

On the below day, month and year, the participants, healthcare providers:

hereinafter referred to as “Providers”

and with the participation of the founder

**Kraj Vysočina (the Vysočina Region)**

hereby and duly enter into this

## **Cooperation Agreement of Cooperating Cancer Care Network (KOS) Vysočina**

### **Preamble:**

The concept of cancer care development, better availability and the quality of cancer care are the main priorities of the European health policy for the period 2014–2020. The main objectives of this policy and related projects have been defined pursuant to the outcomes of the large all-European project EPAAC (European Partnership for Action against Cancer). In the field of cancer care organization, the main current challenge is the transition from solitary comprehensive cancer centres to regional or trans-regional networks of comprehensive cancer care. Methodical preparation of this transformation and its piloting is one of the key tasks of the current all-European program CANCON (Cancer Control Joint Action; <http://www.cancercontrol.eu>) in which the Czech Republic also plays an important role. Based on its infrastructure readiness and unique information system, the Czech Republic was chosen as a pilot model for the implementation of the above transformation, using a model of selected regions. The Vysočina Region has been identified as one of them; it can be, therefore, stated that the transformation of cancer care organization in this region will fulfil one of the strategic objectives of the all-European policy in this area. Methodological findings from this pilot could be presented to the entire community and raise the prestige of the cancer care organization in model areas.

### **Assumptions for the functional comprehensive cancer care network**

The main prerequisites for the successful establishment and sustainability of the comprehensive cancer care network are as follows:

1. Respect for the existing facilities and infrastructures. The establishment of a network of centres does not infer their forcible merger or cancellation; on the contrary, the functional network aims to maximize the use of available capacities and know-how throughout the region.
2. Evolutionary, rather than revolutionary, transition of the entire network to full functionality. Individual capacities gradually optimise on the basis of mutual cooperation so that, for example, the changes in the place of providing certain services are gradual and acceptable also for patients already treated.
3. Contract-based cooperation. A prerequisite for the network functionality is to conclude mutual agreements between participating providers of cancer health services, which define the mutual obligations and respect for the main principles of the network functioning.
4. Reasonable degree of centralization of services. Functional network of centres should be able to centralize treatment requiring highly specialized care and treatment of rare diseases. On the contrary, other care components and dispensary care must be optimally stratified so as to enhance its availability to patients.

### **Mandatory attributes of the functional comprehensive cancer care network**

1. Contract-based cooperation of involved providers and members of the network
2. A single management system including common rules especially in the control and due management of care availability and quality.
3. Acceptance of common protocols (diagnostic and clinical standards), at least in the management of major cancer diagnoses
4. Clearly declared system of care organization, arranged in "layers" defining which services are centralized and which are not. Care availability model.
5. A common information system and common reporting for diagnostic and clinical data.
6. Established system of multidisciplinary assessment of clinical cases, including subsequent decisions on the manner of treatment and its location within the network.
7. Ability to communicate with neighbouring regions, to set up and map collaboration, and quantify the migration of patients.

In accordance with the European idea of developing cancer care and taking into account the assumptions for the functional network of comprehensive cancer care, the Parties to this agreement intend to commence the transformation of cancer care organization, which will contribute to the development of cancer care in the region and bring about improvement in its availability and quality. The aim of the cooperation of Providers of cancer care, which will be based on a contractual consideration of the mandatory attributes of the functional comprehensive cancer care network according to the rules adopted within the all-European project, is to standardize and unify the provision of health services in the field so that Providers duly render their services under a unified methodological guidance, in a comparable manner and with comparable results. Furthermore, the aim of the collaboration is also to ensure information exchange and facilitate the implementation of the principles of good practice and evidence-based medicine.

The agreement is binding upon the Parties concerned, i.e. Providers; the statutory bodies of the said Providers are responsible for its due observance. Participation of the Vysočina Region is determined by its status as a founder of some Providers and will consist in supporting the declared cooperation through application of its legal powers – initiation and draft of measures that are discussed and accepted by the competent authorities of the region, incorporation of the proposed concept into strategic documents of the region.

### **Part 1 General provisions – the rights and obligations of Providers**

Providers undertake to:

