OBJECTIVES: Most national standard therapeutic guidelines recommend a 52-week treatment for breast cancer patients. The aim of the present study was to determine the percentage of patients who adhere to the guidelines in the treatment process. METHODS: The study was run in three Russian centres participating in the SafeHer clinical trial (MO2008). Case report forms listing pre-specified tasks for IV, SC, and pharmacy management in chronological order and tailored to site practices were used for data collection. Trained observers recorded patient chair time and durations that HCPs spent completing the treatment process. RESULTS: The mean reduction in HCP time per patient session was 18.6min (-48%) (IV: 38.7min vs. SC: 20.1min, centre range: 8.6-31.1min), of which 61% of time reduced was involved in the treatment room. Per treatment session (total 18 sessions), the estimated saving was 5.6 hours (range across centres: 2.6-9.3 hours). Reduction in mean chair time was 52.2% (IV) vs. 57.6% (SC). RESULTS: The process mapping study by applying PERT (Program Evaluation Review Technique) analysis, was conducted. RESULTS: The total time spent for obtaining the treatment (per os or chemotherapy) is higher up to 7 times compared with the time spent in activities contributing directly towards the patient's outcome. The average time needed to complete the procedures is 56 min (physician consultation, waiting times, prescribing, obtaining pharmacological) in Hospital A was 78.65 minutes (SD 37.43) while waiting time was 51 minutes (64.1). The total time was 8 minutes of that the waiting time was the waiting time. Similarly, the average time required for chemotherapy at Hospital A was 4 hours and 27 minutes (SD 106.61) while the waiting time was 2 hours and 6 minutes (50.83%). The total time was 3 hours 35 minutes (SD 69.49) and 52.2% of that was the waiting time. Among the main reasons for the delays were the lack of electronic records and poor function of the Central Information Prescribing System. OBJECTIVES: To assess the waiting time represented a higher percentage of the total time needed to complete the process for obtaining the treatment. As it represents one of the major causes for patient dissatisfaction, applying process mapping is a critical step for health care organizations to improve the beneficial time and the overall quality of the services offered.

PCN222
PROCESS MAPPING TO CAPTURE BREAST CANCER PATIENTS’ JOURNEY IN GREEK PUBLIC ONCOLOGICAL HOSPITALS
Kaitelidou D., Kalampanos K., Dassios P., Triantafyllou E., Triantafyllopoulos E., Vagia E.
1National and Kapodistrian University of Athens, Athens, Greece, 2Centre for Health Services Management and Evaluation, National and Kapodistrian University of Athens, Athens, Greece, 3Frederick University, Nicosia, Cyprus
OBJECTIVES: The present study aimed to examine how breast cancer patients proceed through the public-Greek health care system by using process mapping to identify constraints and bottlenecks and unnecessary process steps. METHODS: The sample of the study were 86 patients diagnosed with breast cancer at two large public oncological hospitals. A process mapping study, by applying PERT (Program Evaluation Review Technique) analysis, was conducted. RESULTS: The total time spent for obtaining the treatment (per os or chemotherapy) is higher up to 7 times compared with the time spent in activities contributing directly towards the patient’s outcome. The average time needed to complete the procedures (e.g. physician consultation, waiting times, prescribing, obtaining pharmacological) in Hospital A was 78.65 minutes (SD = 37.43) while waiting time was 51 minutes (64.1). The total time was 8 minutes of that the waiting time was the waiting time. Similarly, the average time required for chemotherapy at Hospital A was 4 hours and 27 minutes (SD = 106.61) while the waiting time was 2 hours and 6 minutes (50.83%). The total time was 3 hours 35 minutes (SD = 69.49) and 52.2% of that was the waiting time. Among the main reasons for the delays were the lack of electronic records and poor function of the Central Information Prescribing System.

CONCLUSIONS: Waiting time represented a higher percentage of the total time needed to complete the process for obtaining the treatment. As it represents one of the major causes for patient dissatisfaction, applying process mapping is a critical step for health care organizations to improve the beneficial time and the overall quality of the services offered.
and P&R demands and tightening budgets negatively impact prescribing of costly newly approved cancer treatments and settle reimbursement terms delays in Germany report that the average time taken by their health care authority to review newly approved cancer treatments and manufacturer estimates of patient population size to aid market entry. Furthermore, demonstrable downstream cost savings, locally targeted with those in Italy and the UK, especially, advocating cost-sharing schemes to secure reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their availability in clinical practice via a qualitative survey among oncologists. Results: The success rate of including new oncology drugs in Korea was high in 2000–2011. From the 20 oncology drugs registered in this period by the NHI, 18 drugs included in the Reimbursement List. Innovative oncology drugs were included relatively quickly in Korea. The Korean government has been making efforts to improve the access to innovative oncology drugs to the reimbursement system and their av...