



Global Summit on International Breast Health and Cancer Control:

Improving Breast Health Care through Resource-Stratified Phased Implementation

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

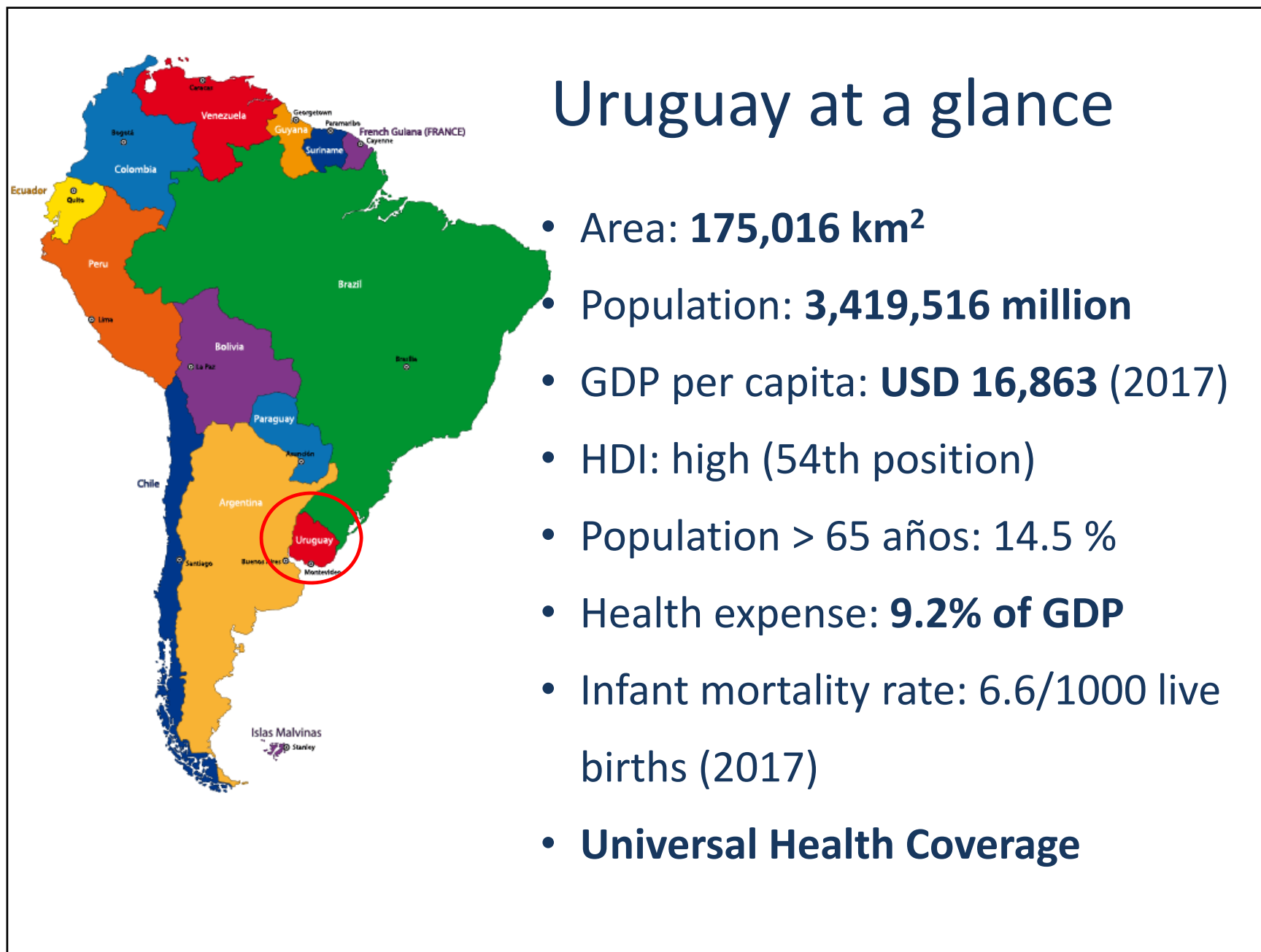
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Director of the National Cancer Control Program, Ministry of Health,

