

The Provincial Breast Health Strategy

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

Background

Breast cancer is the most common type of cancer diagnosed in Canadian women, affecting one in every nine women at some point in their lifetime. There were more than 2,800 new cases of breast cancer diagnosed in BC in 2009 and 650 women died from the disease.

While the benefits of breast cancer screening are still being debated, evidence suggests that organized screening mammography programs contribute to reductions in breast cancer mortality.. Early detection through programmatic screening combined with effective treatment remains the best option available to continue to reduce deaths due to breast cancer in women.

Breast cancer screening in BC is funded and coordinated by the Screening Mammography Program of BC (SMPBC). SMPBC contracts with Health Authorities (HAs) and Community (private) Imaging Clinics (CICs) to deliver screening services to women aged 40 to 79 through hospital, community and mobile clinics.

Approximately seven per cent of women who are screened for breast cancer will require further investigation to diagnose an abnormality. Diagnostic investigation may involve mammography, ultrasound, clinical breast exams, image-guided biopsies, biopsies by surgeons and other procedures to rule out or to confirm a cancer diagnosis. Diagnostic services are delivered by HAs and CICs and funded by the Medical Services Plan (MSP). Unlike with screening, there is no provincial or regional coordination of diagnostic breast health services.

The Breast Health Action Plan

An effective breast cancer screening program requires high rates of coverage and timely follow-up of abnormal results. BC currently has some challenges in both of these areas. At the request of the Ministry of Health Services (MoHS), the Provincial Health Services Authority (PHSA) developed the Breast Health Action Plan (BHAP), which was approved in May 2010. This plan identifies areas for improvement and strategies to address these challenges. These include improving the clinical pathway, upgrading mammography equipment, addressing workforce issues and collaboration on a province-wide, evidence-based approach to prevention. An important goal is to meet the First Ministers' Meeting (FMM) screening participation target of at least 70 per cent for women aged 50 to 69 by the year 2013.

BC's Current Services

Screening - Information on the performance of the breast cancer screening program in BC is collected by SMPBC and reported to the Canadian Breast Cancer Screening Initiative (CBCSI), a program of the Public Health Agency of Canada (PHAC). Evaluation reports that are published every two years show how well each province performs in relation to national targets and to each other. BC currently falls short of the national targets in participation rate, retention, abnormal call rate, diagnostic interval and benign to malignant open biopsy ratio.

The reasons for performance shortfalls are complex and multi-faceted. The low screening participation of women aged 50 to 69 appears to be partially related to unclear messages about screening and eligibility. Other factors that contribute to low screening participation in certain groups of women include: low

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socio-economic status; not having a regular medical doctor; being a smoker; being aboriginal or a recent immigrant; and being from an Asian country. It is important for us to understand the barriers that exist for these women and to develop innovative strategies that improve rates in “hard to reach” communities.

The SMPBC’s success in achieving national targets hinges on the implementation of up-to-date digital equipment and supporting infrastructure. The use of outdated analog machines and partial conversion to digital equipment has created inefficiencies and duplication in the system. It has also led to challenges with staff recruitment and retention and poor integration between screening and diagnostic services. Since 2007, digital mammography has changed from being an emerging clinical technology to being the standard for new equipment acquisition. The BHAP proposes a ten-year capital plan to replace existing screening mammography equipment with new digital technology that is connected through an integrated clinical information system.

Diagnostic Services - Women who have an abnormality identified through screening or present with abnormal physical findings in the breast, are referred to the diagnostic system. This system is fragmented and confusing to navigate in BC. In 2008, only two thirds of women with an abnormal screen received a diagnosis within five weeks (without biopsy) and less than half received a diagnosis within seven weeks (with biopsy).

Factors that contribute to fragmentation include the lack of regional and provincial coordination of diagnostic services and integration with the SMPBC; lack of a clear clinical pathway, standards and performance measures; staffing challenges; issues related to the reimbursement of radiologists; and aging diagnostic mammography equipment.

Strategies to improve the breast cancer diagnostic system in BC have tended to focus on the creation of Breast Health Centres/Rapid Access Centres and patient navigator programs. Although both are important components of a high quality provincial program, they are limited in their ability to address systemic change as independent units. It’s now important to incorporate these initiatives into strategies that address the larger breast health system to ensure equal access to appropriate screening for all women.

The Provincial Breast Health Strategy:

A Provincial Breast Health Steering Committee has been established to coordinate and oversee implementation of the BHAP over the next two years. This initiative is called the Provincial Breast Health Strategy (PBHS). This is a collaborative effort with shared accountability between PHSA, the HAs, government, community (private) radiology clinics (CICs) and community partners such as the Canadian Breast Cancer Foundation (CBCF), the Canadian Cancer Society (CCS). (All partners are represented on the Provincial Breast Health Steering Committee.) The PBHS will implement the BHAP by working on the following objectives:



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1. To improve quality and consistency in the clinical pathway from screening to initiation of treatment.

