HEALTH SYSTEM ASSESSMENT FOR MONTERREY, MEXICO

KEY INFORMATION

1 PURPOSE /OBJECTIVE

This assessment documented the **available infrastructure** for breast cancer care in the Monterrey Metropolitan Area (MMA) and the **time intervals** from arrival at a cancer institution and the beginning of cancer treatment. There were two specific objectives:

1. **Presenting breast cancer statistics of the MMA** in comparison to the state of Nuevo León and the country of Mexico;
2. **Identifying the pathways breast cancer patients go through** from first symptoms or abnormal screening to the completion of treatment.

This is a descriptive study that combines the use of quantitative and qualitative methods. Data was acquired through public records of INEGI (Instituto Nacional de Estadística, Geografía e Información), CONAPO (Consejo Nacional de Población) and SINAIS (Sistema Nacional de Información en Salud) as well as patient interviews.

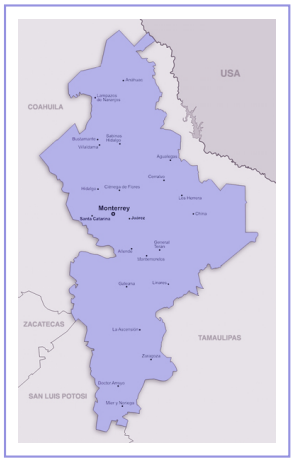
2 BREAST CANCER IN MONTERREY

In Mexico, breast cancer is currently the **main cause** of cancer-related deaths among women;

5% an estimated 5% of breast cancers are diagnosed in early stages,

50% while approximately 50% are diagnosed in advanced stages (III and IV).

The state of Nuevo León has an estimated **population of 4,653,458** with 88.2% residing within the MMA which includes the city of Monterrey and 12 surrounding municipalities.



Of the total population of MMA (4,102,496), **76.7%** (3,145,886) **is covered** by the public health insurance.

Breast cancer is the **main cause of cancer death** among women older than 25 years of age in the state of Nuevo León where the incidence of disease is 20.2 per 100,000 and mortality is 22.4 per 100,000.

Patients with private insurance experienced shorter pathways from screening to treatment of about 14 weeks while patients without insurance experienced **delays of 25 weeks.**

3 CHALLENGES: GAPS & BARRIERS

Different breast cancer care pathways are available in the MMA and whether patients can follow seamlessly **depends on their resources.**

Breast cancer quality of care in MMA is determined by the type of patient's health insurance which leads to **disparities in treatment outcome.**

Poor patient-physician communication is a challenge at all levels of the patient care pathway.

The population in the MMA has **grown faster than the infrastructure** necessary to satisfy their [breast healthcare] needs and majority of the population are urban poor often reported to be less poor than the rural poor.

Other barriers identified in the report that **limit access to breast health services** include:

- **Language**
- **Geographic isolation**
- **Unemployment / underemployment**
- **Health illiteracy**
- **Low levels of education**

4 RECOMMENDATIONS TO IMPROVE BREAST CANCER CARE

To improve the Monterrey Health System, it is first necessary to establish a diagnosis of the available infrastructure and quality of service delivery, which will assist in planning targeted initiative to reduce or eliminate access barriers and enhance the health care system's capacity to provide quality breast cancer care.

THE QUALITY OF BREAST CANCER CARE COULD BE VASTLY IMPROVED IF:

1. There were **more medical physicists available and integrated** in mammography units to continually evaluate the quality of the process of taking the studies,
2. **technicians were better trained** in the right positioning of the patients and quality evaluation of the studies they take, and
3. **radiologists receive better training** in breast imagenology so that they really have the necessary tools to interpret adequately.

For the full Monterrey Health System Assessment report, visit: https://ww5.komen.org/Mexico/HSAReport/Monterrey2013