

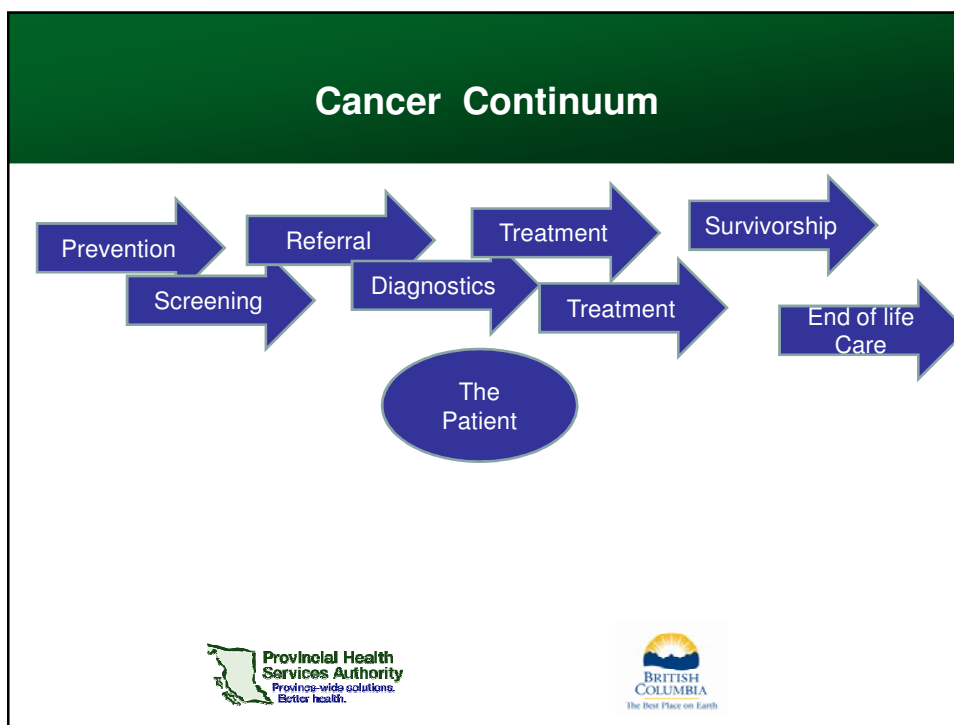
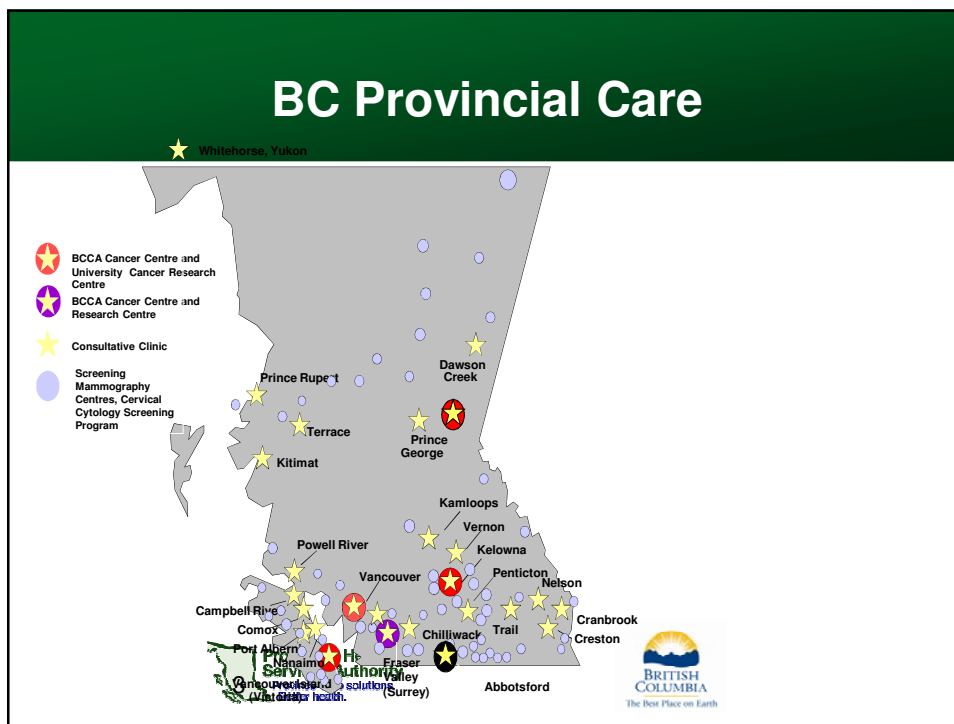
The Provincial Breast Health Strategy

