LatAm Healthcare Pulse:
Key data and perspectives on clinical oncology: patient experiences and oncologist perspectives

BRAZIL | MEXICO | COLOMBIA | ARGENTINA | CHILE

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GHI conducted extensive research to understand oncology specialist and patient profiles throughout key markets in Latin America. Our team of analysts and in-country experts interviewed specialists and patients throughout a 4-month period between May and July 2022 to understand the oncology patient journey and the use of technology to improve oncology outcomes. In this brief, we report key insights and perspectives from Brazil, Mexico, Colombia, Argentina, and Chile.

Early Detection and Faster Patient Journeys are Key to Improving Oncology Outcomes in Latin America

Our research targeted oncology patients, as well as clinical oncologists and oncology surgeons in private practice and affiliated with hospitals as well as heads of oncology centers at public institutions. Many oncologists combine their private practice with work in at an oncology center at a public institution or at a private hospital with oncology treatment capabilities; they typically treat multiple types of cancer.

Oncology care is organized differently in the public and private sector. Oncology services are more structured in the public sector, where a greater volume of patients receive treatment. Public institutions have set up centers of expertise focused on specific types of cancer, such as specialized departments for cacners in upper & lower digestive tract, urology, sarcomas, ophthalmology, hematology, gynecology, breast, head & beck, thorax, skin, etc.
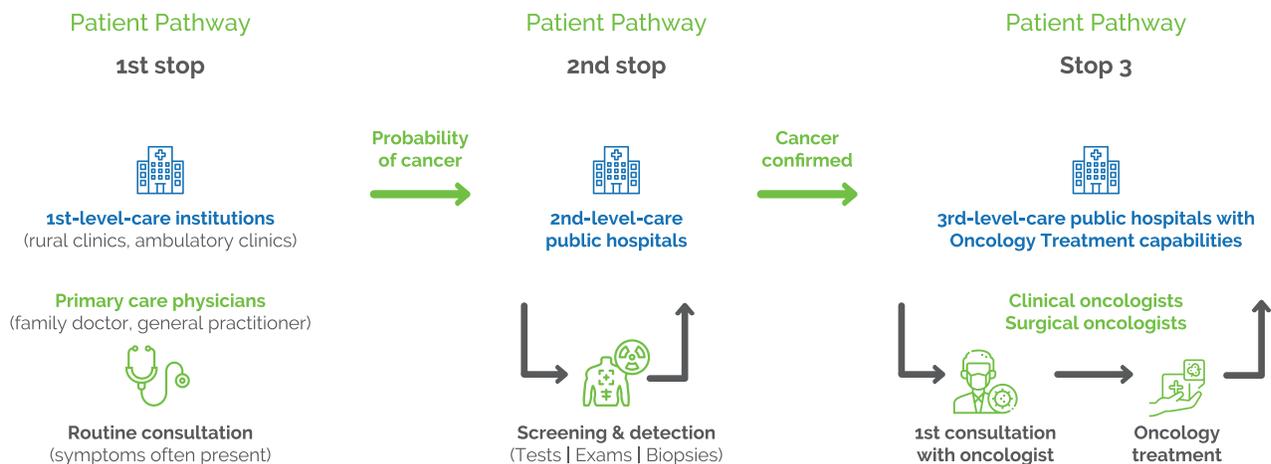
In this brief we report insights on the patient journey typical in many types of cancer, and opportunities to improve cancer care by ensuring patients are seen sooner, before the onset of advanced stage of the disease.
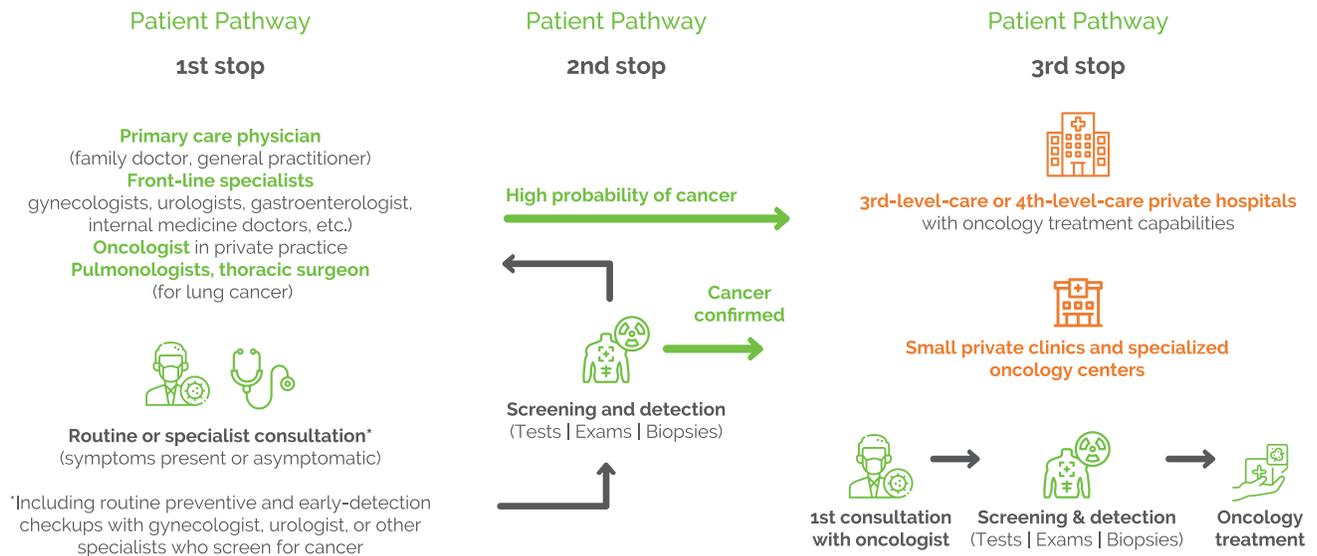
1. Characteristics of the patient journey

