

Cancer Care Delivery at District Hospitals in Madhya Pradesh

1. Title: Cancer Care Delivery at District Hospital

2. Area and population covered:

Running successfully in 51 District Hospitals of State, providing free chemotherapy treatment to confirmed cancer patients.

3. Problem statement:

It was technically impossible to provide specialized cancer treatment (chemotherapy) services in public health facilities at District level. The reasons contributing to this were unavailability of specialized human resource, non-competitive cost of chemotherapy treatment, and poor effectiveness of services. Apart from this, a strong commitment from the Government was a must to establish such an affordable cancer treatment model.

4. Programme description:

There are three major modalities of cancer treatment: chemotherapy, radiotherapy and surgical intervention. Radiotherapy and surgical interventions need to be provided at specialty centres and prescription of chemotherapy is to be done by an oncologist.

Currently cancer treatment availability is limited to tertiary care centres, medical college associated hospitals mostly, thus affecting the accessibility of the treatment. For chemotherapy, patients have to either travel to specialized tertiary care hospitals in medical colleges or resort to the expensive treatments at private hospitals, thus incurring huge treatment costs.

A. Objective:

The initiative of Cancer Care delivery at District Hospitals in the State has following key objectives:

- Promote community awareness on cancer,
- Provide free and assured cancer treatment (chemotherapy provisionally) at public health facilities at District level
- Establish and strengthen a referral service to tertiary level cancer treatment centres
- Create affordable, accessible and quality cancer treatment and palliative care model in public health system in Madhya Pradesh, with existing resources

B. Introduction:

The cancer care delivery at district hospitals is an initiative of GoMP and Dr. Dinesh Pendarkar, who is an acclaimed medical oncologist practicing in Mumbai and Delhi. The programme involves following key components:

- Programme started in Ujjain and 5 other districts selected for NCD programme roll out,
- Training of identified team of 1 Medical Officer (MBBS) and 2 Staff Nurses from each District Hospital in the state,
- Conducting regular cancer diagnosis and management camps by the trained MOs under Dr. Pendarkar's supervision,
- Providing free chemotherapy to the patients at the district hospitals

c. Methodology:

- One MBBS medical officer and two staff nurses are selected from each District hospital and sent for training under Dr. Pendarkar at Mumbai. This is 3 week training, which is both academic and motivational. Afterwards, the team is sent to District hospital Ujjain/Dewas for one week for an on-site training.
- Cancer camps are organized monthly at District hospitals, under supervision of Dr. Pendarkar. The patients are pre-registered and arrive at the camp with complete medical and treatment history.
- The trained team of doctor and nurses take a detailed history of the patients (new cases) and prepare a treatment plan after thorough examination. Most of the patients are pre-registered, who have already been on chemotherapy. For new patients, the treatment protocol depending upon is the case is designed in consultation with Dr. Pendarkar.
- As per the patient's convenience, she is advised to continue treatment at the nearest district hospital or is referred to tertiary centre for radio therapy or any surgical intervention if required.
- Currently the whole team is using an online portal (Practo) to maintain the medical and treatment records of the patients. The patient records include patient's photograph, reports of diagnostic tests, course of treatment, etc. Each patient has a unique ID and the details can be accessed by any member of the team. Manual records in form of registers and case sheets also maintained at facility level.
- Dr. C.M Tripathi, Nodal Officer for the programme conducts a tele-conferencing session with other team members from district hospitals to discuss cases.
- Training of medical officers and staff nurses also started at cancer hospital at Indore and Bhopal.

D. Unique features/ approach/ methodology of innovative project:

- Adequate and timely supply of chemotherapy drugs through Government,
- Drugs procured locally through centrally pre-finalized rate contracts,
- High cost drugs like Herceptin and Rituxamab for chemotherapy being provided to patients free of cost at district hospitals,
- Drugs worth approximately Rs. 1.5 crore have been procured from April to December 2015,
- Separate chemotherapy wards established or at least 10 beds designated at hospital by support from hospital administration,
- Complications, if any, managed at the district hospitals only,
- Diagnostic tests specific for cancer treatment approved by GoMP at CGHS rates. Orders have been given by GoMP to all districts to identify and empanel pathology labs which have facility for these identified tests,

- Commendable referral system, electronic health record system and drug supply management system in place
- Free chemotherapy treatment resulting in decrease of treatment costs (chemotherapy) for cancer patients,
- More than 130 cancer camps have been organized till date. More than 12,000 patients attended at the camps, out of which more than 4000 have been provided chemotherapy at district hospitals,
- Regular cancer counseling camps are conducted to establish SOP, offer on-site training to medical officers and staff nurses, sensitize public health system and assist all the patients with review and counseling services,
- 4 CMEs with national and international faculty on oncology attended by medical officers & staff nurses trained under this programme.

5. Evaluation results:

- Recommended for replication in Odisha by team including Director AHRCC, Cuttack; Joint Director NCD, Odisha; Assistant Professor, Medical Oncology, AHRCC Cuttack.
- Programme evaluated by team from NHSRC

6. Financial investments for implementation:

- No costs of training charged by Dr. Pendarkar (no formal MoU signed between GoMP and Dr. Pendarkar),
- Drugs worth approximately Rs. 1.5 crore have been procured from April to December 2015,
- Drug cost is currently approximately Rs. 300 crores. GoMP is in process of rationalizing the drug availability at the district level. 19 chemotherapy drugs has been selected which will be available free of cost at District chemotherapy centres at hospitals. Remaining drugs will be given only after consultation with Tumor board at the tertiary level.
- Training costs for medical officers and staff nurses borne through NHM fund.

7. Lessons learnt/way forward:

- State needs to link the ongoing programme with the NPCDCS programme,
- Establish methods for outreach camps for screening possible cancer patients,
- Utilize available data to form cancer registry at least at the facility level,
- Strengthen referral mechanisms and may increase the number of tertiary level centres for providing radiotherapy and surgical intervention for cancer,
- Create State owned reporting of programme and analysis of available patient records to study the epidemiology of the disease

8. Potential for upscale:

- Already replicated by Odisha in two districts
- GoUP and GoWB have shown interest in replicating the model (as informed by State officials)

9. References:

- Commentary on Inaugural Cancer Control in Primary Care Course, ASCO Connection, published on 19th May 2015
- Audit report of Government of Odisha team
- Paper published in Journal of Cancer Research and Therapeutics, January- March 2016, Vol 12 Issue 1; “ Innovative Health Care Delivery Model to Expand Access and Outreach Of Cancer Care Services”