Statewide Oncoplastics Breast Reconstruction Initiative

Initiative Type Model of Care
Status Deliver
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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**

This project offers 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 & 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.

This project offers 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.

**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](#)
Journal Articles:


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

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