

Cancer Strategic Clinical Network

Provincial Breast Health Initiative 2019-2020 (Phase II)

Summary Report



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This report has been prepared by the Cancer Strategic Clinical Network.

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Overview

In 2016, the Cancer Strategic Clinical Network™ (SCN) launched the Provincial Breast Health Initiative, in partnership with the Surgery SCN and CancerControl Alberta. This initiative brought together patients, providers, and administrators to achieve provincial consensus on an end-to-end breast health pathway. Using data, best practices and input from patients and families, the initiative designed and implemented improvements to address priority gaps in care across the end-to-end pathway.

For 2017-19, the initiative focused on specific aspects of the breast health end-to-end pathway and achieved success in introducing improvements to patient care and creation of a sustainable evaluation and measurement framework. These successes included:

- **Diagnostic Assessment:** Expedited diagnostic work-up and surgical consults for patients with highly suspicious breast lesions on imaging.
- **Same Day Mastectomy:** Increased proportion of same day mastectomies rate from 14% (2016/2017) to 57% (2019/20).
- **Breast Reconstruction:** Established provincial patient education standards, improved surgical coordination between plastic and general surgery to facilitate both immediate and delayed reconstruction in addition to development of standardized Alberta Coding Access Targets for Surgery (ACAT) codes for target wait times.

Work undertaken in 2019-20 was aimed at extending improvement to other parts of the breast health end-to-end pathway. This report summarizes the work completed during this period and builds on the successes of the pathway initiatives executed in prior years. Work completed this period included:

- **End to End Measurement Framework:** Developed a framework to provide ongoing feedback on wait-times and outcomes across the end-to-end breast health pathway.

- *Genetics Mainstreaming*: Implemented a provincial process making appropriate hereditary cancer genetic testing a routine part of breast health care. This included development of patient and provider education.
- *Enhanced Navigation and Tumour Board Rounds*: Developed guidelines and criteria for routine pre-treatment review for breast Tumour Board Rounds (TBR).
- *Sustainability Framework*: Sustained initiative improvements with ongoing reporting and governance.

End-to-End Measurement Framework

While measurement was occurring for some segments of the end-to-end breast health pathway and specific clinical programs that support breast cancer patients, it did not span the continuum of breast cancer care. The absence of an overarching measurement framework highlighted the challenge in providing a comprehensive picture for the breast cancer community (patients, providers, administrators) on the state of breast cancer care in Alberta. This knowledge proved valuable as it allowed clinicians to identify and prioritize performance gaps and opportunities for quality improvement. It also provided an opportunity to achieve integration of care and ensure optimal outcomes. With this in mind, an end-to-end measurement and reporting framework for breast cancer was developed.

Scope:

- Establish key wait-time and outcome metrics across the end-to-end breast health pathway.
- Define data sources and document business rules for each metric.
- Initiate development of a dashboard for ongoing measurement and reporting.

Accomplishments:

- Achieved consensus within the Provincial Breast Tumor Team on wait-time and outcome measures across the end-to-end breast health pathway.

- Built linkages between Alberta Society of Radiologist (ASR) community mammography data on breast imaging and biopsy to breast program referral. This resulted in a data sharing agreement between ASR and AHS.
- Gathered initial baseline data and documented business rules for key wait-time metrics across the end-to-end breast health pathway.

Lessons Learned:

- Data is a powerful tool for engaging clinicians and operations to work together on quality improvement. Data can influence changes in behaviour, but other mechanisms are required to address outliers.
- Targets should be established based on evidence and practice.
- End-to-end pathway measurement requires committed leadership from clinical programs and Provincial Tumor Teams.
- Adequate resourcing is required to establish and sustain metrics/dashboards.
- Available administrative data sets are not comprehensive to construct a profile of performance along end-to-end pathways.
- End-to-end pathway measurement is enabled by linkage across population-based data sets and data sharing with community partners.
- An ability to provide ongoing measurement and feedback to clinical teams to sustain improvements is required.

Genetics Mainstreaming

Timely hereditary cancer genetic testing is required for treatment planning and management of breast cancer. Access to genetic testing has been a challenge due to the high volume of referrals and limited genetic resources. Historically, genetic testing was offered after pre-test genetic counselling in the Hereditary Cancer Clinic (HCC). By implementing Mainstreaming, oncology clinicians can order hereditary cancer genetic testing for breast cancer patients, bypassing the need for separate pre-test genetic counselling in the HCC.

Scope:

- Develop and implement mainstreaming breast cancer genetics process provincially built on the provincial ovarian cancer genetics process.