1. Actively participate in the activities of KOS, create conditions for the participation of their representatives in working meetings of expert committees and for the activities of KOS, especially to send their representatives to the meetings of expert committees for the necessary duration, provide technical support for meetings of expert committees.
2. Delegate qualified representatives to various expert committees.
3. Adhere to the procedures determined by the oncology expert group (OOS) when providing care to patients with cancer, so that these procedures correspond to the principles of evidence-based medicine, subject to the fulfilment of appropriate professional level in accordance with the provisions of §4, subparagraph 5 of Act No. 372/2011 Coll., on Health Services and Conditions of Their Provision (Act on Health Services), as amended. Integrate these procedures, including the opinions of expert committees, into the controlled documentation for clinical practice and require their observance on the part of employees.
4. Actively collaborate on creating a single information system to standardize and unify the delivery of health services in the field, and commence negotiations for that purpose after signing this agreement without undue delay, and conclude an agreement on the analysis of clinical data with the Masaryk University in Brno (MU Brno), which will process the data of Providers in full accord with Act No. 101/2000 Coll. and respect that the clinical data is the property of care providers. The purpose of the stated data processing is to obtain information to analyse and compare health services in the area of cancer care, and acquaint Providers with the outcomes, which will enable them to manage and organize cancer care within the KOS, improve efficiency and bring about better results.
5. Hospital Jihlava, through the head of KOC, in collaboration with OOS and MU Brno, shall ensure the availability of reports and overviews created for Providers.
6. Appoint a representative for the performance of this agreement, who will be responsible for the mediation, application and observance of the mentioned medical procedures and obligations arising from this agreement (usually the Deputy Director for Medical Care, or the Director). A list of these responsible persons and their deputies is attached to this agreement and shall be periodically updated (see Annex 1).
7. Allow their professionals to put forward proposals for the attention of the respective expert committees for amending treatment practices and protocols.
8. Motivate their representatives to work within the KOS, particularly to remunerate them for successful fulfilment of extra important working tasks in the amount determined according to their participation in the KOS activities and pursuant to agreements with other Providers and chairman of the OOS. Pay the necessary expenses related to the participation of their representatives in the expert groups.

## **Part 2 Expert committees and groups**

The expert committees and groups (hereinafter referred to only as committees / committee) are a fundamental part of the KOS, responsible for ensuring the delivery of health services at the appropriate level of expertise and the unification of diagnosis and treatment procedures within the KOS. Their meetings are governed by the rules of procedure, which are part of this agreement (Annex 2). Each expert committee is headed by its chairman who coordinates activities of the committee in accordance with its purpose and the rules of procedure. The chairman is also responsible for convening regular or extraordinary meetings of the committee, acquisition, verification and publication of the respective minutes. At defined regular intervals, the expert committees review their recommendations and assess whether they are still at the level of current knowledge. When creating opinions and recommendations, the committees take into account the current capabilities of individual Providers so as to meet the requirements for the appropriate professional level.

According to their subspecialty composition and activities, the committees are divided into:

**Subspecialty expert committees (OOKs)** that bring together the representatives of Providers, i.e. experts in a particular field (e.g. surgery, gynaecology, radiology, etc.), and duly process source materials according to the current knowledge in the field. These source materials are then used to prepare the medical standards applicable for controlled clinical documentation. These committees also discuss suggestions for treatment adjustments, made by the professional public. The number of OOK members corresponds to the requirement that, at the least, one subspecialty expert is present for each Provider, if available. A list of expert committees and their composition is attached to this agreement and regularly updated (Annex 3).

**A special position among the committees is held by the Board of Cancer Experts (OOS), which coordinates the activities of other committees (OOKs and VIKs), assigns subtasks to these committees, and prepares and publishes professional procedures based on their opinions, obligatory for the provision of cancer care in the Vysočina Region.**

### **Board of Cancer Experts (OOS)**

It is the supreme governing body of the KOS. The Board is responsible for organizing cancer care, its quality and efficiency within the KOS. It takes priority over OOKs and VIKs, its decisions and recommendations are binding on Providers. The Board is headed by its chairman, who is the chief physician of the KOC. OOS members are oncologists with specialized qualifications, delegated in number as one per each Provider. Board meetings are governed by the rules of procedure (Annex 2); minutes of each meeting are verified and then published and made available to Providers. This committee meets regularly at least once a year or based on its chairman's initiative.

Within its activities, the OOS should:

- Determine the binding indication and treatment protocols for each group of cancer, which are then obligatory for VIKs as well as individual medical teams in providing care, and execute their regular revisions and updates.
- Adjust the organization of care for cancer patients, especially pertaining to the scope and structure of procedures performed at individual sites of the KOS.
- Define the minimum staffing requirements and VIK subspecialty structure. These requirements are mandatory for Providers when arranging the VIK and appointing its members.
- Define the VIK structure for individual Providers related to cancer groups.

- Implement the principles of evidence-based medicine and the latest findings of medical science, taking into account the necessity of applying the principle of proper professional level of individual Providers so that the care extended to cancer patients corresponds to the current knowledge in medical science and that it is efficient.
- Continuously assess the organization of care for cancer patients at individual Providers, highlight the possible shortcomings through the responsible representatives of Providers and call for remedial measures.
- Inform the Vysočina Region about any findings through the Department of Health (OZ) and suggest remedial measures.
- Monitor and evaluate the professional level of individual sites within the KOS, their results, and propose measures for improvement.
- Analyse and interpret the results of clinical and demographic data in collaboration with the MU Brno, and forward the analysis results to Providers through the OZ of the Vysočina Region.
- Discuss proposals of OOKs or individual experts for changes in treatment protocols or organization.
- Manage and optimize the scope and focus of research activities and projects organized within the KOS.
- Develop inter-regional cooperation, especially in the areas characterized by increased migration of patients due to objective factors, and the areas requiring supra-regional management of care (childhood cancer, rare diseases, etc.).
- Assign tasks to individual OOKs, and consider and incorporate their ideas and suggestions.