Vice President of the Honorary Commission of Fight Against Cancer



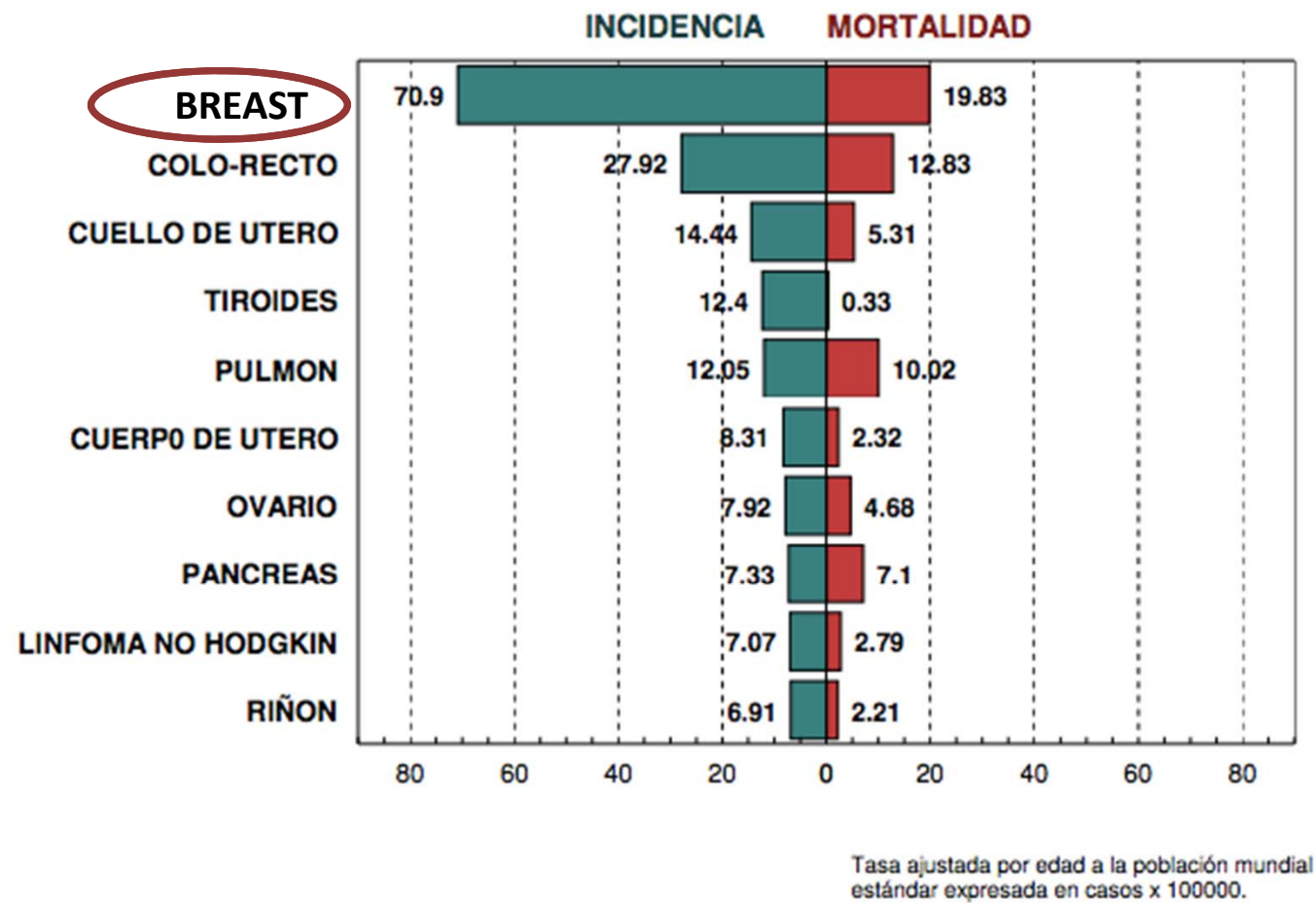


Cancer in Uruguay



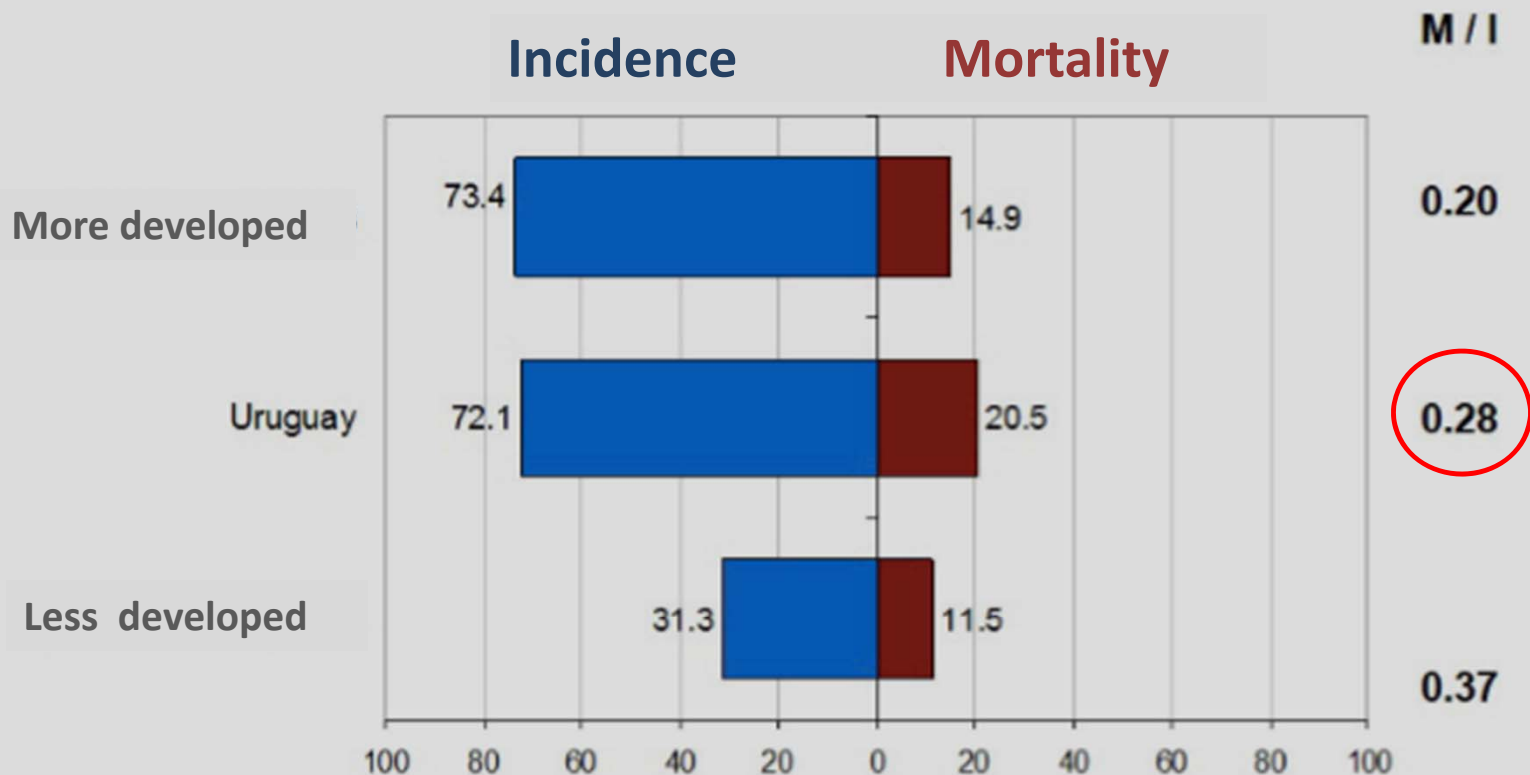
- **Second cause of mortality**, after CV diseases (**24.5%** of deaths in the country).
- **Breast, colorectal, prostate and lung** cancers account for more than 50% of new cases and 45% of annual deaths.
- In terms of **mortality/incidence ratio**, outcomes (**0.45**) are closer to those of the more 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



COMISION HONORARIA DE LUCHA CONTRA EL CANCER
 REGISTRO NACIONAL DE CANCER

Incidence and Mortality (ASR) and M/I rates in BC. Uruguay compared to the more and less developed countries.