- Develop a provincial framework, clinical pathway and standards to guide breast health in BC and ensure that there is ongoing measurement and coordination of services.
- Redesign, standardize and streamline existing clinical pathways to ensure that women receive high quality services in a timely manner regardless of where they live.
- Increase the integration of screening and full service diagnostic programs.

2. To increase capacity in the breast health system.

- Develop a strategy to implement digital mammography equipment and related information technology in the Screening Mammography Program.
- Integrate the screening mammography replacement strategy with the diagnostic equipment replacement strategy in Health Authorities and Community (private) Imaging Clinics.
- Increase the number of highly qualified professionals in breast cancer screening and diagnostic services through recruitment and retention strategies.

3. To improve the effectiveness of the Screening Mammography Program of BC (SMPBC) in reducing mortality due to breast cancer.

- Update the screening policy to ensure that the program targets women who would receive the most benefit from screening mammography.
- Develop strategies to recruit and retain at least 70 per cent of eligible women to the screening program while working towards the broadest participation and retention.

4. To decrease the incidence of breast cancer and demand on the breast health system.

- Collaborate on the delivery of evidence-based approaches to primary prevention of breast cancer.
- Determine the most effective (evidence-based) approach to the primary prevention of breast cancer.
- Integrate the delivery of primary prevention of breast cancer with healthy living (prevention) programs at PHSA, HAs & community agencies.

Work In Progress

Under the direction of the Provincial Breast Health Steering Committee, five teams are now actively working on plans to achieve the above objectives. More information about the work of the teams and the partners represented on each team is included on page 4.

The Provincial Breast Health Summit (held October 24, 2010) provided an opportunity for stakeholders and partners involved in the delivery of breast health services province-wide to meet the teams; to hear about the work plans in progress for the Digital Mammography, Clinical Pathway, Workforce and Prevention teams; and to provide input and feedback.

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Teams/Committees:

Team/Committee	Purpose	Membership
Provincial Steering Committee	<i>Oversee the implementation of the Breast Health Strategy & engage in province-wide planning, information sharing, standard setting, performance evaluation & systems improvement in breast health.</i>	PHSA/BCCA/BCW HAs MoHS CBCF CCS BCRS
<ul style="list-style-type: none"> Digital Mammography Team 	<i>Plan & implement digital equipment & related IS infrastructure in screening mammography sites across BC (integrated with diagnostic services)</i>	BCCA/BCW HAs MoHS BCRS
<ul style="list-style-type: none"> Clinical Pathway Team 	<i>Develop a breast screening & diagnostic clinical pathway, standards & metrics & initiate the redesign of existing pathways.</i>	BCCA/BCW HAs MoHS
<ul style="list-style-type: none"> Workforce Team 	<i>Develop strategies to recruit & retain MI technologists, radiologists and other professionals in breast health to improve the quality of services.</i>	BCCA HAs MoHS UBC/BCIT HSA
<ul style="list-style-type: none"> Prevention Team 	<i>Develop collaborative strategies to communicate information to women re: primary prevention & screening of breast cancer.</i>	PHSA/BCCA/BCW HAs MoHS/MHLS CBCF/CCS UBC
<ul style="list-style-type: none"> Screening Policy Subcommittee (Subgroup of Prevention) 	<i>Recommend an update to the breast cancer screening policy in BC based on an evidence review of clinical & cost-effectiveness.</i>	BCCA/BCW HAs MoHS/MHLS CBCF UBC
<ul style="list-style-type: none"> Community Engagement Team 	<i>Plan & implement strategies to communicate information about the Provincial Breast Health Strategy to key stakeholders and solicit feedback.</i>	BCCA/BCW HAs MoHS
<ul style="list-style-type: none"> Integration Team 	<i>Integrate the work of teams & develop shared accountability & governance strategies for breast cancer screening.</i>	Team Co-Chairs

Participant Key: Provincial Health Services Authority (PHSA); BC Cancer Agency (BCCA); BC Women’s Hospital & Health Centre (BCW); Health Authorities (HAs); Ministry of Health Services (MoHS); Canadian Breast Cancer Foundation (CBCF); Canadian Cancer Society (CCS); BC Radiological Society (BCRS); Community Imaging (private) Clinics; University of BC (UBC); BC Institute of Technology (BCIT); Health Sciences Association (HSA)

