# International Journal of Health Science

# IMPLEMENTATION OF A CANCER CARE LINE: EXPERIENCE OF A BRAZILIAN PRIVATE ONCOLOGY INSTITUTION

#### Hélio Calabria

Grupo Oncoclínicas Rio de Janeiro-RJ http://lattes.cnpq.br/1769791566007116

# Clarissa Mathias

Grupo Oncoclínicas Salvador-BA https://orcid.org/0000-0002-6219-9858

#### Tatiane Montella

Grupo Oncoclínicas Rio de Janeiro-RJ https://orcid.org/0000-0002-1154-0227

#### Isabella Favato

Grupo Oncoclínicas Vitória-ES https://orcid.org/0000-0001-7303-1172

# Pedro De Marchi

Grupo Oncoclínicas Rio de Janeiro-RJ https://orcid.org/0000-0001-5259-0215

# Nathalia Gimenes

Grupo Oncoclínicas Rio de Janeiro-RJ https://orcid.org/0000-0002-0203-0938

#### Filipe Visani

Grupo Oncoclínicas Salvador-BA https://orcid.org/0009-0007-7884-5969



All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).

# Izabella Santos Negreiros

Grupo Oncoclínicas Brasília-DF https://orcid.org/0000-0001-6378-2853

## Gilson Gabriel Viana

Grupo Oncoclínicas Belo Horizonte-MG

# Marina Xavier

Grupo Oncoclínicas Rio de Janeiro-RJ

#### Bruno Ferrari

Grupo Oncoclínicas Belo Horizonte-MG

# Carlos Gil Ferreira

Grupo Oncoclínicas Rio de Janeiro-RJ

**Abstract:** Advances in technology medical treatment have made treatment more complex. With an extensive of exams, schedule consultations procedures, which require speed, the cancer patient's journey is a challenge. Mainly in Brazil, a continental country with a complex and multiple fragmented healthcare system. Based on the "lean healthcare model", a line of care and attention for cancer patients was created, focused on rationalizing resources and continuous improvement. Objective: to describe the results of a line of oncology care with national coverage and a multidisciplinary approach. Methods: This is a retrospective analysis of patients based on a dashboard developed for continued care (O.C. Care), at a private Brazilian oncology institution, between Jan/2021 and Aug/2023. The Service Level Agreement (SLA) was defined from the day of first contact with the patient until the day of the procedure or treatment. Results: 60,486 patients were included on the platform, 80% active and 20% inactive. 47% of requests were made in-house and 20% in an associated partnership. The Northeast region accounts for the majority of cases (35%), followed by Minas Gerais (26%) and Rio de Janeiro/ Espírito Santo (21%). Regarding the types of requests, 49% were exams, 24% consultations, 9% chemotherapy (CT), 8% procedures, 5.5% surgeries and 4.5% radiotherapy (RT). Regarding the average SLA, consultations took 10 days, RT took 13 days, exams took 13 days, procedures took 14 days, QT took 15 days and surgeries took 19 days. Conclusion: O.C Care reduces SLA, improving the results obtained with therapeutic planning. In addition to promoting better control by healthcare professionals over the process, with the help of a well-established internal flow monitored by specialized professionals.

**Keywords:** Line of care, Cancer Care, Brazilian Institution

# INTRODUCTION

Caring for cancer patients involves a long journey, which begins even before the first consultation with the Oncologist. There are a series of barriers to be overcome, from carrying out the first investigation/screening exam, scheduling appointments, reaching cancer treatment. These barriers can be financial, psychological, logistical, or even communication. Therefore, the cancer patient needs to be welcomed and helped by the institution. This will impact the speed of processes, adherence to treatment, and, consequently, improvements in oncological outcomes and quality of life. In return, the institution benefits from customer loyalty, who will be more satisfied with the service offered. In addition to benefiting from reduced patient journey costs. This way, a private cancer center in Brazil developed a continuous care model, which ranges from patients undergoing diagnostic investigation to those already undergoing treatment, with the patient as the central point of the care line, optimizing times and interconnecting the different necessary teams and procedures, in a humanized and agile way. This is a line of care that works through the figure of the Concierge, a professional who will assist the patient throughout their journey through the institution, to schedule exams, procedures, consultations, treatment requests.

#### **OBJECTIVES**

Analyze the effectiveness of a continued care model developed with national coverage and a multidisciplinary approach to care for cancer patients.

# **METHODOLOGY**

This is a retrospective analysis of patients based on a dashboard developed for continued care (O.C. Care), at a private Brazilian oncology institution, between Jan/2021 and Aug/2023. Service Level Agreement (SLA) was defined from the day of first contact with the patient until the day of the procedure or treatment. Inactive patients were defined as those whose follow-up was interrupted (in cases of death, for example).

#### **RESULTS**

60,486 patients were included on the platform, 80% active and 20% inactive. 47% of requests were made in-house and 20% in an associated partnership. The Northeast region accounts for the majority of cases (35%), followed by Minas Gerais (26%) and Rio de Janeiro/Espírito Santo (21%). The characteristics of scheduling requests and the average SLA are described in table 1. Regarding the types of requests, 49% were exams, 24% consultations, 9% chemotherapy (QT), 8% procedures, 5.5% surgeries and 4, 5% radiotherapy (RT). Regarding the average SLA, consultations took 10 days, RT took 13 days, exams took 13 days, procedures took 14 days, QT took 15 days and surgeries took 19 days.