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

Tasas estandarizadas por edad
(casos por 100000)

Cifras tomadas de Globocan 2012

Barrios E, Garau M. *An Facultad Med.* 2017;4(1):9-46

Cancer in Uruguay



- **National Cancer Registry**
 - population- based
 - category A (IARC) 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

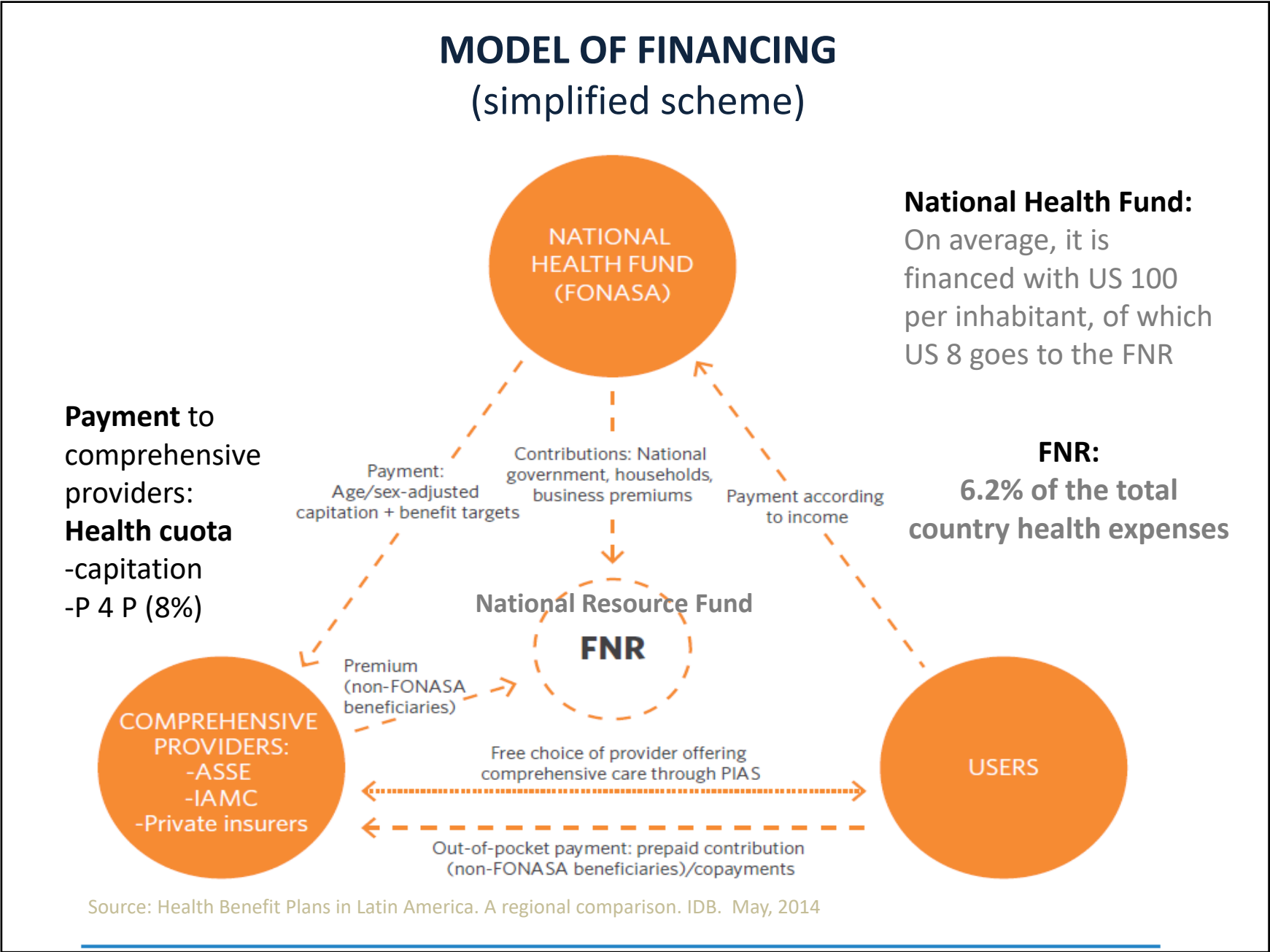
In 2007, Law 18.211 created the National Integrated Health System (SNIS) and the National Health Insurance (SNS)

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**



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 palliative 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

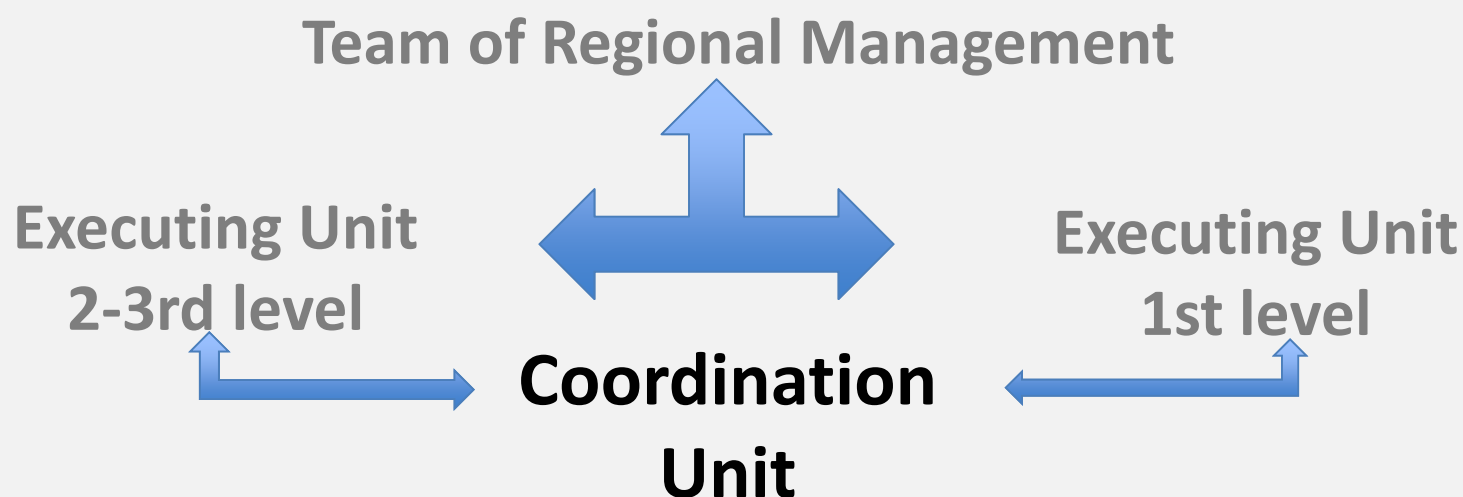
Actions to improve the coordination between levels of care

