



## Shared Care Final Project Report

<b>Project Title</b>	Integration of a Breast Health Clinic within the Fraser Northwest Primary Care Network (PCN)
<b>Physician leads</b>	Dr. Cathy Clelland, Family Physician Lead Dr. Michelle Goecke, General Surgery, Specialist Lead
<b>Project lead</b>	Sanjam Laura
<b>Date of Submission</b>	August 28, 2023



## EXECUTIVE SUMMARY

### Background / overview

The Cancer Care (Breast Health) Shared Care Initiative was conducted from January 2021 to August 2023 in the Fraser Northwest region. The project aimed to provide residents with access to high-quality cancer prevention, screening, and diagnostic services. It involved integrating the Fraser Northwest Primary Care Network with the newly launched Breast Health Clinic at Eagle Ridge Hospital (ERH), fostering collaboration among healthcare providers, and enhancing patient access and care coordination.

### Project Objectives

The Cancer Care (Breast Health) Shared Care Initiative had three primary objectives. Firstly, it aimed to enhance education and awareness of breast cancer risks while ensuring active engagement of healthcare providers and patients throughout the project. The second objective focused on addressing disparities in breast cancer screening rates, particularly among hard-to-reach populations. The third key objective was to establish streamlined clinical and referral pathways for patients with abnormal screening results. This involved enhancing communication between specialists and family physicians to ensure a seamless transfer of information and a patient-centered approach to cancer care. The ultimate goal was to improve the efficiency and quality of care for patients with breast health concerns by creating a well-structured pathway.

### Project Outcomes

As the initiative progressed, several noteworthy outcomes were observed. Referring providers acknowledged varying improvements in the coordination of care between physicians and other healthcare providers at the Breast Health Clinic. While 70% of referring providers expressed satisfaction with the faxed communications from the clinic, opinions differed when asked about recommending the clinic to their patients with breast health concerns or abnormal screening mammograms. This feedback indicates that the project's intention to enhance fragmented patient care and improve communication between providers is still a work in progress.

Two specific events, the "Ask the Expert" (ATE) event and the Medical Office Assistant (MOA) networking event, played significant roles in knowledge exchange and collaboration among healthcare professionals. At the ATE event, attendees gained a better understanding of the referral processes for breast cancer and reconstruction surgeries within the primary care context. Likewise, the MOA networking event provided clinic staff and providers with increased knowledge about patient care coordination. However, identified gaps in understanding the referral processes for the Breast Health Clinic emphasized the importance of continued education and improvement efforts in this area. In addition to healthcare provider engagement, the initiative featured a Public Awareness Campaign that achieved 447 impressions by August 9, 2023.

Despite challenges arising from clinic closure and access to diagnostic imaging, the Cancer Care (Breast Health) Shared Care Initiative demonstrated its sustainability through education initiatives and established partnerships. The video recordings of educational sessions, along with the comprehensive evaluation, will serve as valuable resources to continue raising awareness and understanding of breast health and cancer care in the community. Moreover, the strong relationships formed between partners and stakeholders from diverse backgrounds will provide a solid foundation for future collaborative efforts, supporting continuous improvements in cancer care and awareness in the Fraser Northwest region beyond the project's funding period.



## INTRODUCTION

The Fraser Northwest Division of Family Practice (FNW DoFP) encompasses family physicians in New Westminster, Coquitlam, Port Coquitlam, Port Moody, Anmore and Belcarra representing the traditional catchment area of the Royal Columbian and Eagle Ridge Hospitals. Together, members and division staff work to improve patient access to local primary care, increase local physicians' influence on health care delivery and policy, and provide professional support for physicians.

The Cancer Care (Breast Health) Shared Care Initiative, spanning from January 2021 to August 2023, in the Fraser Northwest is a direct result of the continuous system development and strengthening efforts within the existing Patient Medical Homes and Primary Care Networks across the FNW region. The initiative aimed to ensure that residents in the FNW have access to high-quality cancer prevention, screening, and diagnostic services by integrating the FNW PCN with the newly launched Breast Health Clinic at Eagle Ridge Hospital in summer 2021. By fostering collaborative discussions and shared pathways for clinic implementation, healthcare providers are working together to support patients in the FNW seeking care. The collaborative efforts focused on improving aspects crucial for patients' well-being, including:

- Continuity of Care
- Timely Access
- Coordination of Care

### **Problem statement:**

In the current state, procedures are conducted by different types of clinics, at different locations, with different providers. Many do not refer to the next stage, resulting in the patient being sent back to the family physician between procedures, causing delays, fragmented experiences and confusion

### **Aim Statement:**

The focus of the Cancer Care (Breast Health) Shared Care project was to ensure residents in the Fraser Northwest region receive high quality cancer prevention, preventative screening, and diagnostic services.

## PROJECT OBJECTIVES

The Cancer Care (Breast Health) Shared Care Initiative in the Fraser Northwest aimed to achieve the following key objectives:

1. Patient and Provider Engagement:
  - a. Enhance education and raise awareness of breast cancer risks
  - b. Ensure active and meaningful engagement of both healthcare providers and patients throughout the duration of the project to foster a patient-centered approach.
2. Increase Access to Screening:
  - a. Address disparities in breast cancer screening rates within hard-to-reach populations, including indigenous communities, recent immigrants, and unattached individuals.
  - b. Develop a dedicated pathway to facilitate unattached individuals' access to breast cancer screening services, the Breast Health Clinic, and establish a connection with a family physician.
  - c. Explore and implement strategies to utilize the Electronic Medical Record (EMR) system to identify and reach out to patients due for screening, thus optimizing the screening process beyond the traditional reliance on family physicians as the gatekeepers.



# TEMPLATES AND FORMS

3. Pathway to Breast Health Clinic:
  - a. Establish clear and streamlined clinical and referral pathways for patients with abnormal screening results (diagnostic mammogram, ultrasound, breast biopsy) to be seen at the Breast Health Clinic.
  - b. Implement a local Breast Health Clinic to streamline referrals, providing a centralized approach that eases patients' navigation through their cancer journey.
  - c. Enhance communication between specialists and family physicians at every stage of the patient journey, ensuring smooth transitions in care processes and avoiding the siloing of care in the existing fragmented system.

## TARGET POPULATION

The target population for the Cancer Care (Breast Health) Shared Care Initiative includes people aged 17 years and older residing in the FNW region, encompassing those with abnormal screening mammograms, diagnostic imaging, or pathology results. This initiative also involves family physicians and other healthcare providers actively engaged in the patient's circle of care within the FNW region.

## ENGAGEMENT STRATEGY

During the planning phase of the Cancer Care project, the FNW Division actively engaged a diverse group of stakeholders across the cancer care and breast health care continuum. These stakeholders included family physicians, specialists in surgery, pathology, and radiology, a patient partner, allied health teams, and health authority partners.

The engagement of these stakeholders played an important role in driving the project forward and shaping its outcomes. Family physicians provided valuable insights into primary care perspectives and specialists in surgery, pathology, and radiology brought their respective expertise to the table, which guided the project's direction.

The involvement of non-physician stakeholders was equally significant. Representatives from the health authority provided leadership and strategic direction, ensuring integration with existing healthcare systems. The patient partner's unique perspective kept the project patient-centered. Additionally, engagement from allied health teams and other healthcare professionals supported the implementation and coordination of project activities.

The following graphs present a comprehensive breakdown of stakeholder engagement and involvement in committee meetings and project activities.

Name	Role	Primary Practice Location
<b>Physician Engagements</b>		
Dr. Cathy Clelland	Family Physician Lead	Coquitlam
Dr. Michelle Goecke	General Surgery, Specialist Lead	Tri-cities

