# ROLE OF GYNECOLOGISTS IN THE PRIMARY CARE SYSTEM

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1.EUROPEAN COLORECTAL CANCER DAYS: BRNO 2012 - PREVENTION AND SCREENING

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#### **ACKNOWLEDGMENT**

- \* Thanks for:
- Invitation
- Sharing data and opinions with friends from
- Institute of Biostatoistics and Analyses of Masaryk
   University Brno and National Reference Center
- Institute of General Practice of the 1st Faculty of Medicine of Charles University
- Central Military Hospital

### **DISCLOSURES**

No grants and stocks by Pharmaceutical Companies participating on Colorectal Cancer Screening

### SITUATION IN CZECH REPUBLIC

Synecologists in CZ are part of the primary care and so far they have been involved practicly in a 100% on cervical Ca screening and approx.
90% women sent for mammography were sent off by gynecologists

Until 2009, they have not been participating in any colorectal cancer screening

### WHY GYNECOLOGISTS?

- The coverage of target population was unsatisfactory....
- In order to improve the situation, out-patient gynecologists were invited to perform FOB testing in addition to GP's
- Why gynecologists?
- Perimenopause .... Most of women have any problems,... over 50% are particip.on other screening programs

### 2009 - NEW REGIME

- FOB Screening test for people age 50-54 each year
- Primary screening colonoscopy from age 55
- Screening colonoscopy after FOB positive
- Participation of gynecologists in screening

### TWO ROLES OF GYNECOLOGISTS

- If GP did not offer any FOBT performing of tests
- According to GP´s opinion gynecologists practically skipped the time of examining Haemoccult-tests and...
- Nowadays they performed iFOB QuikRead by Orion Diagnostica
- \* (better compliance and adherence from both sides)

### **ROLES OF GYNECOLOGISTS ....**

- In the situation where tests were performed, we provide info about how often she can get test done
- Education primary colonoscopy, partners,... ("all search for woman")
- Participation of gynecologists provide leverage on participating of GP´s

#### ANALÝZA DAT PLÁTCŮ ZDRAVOTNÍ PÉČE ČR HODNOCENÍ SEKUNDÁRNÍ PREVENCE ZHOUBNÝCH NÁDORŮ KARCINOM TLUSTÉHO STŘEVA A KONEČNÍKU

- AKTUALIZACE DAT ZA ROK 2010 – HODNOCENÍ PROVÁDĚNÍ TOKS DLE ODBORNOSTI

L. DUŠEK, O. MÁJEK, M. ZAVORAL, Š. SUCHÁNEK, B. SEIFERT.

Z. BORTLÍČEK, P. BRABEC, D. KLIMEŠ, P. KOŽENÝ



Národní referenční centrum

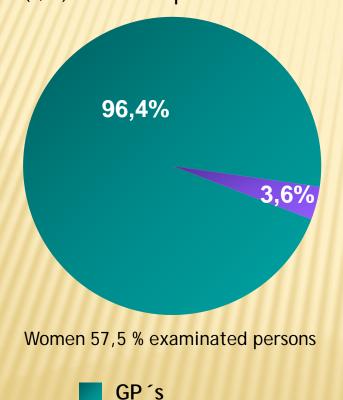


Institut biostatistiky a analýz Masarykova univerzita

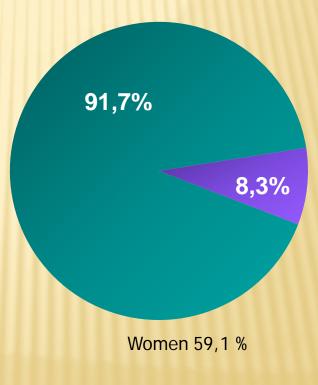
### The Development of represented specialities in performed FOBT

FOBT: negative + positive

2009 N = 411 266 tests 565 (0,1%) another specialities



2010 N = 519 715 tests 349 (0,1%) another specialities

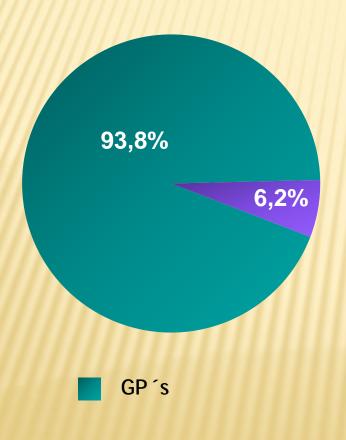


Gynecologists

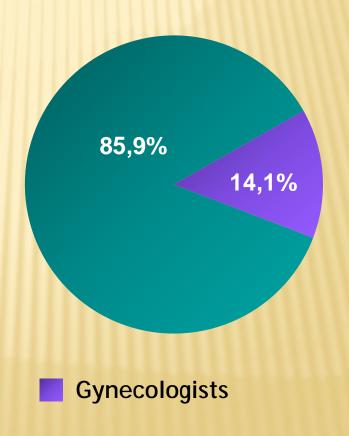
## The Development of represented specialities in performed FOBT - women

