

MaineHealth

## MaineHealth Knowledge Connection

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MaineHealth Performance Improvement

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2020

### Breast Resource Assessment (B.R.A.) Project

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#### Recommended Citation

Teller, Paige, "Breast Resource Assessment (B.R.A.) Project" (2020). *MaineHealth Performance Improvement*. 45.

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## Problem/Impact Statement

How can a clinical leader better support breast care providers & patients in MaineHealth's clinical alignment initiative?

## Scope

Outreach to providers of breast care in the MH system through local site visits & an online survey

## Goal/Objective

- Assess **local & regional breast care resources**
- Enhance **communication & collaboration** with providers
- Identify areas to improve the **quality & delivery** of breast care

## Baseline Metrics/Current State

Breast care at MaineHealth member hospitals has existed largely as **independent, clinical practice sites**.

Collaboration amongst current providers of breast care has been limited to **individual, provider-initiated** engagement with the existing MaineHealth Breast Workgroup, attendance at local/regional conferences and provider to provider case discussions.

## Root Cause Analysis

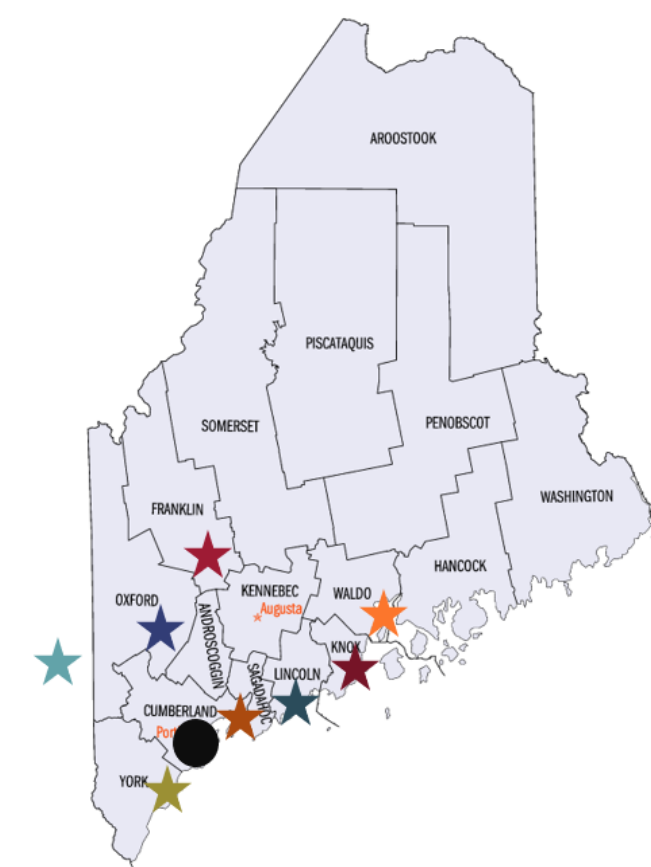
**Clinical alignment** = Moving from independent & individual to **collective & team**

- Breakdown barriers for partnership
- Recognize the common goal
- Identify areas for improvement in provider & patient resources
- Advocate for change that improves care at each site & system-wide

## Partners: MH breast care providers

- Franklin
  - Eric Gunther, MD (surgeon); Sue Dalrymple (mammo tech); Tammy White, RN (navigator)
- Lincoln
  - Samira Hasan, MD (surgeon); Pam Hepburn (director imaging); Eleni Nackos, MD (med onc)
- Memorial
  - Victor Lazaron, MD (surgeon); Kelly Bishop Bartolomei, MD (surgeon); Chris Marvelli, MD (surgeon); Leona Cloutier, RN (navigator)
- MidCoast
  - Patricia Greateorex, MD (surgeon); Kim Lynch (Navigator); Eleni Nackos, MD (med onc)
- PenBay
  - Tim O'Brien, MD (surgeon); Dawn Murphy, NP; William Fabricius, MD (med onc)
- Stephens
  - Jane Lee, MD (surgeon); Jeanne Rosato, RN (navigator); Tammy Frost (mammo tech); Greg Hardy, MD (CMO)
- SMHC
  - Cindy Chao, MD (Surgeon); Eva Zaslavsky, MD (med onc); Helene Langley, RN (navigator)
- Waldo
  - Randy Helmholz, MD (surgeon); Elizabeth Connelly, MD (med onc); Katrina Tozier, NP; Nancy Web, MD (radiologist)

