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OBJECTIVES

Timely diagnosis, efficient patient flow, and coordinated care **are essential for delivering value-based treatment** in urothelial carcinoma (UC). However, in many healthcare systems, fragmentation and limited multidisciplinary **collaboration persist**.

To identify organizational bottlenecks and opportunities for improving the patient journey in UC care in Bulgaria, **with a focus on the role of** multidisciplinary teams (MDTs), referral patterns, and timeliness of care.

RESULTS

MAIN FINDINGS

97%

The majority of patients are diagnosed at Stage I

primarily referred by urologists

17%

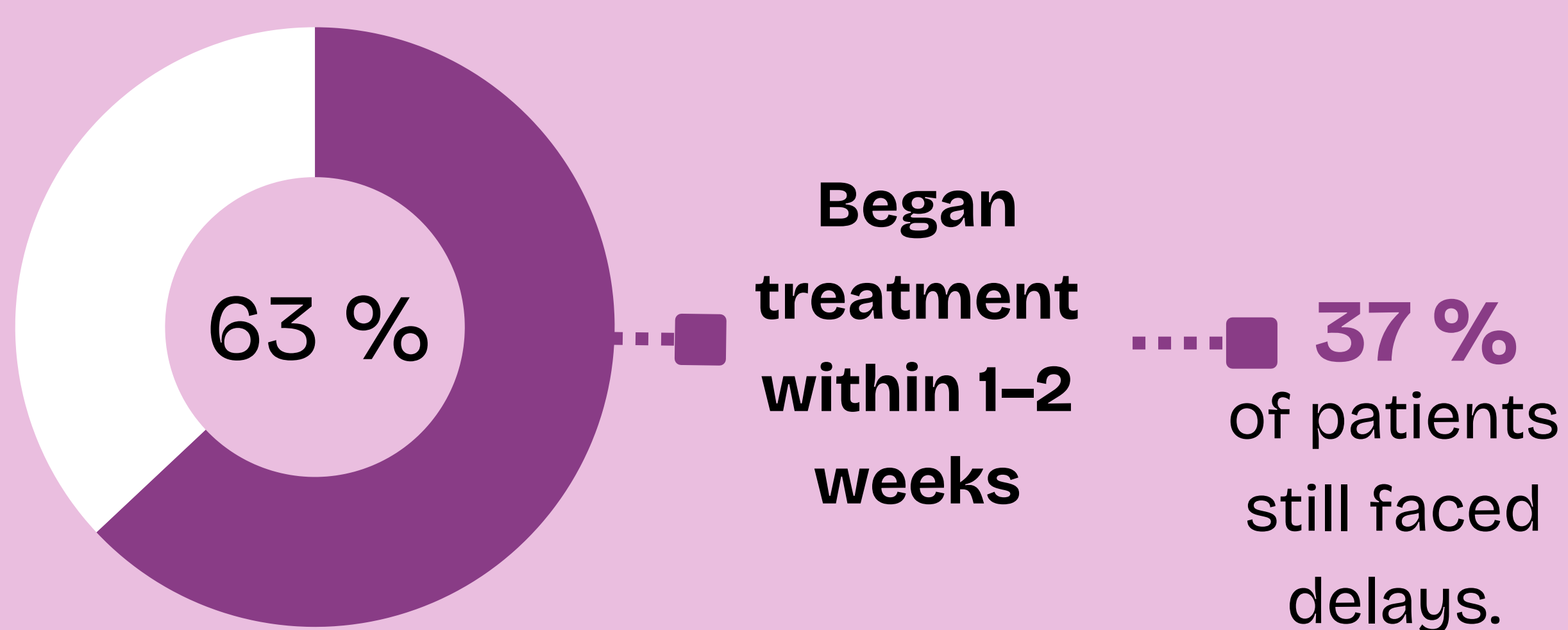
UC cases lacked regular MDT discussions.

while most treatment decisions are made within tumor boards

37%

of oncology committees included a full multidisciplinary team

while 20% were comprised solely of oncologists.



