Statewide Oncoplastics Breast Reconstruction Initiative

Initiative Type

Model of Care

Status

Deliver

Added

02 August 2018

Last updated

28 May 2021

URL

https://clinicalexcellence.qld.gov.au/improvement-exchange/statewide-oncoplastics-breast-reconstruction-initiative

Summary

The Statewide Oncoplastics Breast Reconstruction Initiative will determine the next steps in the surgical management of a person with breast cancer. Learnings and deliverables from the current model internal to Mater can be leveraged for a Statewide approach. These include:

- Ensuring people with diagnosed breast cancer undergo appropriate discussion and decision making and have a recommended treatment plan developed.
- Ensuring appropriate on-referral to the treatment team for individualised treatment.
- Documentation and standardise management for the purpose of practice improvement.
- Enhanced communication across settings to support patient outcomes.

The project proposes a virtual MDT between Breast, Oncoplastic and Plastic Surgeons to discuss and plan the surgical options available to women with active or recent breast cancer. Utilising video conference, Telehealth store and forward, and 3D imaging software, a case-conference type discussion will occur where the patient's oncology history and clinical photography can be reviewed and considered by the referring Specialist and clinical leaders in Breast Reconstruction. Breast Surgeons from anywhere in Queensland will be able to refer a patient who has been diagnosed with breast cancer to the meeting group. The set referral information, along with appropriate photography will be securely messaged to a Mater "gateway" where images will be uploaded into the visual imaging system and prepared with the patient's oncology history for discussion. Following discussion a recommendation will be returned to the referring specialist along with a PDF version of any required imaging. This enables the local specialist to have an informed discussion with the patient around the outcome, prior to their mastectomy. A copy of the "discharge" recommendations will also be available for the GP. These will be sent directly for continuity of care and will be available via accessing the Mater Doctor Portal. Additionally, when appropriate, they could also be uploaded to the My Health Record of the patient. In the outcome of a delayed reconstruction the patient can complete their Oncology surgery and continue along their pathway, under the guidance of the GP, until the time a referral for delayed reconstruction is appropriate. If an immediate reconstruction is recommended the patient can be referred or moved to the most appropriate facility for their care, improving timing and access to definitive care for the patient.

Key dates

Jan 2018

Jun 2019

Implementation sites

Mater Brisbane

Partnerships

Brisbane South PHN

Key Contacts

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Aim

To offer a solution to breast cancer patients in Queensland, particularly those living in rural and regional areas, needing improved access to timely reconstructive options prior to undergoing a mastectomy.

Benefits

This project delivers an improved patient journey for Breast Cancer patient across Queensland, improved communication between the treating teams and primary care and reduced wait times to access reconstruction discussions for patients. The model:

- Provides patients with access to reconstructive options prior to Mastectomy in a time sensitive manner, improving patient care, experience, quality and satisfaction across their cancer journey.
- Reduces psychological trauma associated with mastectomy.
- Strengthens communication between patients, tertiary and primary care settings at critical Specialist-to-Specialist decision making points.
- Reduces wait times for access to reconstruction discussion.
- Improves appropriate referral to plastic surgery outpatient waitlist once patients are clinically suitable and optimised.
- Reduces travel costs for regional and rural patients & allows appointments and treatment closer to home when appropriate.
- Creates a professional network between referring specialists and GPs building access, links, educational opportunities and a state-wide approach to breast reconstruction.

Background

Breast Cancer is the most commonly diagnosed cancer in females and one of the top three most prevalent cancers in Queensland with approximately 3,300 women diagnosed each year. The treatment for this patient group may include Surgery, Radiotherapy, Chemotherapy, Hormone Therapy and other targeted therapies with women needing care from multiple specialists, health practitioners and their GP, highlighting a complex patient journey and many interactions with the health system across differing timeframes and locations. In Queensland in 2010, 1,145 women or 44 per cent of the Breast Cancer cohort underwent definitive mastectomy surgery with 499 (43 per cent) living outside the South East Corner. Best practice states reconstructive options, inclusive of clinical suitability (e.g. BMI, smoking, treatment plan), should discussed with patients prior to mastectomy occurring for both clinical planning and reducing patient psychological trauma. Current barriers to achieving best practice include:

- Limited access to oncoplastic and plastic surgeons
- Long outpatient waitlists which are more pronounced for patients living outside South East Queensland.
- Clear and accessible information for GPs on when referral to Plastic Surgery outpatient waiting lists is clinically appropriate for best patient journey. Support and capacity building will help address unnecessary demand and long waits.