## Tour



- ★ Stephens 12/09/19
- ★ SMHC 12/09/19
- ★ MidCoast 01/20/20
- ★ Memorial 01/13/20
- ★ Franklin 01/27/20
- ★ Lincoln 02/07/20
- ★ PenBay 02/10/20
- ★ Waldo 02/10/20

## Survey

Questions
Q1-3: Name, practice site, title
Q4-5: What is the volume of new patients with breast cancer you see in an avg mo? Benign breast disease?
Q6: Who is most responsible for the diagnostic w/u of patients with breast cancer?
Q7: Most breast core biopsies are performed by:
Q8-9: Which of the following do you refer off-site to another practice locations? (US, stereo, MRI biopsy, etc) How often per mo do you refer off-site for biopsies?
Q10-11: When you have questions regarding the treatment plan of a pt with breast cancer, what resources do you look to? (local, region MH or nonMH or national colleagues, guidelines, other) Are these resources sufficient?
Q12: Would you utilize & find benefit from: (easier access to MH treatment guidelines, regional provider directory, system wide provider consult service, improve access to MH tumor board, participation in MH Breast Workgroup)
Q13: How often do you tumor boards meet?
Q14-15: What % of pts with a new diagnosis of breast cancer are presented at a tumor board? When are they presented? (before or after initiation of treatment)
Q16-17: What is the avg time spent with a patient to develop a treatment plan at the 1st visit with the treating MD/DO post diagnosis? IS time spent limited by schedule constraints of the treating MD/DO?
Q18-23: There is access to genetics...plastics...certified lymphedema therapist...behavioral health...medical oncology...social worker. (on-site, telemedicine, off-site < 1hr, off-site > 1hr, not referred)
Q24: What 5 resources would be on your "provider wish list" to assist you or your breast care services?
Q25: What 5 resources would be on your "patient wish list" to assist you or your breast care services?
Q26: How long are most patients with breast cancer receiving specific follow up before transfer of care back to PCP only?
Q27-28: Do most patients with breast cancer receive a survivorship care plan? Which SCP template do you primarily use?

	Countermeasures		
	By When & Status*	Who	Deliverable
Do	End Q1	Paige Teller, MD Jill Coyle (Oncology Physician Liaison Manager)	Identify breast care partners at 8 MH member sites
	End Q2	Paige Teller, MD Site care providers	Visit each member sites to meet providers in their care settings
	End Q3	Paige Teller, MD Bethany Sanborn (Program Manager MEH) Julie Westerhouse (Program Coordinator MEH)	Conduct a survey to assess services & needs
	End Q4	Paige Teller, MD	Use data collected to strategies ways to improve provider resources & patient care
Study	Outcomes		
	Site visits 8 sites visits ➤ Increase knowledge of care delivery environments Met with 22 providers ➤ Increase provider to provider outreach with clinical questions Disseminated pt education & provider resources ➤ Increase consistency of information	Survey Survey of services & needs response rate: <b>46%</b> (13 of 28) Opportunities 1. Increase provider resources • Regional breast provider directory • Easier access to MH treatment guidelines • More face to face networking • More access to breast specific CME 2. Improve patient resources • Improved access to behavioral health, genetics, plastics, stereotactic biopsies • Increased financial assistance • Assisted transportation	
Act	Next Steps		
	<ul style="list-style-type: none"> <li>• Revision of the MH Breast Workgroup                             <ul style="list-style-type: none"> <li>• New roster (i.e. provider directory, face to face)</li> <li>• New scorecard goals (i.e. system wide tumor board)</li> <li>• Improved dissemination of information</li> </ul> </li> <li>• Future exploration into expansion of services (i.e. behavioral health, genetics, plastics, transportation)</li> <li>• Continuation of Breast Cases over Brunch (regional CME)</li> <li>• Recruitment of MH Breast Program Coordinator</li> </ul>		

Plan

Do

Study

Act