- 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



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:**

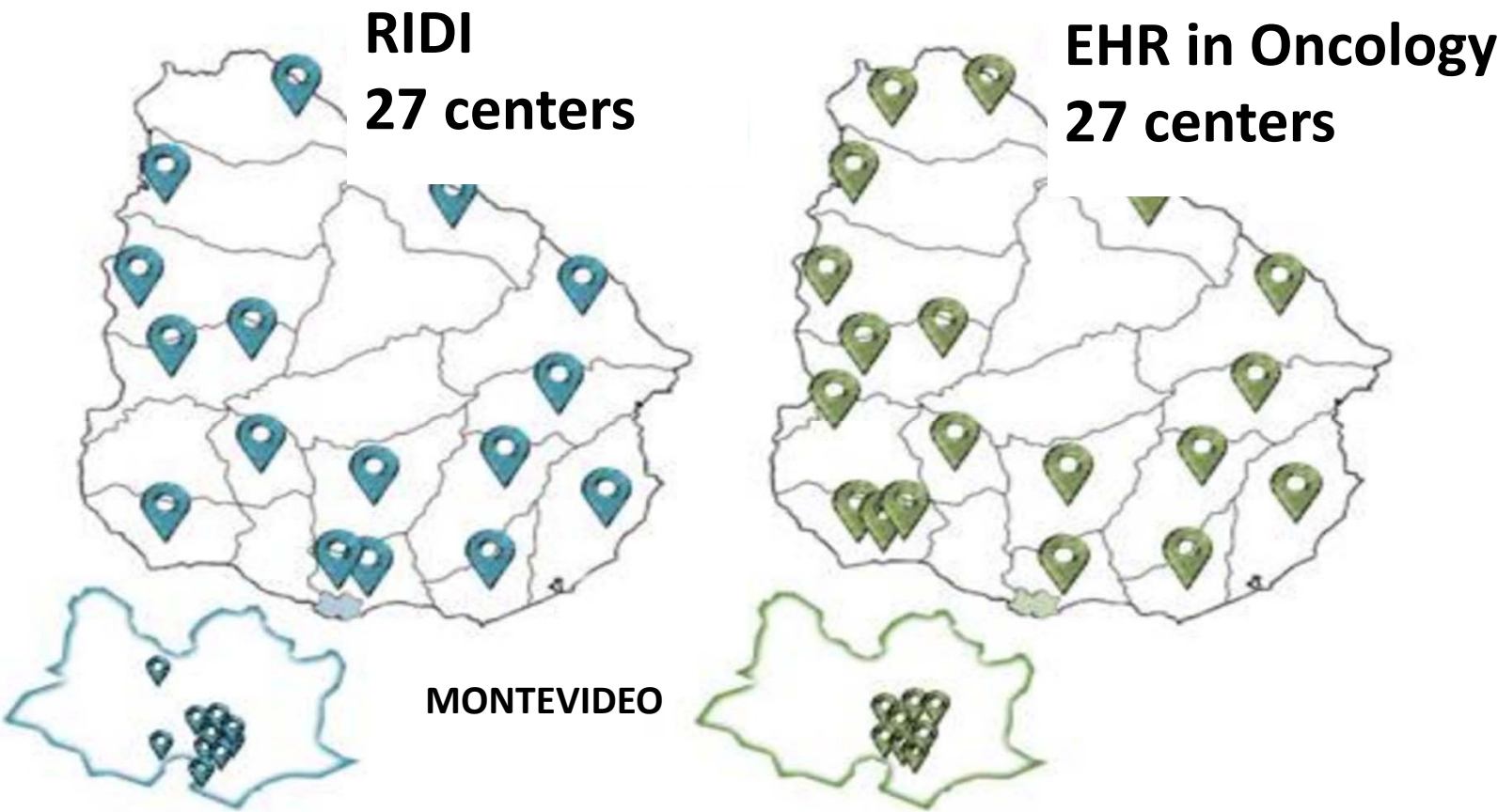
- **National Electronic Health Record**
- **Oncology EHR, including a module for breast**

cancer

- **Integrated Image Diagnostic Network (RIDI)2012**

Integrated health care networks

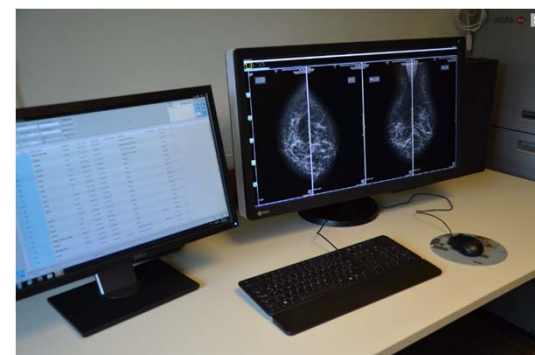
Actions to improve the coordination between levels of care



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



Comisión Honoraria de
Lucha contra el Cáncer

CEI

Cuello de Utero AP
Cuello de Utero CC
Cuello de Utero PA
Cuello de Utero TR
Cuello de Utero TA

COLORECTAL CANCER

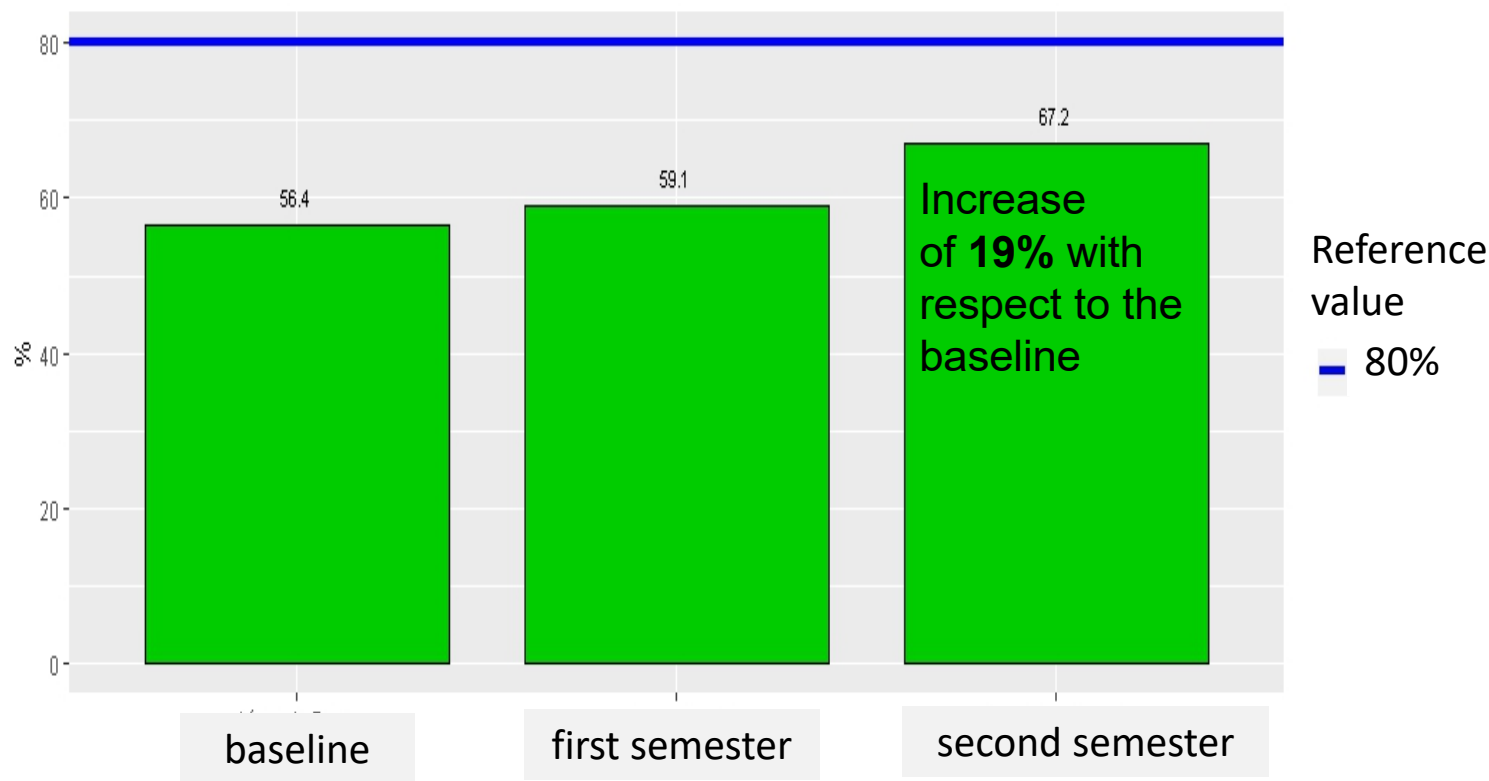
	Descargar
Colo - Recto TABULACION	
Colo - Recto TEST	
Colo - Recto AP	
Colo - Recto TRAT	

