Policy Coordination between Primary and Secondary Care – The Patient Care Cycle

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**Uruguay at a glance**

- **Area:** 175,016 km²
- **Population:** 3,419,516 million
- **GDP per capita:** USD 16,863 (2017)
- **HDI:** high (54th position)
- **Population > 65 años:** 14.5 %
- **Health expense:** 9.2% of GDP
- **Infant mortality rate:** 6.6/1000 live births (2017)
- **Universal Health Coverage**
Cancer in Uruguay

• **Second cause of mortality**, after CV diseases (24.5% of deaths in the country).

• **Breast, colorectal, prostate and lung cancers** account for more than 50% of new cases and 45% of annual deaths.

• In terms of **mortality/incidence ratio**, outcomes (0.45) are closer to those of the more developed (0.41) countries than to those of the less developed countries (0.67) (Globocan 2012)
CANCER IN URUGUAY 2010-2014
MAIN SITES IN WOMEN

BREAST

Tasa ajustada por edad a la población mundial estándar expresada en casos x 100000.

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Incidence and Mortality (ASR) and M/I rates in BC.

Uruguay compared to the more and less developed countries.

Cancer in Uruguay

- **National Cancer Registry**
  - population-based
  - category A (IARCS) in incidence

- **National Cancer Control Program**
  (Ministry of Health)
  - Evidence based
  - Takes into account reliable national data and available resources
  - Establishes sustainable measures, focused on the promotion of prevention strategies and appropriate and timely access to diagnosis and treatment
Cancer in Uruguay

• Access to cancer diagnosis and treatment

• 100 Medical Oncologists: 1/130 new cases (*)
• 30 Radiation Oncologists: 1/433 new cases (*)

• Radiotherapy equipments: 15 linear accelerators (4 high-energy): 4 per million

• Access to cancer screening programs, with screening tests free of charge from the last 10 years.

• But until recently, there was under-reporting of coverage and insufficient screening coverage

(*) Excluding non-melanoma skin cancers
National Health Objectives 2015-2020

Main Challenges in Cancer

• Improve cancer screening coverage
• Ensure follow-up for diagnosis and treatment of patients with a positive screening study
• Improve the registration of the actions carried out
• Reduce the time to diagnosis and the start of treatment
• Continue incorporating to the universal coverage high cost treatments that have demonstrated clinically significant benefit
• Palliative care, guaranteed to all patients who should receive it.
Policy Coordination between the Levels of Care
Key importance of the Health Reform in Uruguay

COMPONENTS OF THE REFORM

Change in the model of
FINANCING

Change in the model of
MANAGEMENT

Change in the model of
HEALTH CARE

National Integrated Health System (SNIS),
National Health Insurance
Policy Coordination between the Levels of Care

Key importance of the Health Reform in Uruguay

In 2007, Law 18.211 created the National Integrated Health System (SNIS) and the National Health Insurance (SNS)

A single financing fund (FONASA) was created, administered by the National Board of Health (JUNASA) which has established in its relationship with the providers, regulation and control through the Management Contract.
National Integrated Health System (SNIS)

Some of its guiding principles:

- Universal coverage
- Accessibility
- Equity and continuity of health benefits
- Sustainability of health services
MODEL OF FINANCING
(simplified scheme)

National Health Fund:
On average, it is financed with US 100 per inhabitant, of which US 8 goes to the FNR

FNR:
6.2% of the total country health expenses

Payment to comprehensive providers:
Health cuota
-capitation
-P 4 P (8%)

Source: Health Benefit Plans in Latin America. A regional comparison. IDB. May, 2014
National Integrated Health System (SNIS) INTEGRATION

43 COMPREHENSIVE Health Care Providers

• 42 private: 11 in the capital city and 31 in the country
• 1 public: National Health Services Administration (ASSE) which is the biggest Provider (41% of the population)

These Comprehensive Health Care Providers work as health service providers and coordinators.
The comprehensive and mandatory health care plan (PIAS)

PIAS is an explicit, comprehensive and equal health care plan for the entire population.

It has two components:
- National programs of health promotion and prevention initiatives
- The explicit list of benefits for all levels of care

Each Comprehensive Health Care Provider signs a MANAGEMENT CONTRACT with the governing entity, the National Board of Health (JUNASA) which depends of the Ministry of Health.
The comprehensive health care plan (PIAS) and the management contracts

These management CONTRACTS:

- Define **goals and quality criteria** for the services included in the health benefit plan (PIAS) including the coordination between care levels.

- Establish **payment mechanisms** that reward performance
The management contracts and the P 4 P in the SNIS

**P 4 P** is a component of the **health quota**

It is oriented to the **change of the health care model** and to the achievement of the **national health objectives 2020**.

**P 4 P** - Includes **payment for**:
- **training** to the members of the health team
- achievement of the main goals related to **cancer screening**, **appropriate and timely diagnosis and treatment**, and **paliative care**.
Health Reform in Uruguay: Model of Health Care

- The SNIS is organized in integrated health care networks by levels of attention and based on health regions that favor accessibility and continuity of care.

