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## **New Study Finds Gap in NAPBC Breast Center Timeliness of Care and Patient, Provider Expectations**

### **Novel Quality Improvement Initiatives Underway**

#### ***Abstract: Perception of Timely Breast Cancer Diagnosis and Treatment at NAPBC Centers***

**Orlando, FL, April 11, 2024**—Timeliness of breast cancer care at National Accreditation Program for Breast Centers (NAPBC) breast facilities falls short of the expectations of both the patients they serve and the centers themselves, and quality initiatives are needed to drive improvement, according to a new study presented this week at The American Society of Breast Surgeons Annual Meeting in Orlando. The study is among the first to measure timeliness across multiple NAPBC institutions and to report on patient perceptions of care time frames, including timing of mammograms (MGM).

The new study examined a patient's timeline for diagnosis and first treatment for breast cancer in multiple stages. These included time from Screening MGM to Diagnostic MGM, Diagnostic MGM to Biopsy, Biopsy to First Surgery and Biopsy to Neoadjuvant Therapy. Patients and NAPBC Breast center teams were asked to report their perceptions of the appropriate intervals for completion of each phase. A comparison with actual reported center time metrics found that each stage involved longer intervals.

"No benchmarks exist for time from screening mammography to diagnostic mammography or diagnostic mammography to breast biopsy," comments principal study author Katharine Yao, MD, Chair of the NAPBC, Vice Chair of Surgical Research at NorthShore University HealthSystem and Clinical Professor of Surgery at the Pritzker School of Medicine, University of Chicago. "Additionally, time from biopsy to first surgery and from first surgery to neoadjuvant therapy are not regulated."

"The new study is part of PROMPT (Patient-Reported Observations on Timeliness of Breast Services), a novel quality-improvement initiative developed by the American College of Surgeons (ACS)," notes Danielle Thompson, MD, Research Fellow, University of Chicago, NorthShore University HealthSystem, and a study author. The research analyzed and shared data acquired from 2019 to 2022 with

participating centers to provide the basis for center-designed quality improvement programs addressing the areas of greatest deficit. Researchers examined 373 breast centers and 28 patients from 22 centers. Centers reported their actual time frames on a monthly basis. Patients participated in one-hour interviews to assess their perceptions of timely care.

The survey found the median time intervals for center Screening MGM to Diagnostic MGM from 2019 to 2022 were 11, 11 and 12 days respectively, while the patient expectation was five days and center expectation seven days. For Diagnostic MGM to Biopsy, actual and expected time frames were nearly the same. The median intervals were eight, eight and nine days respectively, while both patient and center expectations were seven days.

The greatest gap was the time interval for Biopsy to First Surgery. Centers and patients stated that this should be 28 and 21 days respectively, while the median actual waiting period was 39 days in 2019, 40 days in 2020 and 42 days in 2021. For time frame of Biopsy to Neoadjuvant Therapy, center expectation was 21 days, while actual time to delivery was 34, 32 and 33 days respectively from 2019 to 2021, representing a significant delay. Patient feedback was not provided on this metric.

When asked whether they believed their time intervals for Biopsy to Treatment were longer than other sites, only 23 centers (14%) thought this was the case.

“Study data suggests that there are significant opportunities to improve timeliness of care throughout a process that is often rife with patient anxiety,” notes Dr. Thompson. “Whether patient and center perceptions of appropriate time frames for these stages are realistic may vary with facilities, and factors affecting these intervals likely vary significantly depending on the center size, staffing, location and patient population.”

“However, this study provides centers with robust data about their own performance and the perspectives of both patients and their staff,” Dr. Yao concludes. “During phase 2 of the initiative, centers went on to use this data to implement customized improvement initiatives they believed would be effective. Of course, all efforts had to balance stepped up efficiencies with maintaining high quality-of-care, the most important consideration in breast cancer treatment. We are currently analyzing these results.”

## **Perception of Timely Breast Cancer Diagnosis and Treatment at NAPBC Centers**

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### **Background/Objective**

The aim of this study was to understand patient and breast center perception of timely breast care at National Accreditation Program for Breast Cancer (NAPBC) accredited centers from screening to first breast cancer treatment.

### **Methods**

Centers submitted timeliness metrics from screening to first treatment in calendar days from 2019-2021 as part of a NAPBC quality collaborative called PROMPT (Patient Reported Observations on Medical Procedure Timeliness). The four timeliness metrics were screening mammogram (MGM) to diagnostic MGM, diagnostic MGM to biopsy, biopsy to neoadjuvant therapy and biopsy to first surgery. We also compiled patient perceptions on time intervals thru qualitative interviews. The number of days for each timeliness metric was compared to center and patient's perception of timely care.

### **Results**

373 centers enrolled in the PROMPT study and submitted timeliness metrics. Twenty-eight patients participated in qualitative interviews from 22 NAPBC sites. The median number of days from 2019 to 2021 was 11, 11 and 12 for screening MGM to diagnostic MGM; 8, 8 and 9 for diagnostic MGM to biopsy; 39, 40 and 42 for biopsy to surgery and 33, 32 and 34 for biopsy to neoadjuvant therapy. Centers and patients stated the time between a screening and diagnostic MGM should be a median of 7 days and 5 days respectively, approximately a week shorter than the time reported by sites. Centers and patients stated that the time between diagnostic MGM and biopsy should be a median of 7 days which was nearly the same as reported by sites (8-9 days). Centers and patients stated that the time between a biopsy and first surgery should be a median of 28 days and 21 days respectively, approximately 2-3 weeks shorter than reported by sites. Only 48 (15.2%) sites felt that the time interval between biopsy and treatment was longer than other sites. Patients stated that the time interval from biopsy to meeting a surgeon should be 7 days and meeting a surgeon to surgery should be 14 days. Centers stated that the time between a biopsy and neoadjuvant therapy should be a median of 21 days, approximately one week shorter than reported by sites.

## Conclusions

NAPBC center and patient's opinions of time intervals between screening and treatment were all shorter than actual reported time intervals with the exception of time from diagnostic MGM to biopsy. Time to surgery was the longest time interval. Future quality initiatives are needed to improve the timeliness of breast cancer care.

**Table 1: Breast Cancer Care Timeliness Metrics from Patient and Center Perspectives**

	<b>Screening MGM to Diagnostic MGM</b>	<b>Diagnostic MGM to Biopsy</b>	<b>Biopsy to First Surgery</b>	<b>Biopsy to Neoadjuvant Therapy</b>
<b>Patient Perspective</b>	<i>5 days</i>	<i>7 days</i>	<i>21 days</i>	<i>Not collected</i>
<b>Center Perspective</b>	<i>7 days</i>	<i>7 days</i>	<i>28 days</i>	<i>21 days</i>
<b>Reported Timeliness Metrics</b>				
<b>2019</b>	<i>11 days</i>	<i>8 days</i>	<i>39 days</i>	<i>33 days</i>
<b>2020</b>	<i>11 days</i>	<i>8 days</i>	<i>40 days</i>	<i>32 days</i>
<b>2021</b>	<i>12 days</i>	<i>9 days</i>	<i>42 days</i>	<i>34 days</i>