#### DISCUSSION

Worldwide, around 20 million new cases of cancer are diagnosed per year, leading to 9.7 million deaths per year. In Brazil, the estimate was 704 thousand new cases of cancer for 2023. Cancer is a public health problem. Many of these patients find themselves lost in their care journey, due to the high complexity of cancer patient management, which requires a full schedule of exams, consultations, and medications. Joint actions within institutions are necessary to help you on this journey.

OC Care was created to offer much more

than a convenience to patients. The service, which is continuous and accompanies the patient throughout the treatment, plays a fundamental role in speeding up all exams, procedures, systemic treatments, radiotherapy, appointment scheduling and surgeries.

The benefits of OC Care are the reduction of time between diagnosis and surgery and/ or initiation of systemic treatment; greater integration between doctors from Oncoclínicas Group, external doctors and other multidisciplinary professionals (nutritionists, psychologists, dentists, pharmacists); greater assertiveness in treatment; more safety and peace of mind for patients. Furthermore, it is possible to monitor the procedures carried out, providing comprehensive and personalized care. OC Care has a team of concierges who serve as a bridge between patients, doctors and other professionals involved in cancer treatment. Concierges are the ones who make appointments.

#### CONCLUSION

OC Care aims to reduce SLA, improving the results obtained with therapeutic planning. A well-designed oncology care line reduces the time between requesting and carrying out exams, procedures or treatments. This time reduction is beneficial not only for patients, but also for the healthcare institution, improving the quality of service and the patient experience. Thus, OC Care enables greater patient adherence to cancer treatment, as the patient becomes the center of care. The implementation of this strategy

by other oncology services would be of great value, both in the private and public settings.

Type of request	Quantity n=209,437 (%)	Average SLA (days)
Exam	103.683 (49)	13
Procedure	16.388 (8)	14
Query	49.837 (24)	10
Surgery	11.666 (5,5)	19
Chemotherapy	18.289 (9)	15
Radiotherapy	9.574 (4,5)	13

Table 1. Characteristics of requests (2021 – 2023)

#### INSIDE VS OUTSIDE THE NETWORK

■ Off the grid ■ Own network ■ Partner network ■ Network

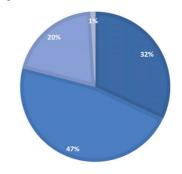


Figure 1. Appointment profile (2021 – 2023)

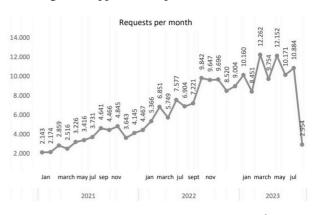


Figure 2. Appointment requests per month (2021 – 2023)

# **REFERENCES**

- 1. Carrera PM, Kantarjian HM, Blinder VS. The financial burden and distress of patients with cancer: Understanding and stepping-up action on the financial toxicity of cancer treatment. CA Cancer J Clin. 2018 Mar;68(2):153-165. doi: 10.3322/caac.21443. Epub 2018 Jan 16. PMID: 29338071; PMCID: PMC6652174.
- 2. Davidoff AJ, Akif K, Halpern MT. Research on the Economics of Cancer-Related Health Care: An Overview of the Review Literature. J Natl Cancer Inst Monogr. 2022 Jul 5;2022(59):12-20. doi: 10.1093/jncimonographs/lgac011. PMID: 35788372; PMCID: PMC9255923.
- 3. GLOBOCAN. International Agency for Research. Geneva: World Health Organization. Dispon[ivel em: http://GCO.IARC. FR/
- 4. Instituto Nacional de Câncer. Estimativa 2023: incidência de câncer no Brasil. Rio de Janeiro: INCA; 2022 [acesso 2022 ago 1]. Disponível em: https://www.inca.gov.br/sites/ufu.sti.inca.local/files//media/document//estimativa-2023.pdf
- 5. Kim K, Choi JS, Choi E, Nieman CL, Joo JH, Lin FR, Gitlin LN, Han HR. Effects of Community-Based Health Worker Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations: A Systematic Review. Am J Public Health. 2016 Apr;106(4):e3-e28. doi: 10.2105/AJPH.2015.302987. Epub 2016 Feb 18. PMID: 26890177; PMCID: PMC4785041.
- 6. Oncology Nursing Society. (2017). **2017 oncology nurse navigator core competencies.** Disponível em: https://www.ons.org/sites/default/files/2017 ONNcompetencies.pdf
- 7. Zhang Y, Simoff MJ, Ost D, Wagner OJ, Lavin J, Nauman B, Hsieh MC, Wu XC, Pettiford B, Shi L. **Understanding the patient journey to diagnosis of lung cancer.** BMC Cancer. 2021 Apr 14;21(1):402. doi: 10.1186/s12885-021-08067-1. PMID: 33853552; PMCID: PMC8045203.