Anne Arundel Medical Center's Model Breast Center
Building a model center from the ground up

by Paula DeCandido, M.D., Lorraine Tafra, M.D., and Stanley Watkins, Jr., M.D.

The Breast Center at Anne Arundel Medical Center (AAMC) in Annapolis, Md., is set apart in its own location, but comes under the aegis of the DeCesaris Cancer Institute, which is emerging as the region's preeminent cancer program. AAMC spent five years designing its model Breast Center—an idea whose roots grew out of a Rundel's weekly multidisciplinary breast conferences. The physicians and specialist colleagues who gathered together for these multidisciplinary conferences to review and discuss individual breast cases soon saw the benefits of such professional integration and consultation. A growing circle of people began to champion the idea of extending those same advantages to patients through the development of a self-contained, integrated breast center. In 2001 this vision was realized with the opening of the new Breast Center. Today, this dedicated facility focuses on the highest standards of care in every area: from clinical and technological to emotional and spiritual.

A VIRTUAL TOUR
The Breast Center’s entrance is to one side of the lobby of the Lesly and Pat Sajak Pavilion, named to honor the family’s generous $1 million gift, which provided much of the funding for the Breast Center. The lobby is a two-story atrium featuring fountains, extensive plant arrangements, and artfully arranged wooden bench seating.

Once inside the Breast Center, patients receive care in an environment designed with their privacy, convenience, and dignity in mind. The waiting area accommodates both family groups who wish to sit in open areas and individuals who prefer privacy. Exam rooms allow physicians and mammographers access from separate doors, and treatment areas enable women patients to move about within a protected, private sphere of offices or suites. A Rundel's model program has created the ultimate balance between the clinical equipment and technology necessary for treating its breast patients and the warm, soothing, and welcoming ambiance so critical to patients who are anxious about their breast diagnosis.

The Breast Center offers extensive patient education materials in its library, including books, brochures, CD's, tapes, periodicals, and Internet connections. These resources provide patients and families with access to a wide range of cancer-related subject matter. Four days a week, specially trained volunteers, who are themselves breast cancer survivors, staff the library. By virtue of their own experiences, these volunteers contribute valuable educational and moral support.

WITH THE PATIENT’S NEEDS IN MIND
Each year 30,000 to 40,000 women come to the Breast Center for mammograms. Of those, 3,000 to 4,000 women have abnormal mammogram findings that require diagnostic film, core biopsies, or other procedures. An abnormal mammogram, naturally, sets off alarm bells. Patients waiting for procedures and exams can feel anxious and stressed. The Breast Center's culture aims to respond to patients' concerns with speed and sensitivity.

Part of this effort is a careful streamlining of care. For example, in an effort to reduce ambiguity or interpretive variances as much as possible, radiologists who are dedicated mammographers read film in an area set aside solely for that purpose. Early in the Breast Center's development, a crucial commitment was made to having dedicated, specialty-trained radiologists reading breast images, not general radiologists.

Recognizing that time lags only increase anxiety levels, the Breast Center has systems in place to expedite cases of mammographic abnormalities through phases of further evaluation. The goal is to move patients newly diagnosed with mammographic abnormalities through the follow-up evaluation process within 48 hours of their diagnosis. Radiologists perform core needle biopsies in one of two procedure rooms, and patients receive biopsy results from the radiologist within 48 hours after the biopsy has been performed.

Because services at the Breast Center are fully integrated with the DeCesaris Cancer Institute, patients receiving a diagnosis of cancer are smoothly and rapidly moved into the cancer program. At this point, a "navigator" becomes the single, reassuring point of contact for all new breast cancer patients and their families. At AAMC, the "navigators" are specially trained professionals who assist in all the non-clinical aspects of the patient experience. When clinical issues arise, navigators refer patients to a physician or nurse.

The DeCesaris Cancer Institute also has a navigator in place for patients with brain cancer, and is getting ready to launch a program that will provide a navigator for all of the cancer disciplines. The navigator position ensures that patients have access to a single person, rather than being lost in a sea of phone calls or multiple contacts.

The navigator ensures that the patient receives a seamless continuum of care from diagnosis to treatment by helping patients with appointment scheduling and the logistics of scheduling treatments and answering patient questions.

All newly diagnosed cancer patients also meet with a Breast Center nurse coordinator to discuss treatment...
MULTIDISCIPLINARY CARE

The multidisciplinary team approach to care is central to the Breast Center’s mission of providing the highest standards of care. Specialists at the Breast Center, including medical oncologists, radiation oncologists, and pathologists, work as a team with the patient’s navigator, nurse coordinator, and surgeon to coordinate care and improve survival and quality of life.

Staff also participates in weekly interdisciplinary breast conferences that involve face-to-face consultation among each of the subspecialties and disciplines involved in breast care. These conferences follow a format widely regarded as one of Maryland’s “best.”