Working together to improve breast cancer prevention, screening and diagnosis in BC



Delivering High Quality care in a Sustainable Healthcare system





BC Screening Mammography

- 300,000 screens each year
- 7.3% are abnormal = 21,737 women
- 1,283 cancers detected

100% of those women think they may have cancer until diagnostic results

94% of women with an abnormal screen do NOT have cancer



BC Screening Mammography- Targets

- 300,000 screens each year
- 7.3% are abnormal = 21,737 women
- 5 weeks to diagnosis (no biopsy)
- 7 weeks to diagnosis (biopsy)
approx 3,600

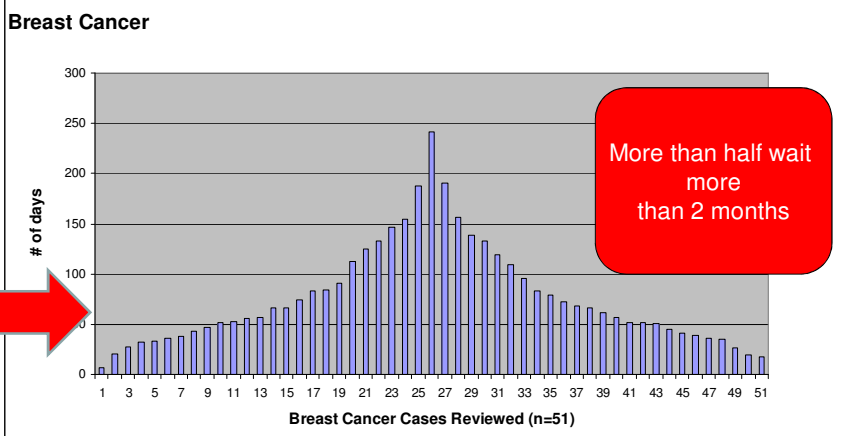


Other waits

- We know the time from when patients are listed for surgery but not their true wait



BC Breast Cancer Waits



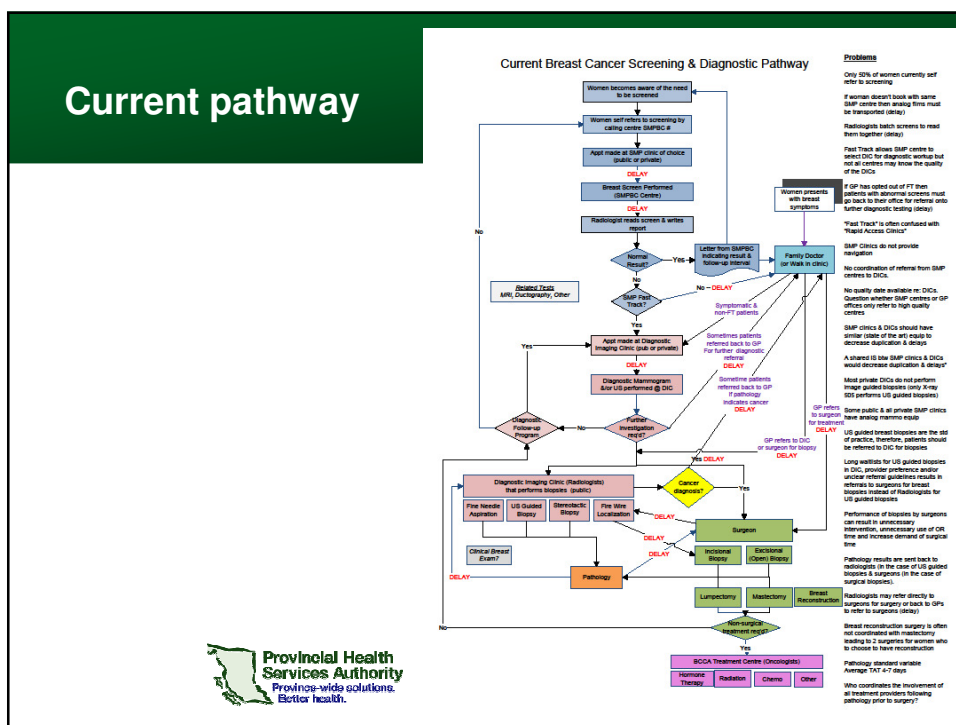
Pathway?



What is the system like?

