

# Leveraging value-based healthcare (VBHC) to optimise patient access and experience in breast cancer pathways

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## INTRODUCTION



Our programme aims to improve health outcomes and quality of care for breast cancer patients through implementation of value-based healthcare.

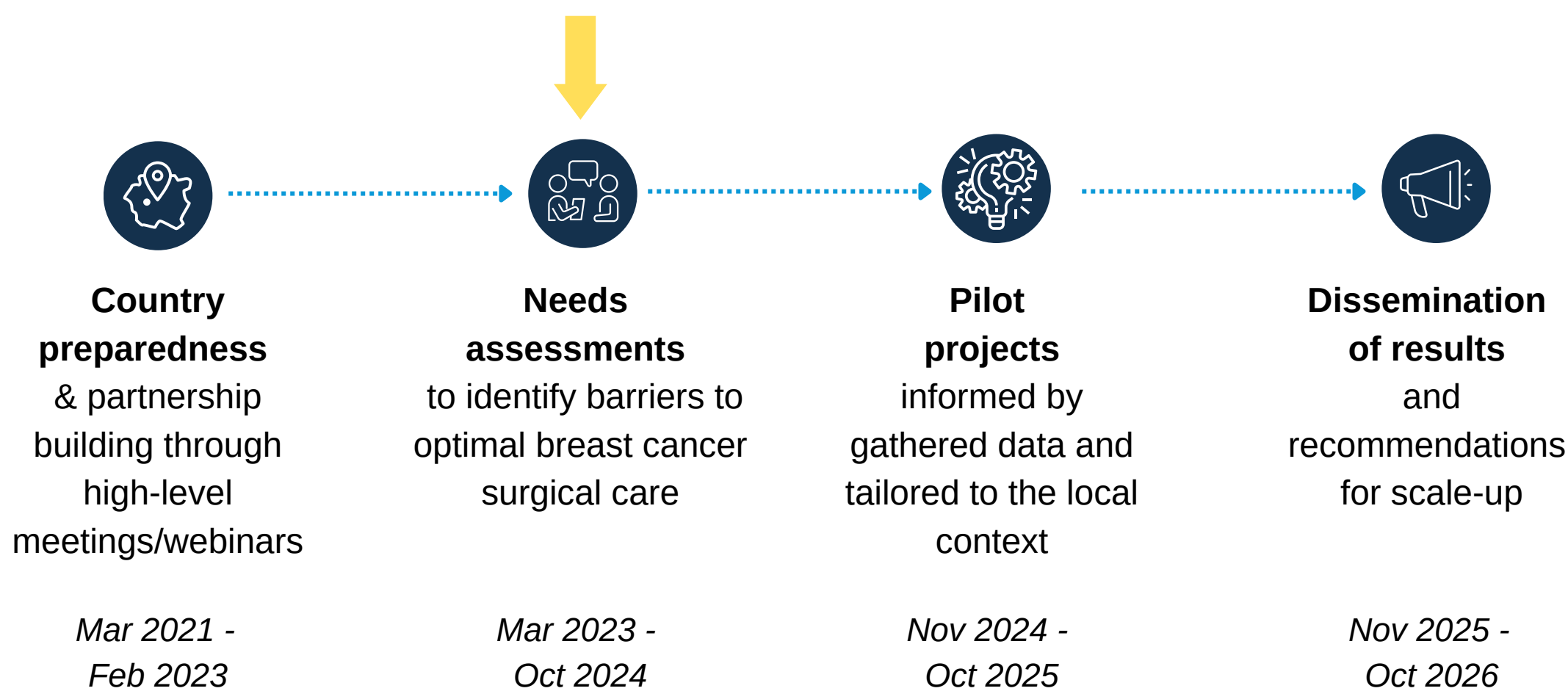
Value-based healthcare (VBHC) is about making the best use of available resources to achieve better outcomes and experiences for each patient.