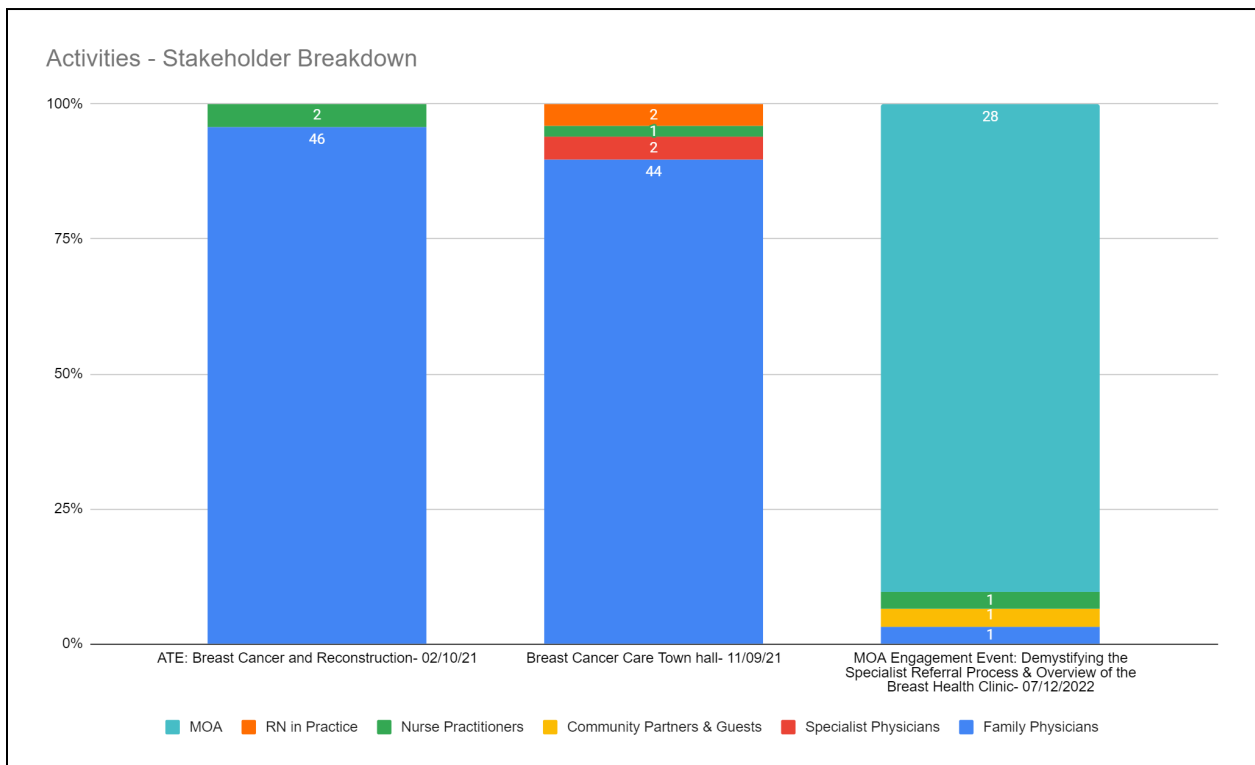
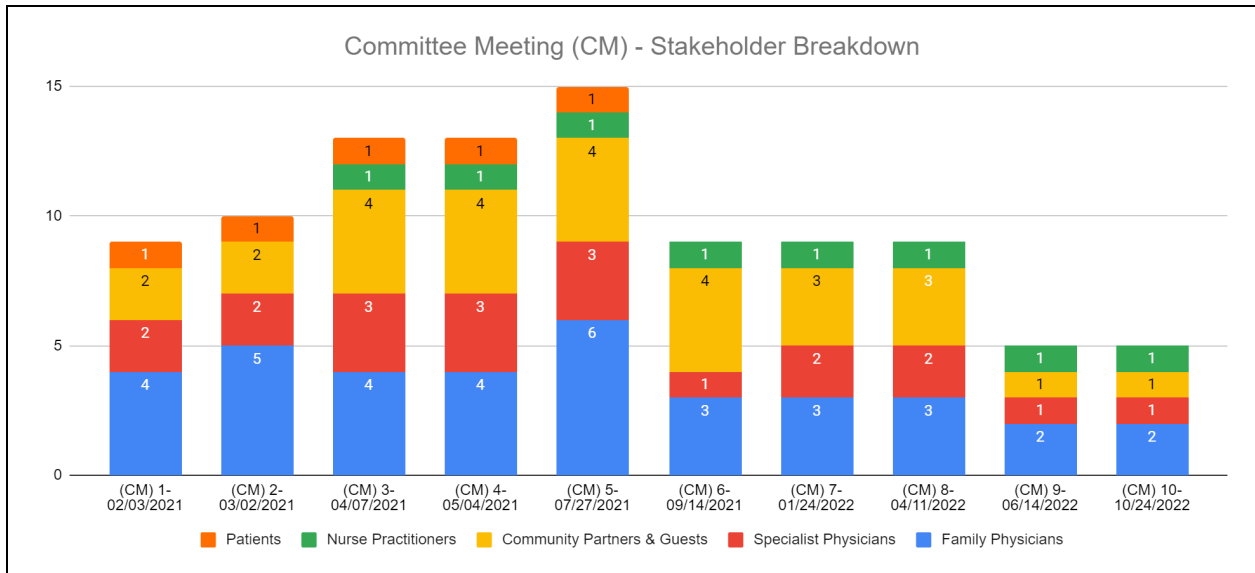


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Dr. Reza Alaghebandan	Pathologist	New Westminster
Dr. Jennifer Yun	Family Physician	Coquitlam
Dr. Stephanie Aung	Family Physician	New Westminster
Dr. Fahreen Dossa	Family physician	Burnaby
Dr Jeniffer Dolden	Radiologist	New Westminster
Dr. Nazila Soltani	Family Physician	Port Coquitlam
Dr. Christine Sorial	Family physician	Coquitlam
Dr. Mahsa Mackie	Family physician	Port Moody
<b>Non-Physician Engagements</b>		
Laurier Nobert	Director of Medical Imaging	Fraser Health Authority (FHA)
Scott Brolin	Executive Director, New Westminster and Tri-Cities Health Services, Eagle Ridge Hospital, Queen's Park Care Centre and Regional Rehabilitation Network	FHA
Johnnie Kuo	Patient partner	
Lucy Shorthouse	Nurse Practitioner	FHA
Helen Chow	Clinical Operations Manager	FHA
Wendy Magnusson	Director of Clinical Operations	FHA
Vivian Ng	Project lead	FHA
Alanna Haberstock	Clinical Operations Manager	FHA
Shannon Ogilvie	Clinical Operations Manager	FHA



# TEMPLATES AND FORMS





## DATA COLLECTION ACTIVITIES

The evaluation approach was conducted through a mixed-methods design. Quantitative data was collected from FHA analytic data and program administrative records. Qualitative data was collected from surveys and interviews with physicians, specialists, stakeholders, patients, and program administrators will be collected and collated. The data collected has a developmental lens that focuses on continuous quality improvement and links back to the overall Shared Care goals.

Throughout the Cancer Care (Breast Health) Shared Care Initiative in the Fraser Northwest, data collection played a crucial role in assessing patient experiences, understanding community needs, and shaping the project's development and implementation.

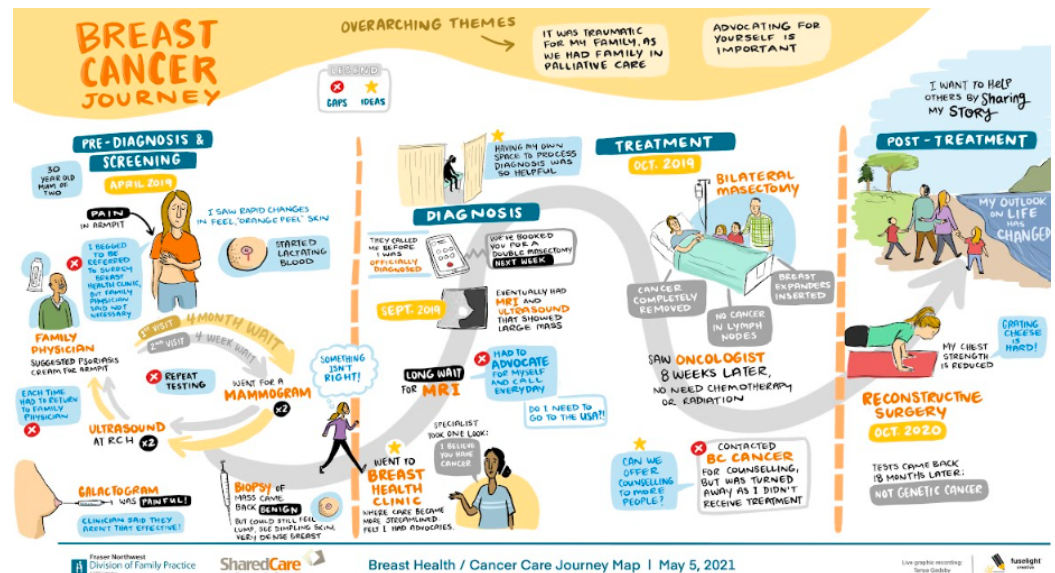
Starting from February 2021 and continuing throughout the project, an ongoing data collection process involved targeted surveys and a general member survey (*appendix 1*) to gather feedback from family physicians involved in the Cancer Care (Breast Health) Shared Care Initiative. These surveys allowed us to obtain valuable insights into the perspectives of primary care providers, helping identify areas of success and areas for further improvement.

In addition to the physician surveys, a co-developed Patient Experience Survey with FHA was implemented as part of an ongoing Plan-Do-Study-Act (PDSA) cycle, starting from April 2021 and continuing throughout the project. The purpose of this survey was to gather feedback directly from patients and assess their experiences within the Cancer Care (Breast Health) Shared Care Initiative. It aimed to continuously improve the patient-centered approach of the project. Please note that the results from the co-developed patient experience survey have not been shared. However, these insights will play a vital role in shaping and refining the approach to ensure the best possible patient outcomes and experiences.

To understand community needs, define referral criteria, identify the target population, and gather insights for refining project strategies, multiple events were organized, and member engagement and feedback were sought during the project duration.

Beginning in March 2021 and continuing throughout the project, the engagement of a patient partner proved instrumental in understanding the experiences and challenges faced by unattached patients. The patient partner's involvement provided insights into the unattached patient journey.

Patient journey mapping (*appendix 2*) was conducted in May 2021 to ensure that the patient voice remained engaged and represented throughout the





project. This experience allowed us to visualize the patient's breast health care journey from screening and pre-diagnosis to post-treatment and beyond, providing valuable context for the development of the Breast Health Shared Care project.

For this journey mapping exercise, we collaborated closely with a local patient partner residing in Coquitlam, who shared her personal cancer care journey with us. She recounted her experience from the initial screening and pre-diagnosis phase, where she encountered fragmented care. During this period, she had to undergo repeat testing and referrals, leading to long wait times and the need to advocate vigorously for herself.

Despite receiving clear test results, the patient's intuition told her that something was still wrong, and she strongly advocated to be referred to the Surrey Breast Health Clinic. Once at the Surrey Breast Health Clinic, she received a breast cancer diagnosis and subsequently underwent a double mastectomy.

Notably, the patient expressed that upon arriving at the Surrey Breast Health Clinic, she felt that things were moving swiftly and her care was more streamlined and coordinated. This positive change in her experience highlighted the significance of having a specialized breast health clinic and reinforced the importance of a patient-centered approach in cancer care.

By utilizing a diverse range of data collection methods, the project team aimed to create a comprehensive understanding of breast health care experiences and ensure a patient-centric approach to breast cancer care in the Fraser Northwest region.

