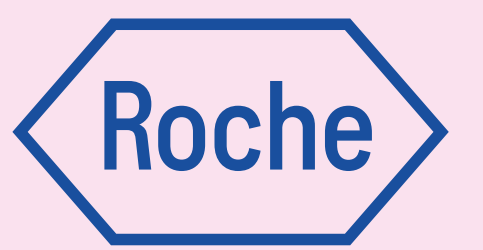


HOW TO IMPROVE BREAST CANCER CARE IN CHILE. AN ACTION PLAN.



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Introduction

In recent years, the burden of cancer in the world has rapidly increased, mainly due to the aging of population and the adoption of unhealthy lifestyles. In Chile, breast cancer (BC) incidence is 55 per 100,000 inhabitants¹, and it is the leading cause of women's deaths. To date, the diagnosis, treatment, and recovery are part of three governmental funds, Garantías Explícitas de Salud (*Explicit Health Guarantees, GES*), Ley 20.850 (*Law 20.850 or Ricarte Soto Law*), and the high-cost drug fund (*DAC*) for patients under the public system. However, there are still some unmet needs reported by patients.

Roche's purpose is to deliver the best to patients, promptly. Therefore, in order to design actions focused on improving the health outcomes that matter to patients, we collected the gaps and issues from the field and from two studies sponsored by Roche^{2,3}

Methods

The BC governmental coverage was mapped, and all existing benefits were assigned over the different phases of the patient's journey. Also, we collected insights from the field force to complement the journey and confirm the time spent at each step.

A multidisciplinary team was created to find potential solutions. The team was composed of people involved in:

- patients support program
- patients advocacy group
- market access

Several meetings were held to determine the roots cause of the gaps and how Roche could contribute to their solutions.

Image 1: PAG training session about one of the new governmental funds available for cancer patients



However, for BC, the diagnosis requires a second step to identify the type and stage (i.e., HER2 positive, grade II), using a specific marker and images. This procedure could take ample time, which sometimes results in worsening patients' conditions or abandoning their potential treatment (Figure 2).

When we started looking for the root cause of this problem, we realized that the issue was not necessarily related to the availability of high-end diagnosis technologies for BC markers but, could be related to other causes, such as the lack of image infrastructure or administrative reasons (i.e., time from the prescription to the approval of the medication) which delays the scheduling of the first dose of treatment. According to the information obtained from 5 public Hospitals in Chile, from suspicion of BC to the confirmation could take from 2,5 months to 9 months.

PSP re-design:

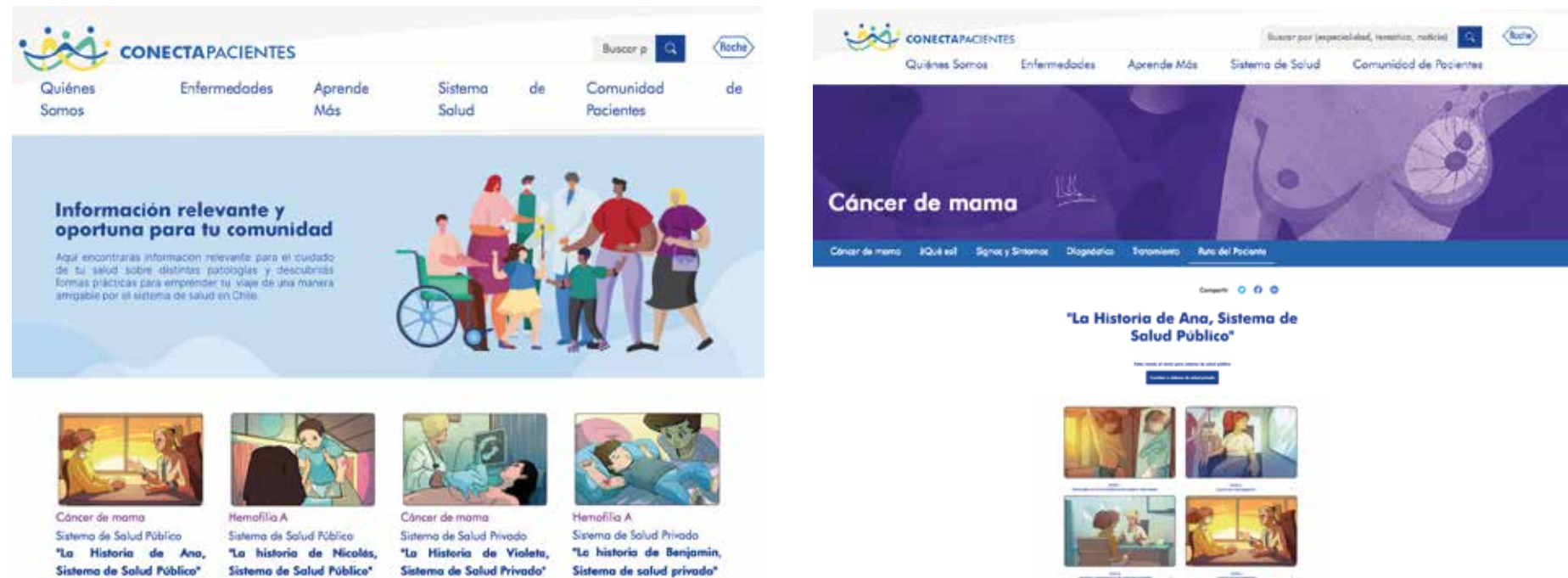
All governmental coverages are focused on diagnosis, treatment, and recovery. However, caregivers and patients' mental health support has not been part of any guarantee. Furthermore, the time required from diagnosis to the first dose of treatment has not been met.

