

**Standard 4.7 Studies of Quality 2016**

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

**Department(s): Oncology Research**

**Date: January 2016**

<p><b><i>Rationale - Reason for monitoring this process/procedure</i></b></p> <p><b>Plan</b></p>	<p>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.</p>
<p><b><i>Opportunity or Problem Statement - Define process being monitored</i></b></p> <p><b>Plan</b></p>	<p>The process being monitored is the time from referral to genetic counseling to the scheduled appointment. The prospective study began in June 2016 and extended through December 2016. 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. 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 mailed a questionnaire and were scheduled upon the return of the document. The date of a patient’s appointment was documented and the time between referral and appointment was calculated.</p> <p>The time between referral and appointment will give us a measure of the genetic counseling process and how quickly patients are able to be seen. 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 based on surveys of cancer genetic counselors.</p>
<p><b><i>Before Measures - Analyze Baseline</i></b></p> <p><b>Plan</b></p>	<p>No previous analysis done.</p>
<p><b><i>Opportunities for Improvement Identified &amp; Change Implemented</i></b></p> <p><b>Do</b></p>	<p>Barriers that can affect goal: compliancy with patients returning the questionnaire mailed to them by the genetic counselor, patient choice to postpone appointment, insurance coverage.</p> <p>Time between referral to genetic counseling and scheduled appointment could be improved by requesting all patients bring questionnaires to scheduled appointments rather than mailing them back to the genetic counselor. Additionally, the questionnaire could be shortened and made more patient friendly for better compliance.</p>
<p><b><i>After Measures - Evaluate Results</i></b></p> <p><b>Check</b></p>	<p>3 patients were not seen within the targeted time frame. Patient KD (low risk/surgery pending) was seen after 16 business days due to time to complete questionnaire. Patient LN (low risk/non-surgery pending) was seen after 27 business days due to time to complete questionnaire. Patient MH (high risk/surgery pending) was seen after 16 days due to insurance coverage. All other patients were seen within the expected time frame.</p>

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)
June-Oct. 2016	49.89 years	9	7	3.57 business days	2	10 business days
Oct.-Dec. 2016	57.43 years	7	3	7.67 business days	4	10.5 business days

***Assessment of Action Taken & Future Plan***

Questionnaires were evaluated, shortened, and made more patient-friendly. These changes were implemented beginning 10/10/16.

**Act/Plan**

Based on this data questionnaires will no longer be required to be returned prior to scheduling an appointment for low risk patients. Forms will be reviewed during the appointment rather than in advance. These changes were implemented in December 2016.

We will continue to monitor timeliness of referral to scheduled appointment, with the changes, in Standard 4.8 for 2017 and will report to Cancer Committee.