## RESULTS / DATA MATRIX

The purpose of this evaluation is to align and support the overall Shared Care goal which is to provide coordinated, continuous and comprehensive patient care in a way that fits the local context and community needs specific to the FNW. The evaluation objectives and questions link directly back to the overall FNW project aim statement noted in the previous section. Implementing evaluation measures throughout this initiative supports real-time data collection and clear identification of when progress markers have been attained or when adjustments need to be made to existing measures. The evaluation program's main purpose is to support the cyclical quality improvement processes focusing on the PDSA cycle which supports the implementation, identifies opportunities for improvement, and allows for ongoing feedback between and amongst PCN stakeholders.

The work of this project and its subsequent evaluation are to focus and improve the following key attributes:

- Shared Care project goals
- PMH Attributes
- PCN Attributes
- Quadruple Aim

The evaluation has two main objectives and their subsequent evaluation questions below:

**The evaluation has two main objectives and their subsequent evaluation questions below:**

- 1. To evaluate the effectiveness of the Cancer Care Shared Care Initiative in the Fraser Northwest community**
  - a. To what extent does the program contribute to increased communication and care coordination amongst Family Physicians and Specialists?
  - b. To what extent does the program contribute to improved patient care?





# TEMPLATES AND FORMS

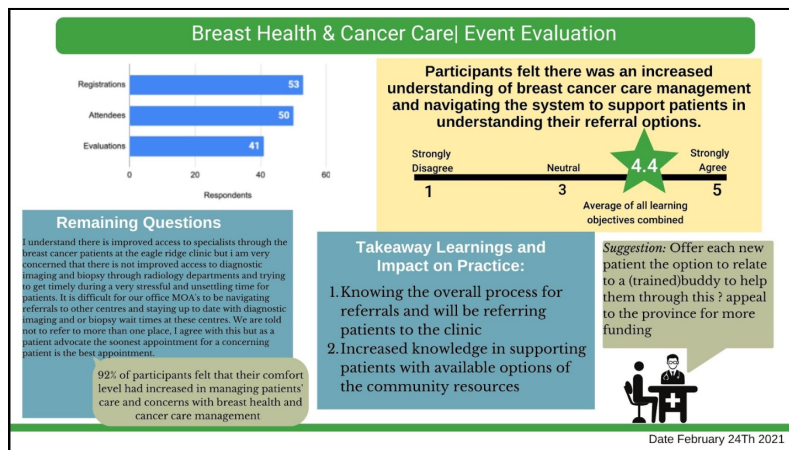
- c. To what extent does the program contribute to improved health outcomes for patients seeking cancer care?
  - d. To what extent did the program contribute to a change in health care utilization and what effect did it have on system costs?
- 2. To identify areas for quality improvement and document lessons learned**
- a. What were the unanticipated outcomes of the proposed strategies?

## PROJECT ACTIVITIES & DELIVERABLES

The Cancer Care Shared Care project was driven by a series of activities, coupled with essential deliverables aimed at enhancing patient care and strengthening collaboration among partners and stakeholders. The project's journey commenced with the Member Engagement event "Ask The Expert - Breast Cancer and Reconstruction" in February 2021 (*appendix 3*). This event provided valuable insights into community needs, helped define referral criteria,

identified the target population, and gathered essential feedback to shape the project's direction (*see appendix 4 for video recording*).

The accompanying visual displays the event evaluation results, with 41 out of 50 attendees offering positive feedback, rating the event 4.4 out of 5 for all learning objectives combined. Attendees increased their understanding of breast cancer care management and navigating the system to support patients in understanding referral options.

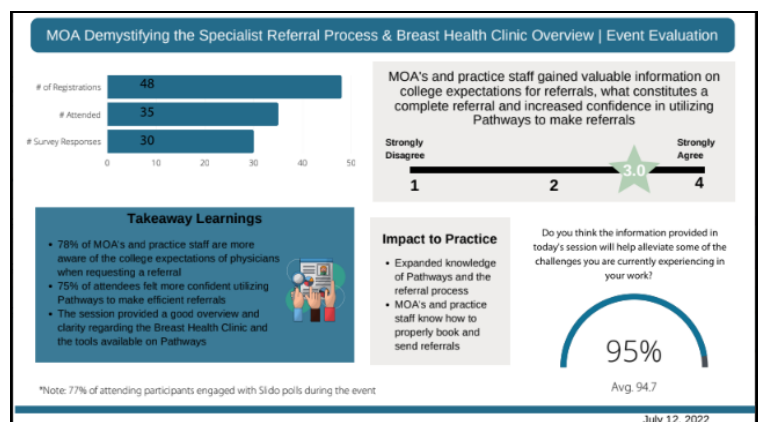


In March 2021, the team engaged with the Thompson Region Division of Family Practice, exploring clinic processes and the unattached patient pathway. This knowledge-sharing collaboration allowed for a better understanding of the existing healthcare landscape and informed subsequent project decisions.

Collaboration with the Urgent Primary Care Centre (UPCC) commenced in April 2021 and continued throughout the project's lifespan. The goal was to establish an effective process for unattached patients, ensuring timely access to vital care services. The project was further supported by regular weekly meetings with FHA, providing a platform for ongoing quality improvement discussion.

In May 2021, the project took a significant stride forward by co-developing referral pathways from Family Physicians (FP), Walk-In Clinics (WIC), and the UPCC. This collaborative effort sought to streamline clinic processes and optimize patient access to services.

Continuing the co-development approach, referral forms and discharge summaries and care plans were crafted in May 2021 to enhance

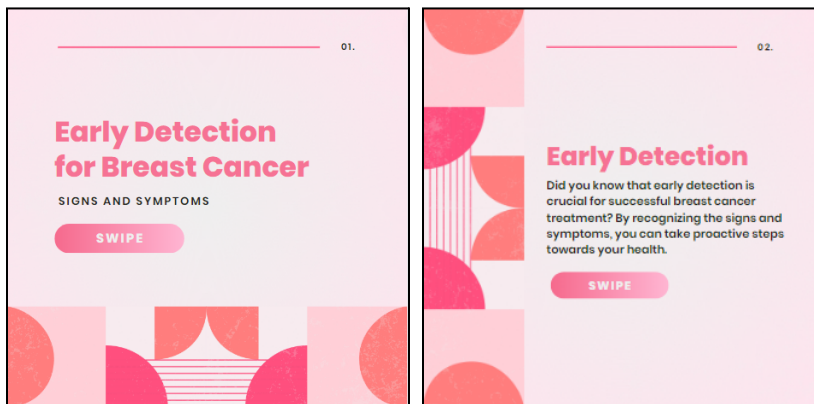




communication between healthcare providers. This step ensured continuity of care and minimized fragmentation for patients.

A communication strategy was implemented from May 2021 onwards, encompassing the FNW newsletters, email blasts, Pathways, monthly feedback surveys, and various events like town hall meetings and Ask The Expert sessions. This communication plan aimed to increase awareness and facilitate information sharing among the community and healthcare professionals.

The townhall education event held in November 2021 (*see appendix 5 for recording*) provided a platform to raise awareness and promote engagement. Participants were provided with crucial information about cancer care and the project's objectives.



Addressing referral challenges and fostering collaboration among Medical Office Assistants (MOAs), a networking event (*see appendix 6 for recording*) was organized in July 2022 (*see appendix 7 for evaluation breakdown*).

Lastly, the project concluded with the launch of the Public Campaign (*appendix 8*). This campaign was dedicated to enhancing public education and awareness of breast cancer risks, with an emphasis on

the importance of early screening. The target audience included the general public as well as marginalized groups such as immigrant communities, indigenous communities, and unattached patients. By utilizing diverse communication channels and collaborating with community organizations, the campaign aimed to raise awareness about breast health and aimed to empower individuals to take proactive measures for early detection.

## LESSONS LEARNED

Throughout the FNW Cancer Care Shared Care Project, significant accomplishments were achieved, leading to enhanced relationships among key stakeholders. The project successfully identified bottlenecks related to core biopsies, sparking discussions and conversations aimed at streamlining diagnostic imaging processes and improving overall efficiency in patient care. Notably, FHA, upon becoming aware of family doctors sending requests to multiple sites for imaging, took measures to understand the situation to optimize the diagnostic process. Moreover, the upskilling of Nurse Practitioners and nurse navigators demonstrated their role in supporting physicians and contributing to patient care.

However, the project also faced several notable challenges. In January 2023, the closure of the Breast Health clinic significantly affected the project, drawing attention to the rate-limiting step in the process—access to imaging and core biopsy. Delays in obtaining diagnostic imaging, with or without biopsy, were identified as potential barriers to achieving meaningful change through the pilot clinic. The situation was further exacerbated by the challenges imposed by the COVID-19 pandemic, which contributed to worsened waiting times. A misconception regarding the clinic's goal to provide rapid imaging access caused it to fall short in the eyes of some stakeholders. The lack of consistent medical oversight and administrative turnover added further complexity.



Despite the project's adaptive efforts, the team faced obstacles in reducing the time to diagnosis for potential cancer patients, primarily due to the rate-limiting step of accessing diagnostic imaging. However, it is essential to highlight that conversations are occurring at the regional and provincial levels to review current challenges, particularly regarding referral patterns, and exploring opportunities to improve breast cancer diagnosis. Additional work is required to gain a better understanding of the processes for triaging core biopsies and to monitor the balance of wait times in the region.

One concern that emerged during the project was related to data management. Operational feedback and the involvement of rotating clerks impacted data accuracy and timeliness. As a result, the project did not receive timely and accurate information from the health authority.

Reflecting on the project, it is evident that strong health authority partnership, communication and ongoing support are crucial for success. A solid model prioritizing patient care and clear differentiation from other existing models should be developed. To ensure long-term sustainability, continuous training for the healthcare team and the consideration of additional support roles, such as physician assistants, should be explored. Effective marketing, operational focus, and integrated information systems are essential for improved efficiency and patient care.

The pride of the Physician Leads lies in the learning experience and continuous improvement achieved through the PDSA cycle. The inclusive approach that involved various perspectives from radiology, surgery, nurse practitioners, and primary care established a strong foundation for future phases of the project, paving the way for smoother implementation and addressing common challenges experienced in similar clinics.