R

Descargar

Results of the P 4 P

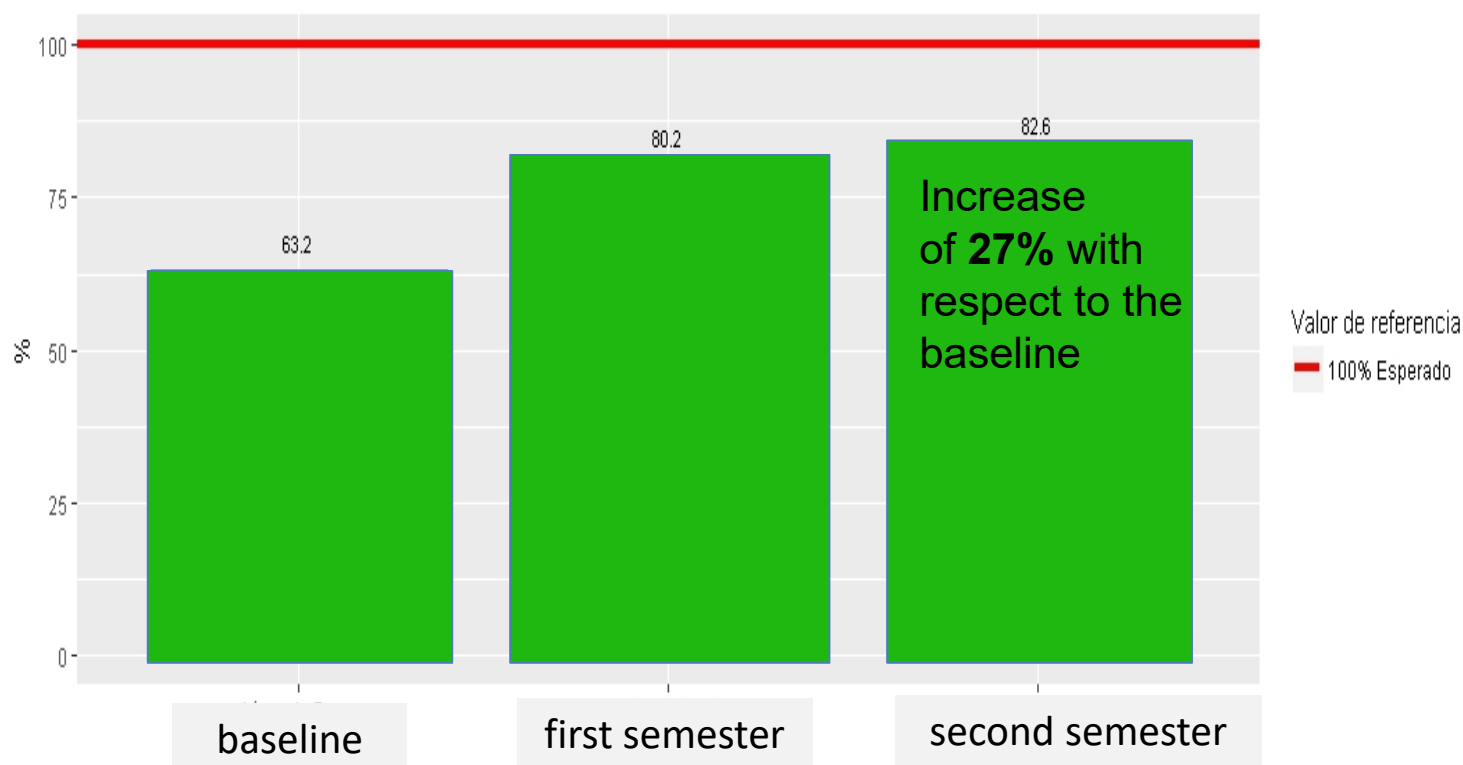
The example of cervical cancer screening