Our programme aims to improve health outcomes and quality of care for breast cancer patients by identifying and addressing gaps in breast cancer diagnosis and surgical treatment through the implementation of the VBHC approach in Türkiye, aligned with the **WHO Global Breast Cancer Initiative Implementation Framework**.

## METHODS

First, the programme team carried out stakeholder engagement via diplomatic outreach, country preparedness for implementation in later phases, online events, development of educational resources, and a comprehensive mapping exercise of relevant partners and existing VBHC initiatives. In the next phase, the programme focused on developing partnerships, establishing technical expert working groups (TEWG) in-country, confirming governmental engagement via appointment of focal points and engaging in roundtable discussions and workshops. Key discussion points included country-preparedness for introduction of the **ICHOM Set for Patient-Centered Outcome Measures for Non-metastatic Breast Cancer**.

In the current phase, we are conducting needs assessments in-country in collaboration with local partners to better understand patient and provider perspectives on key barriers and facilitators to inform contextualised project design of interventions. In Türkiye, a survey was deployed in all seven regions of the country, targeting newly diagnosed (<6 months) women with locally advanced breast cancer.



**Target group:** Newly diagnosed (6 months or less) women with locally advanced breast cancer

The survey is ongoing and focused on key factors associated with delayed diagnosis and treatment, and the effects of such delays on patient-reported outcomes. The preliminary results were collected and analysed between August 2023 through March 2024. Surveys were administered during hospital visits via face-to-face interviews conducted by trained doctors/nurses.

Data generated and analysed from the needs assessments will inform project design of tailored interventions, integrating key principles of VBHC, aiming to improve health outcomes and reduce costs. The project will use lessons learned throughout the process to disseminate results, share policy recommendations, and provide practical guidance for implementation.

## RESULTS

In Türkiye, from August 2023 through March 2024, **766 respondents** completed the survey across 37 health centres. Of the patients, 87% initially visited hospitals and 13% visited family physicians. Only 61% of patients sought medical attention within 1 month of lump detection. Key factors causing delays in seeking medical consultation were reported as lack of awareness (23%) and fear of death (17%).

