Standard 4.8 Quality Improvements 2017

Measure the timeliness of referral to consult/screening for breast cancer pts to genetic counseling

Department(s): Oncology Research ***Date: January 2017***

Introduction	Cancer genetic counseling is a process that can accurately assess patients to determine an individual's risk for cancer, who is at high risk for a genetic mutation that predisposes an individual to certain cancers, and who may benefit from genetic testing. Approximately 5-10% of all breast cancers are hereditary. The potential benefit for identifying a hereditary breast cancer extends beyond the patient to other family members and the risk may not be only for the development of breast cancers, but for other cancers as well. Genetic counseling and genetic testing can provide patients and physicians with information that can aid in treatment decision making such as the decision of a lumpectomy vs. a bilateral mastectomy. Timeliness between referral to genetic counseling and scheduling of an appointment is imperative in order to evaluate patients and potentially perform genetic testing prior to treatment decisions. In 2016 a need for improvement was identified through the 4.7 study to measure the timeliness of referral to consult/screening for breast cancer patients to genetic counseling. 3 patients were not seen within the suggested benchmark. The process and forms required to schedule an appointment were adapted to meet the benchmark.
Benchmark	Our targeted outcome is that high risk patients should be given an appointment within one week of referral and low risk patients should be given an appointment within two weeks of referral. The benchmark is based on surveys of cancer genetic counselors from the 2016 National Society of Genetic Counselors Professional Status Survey, *The current state of cancer genetic counseling access and availability* (Knapke, Haidle, Nagy, Pirzadeh-Miller, 2015), and *Assessment of clinical practices among cancer genetic counselors* (Wham, Vu, Chan-Smutko, Kobelka, Urbauer,, Heald, 2010).
Plan	Patient Health and Family History Questionnaires were previously required to be completed prior to low risk patients scheduling appointments. Based on the 4.7 study of quality, the questionnaires were evaluated, shortened, and made more patient-friendly. These changes were implemented beginning 10/10/16. The questionnaires are also no longer required to be returned prior to scheduling an appointment. Forms are reviewed during the appointment rather than in advance. These changes were implemented in December 2016. Possible barriers to scheduling patients within the benchmark timeframe include patient preference for appointment date and availability of genetic counselor and/or appointment space.

Do

Data collection occurred from January 2017 – October 2017. Compliance was monitored by the genetic counselor. When individuals with a current diagnosis of breast cancer were referred the date of referral was documented. The patient was then contacted by the genetic counselor to perform an intake. Patients were categorized as "Surgery Pending" or "Non-Surgery Pending." Individuals in the surgery pending group were patients that would be scheduling surgery at some point for treatment. Individuals in the non-surgery pending group were patients that were referred post-surgery.

Patients were also categorized as "Low Risk" or "High Risk." High risk patients were patients being scheduled for surgery as their first line of treatment or had not yet developed a treatment plan. These patients were scheduled as soon as possible and mailed a questionnaire to fill out and bring to the appointment. Low risk patients were patients that completed surgery or would be having neoadjuvant chemotherapy. These patients were scheduled and mailed a questionnaire to fill out and bring to the appointment. The date of a patient's appointment was documented and the time between referral and appointment was calculated.

Study

2/18 patients were not seen within the benchmark. These two patients (AS high risk/surgery pending and KM high risk/surgery pending) were seen within 8 business days, due to patient preference, as opposed to 7 business days. 88.9% of patients were scheduled within the appropriate timeframe. The average number of days from referral to appointment for both high risk and low risk patients met the benchmark of one week and two weeks, respectively.

Time Frame	Avg. age of patients	# of pts with breast cancer referred	# of high risk patients	Avg. # of days from referral to appointment (high risk)	No. of low risk patients	Avg. # of days from referral to appointment (low risk)
Jan-March 2017	**48.17 years**	**6**	**6**	**5.83 business days**	**0**	**N/A**
March-Sept 2017	**50.54 years**	**11**	**10**	**4.5 business days**	**1**	**4 business days**
Oct 2017	**50**	**1**	**1**	**4 business days**	**0**	**N/A**

Act

The genetic counselor will continue to attempt to schedule high risk patients within one week of referral and low risk patients within two weeks of referral.