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

Results of the P 4 P

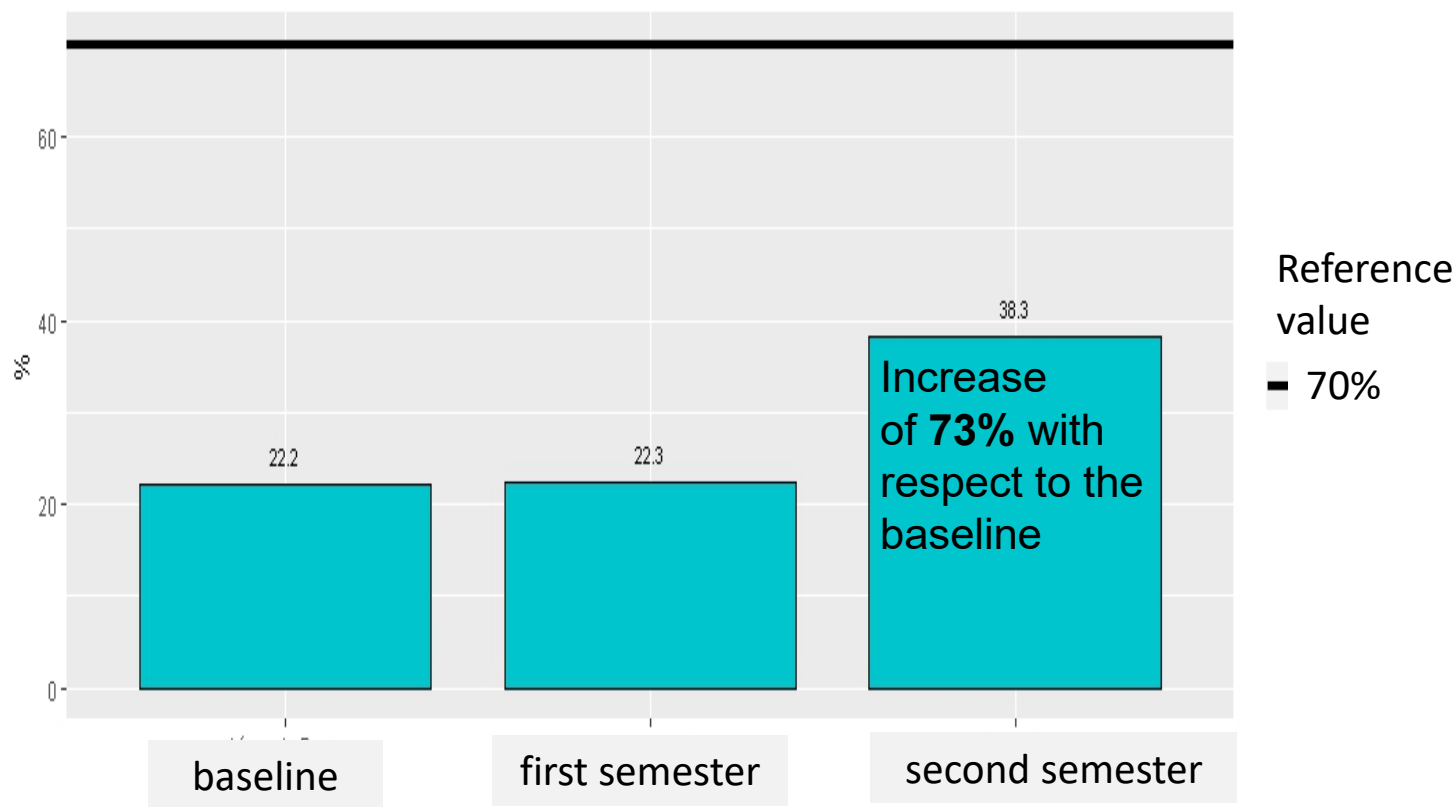
The example of cervical cancer screening



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

Results of the P 4 P

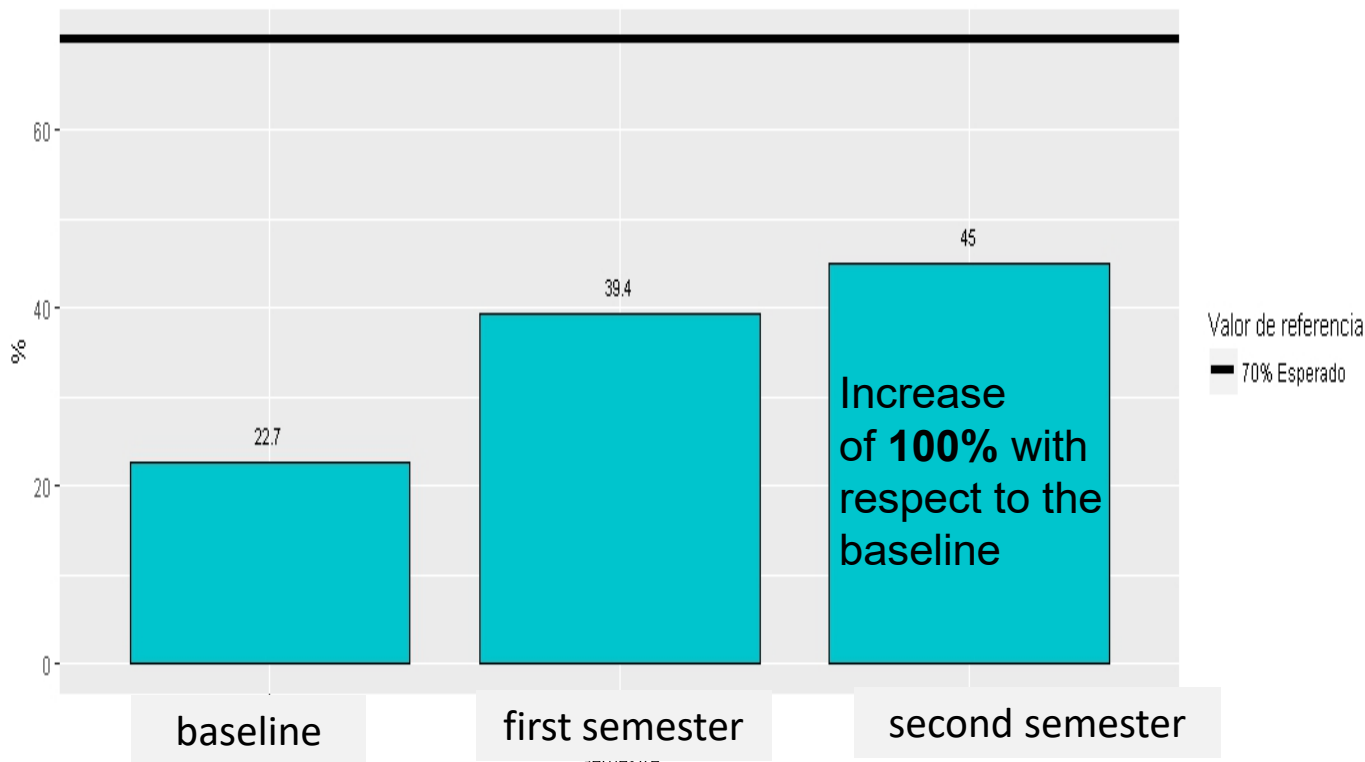
The example of colorectal cancer screening



Semestral evolution of the Global Percentage of FIT coverage

Results of the P 4 P

The example of colorectal cancer screening



Semestral evolution of the Global Percentage of users with positive FIT and colonoscopy within the semester

