

# Does the reality of ERNs live up to our hopes and dreams?



Amanda Bok, ePAG member European Haemophilia Consortium

#### **ERN-EuroBloodNet**

#### Patient organisations covered



Chronic Myeloid Leukemia: CML Advocates Network



**CLLAN Chronic Lymhocytic Leukemia:** CLL Advocates Network

**Hemochromatosis:** European Federation of Associations of Patients with Haemochromatosis (EFAPH)



Hemophilia: European Hemophilia Consortium (EHC)

Immune Thrombocytopenia: ITP Support Association

**Lymphoma:** Lymphoma Coalition (LC)



**Myeloma:** Myeloma Patients Europe (MPE)



**Thalassemia:** Thalassaemia International Federation (TIF)

Waldenström's Macroglobulinemia: EWMnetwork

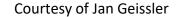








- 112 members (51 Europe)
- 8 members (6 Europe)
- 21 members
- 45 members
- 1 member
- 66 members (34 Europe)
- 22 members (15 Europe)
- 40 members
- 12 members
- 120 members (18 Europe)
- 14 members
- = 257 European haem. patient organisations (158+99)



# EuroBloodNet ePAG members

- 1. Jan Geissler, CML Advocates Network
- 2. Ananda Plate, Myeloma Patients Europe
- 3. Sophie Wintrich, MDS Alliance
- 4. Pierre Aumont, CLL Advocates Network
- 5. Loris Brunetta, TIF
- 6. Amanda Bok, EHC

## Our ePAG hopes & dreams

Early diagnosis & Second opinions

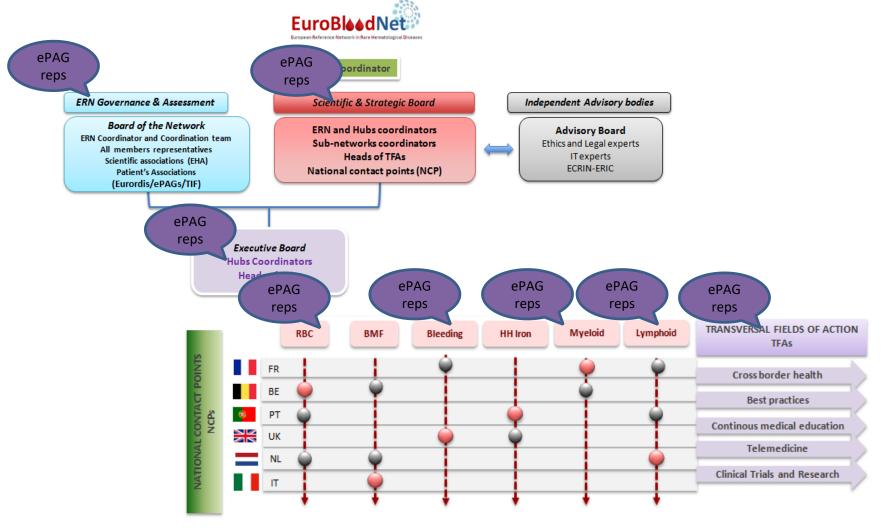
Crossing borders
So patients don't
have to