- A multidisciplinary group of senior clinicians and managers from across the province sat down and mapped the current pathway
- And then looked at the ideal pathway



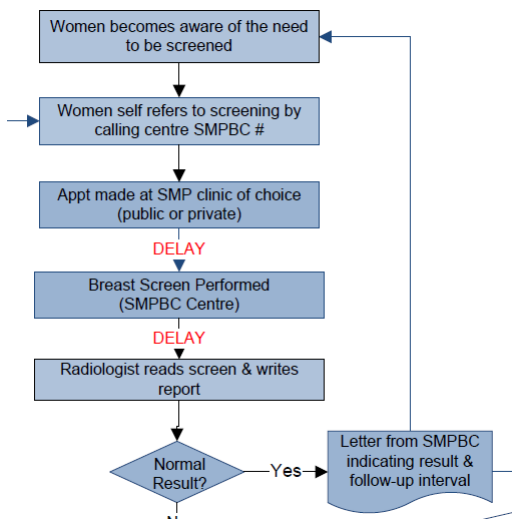


Screening

Only 50% of women currently self refer to screening

If woman doesn't book with same SMP centre then analog films must be transported (delay)

Radiologists batch screens to read them together (delay)



Diagnostic Imaging

If GP has opted out of FT then patients with abnormal screens must go back to their office for referral onto further diagnostic testing (delay)

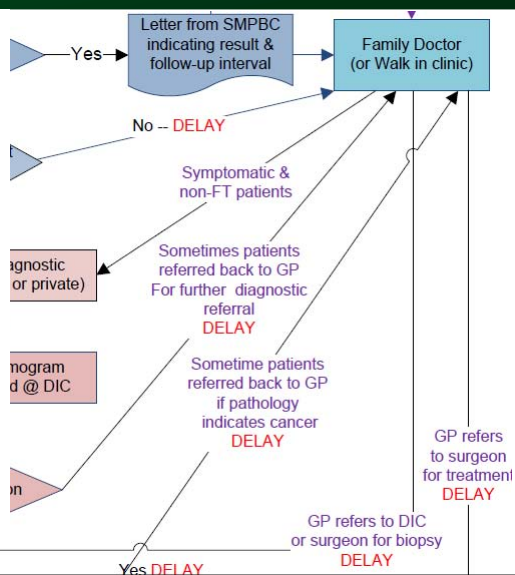
"Fast Track" is often confused with "Rapid Access Clinics"