In light of these insights, it is recommended that future Cancer Care projects identify and engage all stakeholders involved in diagnostic imaging processes, as this was highlighted as the rate-limiting step during the project, and secure strong medical oversight. Adaptable and data-driven approaches should be employed to maximize operational efficiency. Emphasizing team-based care, fostering collaboration, and demonstrating the clinic's value to administration are essential. By incorporating these lessons, other groups can enhance the success and long-term sustainability of similar cancer care projects and streamline healthcare services effectively.

## NEXT STEPS

While the breast health clinic has closed down and the model is under review to better meet the needs of the community, certain aspects of the project hold potential for sustainability beyond the end of the provided funding.

One of the key sustainable components is the education initiative. The video recordings of educational sessions, along with the comprehensive evaluation conducted during the project will serve as valuable resources to continue raising awareness and understanding of breast health and cancer care in the community. The "Ask the Expert" sessions, which may address pressing breast health topics, can be revisited as needed, ensuring ongoing engagement and responsiveness to the community's evolving needs.

Moreover, the strong relationships established between partners and stakeholders from diverse backgrounds will provide a solid foundation for future collaborative efforts. These partnerships can continue to be leveraged to explore opportunities and potential partnerships to support future projects aimed at improving cancer care and awareness in the region.

As the breast health model undergoes review and redevelopment, it will be essential for the project team to actively participate in the process and advocate for the incorporation of successful elements and lessons learned



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from the previous project. By doing so, the team can contribute to the development of a model that reflects the needs and preferences of the community and ensures the sustainability of effective interventions.

In conclusion, while the breast health clinic may not continue in its previous form, the sustainable elements of the project, such as education, valuable resources, and established partnerships, will continue to make a positive impact on breast health awareness and support in the Fraser Northwest region even beyond the conclusion of the provided funding

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## EVALUATION FRAMEWORK & DATA MATRIX

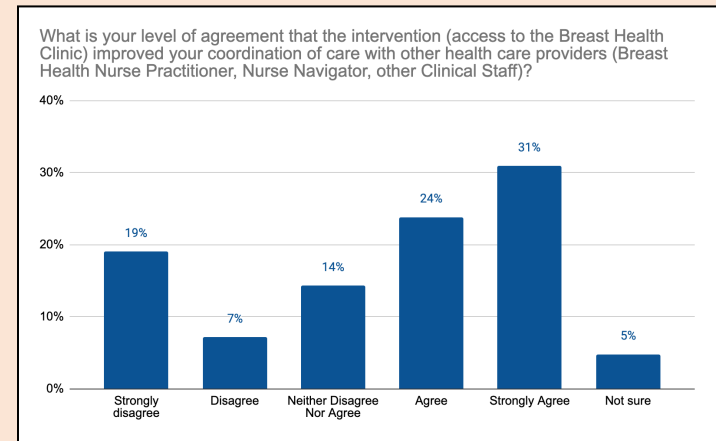
IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results
<p><b>Provider experience:</b> To what extent does the program contribute to increased communication and care coordination amongst Family Physicians and Specialists?</p>	<p>Improved relationships and communication among healthcare providers</p> <p>Improved referral process</p> <p>Improved Family Physician satisfaction and confidence that the clinic is meeting the needs of their patients</p> <p>Improved care coordination and patient transitions between care settings</p>	<p>FNW Bi-monthly member Survey</p> <p>Program documentation</p> <p>Engagement feedback</p> <p>Breast Health Clinic Referring Provider Survey</p>	<p>M0008: Improved Coordination of Care between Physicians and other health care providers</p>	<p>The Cancer Care (Breast Health) Shared Care initiative emerged in 2021 through the development of the Breast Health Clinic at Eagle Ridge Hospital. The aim of this clinic was to improve the patient experience and quality of care received, improve communication between providers, prevent fragmentation of care and reduce repeated diagnostic imaging and triage patients to a surgeon within a timely manner.</p> <p>In 2022, the FNW launched a survey to better understand the experiences of providers who support patients who have been referred to the Breast Health Clinic. Since the launch of the Breast Health Clinic, providers noted variations in the level of coordination of care between physicians and other health care providers. This following data pertains to the coordination of care between physicians and other healthcare providers and is in reference to the shared measure M0008:</p>



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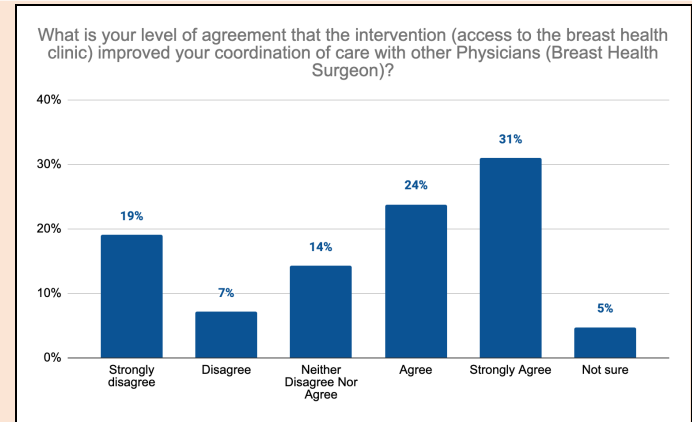
M0005: Improved Coordination of Care between Physicians



Similarly, referring providers noted that the Breast Health Clinic resulted in varying levels of improvement with coordination of care with other Physicians. This data below is in reference to shared measure M0005.



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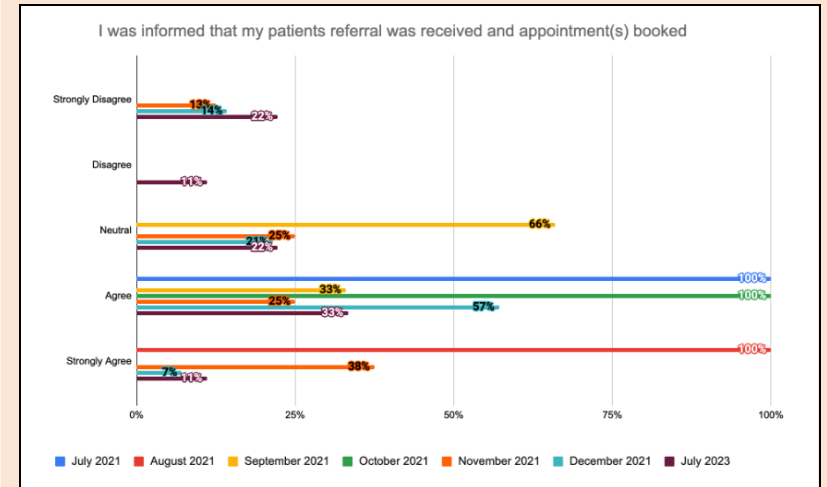


Collectively this feedback exemplifies the ongoing need for improvements with coordination of care between involved healthcare providers to better support the needs of their cancer care patients.

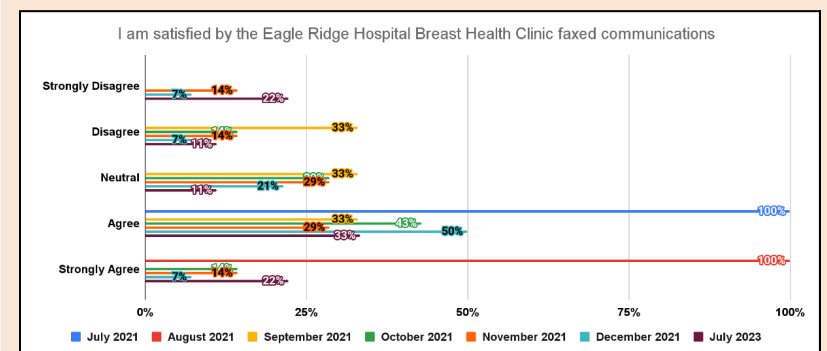
Ongoing data was collected through our FNW bi-monthly member feedback survey. The following questions speak to the communication and care coordination between providers who referred to the Breast Health Clinic at Eagle Ridge Hospital (ERH) and involved clinic staff, while the program was operational.



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As seen above, there are variations in the responses provided as it pertained to clinics informing providers of when a patient's referral were received and when appointments were booked.

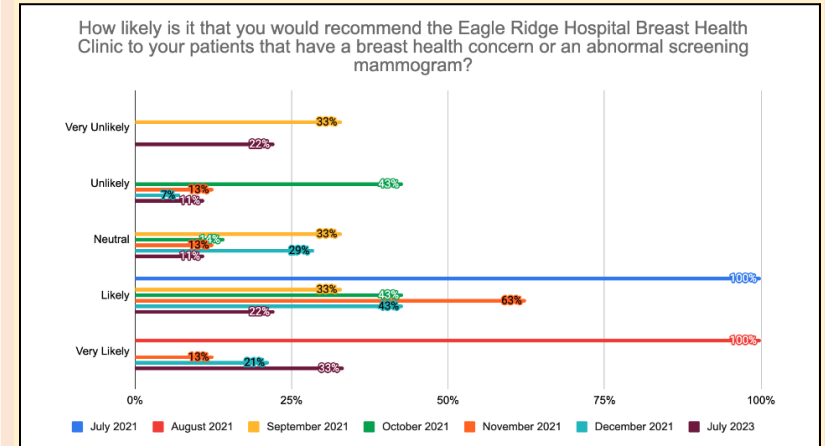






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Providers also noted variations in faxed communications from ERH Breast Health Clinic, resulting in scattered levels of satisfaction in communication among providers.



Similarly, when asked how likely providers would be to recommend the ERH Breast Health Clinic to their patients with a breast health concern or abnormal screening mammogram, there were also variations in the provided responses.

While the intention of this program was to enhance fragmented patient care and improve communication between providers, the ongoing feedback demonstrates that these areas continue to be impacted.

