

Provincial Breast Health Initiative

Improving outcomes and the experience of patients fighting breast cancer — from diagnosis to surgery and beyond

Our challenge

1 in 8

women will develop breast cancer in their lifetime

Improve access, patient experience and value through best use of resources

Results to date

Wait time from suspicious imaging to surgical consult referral

↓ 60% ↓ (19 days **→** 6 days)

90% patients satisfied with information they received¹

Percentage of mastectomies performed as day surgeries

5% **46%** (2014/15) (2018/19)

821

bed days per year released²

\$802,000

estimated savings^{2,3}



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Strategic Clinica Networks™

What was the issue?

Each year, more than 3,300 Albertans will be told they have breast cancer, and 1 in 8 women will develop invasive breast cancer during their lifetime.⁴ For these patients and their families, it's a frightening diagnosis and a difficult, often overwhelming time.

Evidence shows that if detected early, breast cancer has one of the highest survival rates of any cancer. But delays in diagnosis or treatment can add further stress to a cancer diagnosis. Helping patients access the care and information they need, as soon as possible, can improve their experience and health outcomes.

What we did to address it

In 2016, the Cancer SCN brought together patients and health partners to evaluate and better coordinate processes for diagnosis and surgical care. Using Alberta data, best practices and input from breast cancer survivors, the team designed integrated care pathways to address gaps and improve breast cancer care.

Together, we streamlined processes for patient referrals, imaging, reporting and communication between care providers. We also improved surgical care to help women undergoing a mastectomy or seeking breast reconstruction. And we created educational resources to ensure patients and their families have access to reliable information about breast cancer, treatment and care.

How this work is making a difference

Since implementing these care pathways, the wait time between a suspicious test result and confirmed breast cancer diagnosis decreased by 60% (from 19 days in 2016 to 6 days in 2018).

Alberta now performs 46% of mastectomies as day surgeries with no increase in complications or readmission rates. This means that women can return home sooner, and hospital beds previously used for surgical recovery are open to other patients.

Diagnostic and surgical processes for breast cancer have been standardized across the province, so women receive the same care regardless of where they live or which provider they see.

By focusing on improving patients' experience, we've seen an increase in patient satisfaction. Ninety percent of patients report they are satisfied with the information they received before and after surgery, and 70% of patients surveyed report they are satisfied with diagnostic wait times.

What's next?

We're working to standardize and expand patient navigation supports and enable more integrated, multidisciplinary assessments before surgery. New work is also underway to improve access to genetic testing for hereditary cancers (ovarian and breast). And thanks to funding from a Health Innovation Implementation and Spread grant, the Cancer SCN is expanding this work to patients with lymphoma and colorectal cancer to reduce wait times for biopsies, referrals and diagnosis, and improve the patient experience for those facing other cancers.

Coming together to support breast health

Patients, clinicians and researchers across the province teamed up to better understand the patient experience throughout their cancer journey. The team used measurement and reporting tools to evaluate current practices, monitor outcomes and implement changes on a provincial scale.

This work is the result of successful partnerships between:

- patients and families
- · clinical teams, administrators and
- operational leaders
- primary health care
- · community radiology clinics and care
- providers
- Alberta Society of Radiologists
- CancerControl Alberta
- Cancer SCN and Surgery SCN

Patients' stories informed the work and challenged us to really think about big and small ways we could improve patients' and families' experiences throughout their care journey.

Clinicians and operational leads at each site ensured solutions considered local needs and operational differences.

Community radiology partners and primary care leaders came together to share data, plan and implement the care pathways.