#132

Title: Patient Navigation and the Quality of Breast Cancer Care

Objectives: Patient navigation programs were initiated to help guide patients through barriers in a complex cancer care system. Thirty six Breast Cancer Care Quality Indicators (BCCQI) have been defined by the National Initiative for Cancer Care Quality (NICCQ). We sought to analyse the impact of our patient navigator program on the adherence to specific BCCQIs associated with surgery, systemic adjuvant therapy, and respect of patient preferences and inclusion in decision making domains of the NICCQ.

Method: A retrospective cohort of patients with Stage I-III breast cancer seen the calendar year prior to the initiation of the patient navigation program were reviewed and compared to patients treated in the ensuing two calendar years. Quality indicators deemed appropriate for analysis were those associated with overcoming barriers to treatment and those associated with providing health education and improving patient decision making. Because annual mammographic screening in non-invasive breast cancer is recommended, this specific indicator (have a mammogram in the last 12 months) was examined in this subset of patients.

Results: A total of 134 consecutive patients, between January 1, 2006 and December 31, 2006, the year preceding the nurse navigation program, and 234 consecutive patients between January 1, 2008 and December 31, 2009 were evaluated for compliance with the BCCQI. Sixty five patients had non-invasive cancer. There was a similar age distribution between the two study populations (59.7 yr, Pre vs. 57.6 yr, Post, p=0.12) and race distribution (53% White, Pre vs. 54% Post, p=0.85). In all ten BCCQIs evaluated, there was improvement in the percentage of patients in compliance with the quality indicator. Indicators associated with informed decision making and patient preference achieved statistical significance, while only completion axillary node dissection in sentinel node positive biopsies in the process of treatment achieved statistical significance.

BCCQI, Pre-Navigation (%), Post-Navigation (%), P value
BR-1B1 (Axillary node sampling performed), 98.53 (67/68), 100 (134/134), 0.16
BR-1B2 (Completion axillary node dissection in SN+ Pts), 90.5 (19/21), 100 (73/73), 0.007
BR-2B1 (Start endocrine therapy in ER+ or PR+ disease), 84.2 (48/57), 92.6 (113/122), 0.08
BR-2B3 (<50y, T2 and/or N+ receive chemo tx), 85.7 (12/14), 96.5 (55/57), 0.12
BR-2B5 (<50y, T2 and/or N+ starts chemo tx within 8 wks of last therapeutic surgery), 81.8 (9/11), 96.5 (55/57), 0.058
BR-2C2a (Breast Conservation Surgery (BCS) receives rad tx), 92.2 (47/57), 97.7 (84/86), 0.13
BR-2C3a (Mastectomy with +margin or T3 or N2 receives rad tx), 90.0 (9/10), 97.7 (42/43), 0.25
BR-5-4 (Stage I-III informed about BCS if undergoing mastectomy), 64.9 (24/37), 91.6(65/71), 0.0005
BR-5-5-1 (Stage I-II informed of breast reconstruction option prior to mastectomy), 27.9 (12/31), 50.6 (40/79), 0.015
BR-7-2 (Mammogram within last 12 months), 53.5 (53/99), 80.5 (140/174), 0.0001

Conclusions: The implementation of a patient navigator program improved the percent of patients whose care is in compliance with all 10 BCCQI examined. The greatest impact was observed on patient preferences and inclusion in decision making domains. The impact, if any, on relapse free and overall survival remains to be determined.