ACTIVITIES	ACTIVITIES	Personnel	Equipment	Spaces	Materials
<ul><li>Cli</li><li>Cli</li><li>Assessment</li><li>Ac</li></ul>	inical case initial evaluation inical consultation dministrative management of patient dossier	2			
• Ima • Sin • De • Da	aging pre-treatment (MRI, CT,) nulation and Treatment planning livery ta collection and Research activity				
• Fol • Clin	llow-up imaging (MRI, CT,) nical consultation				

А	В	С	D	E	F	G	Н	I
Carbon Ion	Proton							
Standard	Standard	Carbon	Proton	Proton	Proton Eye		Patients not	
Treatment	Treatment	lon Boost	Boost	Paediatric	Melanoma	Follow up	enrolled	Break cycles

#### Methodology – Items, Correction factors, probability of occurrence, repetibility

		RESOURCE						INP (bb		C (£/h	CORRECTIO		INPUT x
MACRO-FASE	ACTIVITY		▼ ITEM		-	ITEM DESCRIPTIO	ON	unit	s) ▼ €/unit)		FACTOR	PER ACTIVIT'	FACTOR
01 ARRUOLAMENTO	Valutazione caso da Servizio medico	Px cost	CONSULTO	PRELIMINARE		raccolta e lettura	documentazio	ne e imm	1,50	30,57€		1,00 45,85€	1,50
01_ARRUOLAMENTO	Valutazione caso da Servizio medico	Px cost	RADIOTER	APIA CLINICA		valutazione caso			1,00	66,42 €		1,00 66,42 €	1,00
01_ARRUOLAMENTO	Valutazione caso da Servizio medico	Px cost	AMMINIST	RAZIONE CLINIC	CA	raccolta documer	ntazione e imm	agini (car	0,25	37,54€		0,10 0,94€	0,03
01_ARRUOLAMENTO	Valutazione caso da International Patients	Px cost	AMMINIST	RAZIONE CLINIC	CA	raccolta documer	ntazione e imm	agini	1,50	37,54€		1,00 56,30€	1,50
01_ARRUOLAMENTO	Valutazione caso da International Patients	Px cost	RADIOTER	APIA CLINICA		valutazione caso			1,00	66,42€		1,00 66,42€	1,00
01_ARRUOLAMENTO	Discussione multidisciplinare	Px cost	RADIOTER	APIA CLINICA		tempo discussion	e caso clinico		0,50	66,42€		3,00 99,63€	1,50
01_ARRUOLAMENTO	Discussione multidisciplinare	Building	BUILDING_	RIUNIONI CLIN	ICHE				0,50	3,36€		1,00 1,68€	0,50
01_ARRUOLAMENTO	Valutazione caso da Altre strutture	Px cost	SEGRETERI	A CLINICA		raccolta e lettura	documentazio	ne e imm	1,50	27,97€		1,00 41,96€	1,50
% OF N° OF													
TREATMENT TYPE		▼ FRE	DUENCY		ES -	ΑCTIVITY UC 🝷	Px cost	Building 🔽	Equipments	- Consu	mables 🔽	Clinical services	
Tratt. Standard Carbo	onio Valutazione caso da Servizio medico	sem	pre - alternative	9%	1	113,21 €	113,21€	- €	-	€	- €	- €	9,76€
Tratt. Standard Carbo	onio Valutazione caso da International Patient	ts sem	pre - alternative	3%	1	122,72€	122,72€	- €	-	€	- €	- €	3,08€
Tratt. Standard Carbo	Discussione multidisciplinare	sem	pre - alternative	20%	1	101,31€	99,63€	1,68€	-	€	- €	- €	20,26€
Tratt. Standard Carbo	onio Valutazione caso da Altre strutture	sem	pre - alternative	69%	1	75,17€	75,17€	- €	-	€	- €	- €	51,77€
Tratt. Standard Carbo	Disc. con gruppo di patologia CNAO	opzi	onale	30%	3	151,96€	149,44 €	2,52€	-	€	- €	- €	136,76€
Tratt. Standard Carbo	onio Teleconsulto preliminare	opzi	onale	5%	1	60,10€	60,10€	- €	-	€	- €	- €	3,00€
Tratt. Standard Carbo	onio Prima visita	sem	pre	100%	1	195,72 €	117,20€	18,41€	59,52	€	-€	0,59€	195,72 €
Tratt. Standard Carbo	onio Ricovero	opzi	onale	0,5%	1	8.018,77 €	18,77€	- €	-	€	- €	8.000,00€	40,09€
Tratt. Standard Carbo	onio Gestione stranieri	opzi	onale	3%	1	112,61€	112,61€	- €	-	€	- €	- €	2,83€
Tratt. Standard Carbo	onio Gestione documentazione clinica	sem	pre	100%	1	9,97€	9,97€	- €	-	€	- €	- €	9,97€
Tratt. Standard Carbo	onio Gestione Pratica autorizzativa	opzi	onale	58%	1	91,99€	91,99€	- €	-	€	- €	- €	53,54€
Tratt. Standard Carbo	nio Riunione programmazione	sem	pre	100%	1	60,36 €	59,94 €	0,42€	-	€	- €	- €	60,36€
Tratt. Standard Carbo	nio TAC di simulazione	sem	pre	100%	1	545,63 €	153,93€	30,03 €	221,08	€	140,00€	0,59 €	545,63€
Tratt. Standard Carbo	nio RM di simulazione	opzi	onale	93%	1	384,84 €	208,52€	18,55€	127,10	€	30,67€	- €	357,90 €
Tratt. Standard Carbo	phio PET di simulazione CNAO	opzi	onale - alternative	e 0%	1	487,67€	142,32€	133,95€	-	€	211,40€	- €	- €

