

COMPREHENSIVE BREAST CENTER/BRCP

Where we've been...

The Baystate Regional Cancer Program's (BRCP) Comprehensive Breast Center (CBC) has been providing the community with a full spectrum of breast health services in a warm, patient-centered environment for over 15 years. The mission of the CBC is to promote strategies for screening and prevention, to coordinate care for women with breast cancer, to advance knowledge in diseases of the breast and to contribute to wellness in women who have had a diagnosis of breast cancer.

Breast imaging services available at the CBC include screening and diagnostic mammography, ultrasound, stereotactic and ultrasound guided biopsy and ductography. Clinical services include evaluation by breast surgery for benign problems and breast cancer. Medical Oncology, Surgical and Radiation Oncology appointments are coordinated for new breast cancer patients. Medical Oncologists provide risk assessment and counseling to women with greater risk of breast cancer due to benign breast disease or family history. Genetic consultation and testing is available. Ongoing efforts are in place to streamline care and coordinate follow-up visits among the different specialists involved in the care of women with breast cancer. The goal is to provide appointments at intervals to assure added value and reduce redundancy. Appointments for annual mammography are the same day as a physical exam and wellness counseling. The CBC is also a proven community leader in providing outreach and educational programs to area women as demonstrated by the Breast Cancer Survivorship Clinic that was recently established to meet the distinct needs of survivorship.

Where we are now...

BAYSTATE MEDICAL CENTER In the fall of 2008, the BRCP completed the implementation of digital mammography for the three sites: CBC, Baystate Franklin Medical Center (BFMC), Baystate Mary Lane Hospital (BMLH). The BRCP monitors quality metrics for the three sites system-wide, tracking time to screening mammogram, time to diagnostic mammogram, time to breast core biopsy, time to pathology report from core biopsy, and call back rate. The BRCP also tracks wait times to appointment with breast surgeons, and time from a confirmed Breast Cancer diagnosis to treatment and the associated variables. The goal is to assure that there is clinical, imaging and pathologic correlation following breast biopsy.

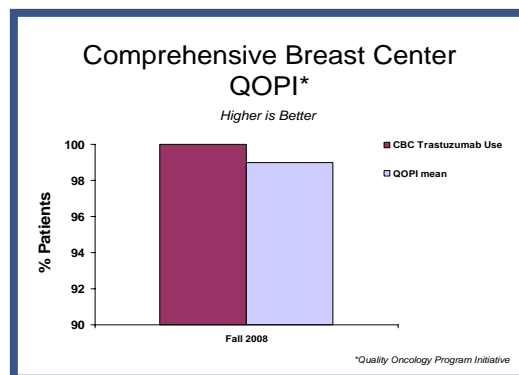
Additionally, the BRCP is participating in a national Quality Oncology Program Initiative (QOPI®) through the American Society of Clinical Oncologists (ASCO). QOPI® includes a set of quality measures, a specified chart selection strategy, a secure system for data entry and transmission, automated data analysis and reporting, and a network of resources for improvement, which became available in January 2006.

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QOPI® is an important new program for measuring cancer care quality. (To learn more, please visit <http://qopi.asco.org>.) Practicing oncologists and quality experts developed the QOPI® quality measures, which are derived from clinical guidelines or published standards adapted from the National Initiative on Cancer Care Quality (NICCQ), ASCO/NCCN Quality Measures, ASTRO/ASCO/AMA PCPI Oncology Measures. The core measures are consensus-based and clinically relevant. In the fall of 2008, 194 oncology programs across the United States submitted data; that number increased to 248 sites in the spring of 2009 submission.

Enrollment consists of reporting required core measures and two disease-specific areas that participating practices may choose from twice a year. The BRCP core measures were pain, consent process, and smoking cessation, in addition to the disease-specific areas (Breast Cancer and End of Life). During the fall of 2008, the BRCP made its first submission to QOPI®. The staff at participating practices conducted a retrospective review of patient charts looking for evidence of both core measures and the disease-specific areas. BRCP initial submission yielded excellent results, demonstrating tremendous performance in Breast Cancer treatment, achieving an overall result in the 95th percentile (a 100% score was achieved in 11 out of 13 measures). In the spring of 2009, our submission included the same core measures, another End of Life module and a Non-Hodgkin's Lymphoma module instead of Breast Cancer.

Additionally, the use of the agent trastuzumab-DM1 produces an overall improved response rate (defined as complete and partial remission) when given to appropriate patients and should be considered in all eligible patients. BRCP has consistently employed trastuzumab for all eligible patients (those likely to benefit).



Where we are going...

BRCP will continue to submit data on a semi-annual basis to the QOPI® program. Expansion of reporting is expected to reflect quality of our clinical care as well as help derive national benchmarks for all hematology-oncology participating facilities and practices across the country.