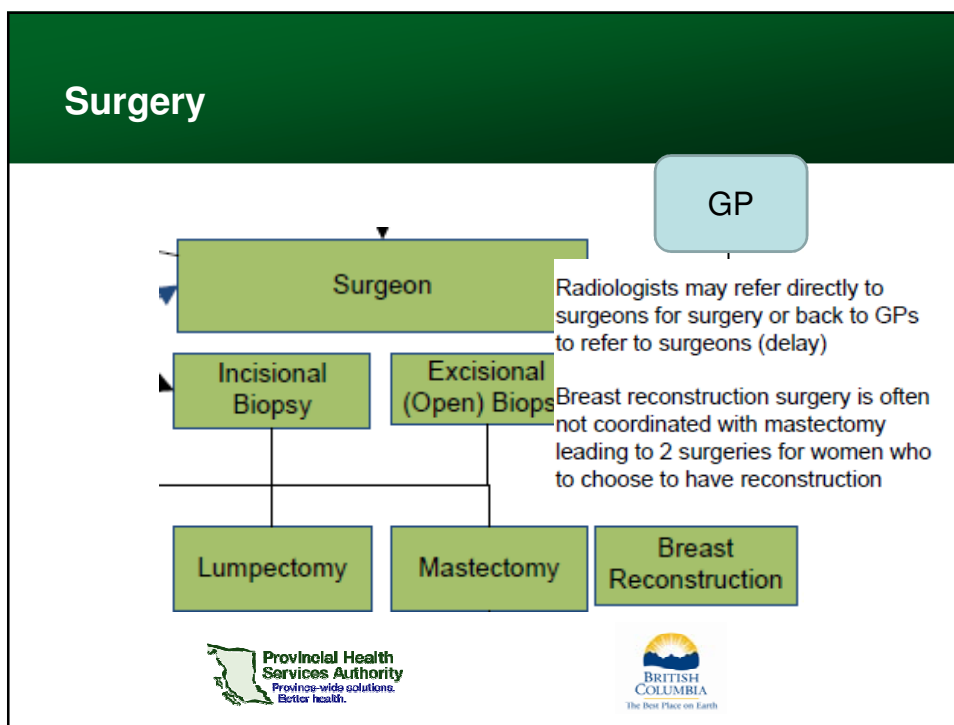
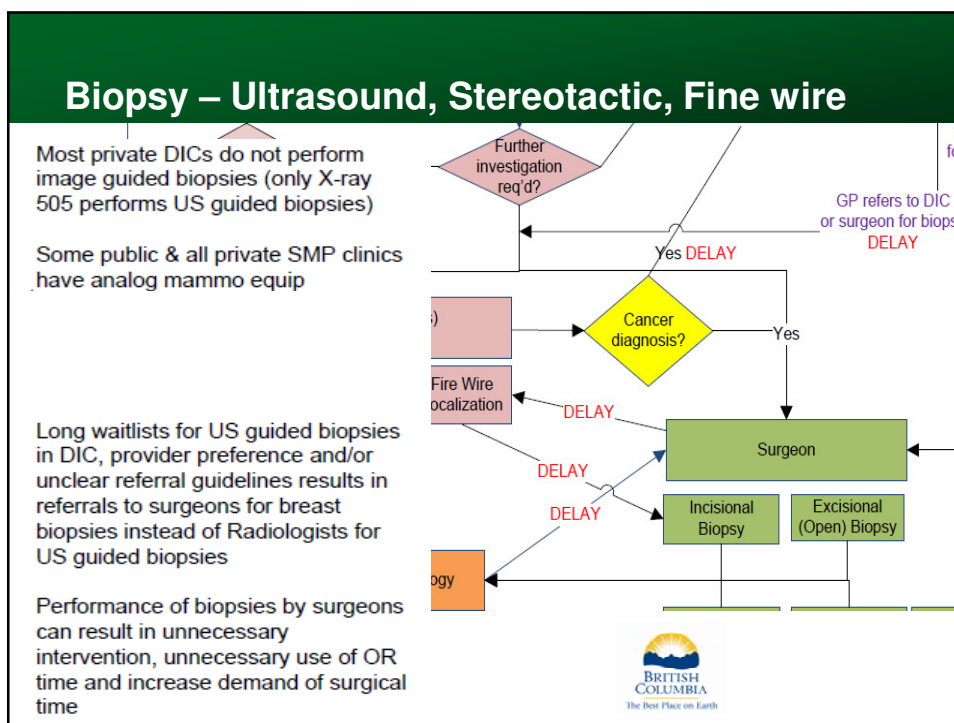
SMP Clinics do not provide navigation

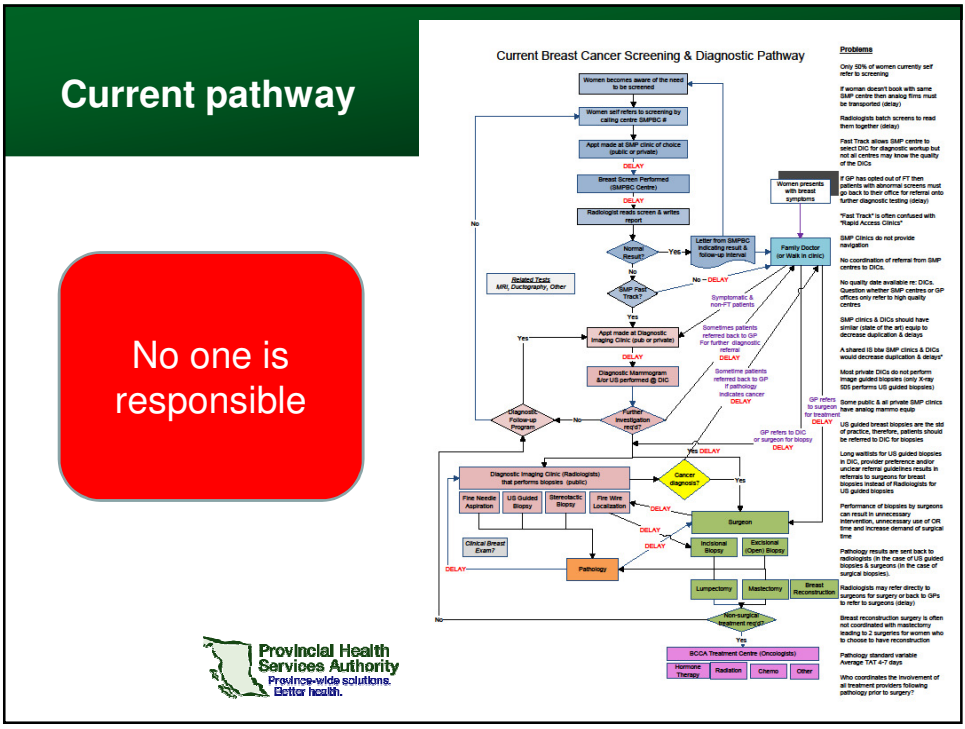
No coordination of referral from SMP centres to DICs.