Due to the insights obtained from the field and the two studies^{2,3} in March 2022, our PSP was re-designed to include them in order to re-focus on the outcomes that matter the most to patients, and expedite access to treatment.

If the patient requires a test and/or image (i.e., PET CT scan) to confirm its diagnosis, it will provide it free of charge, in order to not delay the treatment (Image 3).

The new PSP includes a psychologist specialized in cancer to support patients and caregivers, as well as workshops for emotional management, were also implemented. Until September 2022, 170 patients were active in the PSP, which 95,5% belongs to the public system (Figure 3). Six mental health services were performed, and 61 exams were asked to expedite the first dose (Figure 3).

Image 2: Conecta Pacientes webpage⁴



Results

From all information gathered, we could identify three significant gaps:

1. Access:

Patients' access benefits from screening to recovery are not well known by patients and caregivers, despite all efforts made by the government and other institutions to educate patients about their rights and benefits, as well as the importance of mammographies.

We prioritized working with patient association groups (PAGs) by educating them about the different benefits related to breast and all other cancers. One example was a collaborative workshop with the Chilean Oncological PAG (ACHAGO), where the community and patients were trained about the new high drug cost fund access (Image1).

Image 3: Patient support program material for Breast Cancer patients



Image 1: GES timeline⁵

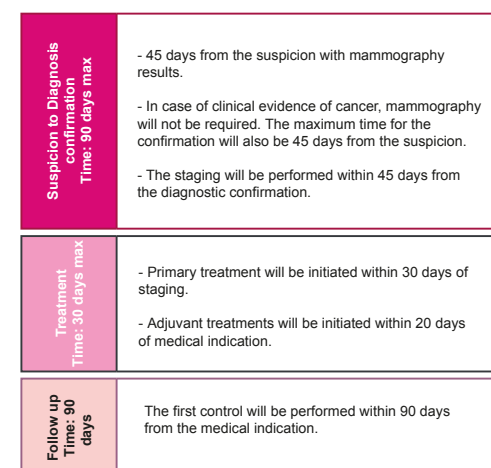
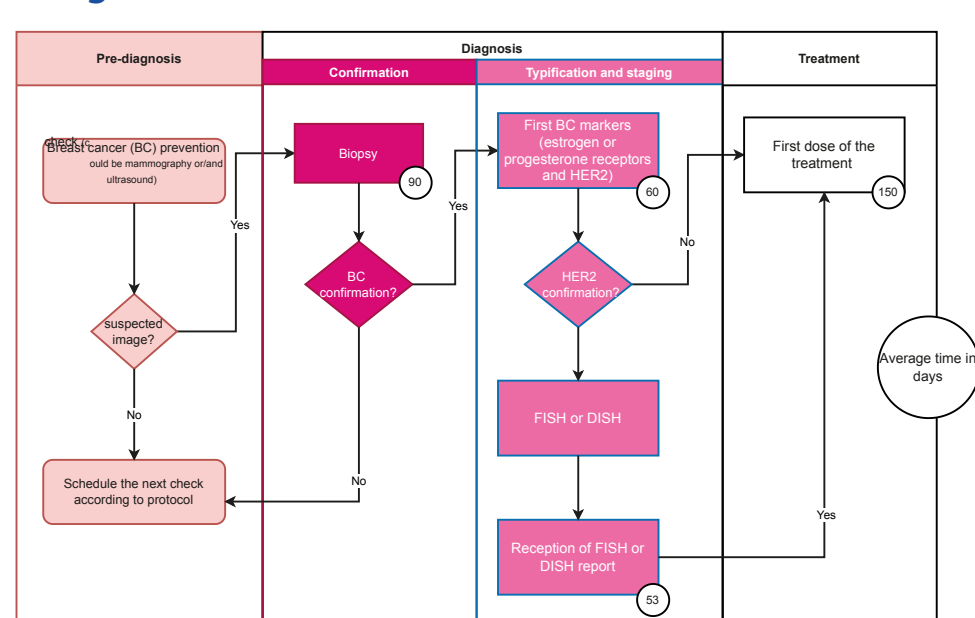


Image 2: Breast cancer flow



In addition, Roche, along with PAGs, created a website named Conectapacientes (*Patient's connection*) to gather all the helpful information in one platform. This website helps patients and the community to navigate the healthcare system and provide education about their rights and benefits (Image2).