- Its strategy is primary health care and prioritize the first level of care, as a gateway that coordinates and integrates care.
### Integrated health care networks

Actions to improve the coordination between levels of care

- **Establishment of the National Health Objectives** as a **collective, interdisciplinary** elaboration process

- **Training** to the members of the health team

- **Implementation of telemedicine centers** for consultations **between the health team of the first level of care** and the **specialized health team** (NCI, ASSE- School of Medicine)
**Integrated health care networks**

Actions to improve the coordination between levels of care

- **Complementation of health services among providers**

- Creation of the **Coordination Units** in the comprehensive **providers** in order to coordinate studies and treatment and reduce the time to diagnosis and the start of treatment

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Team of Regional Management

Executing Unit 2-3rd level

Coordination Unit

Executing Unit 1st level
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### Integrated health care networks

**Actions to improve the coordination between levels of care**

- **ICT- based communication tools**

**2012: creation of the Salud.uy Program** (initiative of eHealth of Uruguay)

- Main goal: to support the formation of the Healthcare Network through the use of ICT

- This program carries out the implementation of:
  - National Electronic Health Record
  - Oncology EHR, including a module for breast cancer
  - Integrated Image Diagnostic Network (RIDI)2012
Integrated health care networks
Actions to improve the coordination between levels of care

RIDI
27 centers

EHR in Oncology
27 centers

MONTEVIDEO
Integrated health care networks
Actions to improve the coordination between levels of care

• Installation of a mammary imaging node at the NCI (ASSE) to improve breast cancer diagnosis.

• Payment for performance (P 4 P)
## Main cancer control goals selected for P 4 P

- **Training** to the members of the health team

- Improvement of breast, colorectal and cervical cancer screening registry

- Improvement of cancer screening coverage (first step: cervical and colorectal cancer, second step: breast cancer)

- Improvement of the % of patients with positive screening studies that are **diagnosed in a timely manner**

- Improvement of the % of patients with positive diagnosis studies that are **treated in an appropriate and timely manner**
CANCER SCREENING REGISTRY

Cancer Goals

Breast, cervical and colorectal cancer

COLORECTAL CANCER

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Results of the P 4 P
The example of cervical cancer screening

Semestral evolution of the Global Percentage of PAP coverage
(women 21-64 years of age)
Results of the P 4 P

The example of cervical cancer screening

Semestral evolution of the Global Percentage of women with Pathological PAP and colposcopy within the semester

Increase of 27% with respect to the baseline
Results of the P 4 P

The example of colorectal cancer screening

Semestral evolution of the Global Percentage of FIT coverage

Reference value

- 70%

Increase of 73% with respect to the baseline

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<th>Second Semester</th>
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<tr>
<td>First Semester</td>
<td>22.3%</td>
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<tr>
<td>Second Semester</td>
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<td>38.3%</td>
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Semestral evolution of the Global Percentage of users with positive FIT and colonoscopy within the semester

Increase of 100% with respect to the baseline
Integrated health care networks
Actions planned for starting from 2019

- P 4 P for improvement of breast cancer screening coverage, early diagnosis and treatment in an appropriate and timely manner.
- Quality of care measures in the EHR module for BC
- Breast Cancer Survivorship Care Guideline
Breast Cancer Control in Uruguay over the last years
TRENDS IN FEMALE BREAST CANCER INCIDENCE RATES (ASRs)
2002-2014

Ajustes de regresión Joinpoint con los valores del Porcentaje Anual de Cambio Estimado (PCAE). (*): p<0.05.

Registro Nacional de Cáncer de Uruguay.
Comisión Honoraria de Lucha Contra el Cáncer

PCAE: annual % of estimated chance

Registro Nacional de Cáncer de Uruguay.
Comisión Honoraria de Lucha Contra el Cáncer

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Breast Cancer Control in Uruguay

DISTRIBUTION BY STAGE (*)

(*) Only invasive cancer.

Registro Nacional de Cáncer de Uruguay.
Comisión Honoraria de Lucha Contra el Cáncer
TRENDS IN FEMALE BREAST CANCER MORTALITY RATES (ASRs) 1990-2015

 Registro Nacional de Cáncer de Uruguay,
 Comisión Honoraria de Lucha Contra el Cáncer

PCEA: annual % of estimated chance

Ajustes de regresión Joinpoint con los valores del Porcentaje Anual de Cambio Estimado (PCEA). (*): p<0.05.
BREAST CANCER OVERALL SURVIVAL IN URUGUAY

Overall survival of HER-2 positive BC patients treated for 10 years under the national treatment coverage regulations

Median follow-up: 44 months

**Adjuvant setting (1,209):**
5-year SV: 87%

**Neoadjuvant setting (n=263):**
5-year SV: 72%

**Advanced disease (n=223)**
Median SV: 31 months

These survival results are not inferior to those reported in clinical trials

_Camejo N, et al. J Clin Oncol 36, 2018 (suppl; abstr e18789)_
Thank you