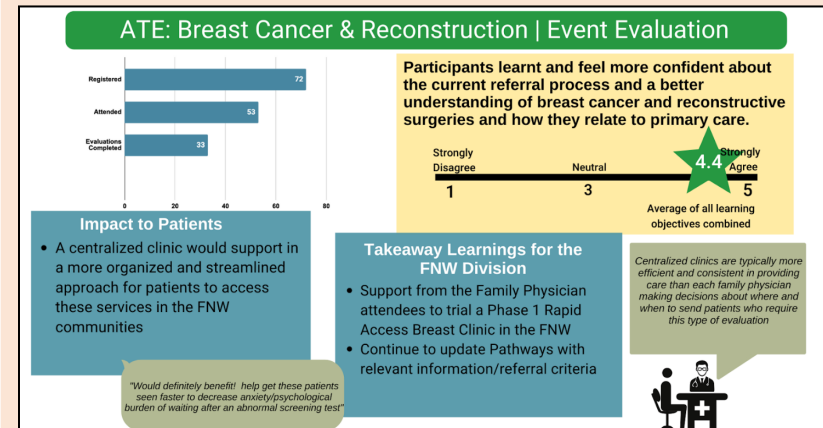
Over the course of this project, ongoing provider education has been acknowledged as a critical element. The purpose of ongoing



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education events not only has the ability to impact provider confidence, and as a result influence the delivery of care and patients needs. The FNW organized the following events:

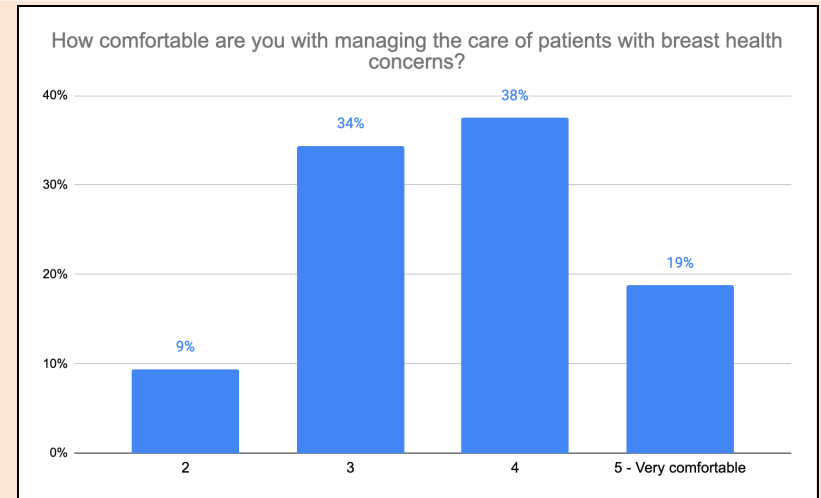
- 1) ATE: Ask the Expert/ Cancer Care and reconstruction (2021)



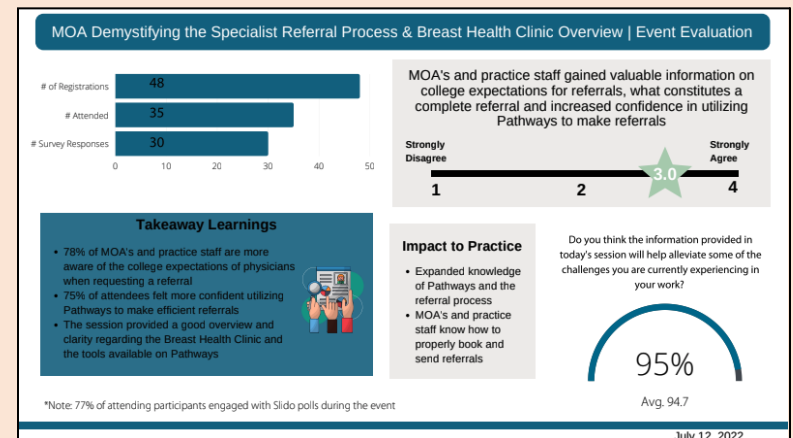
From the 53 attending providers, an average of 73% expressed comfort when managing the care of their patients. However, following the event, 84% of attending providers gained a better understanding of the referral processes for breast cancer and reconstruction surgeries within the primary care context.



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## 2) MOA Demystifying the Specialist Referral Process & Breast Health Clinic Overview (2022)

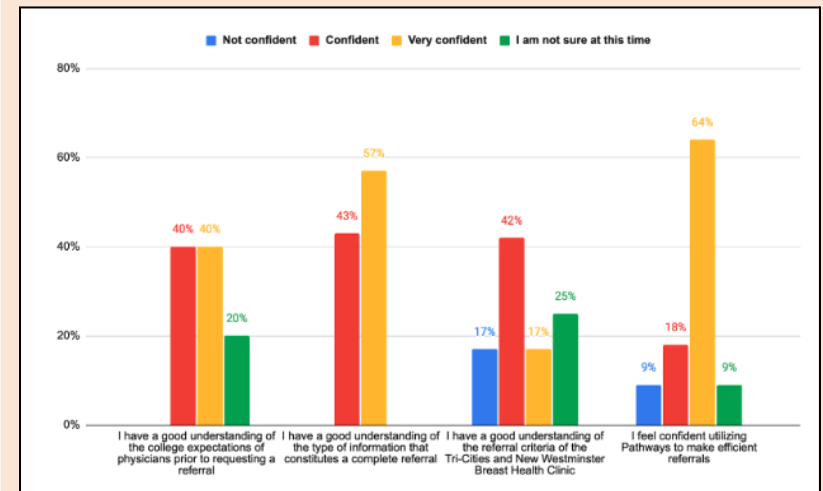




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A pre-event and post-event survey were administered to measure the developed learning objectives. While this event was hosted for MOA's and Office Managers, it is important to note that these staff also play an integral component in the coordination of care for patients.

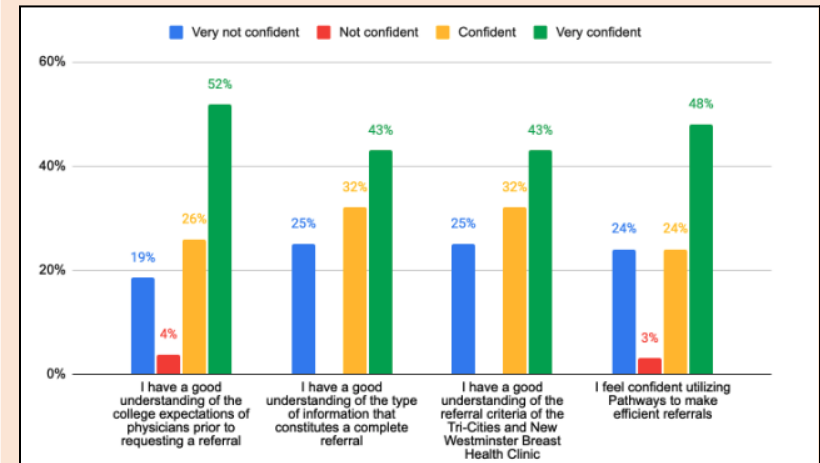
### Pre-event survey results





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## Post-event survey results



Based on the data above, there are notable differences in the confidence levels among attendees following this event. For instance, there was a 15% increase in the level of confidence as it pertained to understanding the referral criteria of the Breast Health Clinic.



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				<p>However, gaps in knowledge arose following the event, as shown in the data below:</p> <ul style="list-style-type: none"> <li>• <i>10% decrease</i> in understanding of college expectations of physicians prior to requesting a referral</li> <li>• <i>17% decrease</i> in understanding in the type of information that constitutes a referral</li> <li>• <i>15% decrease</i> in knowing how to utilize Pathways to make efficient referrals</li> </ul> <p>Overall the learnings varied across each event and undoubtedly increased provider and clinic staff knowledge around patient care coordination. However, there were gaps in understanding the referral processes for the Breast Health Clinic.</p>
<p><b>Patient experience:</b> To what extent does the program contribute to improved patient care?</p>	<p>Improved Family Physicians satisfaction and confidence that their patients needs are being met</p> <p>Improved care coordination and patient transitions between care settings</p> <p>Improved patient experience</p>	<p>Patient interviews/journey map</p> <p>Breast Health Clinic Program referral data</p> <p>Breast Health Clinic Referring Provider Survey</p> <p>Patient feedback survey</p>		<p>The patient experience is an important component which speaks to the impacts of healthcare delivery. In 2021, a patient journey map was facilitated to capture the patient voice while navigating the healthcare system for cancer care needs.</p>

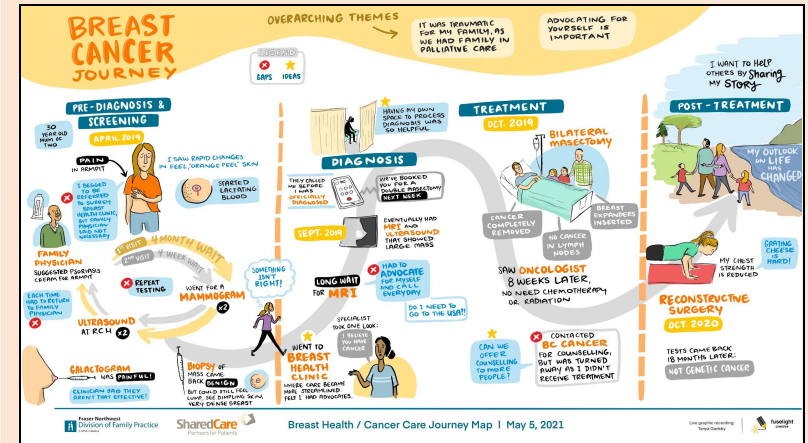


# TEMPLATES AND FORMS

## Public Campaign

Increased access to services for unattached patients in the FNW

Patients have a single point of contact to coordinate their breast health diagnostic services and to support their needs



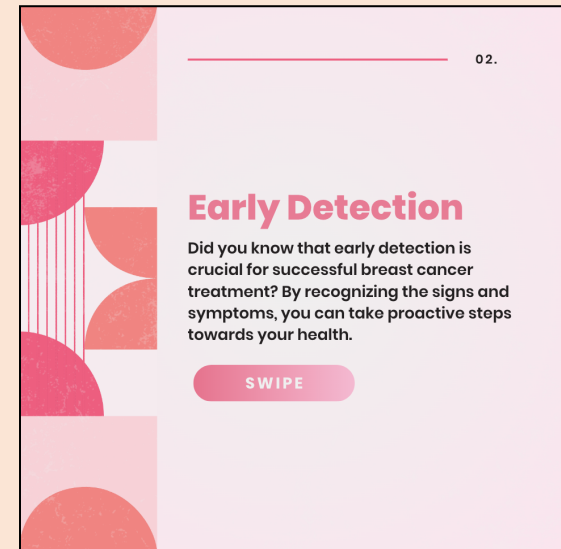
Throughout this patient's breast cancer journey, common themes which arose included fragmented care during the pre-diagnosis and screening phase, coupled with repeated testing and referrals and long wait times.