From 2019 to July 2020 a total of 250 patients have benefitted from this project, of which 70 were HHS referrals. Altogether 112 of the 250 patients have been referred for reconstruction.

Solutions Implemented

Based on analysis of the findings, the key implications of the project were:

- When patients are considered at the MDT early in their treatment journey, their access to timely and high-quality reconstructive care planning is enhanced
- Reviewing the service model against leading practice could identify opportunities for improvement
- Integration and coordination between the MDT and referring sites can be enhanced to support effective reconstructive care planning
- There is a significant number of women undergoing a mastectomy in Queensland each year who would likely benefit from inclusion in the MDT
- A sustainable model of funding is required to continue to operate an effective MDT model and meet demand for subsequent reconstructive surgical procedures.

Evaluation and Results

The project was evaluated using a mixed methods approach consisting of analysing patient journey data, supplemented with qualitative data obtained through focus groups and semi-structured interviews with a sample of referring clinicians, participating MDT clinicians, project staff and past patients.
Over an 18-month implementation period, a total of 121 patients were reviewed across 28 MDT meetings. The vast majority of referrals were generated from Mater Public Hospital (76), with 31 referrals coming from Hospital and Health Services (HHSs) across Queensland. Referrals from non-Mater sites increased over the duration of the project. Just over half of all referrals received fell within the intended target population of pre-mastectomy patients, with the remainder referred to the MDT after undergoing mastectomy.
When compared with available data for other public hospitals, patients who were reviewed at the statewide oncoplastics MDT meeting and had a discussion about reconstruction options with their treating doctor were more likely to undergo an oncoplastic or reconstructive procedure, recorded fewer specialist outpatient appointments and waited less time to surgery. Qualitative data received by stakeholders indicated a relatively high level of satisfaction with the design and delivery of the service model, with several opportunities for strengthening the model identified.

References

Online: Cancer Australia - Influencing best practice in breast cancer Australian Institute of Health and Welfare - Breast cancer in Australia Breast Cancer Network Australia - Breast reconstruction Cancer Australia - Breast reconstruction Journal Articles: Javid, S. H., S. O. Lawrence and D. C. Lavallee (2017). "Prioritizing Patient-Reported Outcomes in Breast Cancer Surgery Quality Improvement." Breast Journal **23**(2): 127-137. Bauder, A. R., C. P. Gross, B. K. Killelea, P. D. Butler, S. J. Kovach and J. P. Fox (2017). "The Relationship Between Geographic Access to Plastic Surgeons and Breast Reconstruction Rates Among Women Undergoing Mastectomy for Cancer." Ann Plast Surg **78**(3): 324-329. Cheng, H. M., C. McMillan, J. E. Lipa and L. Snell (2017). "A Qualitative Assessment of the Journey to Delayed Breast Reconstruction." Plast Surg (Oakv) **25**(3): 157-162. Young, M. J. and J. Pham (2016). "Improving the electronic nexus between generalists and specialists: A public health imperative?" Healthcare **4**(4): 302-306. Noyes, K., J. R. T. Monson, I. Rizvi, A. Savastano, J. S. A. Green and N. Sevdalis (2016). "Regional Multiteam Systems in Cancer Care Delivery." J Oncol Pract **12**(11): 1059-1066. Vargas, C. R., O. Ganor, M. Semnack, S. J. Lin, A. M. Tobias and B. T. Lee (2015). "Patient preferences in access to breast reconstruction." J Surg Res **195**(2): 412-417. Potter, S., N. Mills, S. Cawthorn, S. Wilson and J. Blazeby (2015). "Exploring information provision in reconstructive breast surgery: A qualitative study." Breast **24**(6): 732-738 Liddy, C., A. Afkham, P. Drosinis, J. Joschko and E. Keely (2015). "Impact of and Satisfaction with a New eConsult Service: A Mixed Methods Study of Primary Care Providers." J Am Board Fam Med **28**(3): 394-403 Causarano, N., J. Platt, N. N. Baxter, S. Bagher, J. M. Jones, K. A. Metcalfe, S. O. Hofer, A. C. O'Neill, T. Cheng, E. Starenkyj and T. Zhong (2015). "Pre-consultation educational group intervention to improve shared decision-making for postmastectomy breast reconstruction: a pilot randomized controlled trial." Support Care Cancer **23**(5): 1365-1375.

Further Reading

Mater Health Online News - New model of care for breast cancer streamlines patient pathway

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