No quality date available re: DICs. Question whether SMP centres or GP offices only refer to high quality centres

SMP clinics & DICs should have similar (state of the art) equip to decrease duplication & delays







In BC healthcare appears

- Not patient focussed
- Long waits
- Difficult to navigate

Provincial Health Services Authority
Province-wide solutions. Better health.

BRITISH COLUMBIA
The Best Place on Earth

Other healthcare systems

- Eusoma model
- US model
- Ontario model



Rapid Access - Vancouver

- After being referred by their doctors, women who come to the clinic get imaging tests, usually mammograms and ultrasounds. Then the radiologists, as well as the clinic's general practitioner, analyze the results. Depending on the findings, consultations are organized with surgeons.
- Nearly 85 per cent of the women who walk through the doors at Mount Saint Joseph's clinic are diagnosed within 21 days, as opposed to the average wait time in B.C. of about 43 days
- Modelled after best-practice projects in Europe, the clinics are more efficient because people don't get lost in logistics. Each patient is assigned a "nurse navigator" to facilitate and organize the entire diagnostic and surgical process.



Now is the right time for change

- The Healthcare System can perform better
- The Minister wants change
- Patients want change



Canadian Medical Association

- Culture of patient-centred care
- Improved patient access
- Help for providers to help patients
- Incentives for improved access and quality
- Accountability and responsibility at all levels



Possible new model



Pathway design

- What needs to happen
- The skills needed
- Metrics for quality
- Getting funding to follow the patient



Considerations

- Hub and spoke model – Coordination of services
- The role of the navigator
- Accreditation of services
- Role of primary care physician
- Accountability

