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Role of a dedicated medical social worker in fund mobilization and economic evaluation in ovarian cancer: Experience from a tertiary referral center in Eastern India

Aparajita Bhattacharya¹, Mousumi Dutta², Zakir Husain³, Dionne Sequeira¹ and Asima Mukhopadhyay

¹Tata Medical Center, India

²Presidency University, India

³Indian Institute of Technology, India

Background: Tata Medical Centre (TMC), Kolkata is a major cancer referral center in Eastern India and neighboring countries providing state of the art facilities; however, it is a non-profit organization with patients requiring to pay at subsidized rates. Although a system for social assessment and applying for governmental/ non-governmental (NGO) funds is in place, access is challenging. Amongst gynecological cancers (GC), ovarian cancer (OC) is associated with the highest treatment cost; the majority of which is required at the beginning when complex surgery is performed and funding arrangements cannot be made in time. We, therefore, appointed a dedicated MSW in 2016, supported by an NGO for GC patients in order to assist patients/family members to access/avail these funds more readily and assist in economic evaluation for both direct and opportunity costs.

Objectives: To reflect on our experience and challenges in collecting data on the economic evaluation of cancer patients and compare success rates in achieving fund mobilization after the introduction of MSW.

Methods: A Retrospective survey. Patients with OC and their relatives were seen by the MSW during the initial outpatient's department visit and followed through till discharge from the hospital and during follow-up visits. Assistance was provided in preparing the essential documents/paperwork/contacts for the funding agencies including both governmental (Chief-Minister/Prime-Minister/President) and NGO sources. In addition, a detailed questionnaire was filled up for the economic assessment of direct/opportunity costs during the entire treatment and 12 months follow up period which forms a part of the study called HEPTRC (Health economic evaluation of primary treatment for ovarian cancer) developed in collaboration with economics departments of Universities.

Results: In 2015, 102 patients were operated for OC; only 16 patients (15.68 %) had availed funding of a total sum of INR 1640000 through the hospital system for social assessment. Following challenges were faced by the majority of the relatives: 1. Gathering important documents/proper contact details for governmental funding bodies and difficulty in following up the current status 3. The late arrival of funds. In contrast in 2016, 104 OC patients underwent surgery; the direct cost of treatment was significantly higher (median, INR 300000- 400000) compared to other GCs (n=274). 98/104 (94.23%) OC patients could be helped to apply for funds and 90/104(86.56%) patients received funding amounting to a total of INR 10897000. There has been a tenfold increase in funds mobilized in 2016 after the introduction of dedicated MSW in GC. In 2017, 72/104(69.23%) OC patients applied for funds and 56/104(53.84%) patients have received funding amounting to a total of INR 15428500. In a qualitative survey, all patients appreciated the role of the MSW who subsequently became the key worker for patient follow up and the chief portal for patient-reported outcome monitoring. Data collection quality for the HEPTRC study was improved when questionnaires were administered by the MSW compared to researchers.

Conclusion: Introduction of cancer-specific MSW can expedite the availability of funds required for cancer patients and it can positively impact on patient satisfaction and outcome reporting. The economic assessment will influence fund allocation and decision for policymaking in ovarian cancer.

bhattacharyyaaparajita@gmail.com