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- Develop and implement standardized patient materials to support mainstreaming and standardized provider education materials for the rollout of mainstreaming across the province.
- Develop and implement a measurement and reporting framework for Mainstreaming.
- Establish a provincial model for spread and scale of mainstreaming cancer genetics to other types of cancer.

Accomplishments:

- Expanded genetics follow-up for ovarian cancer patients and reduced average wait-time time to results disclosure in Calgary from 5.8 to 2.9 months and in Edmonton from 14.9 to 5.6 months.
- Reduced wait time for genetic test results for breast cancer patients from years to months provincially; 75% reduction in wait times for genetic test results for patients in Calgary/South zone
- Decreased wait-times from breast cancer genetics program referral/ordering provider appointment to test disclosure for urgent requests in Calgary from 2.7 months to 1.5 months.
- Increased capacity of hereditary cancer clinic (850 hours) to see patients ineligible for mainstreaming.

Lessons Learned:

- Facilitating discussions with stakeholders (oncology, genetics, laboratories, etc.), unit managers, and operational leads during pathway design led to consensus on indications for mainstreaming, optimization of processes and helped ensure province-wide buy-in and adoption of the pathway.
- Establishing a project team with the following resources facilitated successful co-design and implementation: project management, analytics, and education specialist. A Steering Committee representing key stakeholder groups effectively provided oversight and helped remove project barriers in a timely way.
- Introducing the “Hereditary Cancer Clinic Hub” was essential to coordinate day-to-day communication between ordering oncologists, genetics clinicians, and the molecular diagnostic laboratories performing genetic testing. Having dedicated resources to staff the Hub with genetic counsellors and an administrative assistant was essential.
- Ongoing data collection and reporting allowed continuous assessment and improvement of processes, and allowed scalability and adaptation to other tumour groups.
- Pre-recording clinician education materials and enabling online access helped train new staff and removed barriers to training for clinicians with limited availability.

Enhanced Navigation and Tumour Board Rounds

The Canadian Partnership against Cancer (2010) defines navigation as a “proactive, intentional process of collaborating with a person and his or her family to provide guidance as they negotiate the maze of treatments, services, and potential barriers through the cancer journey.” Access by breast cancer patients to navigation services is foundational for appropriate triage, presentation at Tumour Board Rounds (TBRs), consistent patient education and supports, and expedited care management through multidisciplinary assessments. Work on the Enhanced Navigation project in 2019-20 focused on establishing a provincial navigation framework for implementation, including optimization of navigation supports and establishment of multidisciplinary assessments.

Scope:

- Establish standards and implement provincial TBRs including pre-treatment review.
- Establish a provincial framework and standards for nurses and system navigators to identify and support regional implementation.
- Review provincial navigation practices.

Accomplishments:

- Achieved provincial consensus on adapting the Cancer Care Ontario Multidisciplinary Cancer Conference (MCC) standard to create Alberta standards for TBRs.
- Established criteria for routine pre-treatment review of high yield breast cancer cases benefiting from multidisciplinary input.
- Created a provincial TBR model that is tailored for local jurisdictions. Processes were established to enable smaller centres to have cases reviewed in larger centres if smaller centres lacked required infrastructure.
- Implemented North and South TBRs including pre-treatment reviews.
- Developed provincial navigation minimum standard touch-points.

Lessons Learned:

- Involving patient advisors and patient focus groups at the onset facilitated the development of navigation touch-points.
- Focusing on process improvement and workload measurement reduced duplication and resulted in improvements to navigation service delivery without the need for additional resources for sustainment in certain Zones.
- Taking into account local context (culture, technology, accountability structures) facilitated implementation. Local programs developed their own plans for how to adopt best practices and standards.
- Creating forums for breast programs across the province to come together throughout planning and implementation enabled collaborations: sharing learnings and experiences used for successful spread and scale.

Sustainability

Sustainability planning ensures time and resources invested in quality improvements continue beyond the life of the project. Sustainability planning helps engage both leadership and staff to establish a lasting improvement culture. All aspects of the Provincial Breast Health Initiative are being sustained whether through adoption and integration of new pathways processes as standard practice and/or through ongoing review of data. Work to establish a governance structure for ongoing sustainability and future quality improvements is underway.

Scope:

- Establish a sustainability plan for ongoing quality improvements and accountability.