A surgeon or primary care physician opens the conference by presenting an overview of a patient case. The pathologist then analyzes the patient slides of the case while each participant views the same images. The images are then compared and matched against the patient’s radiology films.

These weekly conferences are deemed important and worthwhile by all staff. Surgeons gain the benefit of concurrent input from a diagnostic and pathology perspective, resulting in a more informed approach and planning for future surgeries. Likewise, medical and radiation oncologists are able to use the group’s collective expertise to develop more sophisticated treatment plans.

The Breast Center strives to meet the needs of its patients at each stage of care. As breast cancer patients progress through treatment and approach the follow-up phase of care, the Breast Center expands its focus from the strictly clinical aim of eliminating a tumor to integrate more of the whole person and wellness aspect of cancer care. While the goal of treatment is to return patients to their pre-cancer baseline, the Breast Center takes it one step further, offering patient education that may, in fact,
lead to healthier habits. Many patients say that having breast cancer ultimately opens a door that allowed them to see life with a much better perspective and enjoy it more fully. Staff at the Breast C enter introduce patients to other A A M C services that can help patients continue to live a healthy life, such as survivor support groups and nutritional counseling. A A M C’s breast cancer patients learn about the importance of exercise, nutrition, and lifestyle changes, as well as integrative disciplines in the areas of acupuncture and meditation.

Multiple support groups are available free-of-charge to patients with breast cancer and their family members. For example, the Breast C enter offers a program called “Survivors Offering Support” or “SO S,” which partners a newly diagnosed patient with a breast cancer survivor volunteer who is one-year out from treatment. This trained volunteer works hand-in-hand with the navigator to offer ongoing support to the patient with breast cancer. SO S services are absolutely free and may include anything from meeting a woman the day of surgery through having a cup of coffee and just being available to talk. SO S volunteers often offer goody bags with products donated from local businesses. Other classes such as yoga and massage are available to patients for a nominal charge through A A M C’s Wellness C enter. Patients struggling financially can always apply for assistance as well.

HOW TO DO IT
Building a comprehensive Breast C enter from the ground up is a complex and expensive enterprise. An institution actively considering a program of similar scope should first review the resources of the National Consortium of Breast C enters (N C B C). Before committing staff, money, and other resources, log on to N C B C’s web site at www.breastcare.org to find information on financing, staffing, and other considerations for building or developing a comprehensive breast center.

Staff involved with the development of the Breast C enter at A nne A rundle have learned invaluable lessons from the experience and offer these insights from their collective experience:
1. Large-scale mammogram screening programs can act as the progenitor of a Breast C enter program, as long as such a program is supported by local physicians. Obtaining commitment from dedicated mammographers is the most crucial aspect of this program.
2. Communication and interface between radiologists and surgeons are critical to the success of any comprehensive breast center. Bringing the radiology and surgery departments together will also lead to a greater understanding of breast biopsies.
3. Physicians who want to play on a breast center team must be willing to act as a team, which may require additional training. At a minimum, additional training will include more C M E breast credits and increased involvement in clinical trials.
4. Bringing a comprehensive breast center to reality requires one or two physician “champions.” It takes time and perseverance to bring together all the necessary specialties and to foster a multidisciplinary culture, so these physician leaders must be willing to act as flag bearers in forming a multidisciplinary team. In addition, the goals, motivations, and commitments of all physician specialties within the breast center must be aligned with those of the hospital.
5. Having a clinical trial program in place is a prerequisite. To achieve this objective, both physician involvement as well as finding key staff people, most notably research coordinators, are imperatives.

CRUNCHING THE NUMBERS
The decision to build or develop a comprehensive breast center must be answered by looking at your patient volume. Mammography is underfunded to such a degree that—absent a large volume of ancillary diagnostic and procedural work—a facility providing only mammography services will operate in the red. Further, the enormous costs associated with setting up and operating a comprehensive breast center program make charitable gifts or endowments (in addition to other sources of revenue) the minimum requirements for a self-sustaining and viable operation.

Beyond the financial hurdles are the human resource challenges. Finding and then recruiting qualified navigators, nurses, and staff, in addition to arranging collaborative relationships among physician specialties—all before a breast center facility is even built—present nearly insurmountable obstacles to many prospective programs.

The bottom line is that fiscal realities largely determine whether a comprehensive breast center makes financial sense. At A nne A rundel M edical C enter’s DeCesaris C ancer I nstitute, the confluence of charitable generosity, physician vision, community support, and dedicated staff has resulted in a Breast C enter that makes a difference in the community and in the lives of thousands of women.

Lorraine Tafra, M D., is the medical director of the Breast C enter at the A nne A rundel M edical C enter C ampus in A nnapolis, M d. Stanley Watkins, Jr., M D., is medical director of A nne A rundel M edical C enter’s DeCesaris C ancer I nstitute, which includes the Breast C enter. Paula D eCandido, M D., is a radiologist with a specialty in breast imaging at A nne A rundel M edical C enter’s Breast C enter.