A Public Awareness Campaign was launched in 2023 to improve patient education and awareness surrounding breast health. A total of 3 educational materials were developed by the FNW and were disseminated across 3 social media platforms. Below are the following topic areas:



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## 1) *Early Detection for Breast Cancer - Signs and Symptoms*



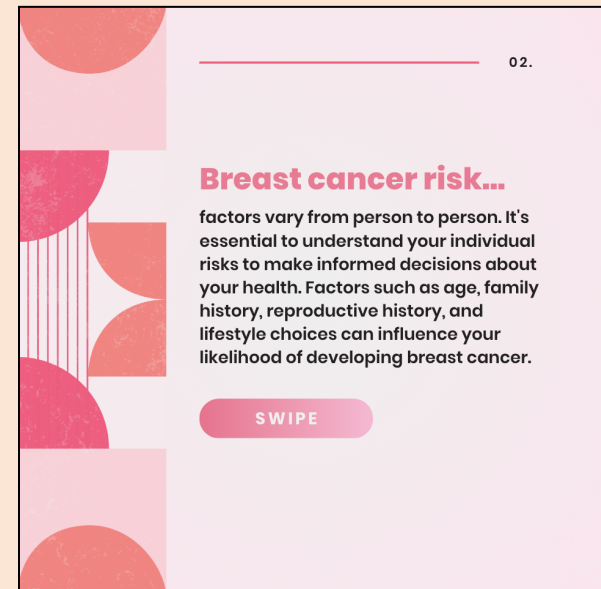
This social media post aims to inform the public on the common signs and symptoms and the importance of early detection.





# TEMPLATES AND FORMS

## 2) Early Signs of Breast Cancer Risk

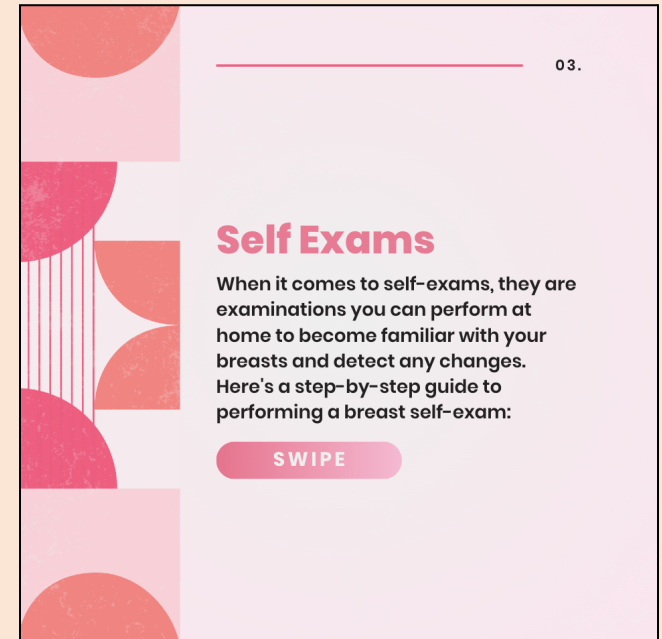


This social media post provides an overview of the lifestyle factors that contribute to breast cancer risk, in addition to family history, age and reproductive history.



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### 3) Breast Cancer Screenings



Lastly, this social media post speaks to the different methods that can be taken to detect breast cancer, including self exams.



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				<p>Below are the data across from the 3 social media posts, that have been shared on Instagram, Facebook and Twitter:</p> <ul style="list-style-type: none"> <li>• 15 likes</li> <li>• 5 shares</li> <li>• 447 impressions</li> </ul> <hr/> <p>In 2021, the FNW launched an ongoing survey to collect patients data pertaining to accessibility of cancer care, preventive and screening services. Unfortunately, our team did not receive any patient feedback.</p> <p>It is important to highlight that a limitation of this project was the limited accessibility to program data and patient survey information. Therefore, accurately measuring improvements in patient experience was a limitation of this project.</p>
<p><b>System costs:</b> To what extent did the program contribute to a change in health care utilization and what effect did it have on system costs?</p>	<p>Improved relationships and communication among healthcare providers</p> <p>Improved referral process</p> <p>Improved understanding of the</p>	<p>Breast Health Clinic Program referral data</p> <p>FNW Bi-monthly Member survey</p> <p>Breast Health Clinic Referring Provider survey</p>		<p>The Breast Health Clinic program data provides an overview of the number of consultations, referrals and follow up appointments conducted at the clinic between June 2021 to Oct 2022. It is important to note the limited data collected due to the closure of this clinic in October 2022.</p>



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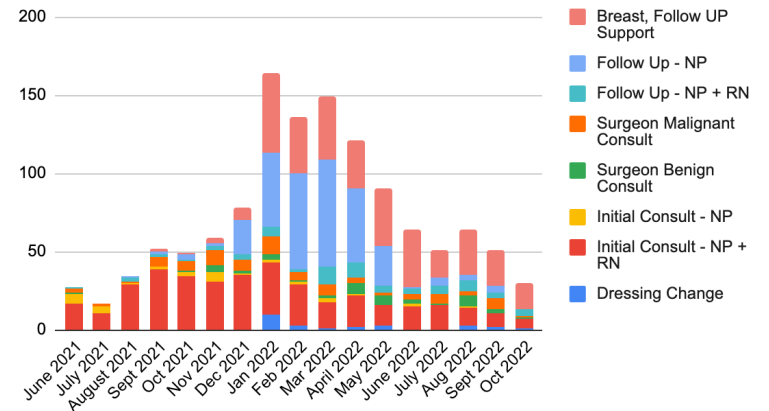
services and resources in the community

Improved care coordination

Decrease in number of breast health diagnostic imaging/procedures per patient

Pathways Data

Number of Breast Health Clinic Visits Per Visit Type



Based on the graph above, the breast health clinic experienced the highest number of patient visits between the months of Jan to April 2022. However, due to the limited available program data, the team was unable to confirm the number of breast health diagnostic images and the number of procedures that transpired.

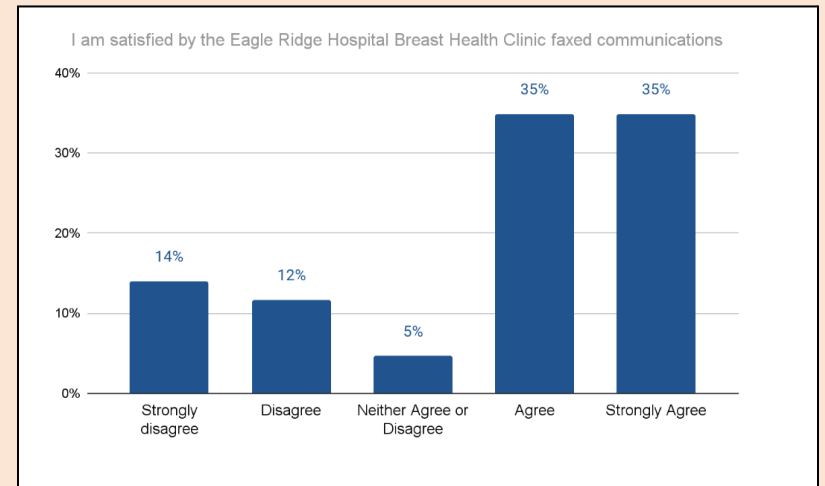
However, it is important to note that while data was obtained from the Breast Health Clinic, providers expressed concerns regarding the integrity and accuracy of the data due to the impacted clinical operations.



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Additional feedback pertaining communication between care providers and the breast health clinic was collected through the referring provider survey in September 2022. In the graph below, it shows 70% of referring providers “agreed” or “strongly agreed” when expressing their satisfaction levels with faxed communications from ERH’s Breast Health Clinic.



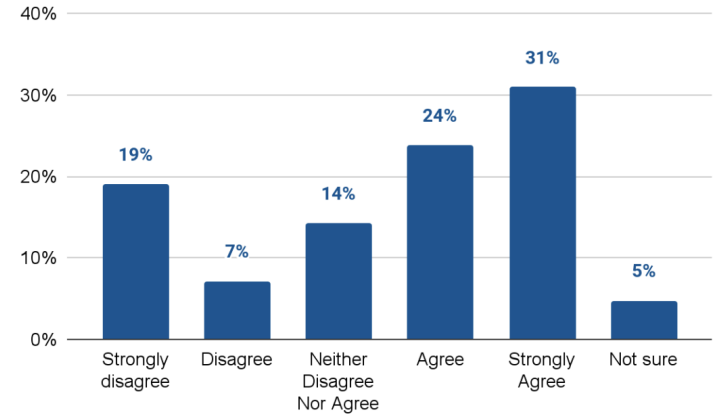
In addition, referring providers noted varying levels in coordination of care with other physicians involved in the delivery of patient care.