Best possible
Access to
Best possible
Treatment &
care



Genuinely
Patientcentered
Treatment &
care

#### ePAG levels of involvement



#### Work to-date

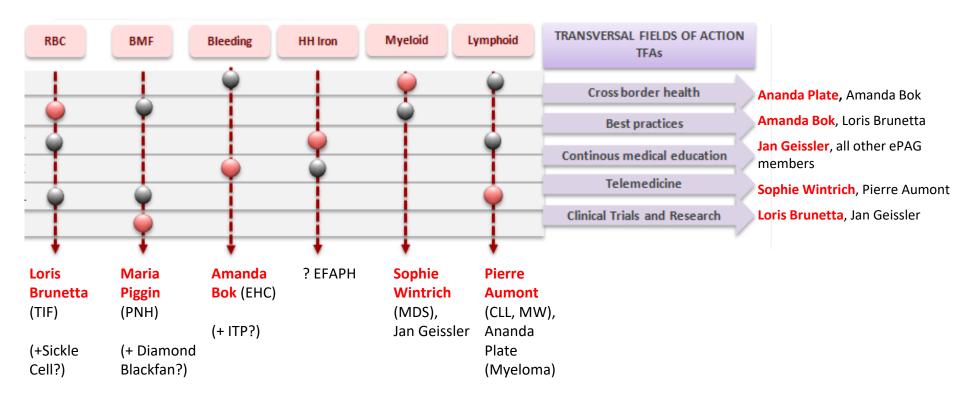
#### **ERN**

- Reviewed, commented on ERN application
- EuroBloodNet meetings
  - Pre-launch Board meeting
  - Pre-launch full ERN members meeting
  - Launch (Vilnius) Board meeting

#### **ePAG**

- Group communication
  - Group email, Dropbox,WhatsApp
- Teleconference calls
- Two in-person meetings
  - Of which one full-day strategy/operational/division of tasks & responsibilities

## Currently: building TFA tandems



Plan: Extension of ePAG by 2 additional members covering Iron and BMF.

## Ethos & philosophy

- ERNs must beware of facile invocation of 'patient centricity'
- Opportunity to recognize & lead cultural shift towards equal & formal roles for both patients and clinicians

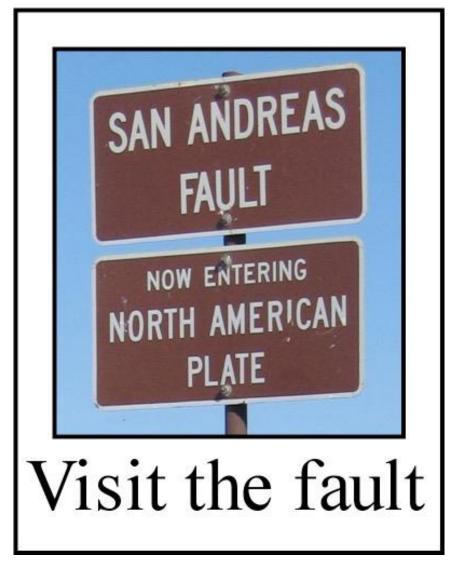


### Hearing & being heard

	Priority			
Objective	GLOBAL	ONCOLOGICAL	NON ONCOLOGICAL	ePAGs
Improve equal access to highly specialized healthcare delivery	5th	5th	5th	1st
Promote the best practices in prevention, diagnosis and safe clinical care	1st	2nd/3rd	1st	5th
Disseminate cutting-edge knowledge and facilitate CME	3rd	4th	3rd	4th
Provide inter-professional consultation by sharing of expertise and safe exchange of clinical information	2nd	2nd/3rd	2nd	3rd
Foster European cooperation in highly specialized procedures for diagnosis, innovative treatments and research	4th	1st	4th	2nd

## Management & virtual teams

- Agreed upon expectations
- Agreed upon terms of engagement
- Agreed upon roles & responsibilities
- Clear sources of administrative support



### Impact & sustainability

- Currently unsustainable (funding) model
  - ERNs are being built on important fault lines:
    - Unpaid patient volunteers
    - Paid patient representatives
    - Even clinicians may start to face internal constraints
- For ERNs to succeed & for patients to drive and sustain their engagement: European institutions and/or others must provide operational funding

## What we're building

## We're building

- European standardization
  - of treatment & care
- More cohesive approach
  - to complexity of rare diseases
- More patient involvement
  - in healthcare systems & management
- Genuine patient-clinician partnership in ERN+
  - system change

## Our ERN building will need

- To do more than duplicate existing links
- To be a 'networks of networks'
  - Paolo Casali, EU Joint Action on Rare Cancers
- To have will-power, passion, drive inhabit it
- To have funding to grow and sustain it

Suggestion: Central or pooled ePAG Fund managed by EURORDIS



Amanda Bok - EHC - EMM 2017 Budapest