
Improving the Care of Patients Newly Diagnosed With Breast Cancer



Prior to 2020, patients newly diagnosed with breast cancer at Atrium Health Wake Forest Baptist Comprehensive Cancer Center experienced a highly variable delay before they could consult with a breast cancer provider. New patients had to wait 4 business days to meet with Radiation Oncology, 13 business days to consult with Medical Oncology, and 6 business days to meet with Surgical Oncology. Scheduling was decentralized across the treatment teams, and multiple visits rarely could be coordinated for the same day and within the same location.

Addressing this issue required a coordinated, multidisciplinary approach that involved engaging the cancer center leadership across the 3 treatment teams, administrators, physicians, advanced practice providers (APPs), patient navigators, genetic counselors, scheduling staff, imaging and laboratory technicians, and pathologists. The primary goals of the initiative were to transform the patient experience and improve timeliness of care for every newly diagnosed patient (Figure 1).

Process

A *Plan-Do-Study-Act* framework was used with extensive process mapping, stakeholder interviews, review of best practices, and design sessions.

During the *plan* phase, all patient points of entry—including electronic referrals, faxes, and phone numbers—were identified and mapped. The breast clinical performance group, a multidisciplinary team made up of clinical and administrative breast cancer experts,

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collaborated with a steering committee to develop and adopt a provisional review process for patients newly diagnosed with breast cancer. With stage, type of cancer, and tumor characteristics as determining factors, an oncology nurse navigator now conducts this patient review and determines which providers from particular disciplines should consult with patients during their first appointment.

The *do* phase begins when a patient receives a pathologically confirmed cancer diagnosis. Within 1 business day of receiving a referral for a new patient, an oncology nurse navigator performs a provisional review and schedules the patient for an appointment with the Breast Cancer Multidisciplinary Clinic within 1 week (Figure 2).

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Figure 1. Patient Desires, Dissatisfiers, and Identified Solutions

	DESIRES	DISSATISFIERS	IDENTIFIED SOLUTIONS
Patient	<ul style="list-style-type: none"> • Speaking to an oncology professional as quickly as possible about their diagnosis • Trusting their care team throughout their journey • Receiving help with insurance issues • Accessing the latest treatment options • Accessing care close to home 	<ul style="list-style-type: none"> • Having difficulty receiving help on the first call • Having their first appointment rescheduled • Needing to return to the facility multiple times to meet with all their providers and having multiple co-pays • Being given inaccurate expectations about members of their care team. 	<ul style="list-style-type: none"> • Offering a patient-centric access platform to easily schedule appointments, partner with the patient, and access necessary oncology services • Being introduced to a multidisciplinary care team early • Being assessed quickly, including for participation in clinical trials

GO BEYOND THE SCIENCE

THEIR FIGHT, OUR MISSION

Pioneering Together for a Cancer-Free Tomorrow

Together, we boldly create a future where all patients, regardless of circumstances, can access medicines that are precisely right for them.



Patient-Centered Care

- ▶ **20% of rural residents live >60 miles from a medical oncologist**, creating a barrier to treatment¹
- ▶ **Self-care for cancer patients proves difficult**, particularly within safety-net environments, due to reduced health literacy and various other barriers²



Equitable Care

- ▶ Black women are **41% more likely to die** of breast cancer than white women³
- ▶ Only about **5% to 15% of US clinical trial participants are Black or Latino**, yet non-white people are predicted to make up the majority of the US population by the year 2045⁴⁻⁷



Precision Medicine

- ▶ **1 in 3** patients with advanced non-small cell lung cancer **did not receive next-generation sequencing (NGS) testing**⁸
- ▶ White patients with NSCLC **received timely NGS testing at higher rates (~8%)** compared to Black or Latinx patients^{9,10}



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Within the Breast Cancer Multidisciplinary Clinic, the patient is scheduled to see providers from up to 3 specialty disciplines on the same day. A review of provider schedules and new-patient volumes led to the decision to stand up Breast Cancer Multidisciplinary Clinics 3 days per week. The first phase of interventions created the opportunity for a new patient to see all providers in all 3 disciplines on the same day, but appointment locations were scattered across the cancer center, and a separate registration process was required for each clinic appointment (Figure 3).

After 3 months, during the *study* phase, the data for time to appointment were reviewed and an improvement was noted; however, multiple appointment check-ins and check-outs on different floors of the cancer center increased wait times and led to patient dissatisfaction. In the next phase, *act*, the Breast Cancer Multidisciplinary Clinic schedule was changed to address this issue—all patients remained on the same floor and stayed in 1 room as physicians rotated through for consultations. This change offered the added benefits of keeping physicians in the same location during the Breast Cancer Multidisciplinary Clinic and allowing for real-time collaboration and treatment planning (Figure 4).