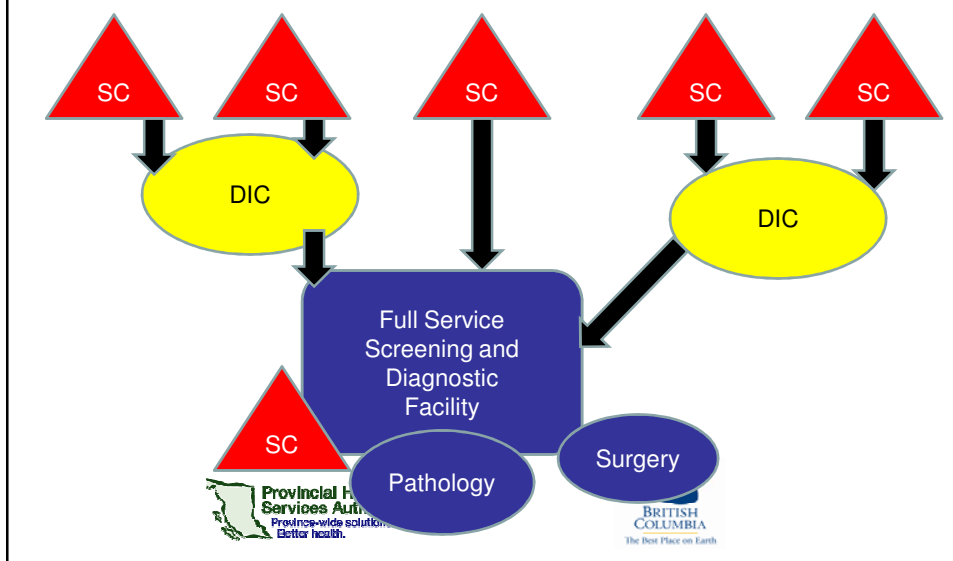


BC Screening Mammography

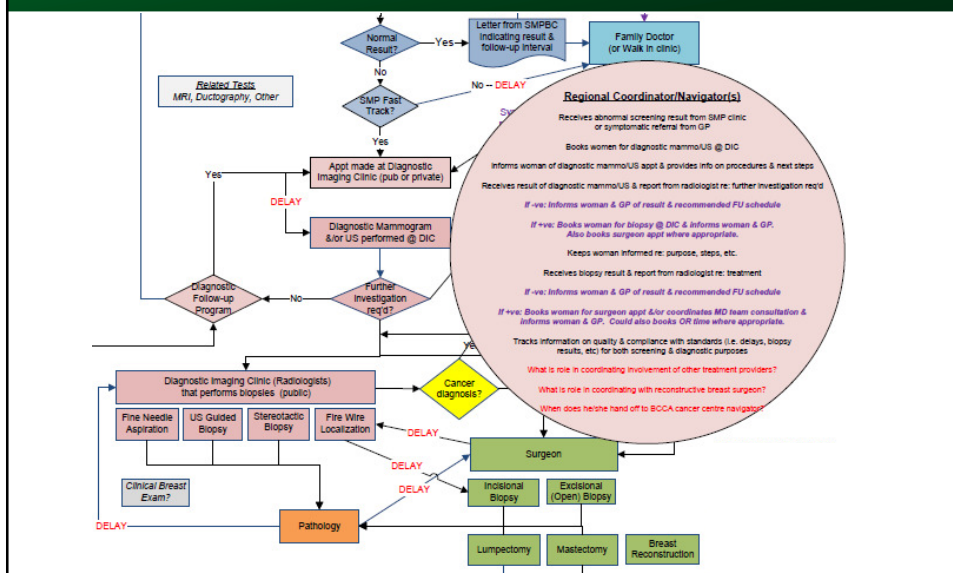
- 300,000 screens each year
 - 7.3% are abnormal = 21,737 women
 - 5 weeks to diagnosis (no biopsy) 67.9%
 - 7 weeks to diagnosis (biopsy) 39.6%
- approx 3,600



Hub and Spoke Model



The Navigator? Role and competencies needed



Screening Mammography Navigator Role?

*If +ve: Books woman for biopsy @ DIC & informs woman & GP.
Also books surgeon appt where appropriate.*

Keeps woman informed re: purpose, steps, etc.

Receives biopsy result & report from radiologist re: treatment

If -ve: Informs woman & GP of result & recommended FU schedule

*...geon appt &/or coordin
Could also books OR t*

*...ity & compliance with sta
... both screening & diagn*

Who tells the patient their diagnosis?

Is the role System Management or Case Management ?



Accreditation

- How do we ensure quality of care?
- Accreditation, a quality assurance program
- What is used already?



Accreditation of centres:- ACR

How to Obtain Breast Imaging Center of Excellence Certificates		
If Center's	ACR Automatically Sends Certificate	Center Must Request Certificate
1) Mammography facility is accredited by ACR, and 2) Mammography, stereotactic breast biopsy and breast ultrasound facilities have exactly the same name, and 3) Mammography, stereotactic breast biopsy and breast ultrasound facilities are at the same physical location	✓	
Mammography, stereotactic breast biopsy and breast ultrasound facilities are accredited under different names (see your ACR accreditation certificates)		✓
Mammography, stereotactic breast biopsy and breast ultrasound facilities are at different physical locations		✓
Mammography facility is accredited by state (and not ACR)		✓



Role of Primary Care Physician

- To be fully informed of progress as the patient moves through the pathway
- To inform the patient if they have a biopsy that indicates cancer?
- Not to be a point of delay
- Cultural issue

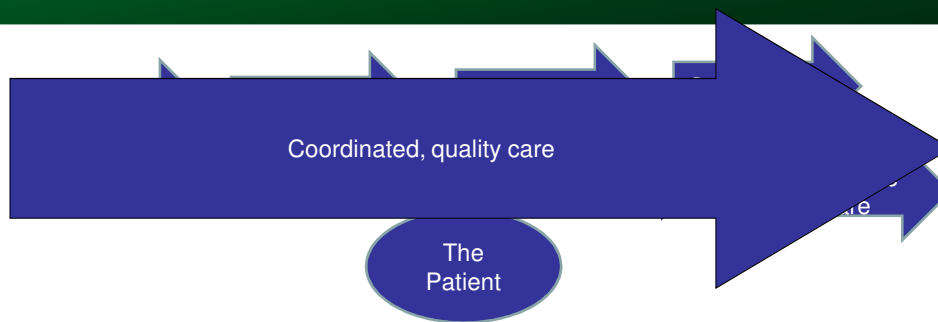


Accountability

- Who is responsible for the care of these patients as they move through the diagnostic process?
- What is the role of the Regional Health Authorities to work with others to ensure timely diagnostic delivery and care?



Pathway



Clinical Pathway: A Highway



Questions