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**What is the average level of agreement that the intervention (access to the breast health clinic) improved your coordination of care with other Physicians (Breast Health Surgeon)?**

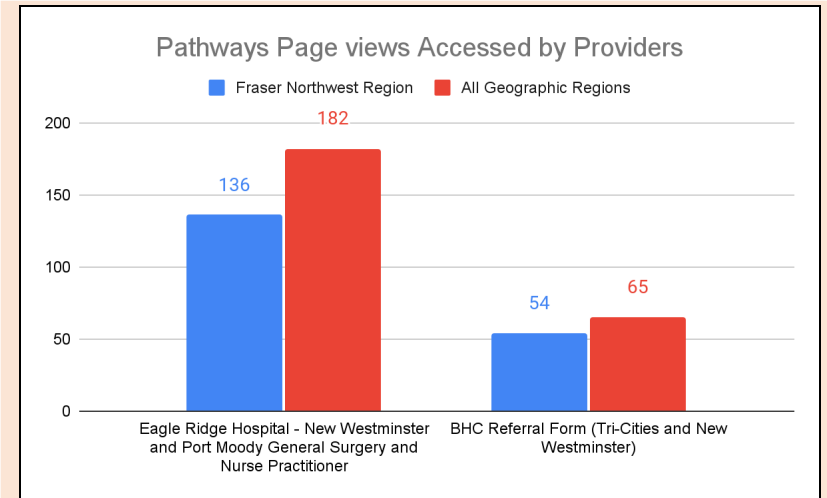


Another platform that was utilized by providers is Pathways. This tool houses multiple clinician resources, including the breast health clinic referral form and general information on the breast health clinic.

Between September 2022 to June 2023, there were a total of 136 Provider Page views in the FNW pertaining to the ERH Breast Health Clinic; this resource provides an overview of the program and informs providers of the eligibility criteria. Comparably, a total of 54 page views were recorded for the Breast Health Clinic Form. This data shows there is recognition by providers of the Breast Health Clinic among providers.



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Collectively through the obtained feedback and data, there were notable levels of satisfaction pertaining to the communication between care providers and the Breast Health Clinic, coupled with varying levels in coordination of care between healthcare providers. Therefore, there continues to be a need for improved coordination of care to address the concerns of fragmented care patient care.



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**Health outcomes:** To what extent does the program contribute to improved health outcomes for patients seeking cancer care?

Improved Family Physician comfort with knowing referral Pathways for patients

Improved Family Physician satisfaction and confidence

Improved care coordination and patient transitions between care settings

Improved patient experience

Decrease in wait times between screening and diagnosis for patients

FNW Member Survey

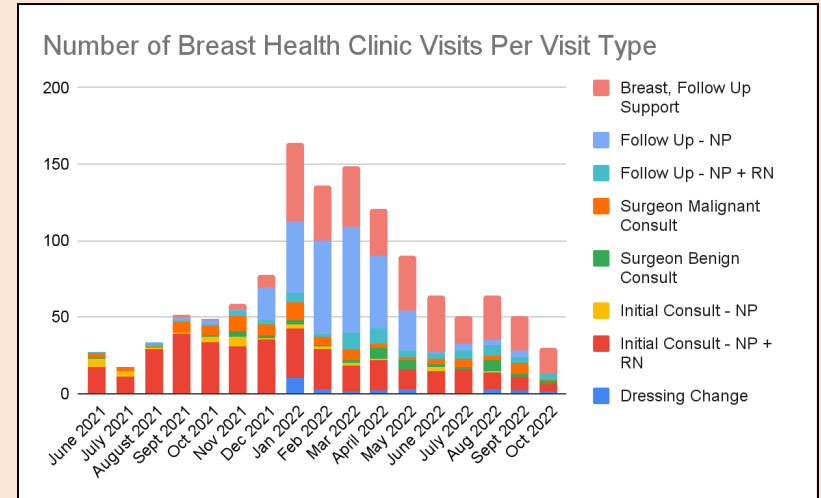
Pathways Data

Breast Health Clinic Data

Community Data (HDC)

Patient feedback survey

To measure health outcomes, the Breast Health Clinic provided ongoing reporting which speaks to the number of patient visits between June 2021 to October 2022, based on the type of visit.



Visit Type	Total Patient Visits
Follow Up - NP	611
Initial Consult - NP + RN	362
Breast, Follow Up Support	333
Surgeon Malignant Consult	85
Follow Up - NP + RN	67





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Surgeon Benign Consult	40
Initial Consult - NP	32
Dressing Change	25

Based on the data above, there were a total of 1555 patients seen, with Nurse Practitioner (NP) follow ups, Registered Nurse and NP initial consults and follow up support as the top 3 reasons for patient visits. It is evident a significant number of patients were seen during the course of this project, and this may be attributed to increased recognition of this program amongst healthcare providers.

It is also important to note, the FNW collaborated with FHA to co-develop a patient survey, in addition to developing a separate patient survey. Both surveys were disseminated to better understand the experiences of patients accessing the breast health clinic pilot program, in addition to understanding the accessibility and coordination of health care from patients. However, due to limited engagement and present barriers, no data was obtained to speak to the patient experience navigating the healthcare system for breast health.

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While the data on the average wait times between screening and diagnosis were not tracked over the course of this project, ongoing data from providers was collected through our July 2023 member survey.



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Currently, the average wait times between the presence of an abnormality to a breast cancer diagnosis ranges between a few weeks to a couple of months; with the largest barrier noted as accessibility to biopsies and imaging.

### What is the average length of time from the point that abnormality was identified to a breast cancer diagnosis? What do you feel is currently the largest barrier?

*Raw Responses:*

- 1-month; wait time for imaging and biopsy
- Don't know
- repeat mammos
- second radiology reviews
- stereotactic bx
- Access to Biopsy I have one from November booked for March!
- Time to imaging and time to biopsy.
- Few weeks
- Getting Imaging result back
- 2 weeks.
- Access to biopsies and MI
- Repeat mammos, second radiology reviews, stereotactic bx
- Biopsies, specialists
- Initial imaging
- N/A x2
- 1 month x3
- Wait time
- 2-3 months, access to medical imaging and biopsies
- biopsies
- unsure recently
- **\*New\*** 1 week
- **\*New\*** 1-2mo time to wait for the imaging
- **\*New\*** I was satisfied with the time of seeing patient and taking an action by the Jim Pattison breast clinic.

Similarly, data collected between July 2022 to July 2023 suggest that the estimated average wait times for core biopsies range between 2 to 8 weeks.

### What are you noticing to be the average estimated wait time for core biopsies?

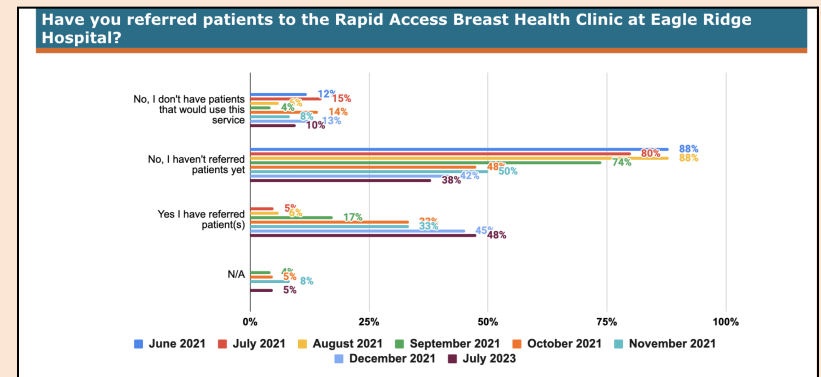
*Raw Responses:*

- 1 month/4 weeks x10
- 1-2 months x7
- 1-2 weeks x 3
- 10-14 days
- 2 weeks for breast. A few months for thyroid
- 2 weeks x4
- 3 weeks x4
- 3w to 4-6 weeks x 3
- Decent
- Depends on urgency. 1 to 2 months
- Do not know/NA/ I am not sure x25
- Haven't made any
- I am not aware of the estimated wait time for core biopsies
- long waits
- Months x2
- new to practice
- Weeks
- 2-3 months x2
- 2-4 weeks x 6
- 2-3 weeks
- 6-8 weeks
- 8 weeks
- Still about 1 mo. Perhaps slightly better?
- Unsure. I don't usually have patients who need biopsies.
- 2 months x4
- Haven't referred a pt for one in a long time. A few months ago it took around 2 weeks.
- over 1 month and New Westminster Breast clinic no longer does breast core biopsies
- > 6 months
- 10 days
- That hasn't been a problem, although cancer care overall seems poorly coordinated here.
- Don't recall
- 2-5 days
- 4-6 weeks
- 6 weeks
- Don't have enough
- I haven't noticed
- Not too long, although I've only had two so far
- Takes about 1-2 weeks, an improvement compared to before
- **\*New\*** 1-3 months depending on BIRADS score and which hospital is doing it
- **\*New\*** I haven't had to refer for this type of biopsy.
- **\*New\*** MINIMAL
- **\*New\*** Not sure x2
- **\*New\*** Two to 4 months
- **\*New\*** weeks to months



# TEMPLATES AND FORMS

Despite the limited data collected on average wait times between screening and diagnosis, it is evident patients are continually faced with long wait times when accessing care for their breast health concerns.



