Policy Scorecard for Chile

In partnership with Policy Wisdom
The Policy Scorecards© have been developed by Policy Wisdom using its WiSE SCORECARD© methodology, with the support of Pfizer and the collaboration of the Global Colon Cancer Association.
Colorectal Cancer

Chile
## 1. CRC is prioritized and national programs/plans/policies are in place

MoH acknowledges the priority of CRC in the national cancer program/plan/strategy/policy and/or the need to establish a national CRC policy.\(^1\) \(~6, 8\)

Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy.\(^2\)

National cancer registry is in place with data on burden of disease on CRC.\(^6, 8\)

### 2. Health care budget allocated

Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for CRC.\(^3, 10\)

Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked.\(^2, 12, 13, 41\)

### 3. Clinical practice guidelines are developed and updated

A commission/working group is established by the appropriate governing bodies/agencies to develop CRC clinical practice guidelines.\(^14\)

A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating CRC clinical guidelines.\(^1, 15, 18, 40, 42\)

Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment.\(^1, 7, 18, 40, 42\)

CRC guidelines are updated on a regular and planned basis.\(^16, 19, 20, 40, 42\)

Clinical guidelines become mandatory for the delivery of care.\(^71\)

### 4. Innovative technologies and medicines are promptly reimbursed

Screening and diagnostic tests are fully reimbursed according to CRC clinical practice guidelines.\(^22\)

HTA framework is suitable to support an equitable assessment for CRC treatments and comply with a timely multicriteria approach.\(^23, \! 42\)

Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient.\(^2, 22, 42\)

Innovative contracting models are implemented for innovative medicines for CRC.\(^25, 43, 44\)

There is no patient cost-sharing for access to healthcare services for CRC.\(^26, 28\)

### 5. Timely and equitable access to comprehensive diagnosis is guaranteed

MoH actively executes CRC awareness programs.\(^29, 32\)

MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs).\(^1, 5, 33, 40\)

Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result.\(^33, 40\)

Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result.\(^33, 40\)

MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning.\(^8, 33, 40\)

MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided.\(^34, 35, 36, 45, 46\)

### 6. Timely and equitable access to treatment is guaranteed

Legislative framework exists to guarantee timely initiation of treatment.\(^33\)

Legislative framework ensures continuity of treatment once started.\(^33\)

MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country.\(^27, 38\)

MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment.\(^39, 42\)

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### Chile:

**Total Scoring**

![Scorecard](image)

**Percentage**

![Percentage](image)

**Overall country progress**

![Progress](image)
Key Findings

- The Chilean National Cancer Plan recognizes CRC among its priorities. There is a plan for a National Cancer Registry that continuously and systematically collects, stores, processes, and analyzes data on all cancer cases, including all stages of CRC. Yet, currently data recording is fragmentary and inconsistent and there is no timeframe for the implementation of the National Cancer Registry.

- The National Cancer Fund is a sustainable funding source for implementing policies to address cancer (in all stages). In addition, coverage of innovative medicines and treatments for CRC is guaranteed through the Explicit Health Guarantees (Garantías Explicites en Salud, GES) program, which recognized CRC among its priorities. However, there is no certainty that all best of care treatment options will be financed through GES, since even inclusion in the guidelines does not automatically ensure sustainable funding.

- A process has been established for clinical guidelines development and update. However, it hasn't been launched yet. CRC CPGs exist and address mCRC. However, despite being recent and rather comprehensive, they are not updated to reflect the best treatment options available, serve only as reference and do not guarantee patient access free-of-cost.

- Some outdated guidance for HTA is available on the MoH's website; however, no evidence supporting its implementation emerged. Additionally, innovative contracting mechanisms do not comply with the applicable procurement framework, and as a result, they have not been implemented thus far.

- Diagnostics, screening, and treatments for CRC are not fully reimbursed in Chile. The system specifies copayment for the different insurance plans. There is no evidence of systematic screening program for the whole population and biomarker testing is not part of screening/diagnosis. In addition, no evidence was found of any ONGOING, RECENT discussion regarding the need to expand coverage for more innovative diagnostic techniques like, for example, molecular testing of homologous recombination repair (HRR) genes' mutations.

- There is evidence of local awareness programs for CRC conducted by the MoH. Yet, recent campaigns do not focus on CRC. There have been some initiatives for CRC screening: The National Cancer Strategy 2016 stated that a colon cancer screening model was being developed in the public system, but no evidence of it being implemented was found.

- The GES framework sets the maximum time for CRC diagnosis confirmation after a positive screening result of 45 days, guarantees initiation of treatment no more than 60 days after diagnosis and ensures continuity of treatment after initiation (applicable to CRC). Yet, this does not cover treatments not included in the GES.
LATAM Analysis
Total Score per Country*

<table>
<thead>
<tr>
<th>Country</th>
<th>Score</th>
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<tbody>
<tr>
<td>Argentina</td>
<td>81%</td>
</tr>
<tr>
<td>Colombia</td>
<td>79%</td>
</tr>
<tr>
<td>Brazil</td>
<td>72%</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>58%</td>
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<tr>
<td>Chile</td>
<td>56%</td>
</tr>
<tr>
<td>Mexico</td>
<td>44%</td>
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</tbody>
</table>

<59% Modest

60-79% Moderate

80-89% Significant

90-100% Outstanding

* Total score per country based on publicly available data collected during May 2023 and analyzed with criteria included in the WiSE SCORECARD©

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Score by Policy Action Area

1. National program/ plan/ policies in place

- Argentina: 100%
- Brazil: 100%
- Colombia: 83%
- Chile: 67%
- Costa Rica: 67%
- Mexico: 50%

2. Health care budget allocated

- Costa Rica: 100%
- Brazil: 75%
- Chile: 75%
- Colombia: 75%
- Argentina: 50%
- Mexico: 50%

3. Clinical practice guidelines are developed and updated

- Colombia: 90%
- Brazil: 80%
- Argentina: 70%
- Chile: 70%
- Mexico: 40%
- Costa Rica: 30%

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

- <59%: Modest
- 60-79%: Moderate
- 80-89%: Significant
- 90-100%: Outstanding

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Score by Policy Action Area

4. Innovative technologies and medicines are promptly reimbursed

- Argentina: 80%
- Colombia: 80%
- Costa Rica: 70%
- Brazil: 50%
- Mexico: 50%
- Chile: 40%

5. Timely and equitable access to comprehensive diagnosis is guaranteed

- Argentina: 90%
- Brazil: 70%
- Colombia: 60%
- Costa Rica: 50%
- Chile: 40%
- Mexico: 40%

6. Timely and equitable access to treatment is guaranteed

- Argentina: 88%
- Colombia: 88%
- Brazil: 85%
- Chile: 63%
- Costa Rica: 63%
- Mexico: 38%

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### References


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