FOBT: negative + positive

2009 N = 236 663 tests 324 (0,1%) another spec.

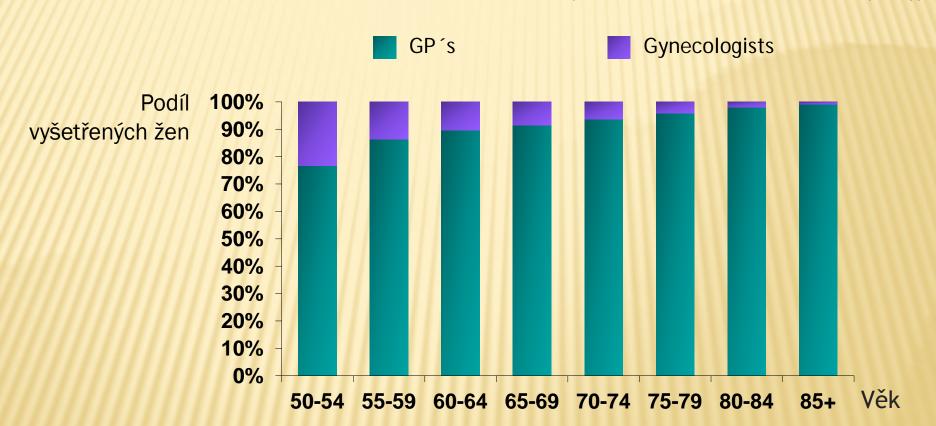


2010 N = 306 928 tests 186 (0,1%) another spec.



### The proportion of specilaties on performed tests according to age

FOBT: negative + positive (2009-2010, N = 502 437 tests (NRC))

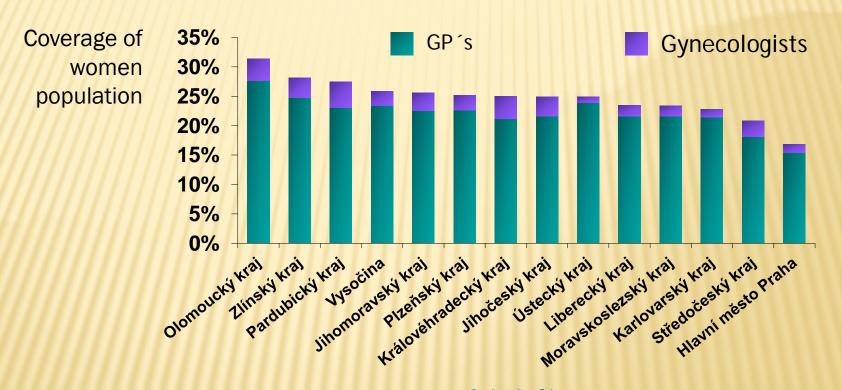


Gynekologové se na provedených vyšetřeních podíleli z 10,6 % (období 2009-2010) U nejmladších žen (50-54 let) gynekologové zajišťují přibližně čtvrtinu vyšetření (23,3 %) Tato veličina nepředstavuje pokrytí populace, ale podíl vyšetření provedených jednotlivými odbornostmi

### The proportion or a share of pecialities on performed tests according to the regions

Women from 50

FOBT: negative + positive (2009-2010, N = 502 437 exams. (NRC))



Celkové pokrytí populace žen (2009-2010): 24,0 %

U krajů s vyšším pokrytím populace screeningem gynekologové k pokrytí přispívají výrazněji Pokrytí je ukazatel počítaný v souladu s European Guidelines s ohledem na screeningový interval pro příslušnou věkovou skupinu.

### **CONCLUSIONS - 1ST PART**

- Number of all FOBT performed has increased from 301 251 in 2008 to 414 300 in 2009 resp. 521 429 in 2010 (73% increase since 2008)
- Participation of gynecologists provide leverage on participating of GP´s
- The engagement of OB/GYN contributed significantly to the higher participation of women, particulary in age group 50-55 ... 24% FOBT were performed by gyn.

- It is not addressed directly, the patients are not invited for the tests. (this is not only regarding the colorectal screening, but also all three meaningful screenings)
- We provide hypertrophic care for the part of population, the rest we can not address, beacuse we do not have any data about it

\* Health insurance companies are the only institutions in CZ which have data about participation in a screening, but they make excuses and partialy point out on expenses associated with it and a magic formula for both parties - insur. comp. + Ministry of Health... they have magic word for years ... PERSONAL DATA PROTECTION

- The Ministry of Health is not able to put it in a public interest.
- What is p.i. in health care?
- Protection of public health.
- Instead of it they demand the health professionals to much and much bureaucracy and fill they new mad rules and laws.

- \* M.of H. does not bother to find some solutions.
- \* At times of financial crisis the Member of Parliament (from the same Party as Minister) rather push immunization of 13 years old girls against HPV which is going to cost yearly 300-400 mill.CZK, with an impact over 15-20 years instead of addressed invitation for the screening (costs in tens of millions CZK)

- I have been listening patiently for years how it is not possible (e.g. over 10 years is by CZ OB/GYN Society prepared the letter for patients invited them for cervical cancer screening).
- \* For the last 4 years Ministry of Health have been preparing letter (combined for all 3 screenings) plus money for letters from EU funds, at this time in a form of constantly objecting and commenting and revising again and again the text of invitation letter,......

- \* The results?
- How to say politely?
- There would have been patients who will die and the screening in our country is going to be just an opportunistic, performed just by the enthusiasts.

### THANK YOU FOR YOUR ATTENTION

