

Cancer patient navigation

January 18, 2008

The Dr-Georges-L-Dumont Hospital
Breast clinic success story

Breast Cancer situation in NB (2002)

- ▶ In comparison to the Canadian average
 - Incidence is rising
 - Screening levels are low
 - Mortality rates are higher

Starting point

- ▶ Recognition of problem by health care professionals and community survivors
- ▶ Survivors meet with board in march 2002
 - Report unacceptable wait times from detection to diagnosis and diagnosis to treatment
 - Demand better coordination and organization of care and support for patients.

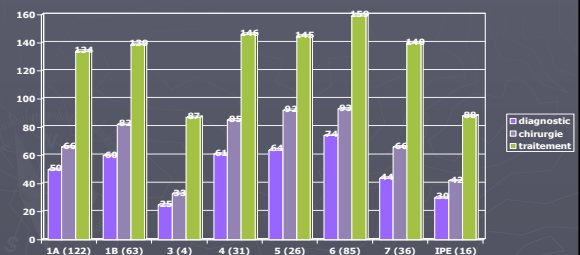
Study of the problem

- ▶ Multidisciplinary team created to:
 - Evaluate wait times
 - Determine the causes of delays
 - Provide solutions
- ▶ Retrospective analysis of breast cancer patients treated between 2000-2002

Information gathered

- ▶ No. of days between the detection and:
 - Diagnosis
 - Surgery
 - Start of oncology treatment
- ▶ Compare results from all regions referrals

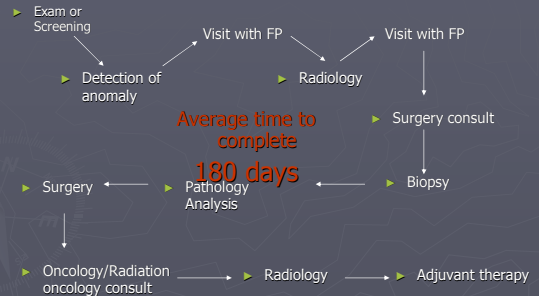
Results of the analysis



Conclusion

- ▶ Delays are too long
- ▶ Causes vary
- ▶ Delays negatively impact outcomes
- ▶ Patients need information and support during initial stages (ie investigation and diagnosis)

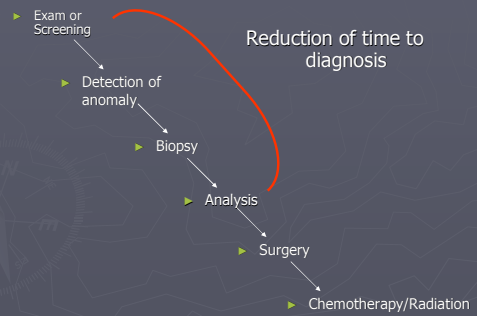
Labyrinth of Health Care



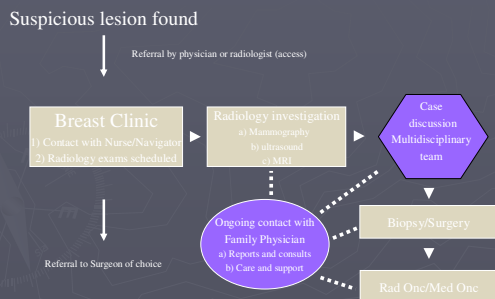
Breast Clinic Concept

- ▶ Goals:
 - Reduce front-end delays leading to diagnosis
 - Provide multidisciplinary care approach
 - Provide patient support during entire process
 - Create standardized protocols for patient care
 - Provide follow-up care for:
 - ▶ Benign and malignant breast disease
 - ▶ Women at higher risks

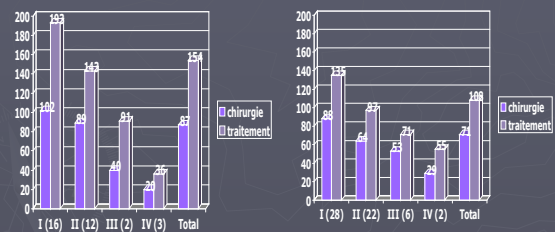
Objectives of Breast Clinic



Care pathway



How did we do?

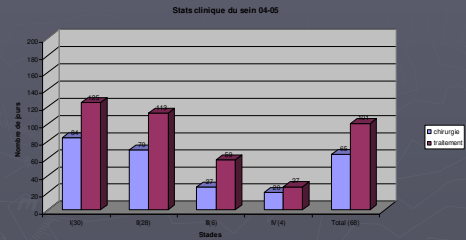


Comparisons

	00-02	03-04	%
<u>reduction</u>			
▪ Mammography:	23 d	19 d	17%
▪ Ultrasound:	16 d	5 d	69%
▪ Biopsy:	37 d	19 d	49%
▪ First surgery:	22 d	20 d	9%
▪ Second surgery:	25 d	22 d	12%
▪ Oncology consult:	27 d	27 d	0%
▪ Initiate treatment:	32 d	12 d	63%
▪ Total:	182 days	124 days	32%

- In modifiable areas, 58% reduction of delays

Can we keep up the pace?