Results

The baseline period for this initiative includes the months before the COVID-19 pandemic began and the early months following its outbreak. During the third quarter of 2019, the Breast Cancer Program logged 242 new-patient visits; the new-patient lag time (ie, time from making an appointment to completing the consultation) averaged approximately 12 business days (ie, 2.5 weeks). At the height of the COVID-19 pandemic in 2020, there were as few as 163 new-patient visits per quarter; the average new-patient lag time was 7 to 10 business days—both patient volume and new-patient lag days decreased during that time. In February 2021, with a return to a quarterly volume of 252 new-patient visits, the first Breast Cancer Multidisciplinary Clinic workflows were deployed, and new-patient lag days were drastically reduced to 4.5 business days.

In May 2021, the enhanced second iteration of the Breast Cancer Multidisciplinary Clinic workflows were deployed. Quarterly volumes steadily held above 289 new-patient visits with a peak of 368 new-patient visits in the third quarter of 2021; further, new-patient lag days remained steady between 4 to 6 business days. As a result of

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Figure 2. Provisional Review Conducted by Oncology Nurse Navigator

DISEASES STAGE/FEATURE	MEDICAL ONCOLOGY	SURGICAL ONCOLOGY	RADIATION ONCOLOGY
Eligible for neoadjuvant therapy			
Lymph node-positive	●	●	●
Lymph node-negative, tumor > 2 cm	●	●	
HER2-positive breast cancer	●	●	
Triple-negative breast cancer tumor ≥ 1 cm	●	●	
Likely to need trimodality care up front			
Inflammatory breast disease	●	●	●
Early-stage disease/High-risk lesions			
DCIS/LCIS/Atypia		●	
Hormone receptor-positive breast cancer, tumor ≤ 2 cm		●	
Triple-negative breast cancer ≤ 1 cm	●	●	
Advanced stage			
Stage IV/Metastatic breast cancer	●		
Stage IV/Metastatic breast cancer with pain	●		●

DCIS, ductal carcinoma in situ; LCIS, lobular carcinoma in situ.

Figure 3. Breast Cancer Multidisciplinary Clinic Appointments: PDSA Cycle 1

PDSA CYCLE 1	MEDICAL ONCOLOGY		SURGICAL ONCOLOGY	RADIATION ONCOLOGY	GENETICS	
	DOCTOR 1	DOCTOR 2	DOCTOR 3	GENERAL RADIATION ONCOLOGY	GENERAL GENETICS	
8:00-8:30 AM	Established patient		New/MDC patient			
8:30-9:00 AM	Established patient	Treatment visit	New/MDC patient			
9:00-9:30 AM	Established patient	Treatment visit	New/MDC patient			
9:30-10:00 AM	Established patient	Treatment visit	New/MDC patient			
10:00-10:30 AM	MDC patient	MDC patient	New/MDC patient			
10:30-11:00 AM			Established patient			
11:00-11:30 AM	MDC patient	MDC patient	Established patient	MDC patient		
11:30-12:00 PM			Established patient	MDC patient		
12:30-1:00 PM	Admin	Admin	Admin			
1:00-1:30 PM	Established patient	Treatment visit				
1:30-2:00 PM	Established patient	Treatment visit				
2:00-2:30 PM	Established patient	Treatment visit				
2:30-3:00 PM	Established patient	Established patient				
3:00-3:30 PM	Established patient	Established patient				MDC patient (phone)
3:30-4:00 PM	New patient	Established patient				MDC patient (phone)
4:00-4:30 PM		Established patient				MDC patient (phone)

Admin; administration; MDC, multidisciplinary care; PDSA, plan-do-study-act.