#### **Subspecialty expert committees (OOKs)**

These committees cooperate with the OOS, which can assign them tasks in processing individual medical procedures or their subspecialty parts. They incorporate modern scientific knowledge into the procedures with respect to compliance with the principle of proper professional standards according to the Act on Health Services. They periodically review their recommendations, initiate changes in treatment procedures in the form of suggestions addressed to the OOS, discuss proposals of individual experts and give the respective opinions. Committee meetings are governed by the rules of procedure (Annex 2); the minutes of each meeting are verified and then published and made available to Providers.

Within their activities, the OOKs should:

- Process subspecialty-specific parts of treatment procedures for cancer, and review them at regular intervals.
- Track contemporary medical trends and give suggestions for changes in treatment procedures in connection with new findings.
- Discuss proposals of individual experts in the field, or submit proposals for changes based on these suggestions.
- Fulfil the assignments of the OOS in relation to the preparation of medical procedures.

**Multidisciplinary indication committees (VIKs)** apply the recommendations of expert committees in a particular treatment regime of cancer patients, and proceed according to the clinical protocols issued by the OOS. The VIKs define treatment plans for individual patients and all patients undergoing cancer treatment must be discussed by the respective VIK minimally at the start of treatment. Where necessary, they are discussed even repeatedly. The treatment plan set by the VIK is part of the patient medical records and is binding on the respective attending physicians.

Regarding individual VIKs and each Provider, the VIK specific composition in terms of the number and expertise of doctors is defined by the OOS and will become part of this agreement (Annex 4).

### **Part 3 Final provisions**

1. The Parties agree that the legal relationships between them are governed by the Civil Code, as amended, unless this agreement provides otherwise.
2. This agreement shall enter into force on the day of its signing by the Parties. It is made in ... counterparts each having the validity of an original; each Party shall receive one copy. It can be changed or amended only by written numbered amendments duly signed by the Parties.
3. The agreement is concluded for an indefinite period.

In Jihlava, on.....2015



## Annex 2

# Rules of Procedure for the “Cooperating Cancer Network Vysočina”

### Article I

The Rules of Procedure determine the rules of the meetings of expert groups and committees established by the Cooperation Agreement.

### Article II

Governing bodies of expert groups and their election

1. The members of the expert groups are delegated and removed by individual Providers. Members of each expert group shall elect its chairman and vice-chairman. The elections are public and based on a simple majority. In the event of a tie, the elect is decided by lot. The elections will take place at the first meeting of the group. They may also be done electronically (via e-mail) if agreed so by all members.
2. In case of changing the chairman, there will be new elections in accordance with article II, paragraph 1.

### Article III

#### **Preparation, convocation of expert groups and committees for meetings**

1. The board of cancer experts and specialized expert groups meet regularly according to a set schedule; multidisciplinary assessment of patient treatment is carried out continuously.
2. Preparation of meetings of expert groups / committees is always the responsibility of the chairman. The chairman convenes meetings on the basis of the work plan, the tasks assigned by members of the groups / committees, in accordance with the resolution, minutes of the meeting or in cases of urgent matters.
3. The time and place of the meeting must be announced to the members of groups and committees and to invited persons no later than one week before the meeting. Notification is done electronically via e-mail.
4. Organizational and content aspects of the meeting are ensured by the chairman of the respective committee or expert group with the help of its members.
5. The source documents required for the meeting and the participation of invited persons are ensured by the chairman or agreed members of the respective group / committee.
6. Expert groups / committees meet regularly four times a year and extraordinarily at the invitation of the chairman or at least two members of a particular group or committee.



## **Article IV**

### **Meetings**

1. Meetings of expert groups and committees are open to members, otherwise they are closed. Regarding the issues discussed, the invitation of relevant stakeholders is decided by a simple majority of members present.
2. Each meeting is conducted by the chairman or designated member of the respective expert group / committee in case of his/her absence. Individual meetings take their course according to a schedule duly approved at the beginning of the meeting.
3. Meetings may take place only in the presence of an absolute majority of the respective members. If the members do not meet in the set number, the chairman shall fix a term of the replacement meeting. The replacement meeting shall take place within 30 days and its agenda must primarily be the programme of the original meeting not conducted.
4. Conclusions and resolutions of expert groups / committees are decided by an absolute majority of their members. Resolutions are taken at the conclusion of meetings, which are closed. The result of the voting shall be considered as a collective decision.
5. Meetings and decisions can also be accomplished through electronic communication, video conferencing, etc.
6. Each meeting is always documented in the minutes comprising:
  - a. a list of members present,
  - b. the approved agenda,
  - c. discussion and the result of voting which is the base for adopting conclusions on individual items of the agenda,
  - d. clearly and accurately formulated opinions and proposals,
  - e. specific control tasks and the names of members responsible for the execution,
  - f. clearly formulated, concrete and verifiable resolutions.

**Annex 3**

**List of subspecialty expert committees and their members**

**Annex 4**

**Multidisciplinary indication committees**