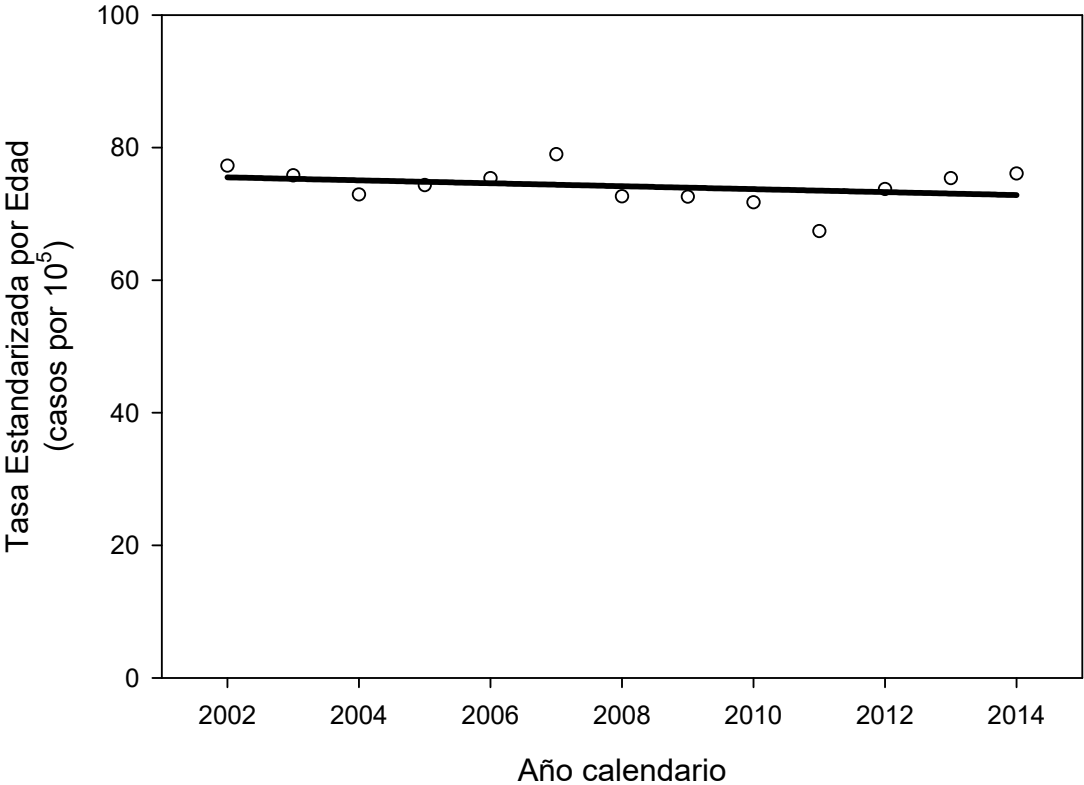
Integrated health care networks

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



PCAE: -0.3

PCAE: annual % of estimated chance

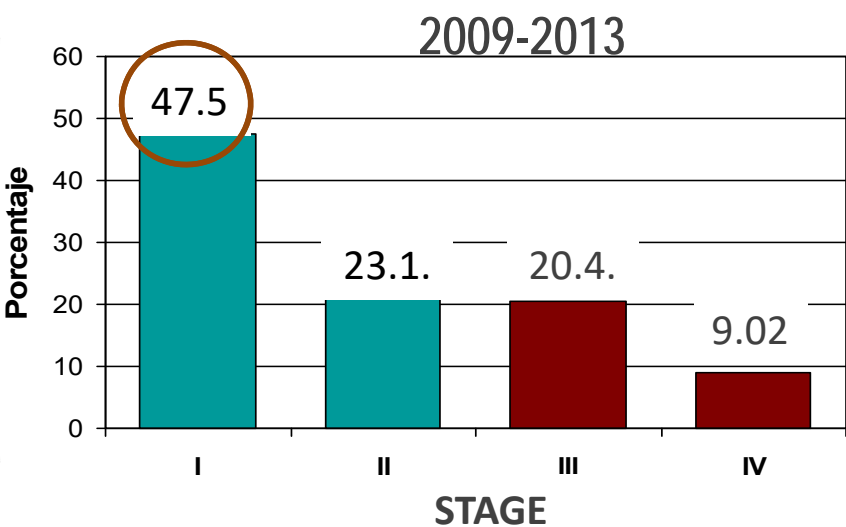
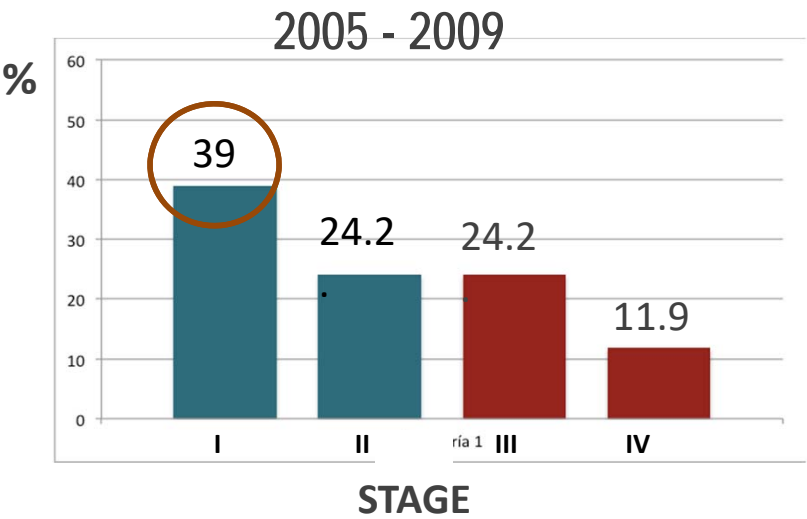
*Registro Nacional de Cáncer de Uruguay.
Comisión Honoraria de Lucha Contra el Cáncer*

Tendencias recientes de la Incidencia. Período 2002-2014.
Ajustes de regresión Joinpoint con los valores del Porcentaje Anual de
Cambio Estimado (PCAE). (*): p<0.05.