Figure 4. Breast Cancer Multidisciplinary Clinic Appointments: PDSA Cycle 2

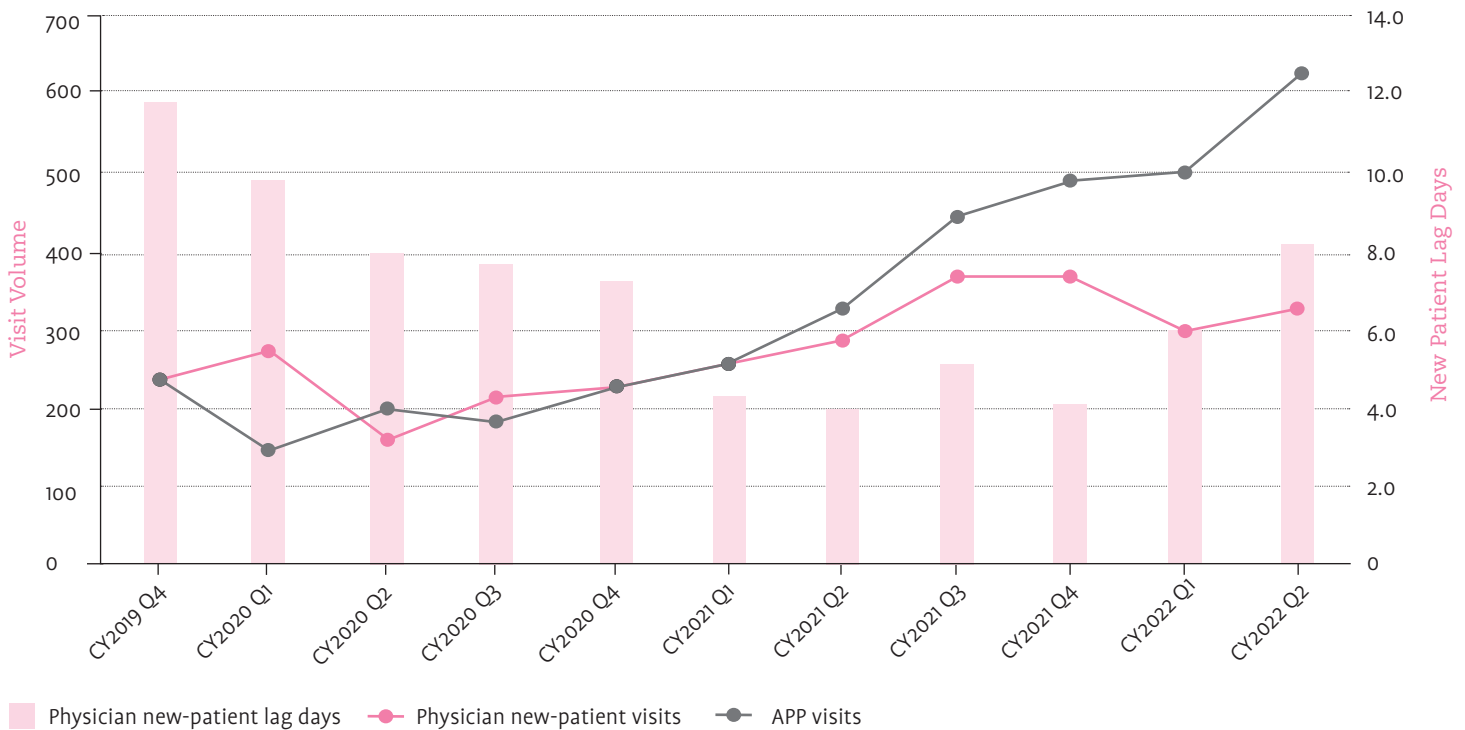
PDSA CYCLE 2	PATIENT 1/ROOM 1	PATIENT 2/ROOM 2	PATIENT 3/ROOM 3
12:30-12:50 PM	Arrive*	Arrive*	Arrive*
1:00 PM	Medical Oncology	Radiation Oncology	Surgical Oncology
1:30 PM		Surgical Oncology	Genetics
2:00 PM	Surgical Oncology	Medical Oncology	Radiation Oncology
2:30 PM	Genetics		Support Services^
3:00 PM	Radiation Oncology	Genetics	Medical Oncology
3:30 PM	Support Services^		Support Services^
4:00 PM	Support Services^		Support Services^
4:30 PM			

PDSA, plan-do-study-act.

* Patient arrival times will be staggered to allow time for check-in.

^Support services could include: navigation, laboratory testing, plastic surgery, nutrition, social work, and clinical trials.

Figure 5. Breast Cancer Multidisciplinary Clinic Appointment Statistics



APP, advanced practice provider; CY, calendar year; Q, quarter.

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the new Breast Cancer Multidisciplinary Clinic workflows, APP visit volumes also steadily rose over time. Before the COVID-19 pandemic, APPs had 243 independent patient visits in the fourth quarter of 2019. During the height of the pandemic in 2020, APPs had an average of 195 independent patient visits each quarter. As the first Breast Cancer Multidisciplinary Clinic stood up in February 2021, APPs saw their highest quarterly volume of 250 independent visits; volumes steadily grew quarter over quarter to a peak of 630 independent visits in the second quarter of 2022 (Figure 5).

In addition to positively impacting timeliness to care and patient experience (patient retention rate during the first 9 months, 95%), the market share for breast cancer also improved. From 2017 to 2019, new breast cancer market share within the primary service area grew from 37.8% to 43.4%. During 2020, the breast cancer market share fell to 35.7% within the primary service area. With the deployment of the new Breast Cancer Multidisciplinary Clinic, market share in the primary service area jumped to an all-time high of 46.7% during this 5-year period.

Conclusions

The introduction of an oncology nurse navigator–led provisional review process with coordinated physician schedules improved timeliness to care and patient satisfaction among individuals newly diagnosed with breast cancer. Locating physicians into 1 clinic space for initial consults increased synchronous physician communication and improved patient and care-team satisfaction and APP use.

Sustainability of this multidisciplinary clinic model depends upon collaborative physician and APP coverage across the 3 major cancer treatment modalities. Physicians are required to have dedicated new-patient half-day sessions while empowering the APPs to independently see returning patients. Additionally, the coverage model must accommodate provider vacations, speaking engagements, holidays, and continuing education events. This coverage can be difficult to maintain every week without fail. Thus, flexibility of consultation timelines is crucial. For example, when schedules vary, the ability of patients to consult with 1 specialist and then meet with physicians from other specialties at a later time should be explored. Based on diagnoses, the provisional review guideline could be used to schedule patients with a provider in 1 discipline or with staff in all 3 disciplines to maximize multidisciplinary clinic slots. In conclusion, the role of an oncology nurse navigator is vital for making a clinical judgement about appropriate specialties and establishing a patient relationship with the institution to drive patient retention. **□**

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