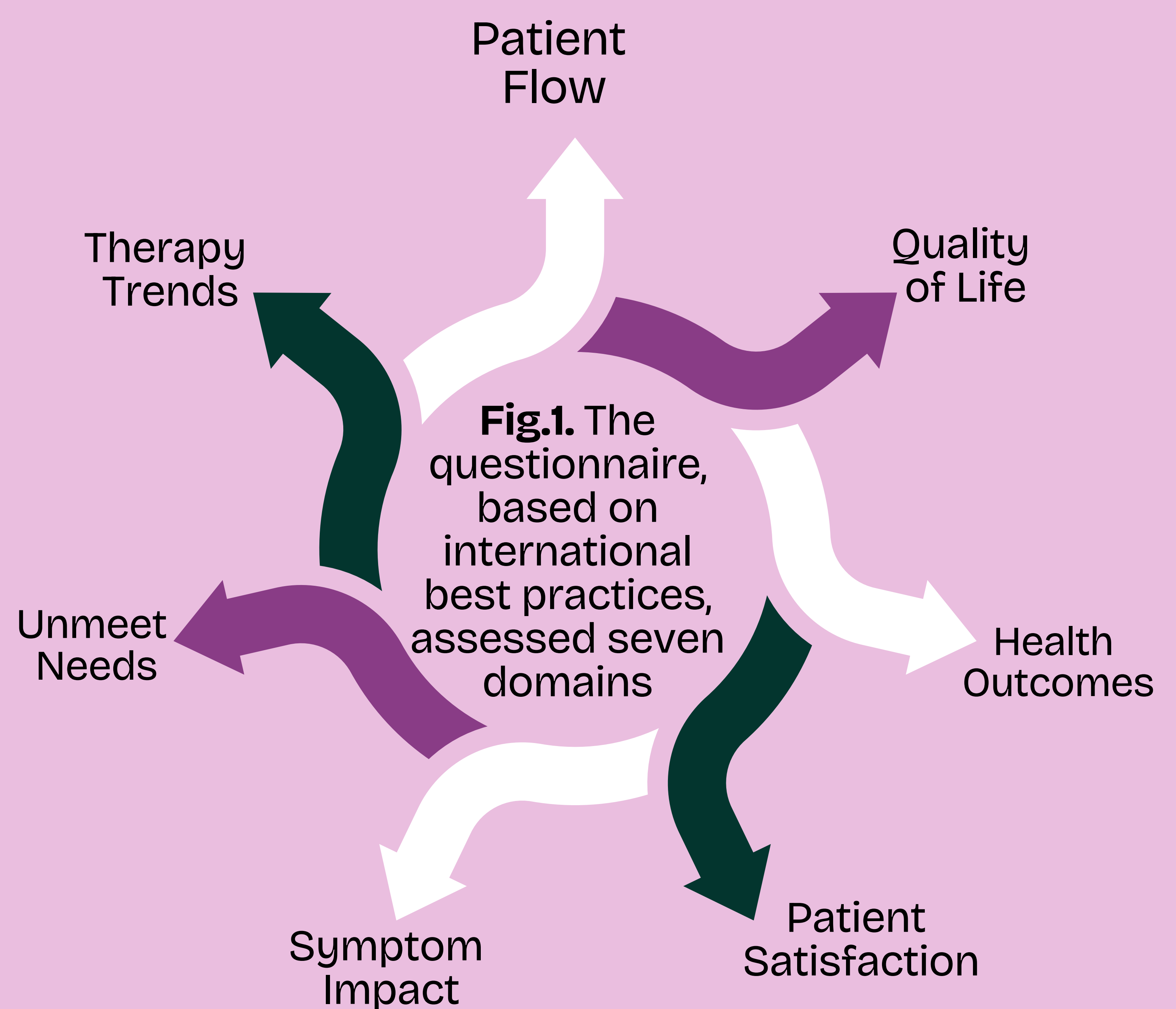
CRITICAL GAPS WERE IDENTIFIED



Follow-up care depended **mainly** on scheduled visits, with little digital monitoring.

METHODS

A structured survey and in-depth interviews were conducted with **30 leading Bulgarian oncologists** specializing in UC. (Figure 1)



Responses were analyzed **to extract key patterns and challenges**.

CONCLUSION

This **research highlights** systemic inefficiencies in the UC patient journey, particularly around multidisciplinary engagement and follow-up strategies.

To align with value-based care principles, there is a pressing need to:

- Formalize MDT meetings
- Expand telemonitoring in follow-up
- Implement integrated care pathways.

These steps **can significantly enhance** care quality and patient outcomes in urothelial carcinoma.

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