Breast Cancer Control in Uruguay

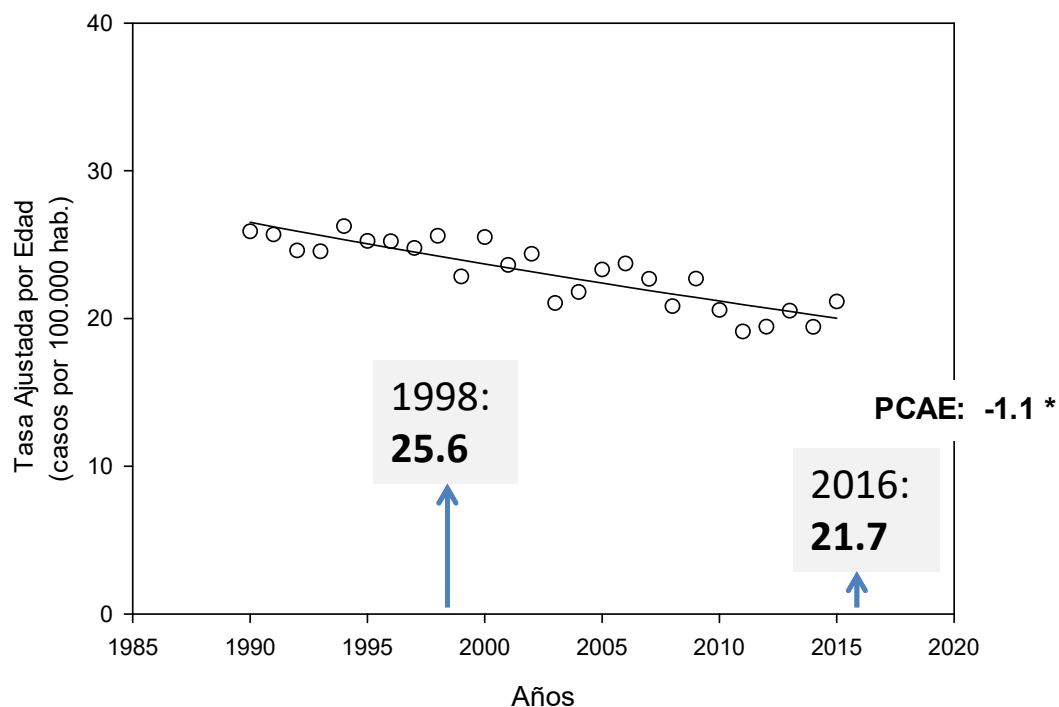
DISTRIBUTION BY STAGE (*)



(*) Only invasive cancer.

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TRENDS IN FEMALE BREAST CANCER MORTALITY RATES (ASRs) 1990-2015



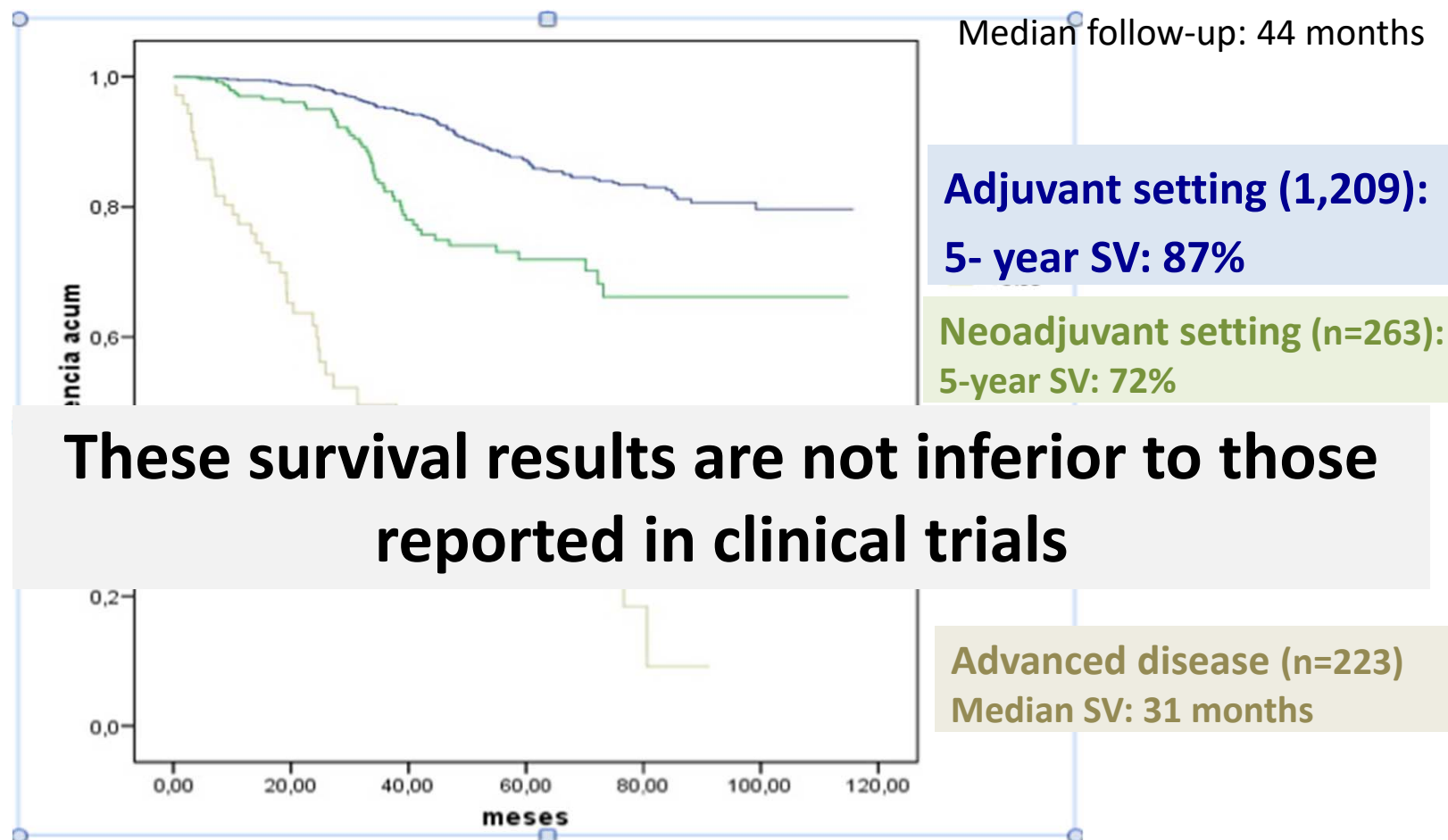
PCAE: annual % of estimated chance

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

Tendencias de mortalidad. Período 1990-2015.
Ajustes de regresión Joinpoint con los valores del Porcentaje Anual de
Cambio Estimado (PCAE). (*): $p < 0.05$.

BREAST CANCER OVERALL SURVIVAL IN URUGUAY

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



Camejo N, et al. J Clin Oncol 36, 2018 (suppl; abstr e18789)

Thank you

