

# Comprehensive Breast Care Programs: What's in a Name?

by Patti A. Jamieson-Baker, MSSW, MBA, and Monique J. Marino

**T**he concept of comprehensive breast care began in the mid- to late 1980s in response to women who were being diagnosed with cancer at an earlier age. From the start, two elements were integral to these emerging programs: disease prevention and education.

While oncology departments across the country began opening so-called comprehensive breast centers, a number of these programs offered imaging services only or did not offer the scope of services that the industry believed necessary for quality, comprehensive breast care.

What defines a comprehensive breast center? Organizations such as the National Breast Cancer Coalition have suggested that comprehensive programs should include: reconstructive surgery, chemotherapy, hormonal therapy, surgery, imaging, radiation, clinical trials, and complementary-alternative therapies, as well as physical, mental, and psychosocial support.

In addition, a truly comprehensive center is interdisciplinary, recognizing the complex interaction of biological, psychological, social, and spiritual factors throughout the course of treatment for any breast disease. Comprehensive breast centers should offer early detection and screening programs and actively pursue partnerships with local, regional, and national breast cancer organizations. Finally, a comprehensive breast center should be led by a clinician who is respected and trusted by the medical staff and who promotes a patient-focused philosophy of care.

## AN INCREASING TREND

Across the country many cancer programs are consolidating what they and their patients perceive as fragmented services for breast care.

In a 2004 nationwide survey of community programs conducted by the Association of Community Cancer Centers, more than 60 percent of respondents said that their institution had a separate facility for their breast care patients. When asked to describe their breast care program, the most popular answers were breast clinic (25 respondents) and breast cancer treatment center (24 respondents), followed closely by cancer risk assessment center (21 respondents). Twenty respondents chose screening and diagnostic mammography center as the best descriptor of their breast care program, while 18 institutions have both a cancer risk assessment clinic and a breast clinic or breast cancer treatment center.

Of those institutions that did not yet have a separate breast care facility, 28.6 percent said that they were

“planning on building” such a facility, while another 7.1 percent were “considering” such an endeavor.

The vast majority of institutions (86.8 percent) stated that they already provided a “comprehensive breast care program with prevention, early detection, treatment, rehabilitation, and palliation components.” The remainder of the respondents said that they provided some of these components.

What's driving the trend for these comprehensive breast care facilities? Nearly half of the institutions (49.1 percent) surveyed reported that breast cancer was their leading site of cancer, and 32.4 percent said it was the number two site of cancer. A little more than 11 percent reported that breast cancer was in “the top five sites.”

## STILL A LACK OF PRECISE NUMBERS, DOLLARS

Close to 20 percent of respondents (18.1 percent) did not know how many breast cancer patients they saw annually, and nearly half (47.4 percent) were not able to provide the total number of breast cancer visits each year. A handful of respondents said they could not provide this data because patients were often seen in private physician offices, and the hospital-based program did not have access to these data.

Nor did the vast majority (76 percent) know how much revenue the cancer program generated from breast cancer patients. Several institutions could not answer this question because, they noted, the information was not “readily available” or it was very difficult and “time-consuming to obtain” for a variety of reasons, including ineffective software and an inability to track this information by specific cancer site.

Still, a clear understanding of marketshare, charges, costs, and revenue are important for the success of any program. Equally important are model programs from which to benchmark your own breast care center. To that end, this supplement “Comprehensive Breast Care Programs,” provides practical information about several model programs, multidisciplinary breast cancer conferences, and new technology—all to help cancer centers offer the most comprehensive breast care services. ■

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*Patti A. Jamieson-Baker, MSSW, MBA, is ACCC president and executive director, oncology services at The Cancer Institute at Alexian Brothers Hospital Network in Elk Grove Village, Ill. Monique J. Marino is managing editor at the Association of Community Cancer Centers in Rockville, Md.*