Methodology – Objects, Unitary cost of Activities, of treatments and total direct costs

Unitary Direct cost per Activity Unitary Direct cost of Treatment type Sum up of the costs of all the items by activity Sum up of the costs of activities by treatment type



# Methodology – From the total direct costs to the total costs of the organisation – Drivers of allocations

COST	DRIVER OF ALLOCATION	% ON THE TOTAL COST OF THE ORGANISATION
Direct Costs related to patient path	Activity Based Costing	49%
Other Clinical costs not traced by the ABC	Number of activities related to Cost Object	15%
Clinical Research Costs	Allocated mainly on carbon ions treatments	7%
Non clinical research Direct Costs		15%
Residual Indirect Costs		14%

COST OBJECTS	N. (FY 2023)	TOT TREATMENT SESSIONS	NUMBER OF ACTIVITIES RELATED
Carbon Ion Standard Treatment	188	3.008	7.737
Proton Standard Treatment	158	4.424	8.762
Carbon lon Boost	35	280	865
Proton Boost	2	16	51
Proton Paediatric	58	1.624	4.235
Eye Melanoma	97	388	2.058
Follow up	2.804		8.880
Patients not enrolled	2.892		3.434
Break - cycles	26		364





#### **Results – Mix of the resources**



Incidence of personnel, equipments, building, consumables and clinical services costs on total direct costs traced by ABC

■ Px cost ■ Equipments ■ Building ■ Consumables ■ Clinical services





#### **Results: Comparison with previous studies**

CNAO: Key figures of our study (3 treatment rooms, protons and carbon ions, 90% full capacity) Direct cost of a treatment from ABC  $\rightarrow$  from  $8k \in for eye$  melanoma to  $32k \in for a$  proton paediatric patient Full cost after allocation of overall costs  $\rightarrow$  from  $16k \in for eye$  melanoma to  $52k \in for a$  proton paediatric patient

Vanderstraeten, 2014:

(2 treatment rooms, multiplarticle center, full capacity, only ABC costs)	private	public	
OC between $\leq 10$ million for a publicly sponsored proton centre	initiative	sponsored	
to $f_{24}$ 8 million for a multi-particle- private financing	carbon centres	29.450	16.059
to ez4.8 minor for a multi-particle- private marcing,	proton centres	46.342	28.296
	multi particle centres	46.443	23.956

*Chen, 2023*:

1 treatment room, proton center, rump up phase, not full capacity, full costs between €12,062 for eye melanoma and €89,716 for head and neck cancer.

Indirect costs were the largest cost component implying a potential for economies of scale.

Thaker, 2021: the cost of proton therapy was estimated to be 2-4 times higher than that of radiation therapy





#### **General considerations – differences among studies and situations**

Equipment choice: in our case both Carbon lons and protons are performed with a syncrothron

**Depreciation:** in our study low value. CNAO is a public funded entity, depreciation calculated on the net accounting value of the asset after receiving funding for construction (different for other type of private initiatives)

**Depreciation**: according to local accounting rules on rates of depreciations

**Interests on a bank loan:** Level and structure of a bank loan → Impact on interests as a cost component

Stand alone facility or close to an hospital? Possibility to exploit synergies





## **Comparison with Italian value of reimbursement**

2024	DESCRIZIONE	TARIFFA 2024
92.29.W	ADROTERAPIA - Stereotassi (1-3 frazioni).	11.000,00€
92.29.V	ADROTERAPIA - Boost (sino a 6 frazioni).	10.800,00€
92.29.U	ADROTERAPIA - Ciclo intero.	21.600,00€

Treatment type	CNAO's treatment cost	NHS reimbursement new codes (from 2025)	NHS reimbursement tariffs (from 2025)	$\otimes$
Carbon ion (full cycle)	32,573	92.29.U	21.600	-33.70%
Proton (full cycle)	38,021	92.29.U	21.600	-43.20%
Carbon ion (boost)	18,450	92.29.V	10.800	-41.50%
Proton (boost)	15,224	92.29.V	10.800	-29.10&
Paediatric	52,412	92.29.U	21.600	-58.80%
Ocular melanoma	15,765	92.29.V	10.800	-31.50%





### **Final considerations about the results**

- Stand-alone facility or close to an hospital?
- Improvement in patient number
- Cost of the the syncrothron machine at the base of the results both for protons and carbon ions
- Need to include complexity in defining public reimbursement values.

#### .....and about methodoloy

- ABC helps in tracing the absorbtion of ressoures by core or not core activities
- For new facilities or facilities under construction, an ABC analysis can help in dimensioning with accurancy the ressources required to perform the running phase
- ABC gives important information useful to negotiate adequate value of reimbursement





If you're interested to delve deeper into the topic or if you want to develop your own ABC analysis, we'll be happy to help







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#### 1) Methodology: about the stand alone facility assumption

PROS  $\rightarrow$  providing hadrontherapy to all the network of oncological Italian institutes



CONS  $\rightarrow$  lack of additional necessary sevices, not possible to exploit synergies





#### Methodology: factors of complexity observed

Presence of big targets in terms of tumour's volume, necessity of using a gating system to monitor beam delivery to the upper abdomen district

**Re-irradiation** 

Paediatric patients more complicated than adult patients, 1 patient treated with sedation corresponds to 3 not sedated patients, while a paediatric patient, even if not sedated, corresponds to 1,5 adult patients, both in term of time



Significant incidence of some procedures carried out during the preparation and delivery phase in term of time and additional costs