Also, Roche's Patient Support Program (PSP) started including a chapter on access orientation to help guide patients and caregivers regarding the access to treatment (Image3).

Time from diagnosis to treatment:

GES includes one topic related to "opportunity," which means that the system should comply with a strict timeline from the diagnosis to follow-up (Figure 1).

Image 3: BC patients enrolled in the PSP by payer

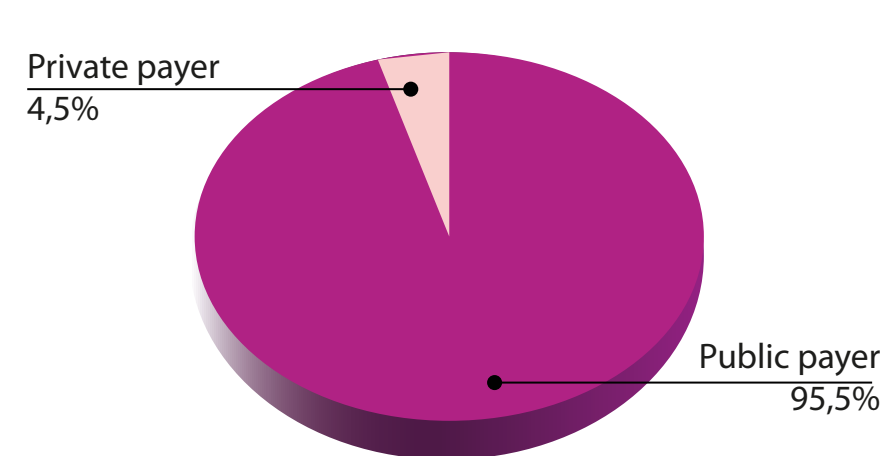
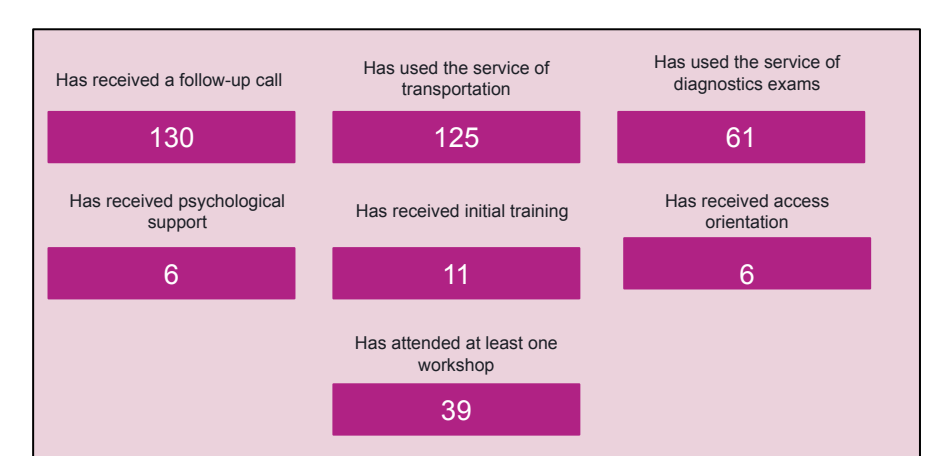


Image 4: Benefits used by the Roche Patients' Support Program



Conclusions

Based on the findings from the two studies and the insights obtained from the field, we developed an action plan to address all these unmet needs.

The first objective of this action plan was to transform our solutions into an integrated and co-created strategy, in which patients and civil society are heard in order to focus our efforts on the outcomes and needs that matter most to patients and their caregivers. The second objective has been to expedite the treatment of cancer patients.

Although mental health and diagnostic services were added to the program, these services have not been widely used. Six months after the implementation, only 6 mental health support visits have been carried out, which may be due to the fact that this is new and unusual support. However, we expect to have more patients using these services in the coming months.

We know that access education is a continued effort to educate PAGs representatives to be their voices and provide all support needed after the diagnosis, so several educational programs are designed for the rest of the year. Also, our PSP will continue providing 1:1 access orientation to guarantee the best use of healthcare resources and deliver value to patients.

The distribution of patients was also an important insight, because according to the last information published by the Chilean government⁶, on March 31st, 2022, 2.403 BC cases were delayed, with an average of 73,4 days, which is less than we obtained from the field. However, despite these differences in days, we know that this action plan is helping to reduce this gap and solve the waiting list.

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