Accomplishments:

- Adopted multiple pathways and processes as a standards of care in Alberta.
- Spread and scaled breast health diagnostic assessment pathway and mainstreaming methodologies to other tumour types.
- Continued data collection and reporting through Cancer Care Alberta, Cancer Reporting and Surveillance. A perioperative dashboard is disseminated quarterly to clinical and operational leads from each Zone for local oversight. This process

engages operational and clinical leadership to review Zone data and provincial data together.

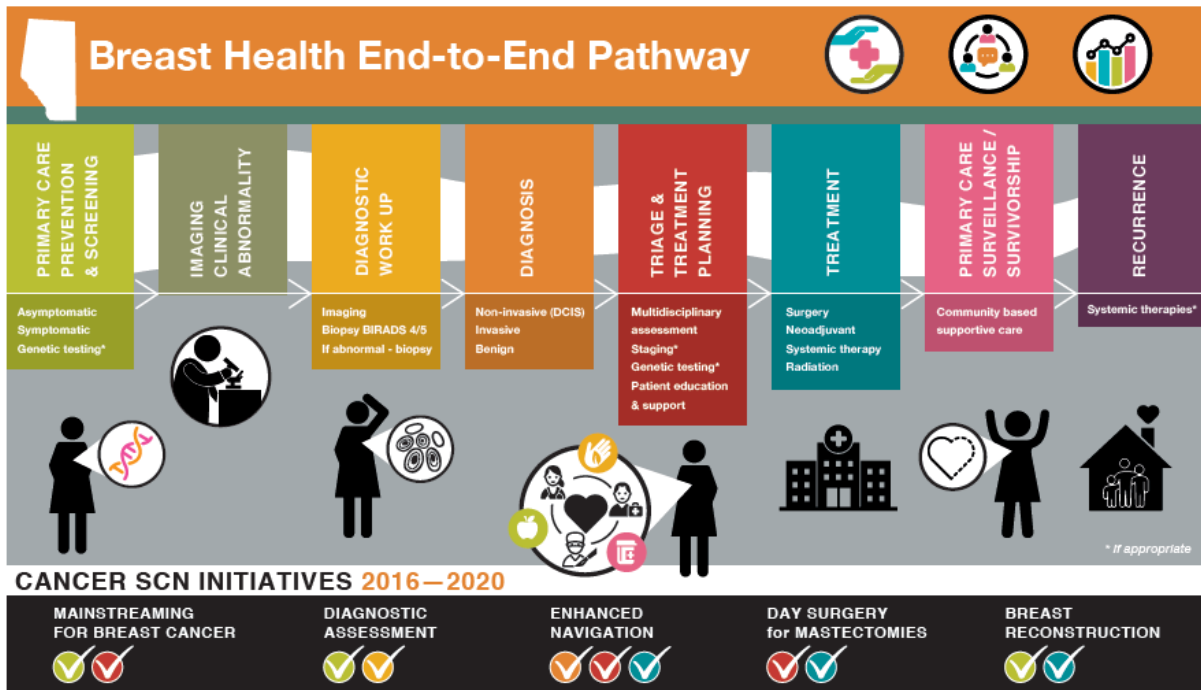
- Established a Cancer SCN Quality & Safety Steering Committee to:
 - Form developmental teams (practice-level multidisciplinary teams)- providing oversight and resources to ensure successful execution of priorities. The first two developmental teams will be Cancer Genetics and Breast Cancer led by the Hereditary Cancer Clinic leadership and the Breast Tumour Team Executive.
 - Facilitate progress of priority initiatives, ensuring ongoing sustainability, quality, and safety, and assist in resolving issues/barriers that impact progress.
 - Ensure common principles and standards for quality.
 - Mobilize follow-up with appropriate reporting mechanisms within the organization (e.g. Provincial Surgical Outcomes Committee).
- Membership includes: Cancer SCN leadership, surgery, diagnostic imaging, laboratory services, oncology, quality improvement, analytics, citizens, and other business supports as needed.

Lessons Learned:

- Having a provincial entity facilitate and coordinate quality improvement work across the continuum enabled clinical teams and operational leaders adopt and sustain new standards of care. Zones assumed responsibility for local outcomes when provided with their own data and valued provincial data as a comparator.
- Sustainability planning should be contemplated early and often with operational and clinical champions.
- The absence of provincial accountability structures makes sustainability challenging. Governance is needed to facilitate ongoing quality improvement beyond the life of the initiative.

Appendix A- Breast Health End-to-End Pathway

PROVINCIAL BREAST HEALTH INITIATIVE
Leading TARGETED improvements to Alberta's End-to-End Breast Cancer Pathway



Appendix B- Sustainability Structure