### Key factors in screening delays



Lack of awareness



Fear of death and losing the breast

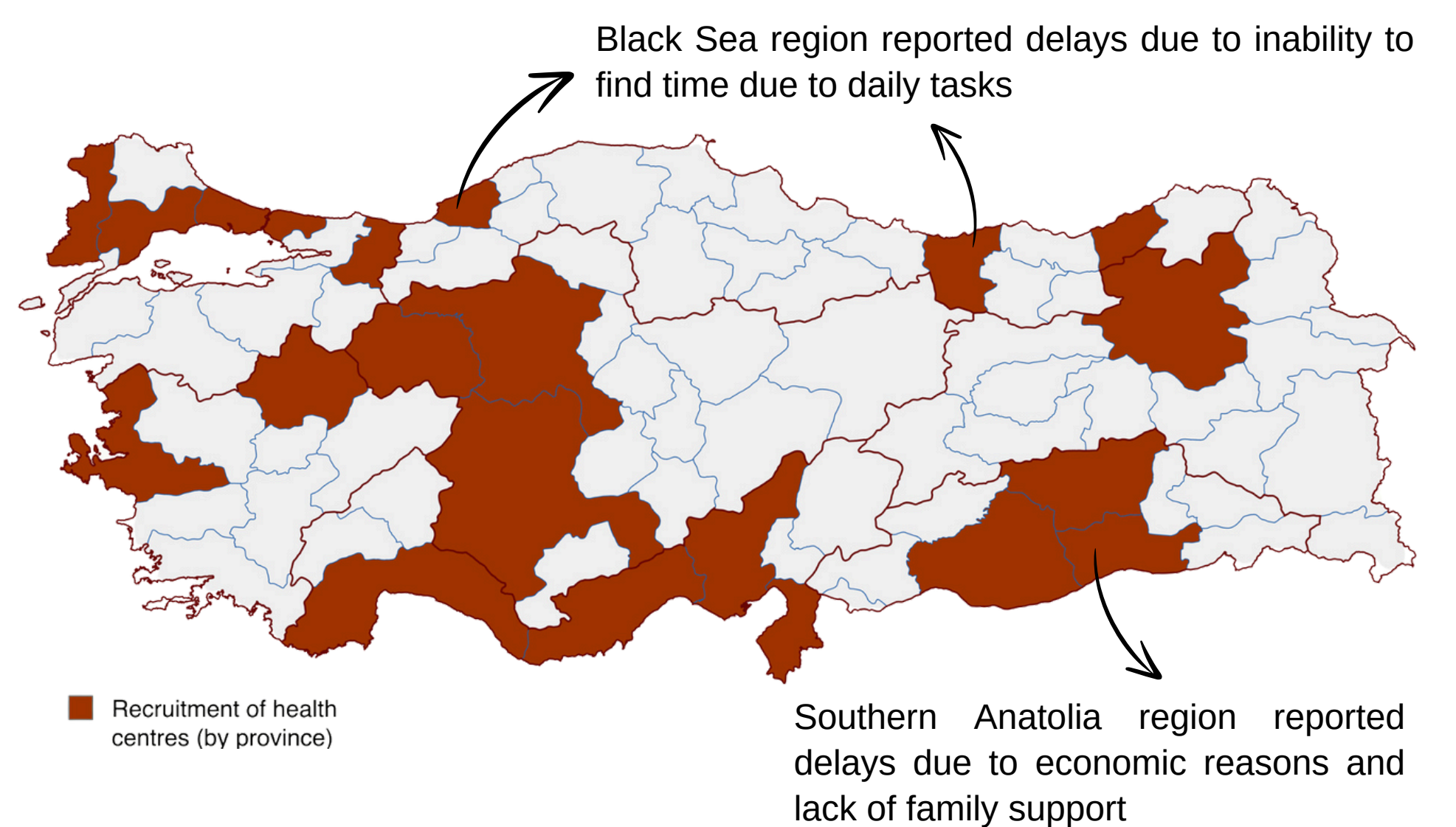
### Key factor in treatment delays (post-surgery chemotherapy and radiotherapy)



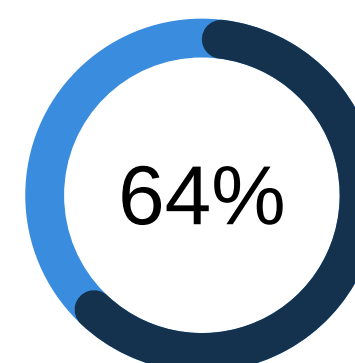
Fear of anticipated treatment side effects

Results varied across regions, however. For example, in the Black Sea region, inability to find time due to daily tasks was cited as a major reason for delays and in Southern Anatolia, economic issues and lack of family support were the most frequently reported sources of delays.

### Türkiye Distribution of Survey Participation (by Province)



The examination time by specialists varied, with 64% of patients being examined within 1 month after finding a symptom, 21% within 1-3 months and 13% after over 3 months. Mammography was performed within 1 month for 78% of patients, within 1-3 months for 17%, and over 3 months for 3%. The most significant factor reported to have delayed post-surgery chemotherapy and radiotherapy was anticipation of treatment side effects.



of patients were examined within 1 month of finding a symptom

## CONCLUSION

- Comprehensive needs assessments are required to better understand patient and provider perspectives, as well as regional differences prior to introduction of ICHOM sets.
- Across all geographical regions in Türkiye, the most common factors causing delays (among patient-based factors) were lack of awareness, fear of death, and anticipated side effects of treatment.
- The analysis of the survey results will help inform client-centred approaches to reduce delays and improve experience of care and ensure contextualised implementation of ICHOM measures.