Cornerstones of the Breast Clinic

- ▶ Integration of medical services
- ▶ Reduction of delays
- ▶ Timely patient education and support
- ▶ Personalized treatment by interdisciplinary team
- ▶ Cooperation at all levels of care-givers

Unforeseen benefits

- ▶ Standardization of work-ups
- ▶ Excellent communication between care-givers
- ▶ Appropriate selection of patients for new technologies (MRI)
- ▶ Increased early detection of breast cancer

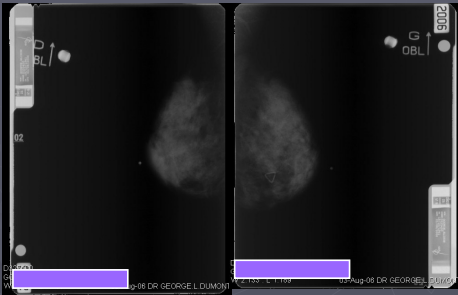
Case Study

- ◆ 45 year old woman feels a lump
- ◆ Consults an after-hour clinic
- ◆ Referred to the breast clinic on 24/07/06

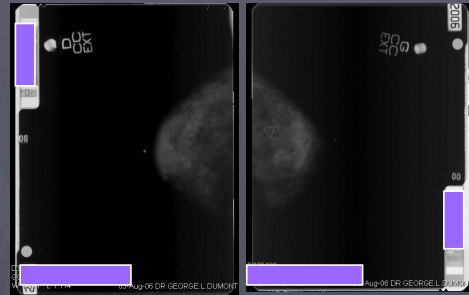
Start of the investigation

- ▶ Phone interview with the nurse navigator
- ▶ Mammo and U/S done 03/08/06
- ▶ Seen by surgeon of her choice 08/08/06 with results.
- ▶ Biopsy under U/S scheduled 11/08/06

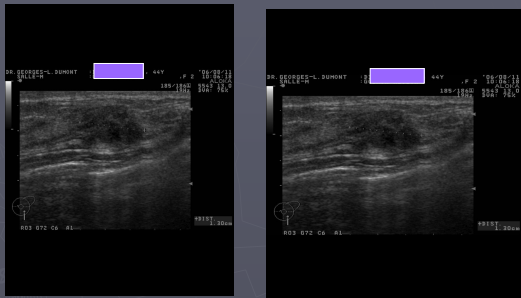
Mammography



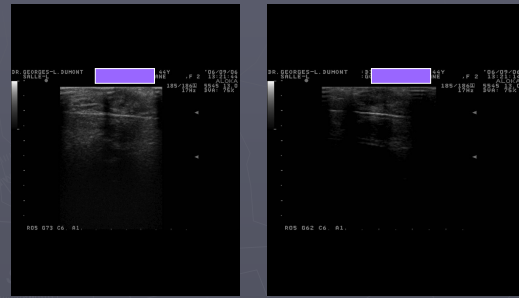
Mammographie (cont'd)



Ultrasound



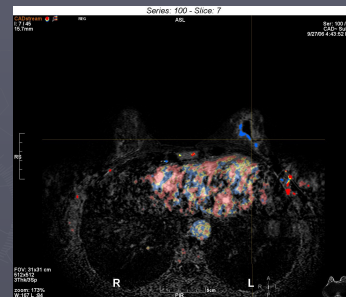
Biopsy under ultrasound guidance



Multidisciplinary review

- ▶ Pathology came back normal breast parenchyma
- ▶ Radiology asked it be removed
- ▶ Surgeon removed the lesion; cancer found

Breast MRI



Challenges

- ▶ Maintain standards despite workload
- ▶ See patients within one month of referral (non-urgent cases)
- ▶ Integration of new technologies (MRI, Vacora)
- ▶ Keep stats for all patients referred

Statistics

▶ 03-04	513 consults	58 cancers	11%
▶ 04-05	582 consults	72 cancers	12%
▶ 05-06	632 consults	83 cancers	13%
▶ 06-07	810 consults	103 cancers	13%
▶ 07-08	786 consults	83 cancers	11%

Role of the nurse navigator

- ▶ Assessment
- ▶ Advocate
- ▶ Information
- ▶ Access
- ▶ Referral

Thank you!

Questions???