The patient journey differs depending on the patient's socioeconomic level and whether they have private health insurance.

Low-income and uninsured patients typically seek treatment at public institutions, usually starting with a primary care physician at a nearby clinic or hospital, once unusual symptoms present themselves—which may be a sign that a cancer has developed beyond the initial stage. If there is a suspicion of cancer, the patient will then be referred to a hospital, where they can undergo exams. Once cancer is confirmed, which can take several months since the first symptoms appeared, patients are referred to a specialized hospital (3rd or 4th level of care). For many lower-income families, this journey entails significant out-of-pocket costs (including travel time, lodging), as well as lost income. The patient journey is also delayed by long wait lists and travel time, as well as the need in some countries to pay out-of-pocket for basic co-pays or medication.

Figure 1: Typical patient journey for oncological care through public institutions

Patient Pathway
1st stop

Patient Pathway
2nd stop

Patient Pathway
Stop 3

Probability of cancer

Cancer confirmed

1st-level-care institutions
(rural clinics, ambulatory clinics)

2nd-level-care public hospitals

3rd-level-care public hospitals with Oncology Treatment capabilities

Primary care physicians
(family doctor, general practitioner)

Clinical oncologists
Surgical oncologists

Routine consultation
(symptoms often present)

Screening & detection
(Tests | Exams | Biopsies)

1st consultation with oncologist

Oncology treatment

Higher income patients able to pay for out-of-pocket consultations or who have insurance coverage, may seek out a specialist in private practice upon suspicious symptoms (e.g., a gastroenterologist, gynecologist, urologist, etc.), or may undergo routine screening for certain types of cancers (e.g., breast, prostate, etc.). A suspicion of cancer such as a suspect nodule, will lead to diagnostic tests earlier, but even so, it can take up to six months for a patient to finally consult an oncologist. At that stage, insurance coverage and disposable income play a determining role in the quality and length of care since many private insurance plans have limits in place on oncology care.

Figure 2: Typical patient journey for oncological care through private institutions

Patient Pathway
1st stop

Patient Pathway
2nd stop

Patient Pathway
3rd stop

Primary care physician
(family doctor, general practitioner)
Front-line specialists
gynecologists, urologists, gastroenterologist,
internal medicine doctors, etc.)
Oncologist in private practice
Pulmonologists, thoracic surgeon
(for lung cancer)

High probability of cancer

3rd-level-care or 4th-level-care private hospitals
with oncology treatment capabilities

**Cancer
confirmed**

**Small private clinics and specialized
oncology centers**

Routine or specialist consultation*
(symptoms present or asymptomatic)

*Including routine preventive and early-detection
checkups with gynecologist, urologist, or other
specialists who screen for cancer

Screening and detection
(Tests | Exams | Biopsies)

**1st consultation
with oncologist**

Screening & detection
(Tests | Exams | Biopsies)

**Oncology
treatment**

"At the private level there is a financial constraint in that not all insurance policies offer unlimited 100% coverage of [cancer] treatments. And with cancer treatments that involve immunotherapy, sometimes insurance plans don't cover them".
—Soft Tissue Oncologist, private practice & public hospital, Mexico

2. Multiple barriers and obstacles lengthen the patient journey

The patient journey is long and is undermined by multiple bottlenecks. The delay in ensuring a patient has a first consultation with an oncologist is attributable to the lack of systematic early screening & detection protocols in various types of cancers, and a lack of education and patient awareness to make use of detection protocols already in place (typically for breast, cervical uterine, and prostate cancers). There is also a time lag between referrals and access to a first oncology consultation. Lack of diligence on the part of patients and the need for cancer confirmation on the part of front-line physicians before referring to an oncologist, can create a lag time of up to 6 months.