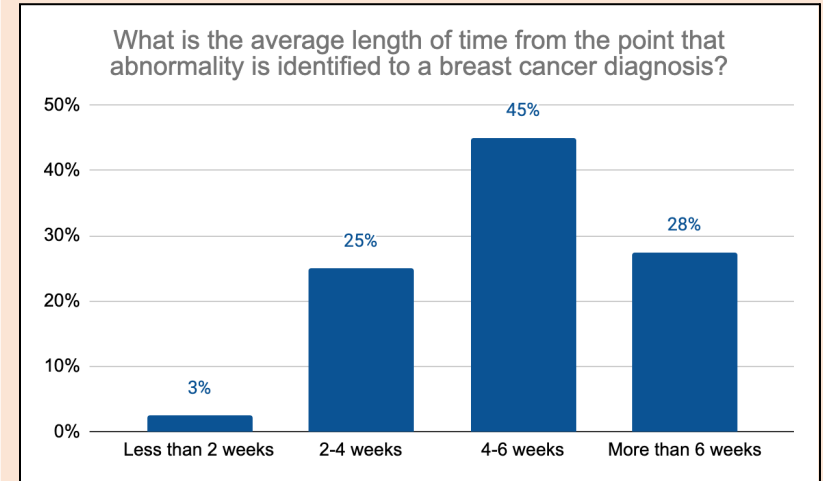
Based on the feedback above, there were mixed responses from members as it pertained to referring patients to the Breast Health Clinic; with many providers indicating that they have not yet referred patients. It is important to note, a significant amount of this data was collected during the early stages of the clinic opening. However, in July 2023, 48% of respondents noted that they referred patients to the Breast Health Clinic, whereas 38% did not.

Similarly, ongoing provider feedback was collected through the referring provider survey between August 2022 to September 2022. This also data speaks to the average wait times between



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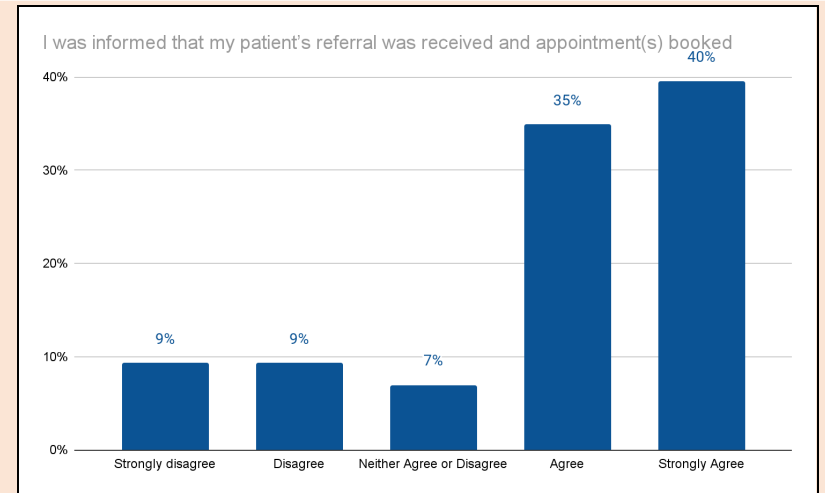
abnormality to a breast cancer diagnosis. 45% of referring providers noted wait times range between 4-6 weeks, while 28% indicated wait times are greater than 6 weeks.



As for ongoing communication between referring providers and the Breast Health Clinic, 75% of providers “agreed” or “strongly agreed” they were informed when their patient’s referral was received and when an appointment was booked.



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Despite the limited data obtained that speaks to the health outcomes of this project, such as improvements to patient care, provider insight informs us that accessibility to healthcare and coordination of care continue to be an area for continuous improvement.



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<p><b>Sustainability &amp; Spread:</b> What were the unanticipated outcomes of the proposed strategies?</p>	<p>Sustainability of the project</p>	<p>FNW Member feedback survey</p> <p>Referring Provider Survey</p> <p>Physician Lead Interviews</p> <p>Committee Feedback Survey</p>		<p>As part of the close out activities for this project, a committee feedback survey and an interview with the physician leads of this project were facilitated to capture the key learnings, successes, and remaining gaps. Below highlight the data collected from the lead physician interviews:</p> <p><u>Successes</u></p> <ul style="list-style-type: none"><li>● <i>“As part of our journey, we identified core biopsies as bottlenecks and took measures to address them. Kudos to Scott for getting things going.”</i></li><li>● <i>“We successfully made Fraser Health aware that family doctors were sending requests to multiple sites, resulting in the streamlining of diagnostic imaging.”</i></li><li>● <i>“Learning journey of Nurse Practitioner and nurse navigator - upskilling them in these areas and seeing how they were supporting physicians”</i></li></ul> <p><u>Challenges</u></p> <ul style="list-style-type: none"><li>● <i>“From the outset, there was a misconception that our clinic would provide rapid access to imaging, whereas our goal was to streamline care. This caused us to fall short in the eyes of others.”</i></li><li>● <i>“The clinic faced challenges due to directors and management turnover, leading to a loss of vision and difficulty in bringing in new people.”</i></li><li>● <i>“The care providers associated with the project did not adhere to the proper education plan.”</i></li></ul>
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- *“Lack of administrative support and changes in priorities affected the clinic.”*
- *“Funding issues resulted in the nurse practitioner and nurse navigator taking on additional roles.”*
- *“The clinic was not prioritized after a change in administration, as it did not align with the management's vision.”*

## Sustainability

- *“Provide ongoing support to address challenges effectively.”*
- *“Develop a solid model that prioritizes great patient care, differentiating from the attractiveness of the Surrey model.”*
- *“Establish a medical lead for oversight, triaging patients, guiding the navigator, NP, and family docs, and assisting with documentation and website development.”*
- *“Implement an integrated information system to prevent duplication and missing information.”*
- *“Ensure long-term sustainability by transforming the clinic into a cohesive team and securing administrative buy-in for promised support.”*

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Based on the committee feedback survey results, 50% of providers believed that the Breast Health Cancer Care Project met its stated objectives and intended outcomes. 2 physicians indicated why they believed so, for the following reasons:



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- *“While there was support from HA administration at a regional level, there was not consistent support, and at times outright obstruction from the ERH administration on-site. As such, the Breast Health Clinic never reached its potential improved patient journey for several patients and primary care providers.”*
- *"This shared care project was to close the gap in care and coordination of care for patients with Breast health/Cancer issues. This project was able to clearly demonstrate that to provide the seamless care for these patients, we need a true wrap-around service, including imaging access and dedicated clinic staff to ensure we can service the patients in a time sensitive manner."*

Additional feedback was collected through our ongoing bi-monthly member survey, which pertain to the improvements that physicians would like to see made by the Rapid Access Breast Clinic.

### Do you have any suggestions for improvement regarding access to the Eagle Ridge Rapid Access Breast Clinic?

#### Raw Responses:

- N/a X3
- Access to in hospital imaging
- Clear communication with GP. I had to arrange and send a patient to a hospital for core biopsy, which took about a month, and turned out to be cancerous. I also simultaneously referred pt to Breast Health Clinic when I initially sent rec to a hospital for biopsy. I was told that the Breast Clinic will follow up with the patient. Once I received the pathology report, I waited few days and contacted Breast Health Clinic to make sure they are going to follow up with patient. They have not contacted patient at that time and I had to notify them to call patient for appointment.
- I am curious if I did nothing and just referred patient to the Breast Clinic after the initial imaging (instead of sending pt for biopsy), the wait time would have been less for patient to get the biopsy and ultimately seeing a breast surgeon?
- I have only referred one patient so far this week and they have not yet been seen so I can't comment on the quality of services. So far they seem to be timely. I would not refer all my patients with breast concerns to the clinic as many of them don't need it. I would definitely refer my patients with confirmed cancer.
- I've had a lot of issues with them making errors in accepting my referral for a patient
- Is there a form available online
- Unclear if it is preferred that referring doctor's order initial imaging first for new symptoms, or is it preferred that we leave this for the breast health clinic assessment?
- Unsure
- I don't like that there aren't any expedited imaging like Jim Pattison
- Arrange biopsy when recommended otherwise we have to do sep refers
- Publicise it better. Fund it better. Have a nurse navigator on call daily
- I think it is too new to answer some of these questions accurately
- Clarify exactly how to fit into the system
- I have only one patient and I have not yet received a report from them
- To be honest, it is not clear to me who should be referred. Usually the radiologist direct us for further imaging and biopsy if needed. If bx reveals malignancy than I refer to breast surgeon
- N/a x2
- None x 2
- Not sure
- **\*New\*** I prefer to refer to Jim Pattison breast clinic where they have a surgeon, mammogram and u/s available to patients referred unlike ERH breast clinic.
- **\*New\*** Inform gp when appt booked
- **\*New\*** See patients with nipple discharge concerns.
- **\*New\*** stop being very selective about who they see





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				<p>Referring providers of the Breast Health Clinic expressed their input on the current challenges which impede the delivery of patient care within the scope of this project. Members noted ongoing concerns surrounding coordination of care to communication between healthcare providers and health facilities, such as the Breast Health Clinic <i>“Improved communication between patient and clinic regarding initial referral acknowledgement and appointment times”</i>.</p> <p>Despite the ongoing efforts and intention of improving the delivery of care for patients with breast health through this project, providers noted wait times were exceedingly long and the communication remained fragmented between providers.</p> <p>Therefore, a key lesson learned for this project was the buy in from involved Health Authority partners and the Breast Health Clinic. In order to measure the success of this project, ongoing collaboration with external stakeholders is vital for the sustainability of this project.</p>
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## APPENDICES

1. [Monthly Member Feedback 2021](#) and [Targeted Survey](#)
2. [Patient Journey Map](#)
3. [Cancer Care and Breast Health Event Evaluation November 2021](#)
4. [ATE: Breast Cancer & Reconstruction Recording](#)
5. [Breast Cancer Town Hall Event Recording](#)
6. [Demystifying the Specialist Referral Process & Overview of the Breast Health Clinic MOA event Recording](#)
7. [Demystifying the Specialist referral process event evaluation visual](#)
8. [Breast Health Public Campaign Visuals](#)
9. [Shared Care Physician Lead Close Out Survey](#)