

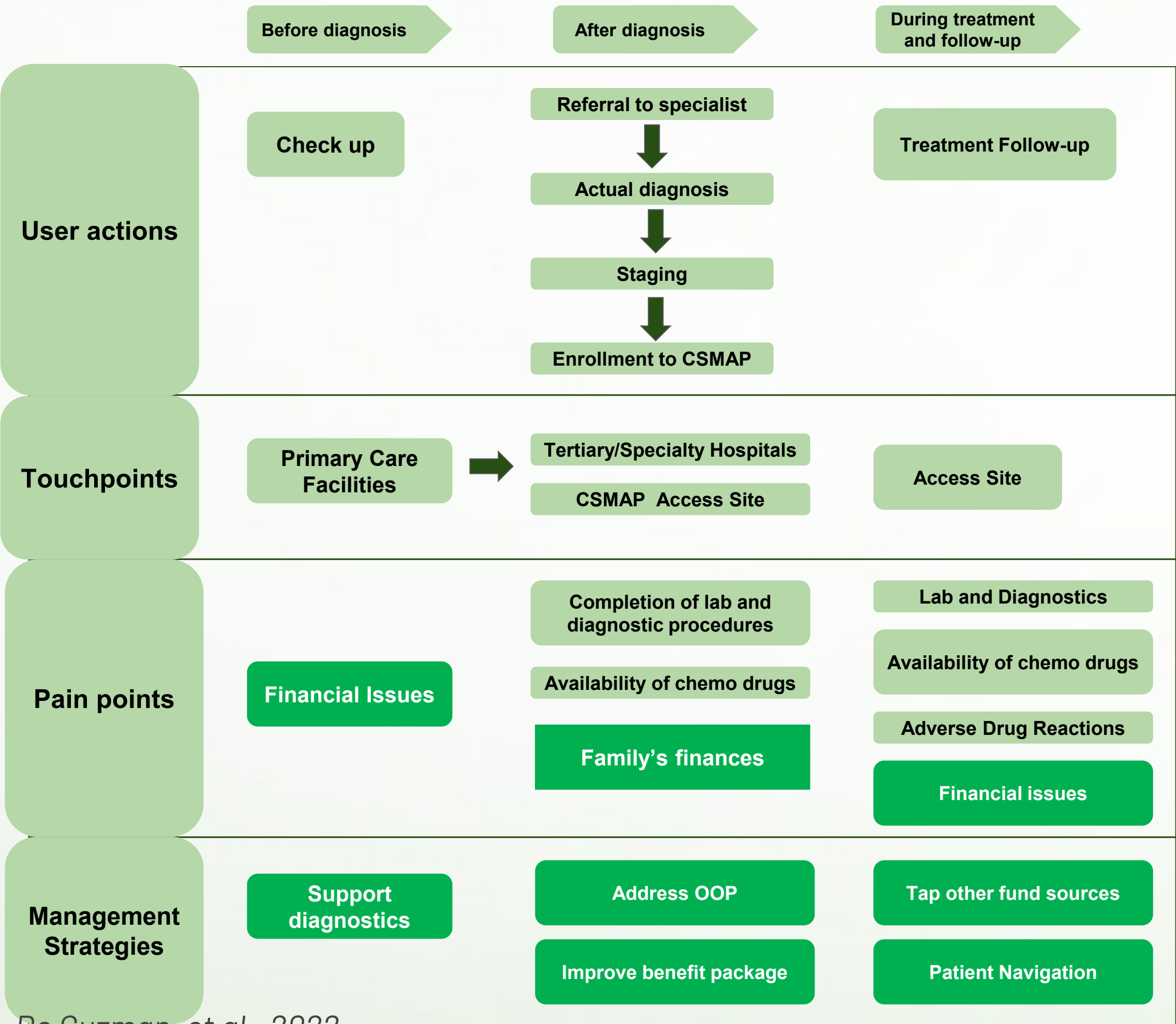


The PHILIPPINES *Cancer Care Model*

The Filipino cancer patient journey



PATIENT JOURNEY MAP OF CSPMAP BENEFICIARIES



De Guzman, et al., 2022

The Cancer Care Model in the Philippines is anchored on national laws - the UHC and Cancer Laws

	UHC Law (RA11223)	Cancer Law (RA 11215)
Enabler	ALL Filipinos Coordinated care % primary care provider	ALL Filipinos Patient care pathway and navigation
Population-based Services	Health promotion Epidemiology and surveillance Health information system Settings: community, schools	Health promotion Cancer as notifiable disease Cancer registries Settings: community, schools, workplaces
Individual-based services	Primary care to palliative care services	Risk assessment, primary prevention, screening and early detection, diagnosis, treatment, end-of-life, survivorship
Facilities	Designation of apex facilities Healthcare and primary care provider networks	Designation of apex and regional cancer centers Shared cancer care network
Funding sources	GAA, PhilHealth, LGU HMO alignment of benefits	GAA, PhilHealth Cancer Assistance Fund HMO mandatory coverage SSS, GSIS, PCSO, DOLE, DSWD, LGU
Medicines	Price reference index Centrally-negotiated prices Price transparency at point-of-sale Generics	FDA fast lane for cancer innovators and generic cancer drugs Cancer medicines access program
Prioritization mechanism	HTA	HTA; Actuarial feasibility study
Human resources	National health workforce Scholarships Curriculum reorientation	Capacity development Subsidies and scholarships Offers degree programs in oncology

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Innovation 1: Introduction of new technologies in primary care facilities for cervical cancer screening



- 79% increase in screening coverage
- 91.5% of women screened collected their own sample
- Assay produced high rates of valid results (96% in general pop'n and 95% in WLHIV)
- Majority (78%) of hrHPV positivity in the Philippines are Other High-Risk Genotypes (n=194); 22% of HPV+ cases consists of the most oncogenic types
- 54% returned for VAT assessment
- Completion of screening to VAT to treatment is 90 days

Innovation 2: Equitable use of the Cancer Assistance Fund to reduce or eliminate OOP

- USD 21.9 million appropriated through a Special Provision
- Equitable use and distribution of funds across 34 cancer facilities
- Flexible and responsive
- Allows to maintain cash flow of hospitals
- Covers direct and indirect costs of treatments
- Complements the cancer medicines access program
- Allows private facility engagements



Innovation 3: Robust peer, community, and hospital navigation

- Patient lost to follow-up significantly decreased from 62% in 2011 to 18% in 2012 (*Ngelangel, et al. 2013*)
- Treatment abandonment for Pre-Patient Navigator Group is significantly higher at 50% compared to those with a patient navigator (6%) in osteosarcoma patients (*Gaston, et al. 2021*)
- Enhancing patient experience; optimizing treatment outcomes; and improve access to cancer care



Innovation 4: Premium on leadership and governance systems through the National Integrated Cancer Control Council



- Formulate policies, programs and reforms that enhance the synergy among stakeholders
- Provide technical guidance and support and oversee the implementation of this Law
- Ensure judicious and best use of available resources for the benefit of all



What can we learn from other countries?

Are we changing patient and societal health outcomes and patient experience?

How have you structured public-private partnerships to support national and local cancer control efforts?

What strategies have been effective in promoting patient-centered care and addressing the unique needs of diverse survivor population?





Philippines free from the burden of cancer



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