POSTER ABSTRACT

How the function of care coordination can be integrated into cancer care pathways to facilitate diagnosis and treatments in 6 Selected Asian Countries?

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

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Introduction: Cancer is one of the highest prevalence of diseases ranked in many countries. Asia is one of the most diverse regions with a high population, accounting for approximately 60% of the world population. The number of cancer cases in Asia is forecasted to rise by 74% from 6.1 million in 2008 to 10.6 million in 2030.

Theory and Methods: This study aims to analyse the current stages of Breast and Lung cancer care pathways of 6 countries; Japan, Singapore, China, Thailand, Vietnam and the Philippines. The expected outcomes of the research are to address their achievements and improvement gaps of the current practices that care coordination can be integrated into in order to facilitate diagnosis and treatments.

Mixed method evaluation of policy, needs assessment, patient outcome, and process analysis are selected to answer research questions and identify options for implementation.

Results: Given this research is at the preliminary phase of project planning, there are no results yet.

Discussion: Breast cancer continues to increase in all Asian countries, while Lung cancer is ranked as one of the highest prevalence in 3 groups of countries with different human development index levels (HDI). Many research suggested that large cancer treatment disparities in Asia are not only of biological factors but also modifiable characteristics of each individual and country's healthcare systems.

The number of Breast Cancer screening in order to detect the early stage of cancer is still below 50% in most countries of the different HDI levels. The guidelines are also different among countries. However, the governments have encouraged to provide free screening and reduced waiting time onsets between diagnosis to the first consultation with specialists. For Breast Cancer treatments, quality of care for Breast Cancer patients is a result of many factors, both patient- and system-factors within healthcare delivery and financing of each country.

Lung cancer, on the other hand, has been proved to be associated with demographic, social and behavioural determinants. An introduction of this CT lung screening to a larger population of the high- and low-medium HDI countries to improve detection is regarded as a better option than a traditional chest x-ray. However, a variation of qualified workforce and equipment, together with the effectiveness of health promotion between urban and rural areas is still a significant healthcare inequality issue in these countries.

Lessons Learned: Among 6 Asian countries, prevention and early detection have been proved to reduce mortality, better care outcomes, and cost of care. Their governments have recognized this importance and improved screening and early detection rates in both Breast and Lung Cancers. Out-of-Pocket healthcare financing, qualified human resource shortage, and lack of standardized referral systems are primary issues in upper- and lower- medium HDI countries in high social-deprived areas.

Limitations: Since each country's healthcare system are unique and complex, this research will focus on addressing what they have done well and which areas of improvements are to facilitate better care coordination for cancer care.