"Early detection challenges include how to properly train front-line physicians and general practitioners to recognize symptoms and administer the proper exams, as well as educate the population to promote healthy living, encourage the detection of typical symptoms and persuade people to see the doctor sooner".
—Medical Director & Oncologist, large public hospital, Mexico

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"Better access to health and education for the population is critical to detect cancer at earlier stages. But this depends on better education of the population. People don't take responsibility for their health. The other problem is misinformation. There are women in rural areas who, for example, do not agree to take mammograms because of the shame they feel about 'who is going to touch me or who is going to see me'".
—Oncology Surgeon, large public hospital, Mexico

Delays in the initial phase of the patient journey account for a high share of advanced stage oncology patients: on average, over 70% of patients arrive with advanced stages of cancer, requiring systemic treatments. Some cancers, such as those affecting liver and lungs, are especially challenging because there are no established early screening protocols and there is still little capacity to treat them successfully once the patient is at an advanced stage.

"70% of patients who come to us are in advanced stages, 3b or 4; 15% are in stages 2 and 3a, which can be dealt with surgically; and a very small number are in stages 1".
—Clinical Oncologist, National Thorax Institute, Chile

3. Opportunities to shorten the patient journey and improve cancer treatment outcomes

Telemedicine can help in early detection for public sector patients. Telemedicine offers opportunities to accelerate public sector patient referrals from 1st and 2nd level clinics to 3rd levels institutions that can treat oncology patients. However, limitations remain: many patients who seek treatment in public hospitals do not have the required home technology or internet bandwidth for telemedicine appointments (~40% of the population in Latin America does not have a high-speed internet connection at home). An alternative is to equip 1st-level clinics with internet and telemedicine capabilities, especially in rural and smaller urban areas where fewer families have home-based internet.

"Telemedicine is not necessarily for you to give the treatment but rather to do the initial evaluation and know if they are a candidate for oncology treatment and prioritize whether they require emergency care or not. From the outset you can know which patients you should evaluate live for the first time and for which patients it is best to avoid a transfer that is a great inconvenience, especially for a patient who is in a terminal stage".
—Medical Director & Oncologist, large public hospital, Mexico

"I use telemedicine for follow-up consultations and for those in hormone therapy, which does not require as much control. But high-risk patients I see in-person—except for some cases due to the toxicity of the treatment".
—Clinical Oncologist, private practice, Argentina

"Telemedicine can be a positive tool if the patient is informed and is from a higher socio-economic level. We usually have a lot of difficulty [using telemedicine] because our patients are from low socio-economic levels [and don't have access to telemedicine]".
—Oncological Surgeon (thorax), affiliated with multiple public hospitals, Brazil

Investments in early detection are critical to increasing the probability of successful treatments. Implementing systematic early screening and detection protocols could help shorten times and avoid bottlenecks. These may include developing and implementing better risk profiles for patients using Artificial Intelligence (AI). A potential tool, software or algorithm to classify patients by risk profile would be useful for primary care and front-line physicians.

"A tool to classify the risk of patients could work, but it would be more useful at the first level of care or a second level, rather than with [oncology] specialists. That is, in the previous stage before coming to us".
—Soft Tissue Oncologist, private practice & public hospital, Mexico

"A screening device would be useful. For other types of cancer that have a screening process, like prostate, cervical and colorectal cancer, they already exist. At the IMSS, they have a calculator through an app, where you enter information, check your data, and it tells you whether you have a certain point-based level of risk for one of those types of cancers. If something similar existed for lung and liver cancer, that would be useful".
—Medical Director & Oncologist, large public hospital, Mexico

Prevention and early detection are critical to improving healthcare outcomes in the oncology space. Examining the patient journey helps identify critical bottlenecks and areas for improvement. Technology solutions, including systematic telehealth screenings, implementation of high-speed internet capabilities within primary care facilities and development of patient pathways that incorporate telehealth and AI are critical to driving scale within public healthcare systems and improving the quality of patient's lives.

For more in-depth market intelligence and insights, please contact us directly at:
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About GHI

Global Health Intelligence (GHI) is the leading provider of data analytics for Latin American healthcare, specializing in the region's hospitals. Its databases deliver strategic market data for medical equipment/devices manufacturers that allow them to identify new sales opportunities, gauge demand for new products, understand their market share vs. those of their competitors, spot trends in the acquisition of products, determine market needs and more.

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