

High-Risk Breast Clinics

Excerpt from *Tumor Site Centers of Excellence*

Take Your Cancer Program to the **Next Level**

When hospital executives think of cancer care, they typically think of strong volume growth and stable reimbursement. And they're right—but running a successful cancer program is getting more difficult. Cancer services are growing more complicated, competition is increasing, and cancer patients are becoming more self-directed.

This report is just one example of how the Oncology Roundtable provides cancer leaders like you with the tools and insights you need to run a high-quality, patient-centered, financially healthy cancer care organization.



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Executive Summary

Tumor Site Programs a Long-standing Priority

For many cancer centers, the development of tumor site programs has been a top priority for years. In fact, over half of Oncology Roundtable members reported having at least one fully developed tumor site program in 2010, and that number rose to more than two-thirds in 2015.

Tumor Site Programs Taking on Newfound Importance

Despite this well-established focus, two key factors are driving heightened interest in tumor site program development today:

1. **Value-based reimbursement:** Risk-based contracts underscore the importance of holistic, patient-centered care. Under these agreements, providers will be penalized if they do not improve access to care, anticipate patients' needs, and minimize unnecessary health care utilization. To succeed, cancer centers must invest in screening and community outreach, as well as the provision of robust support services that meet patients' psychosocial needs.
2. **Treatment innovations:** At the same time, cancer program leaders must ensure that patients can access new treatment options, such as targeted therapies, that improve outcomes.

Tumor site programs can help position cancer centers for future success by enhancing collaboration between providers, creating a forum for continuous quality improvement, and providing robust support to patients who need it.

Patient Consumerism Driving Further Investment in Breast Cancer Services

Breast cancer tends to be the highest volume tumor site. And because breast cancer patients are often the most vocal consumers of cancer care, program leaders need to understand how to appeal to this population. Breast cancer patients are unique—they care about a wider range of program features than other cancer patients and they are the mostly likely to change providers when dissatisfied with their care. As a result, cancer programs need to appeal to them both at the point of diagnosis and along the continuum of care.

High-Risk Clinics a Growing Opportunity

There are a number of way programs can enhance their breast cancer offerings, from improving screening and outreach to providing robust survivorship support. This excerpt from *Tumor Site Centers of Excellence* provides detail on one increasingly important investment—high-risk clinics. Awareness of hereditary risk for developing breast cancer is on the rise, and high-risk clinics present an opportunity to support and educate patients, improve outcomes through prevention and early detection, and differentiate your cancer program from your competitors.

Angelina Jolie Pitt Increases Awareness of BRCA

Following Angelina Jolie's 2013 op-ed in the *New York Times* about her preventive mastectomy, BRCA testing and referrals to genetic counselors spiked.

But not all women are candidates for genetic testing. Women should first meet with a genetic counselor to understand the pros and cons of testing to make an informed decision about screening. Women who choose to proceed with testing should meet with a genetic counselor again for interpretation of test results and, if needed, education about how to reduce their risk.

Throughout the process, patients face a number of difficult questions, from whether or not to be tested for BRCA to whether or not to undergo preventive surgery. To help with these difficult decisions, patients and providers can use decision aids—many of which are available to the general public.

Help Patients Make Informed Decisions

Far-Reaching Impact of Angelina Jolie Pitt's *New York Times* Article

40%

Percentage increase in BRCA testing among female beneficiaries of a large US health insurer

2.5x

Fold increase in number of general practitioner referrals for genetic counseling and BRCA testing in the UK

27%

Percentage increase in Myriad Genetics Inc.'s sales in 2014

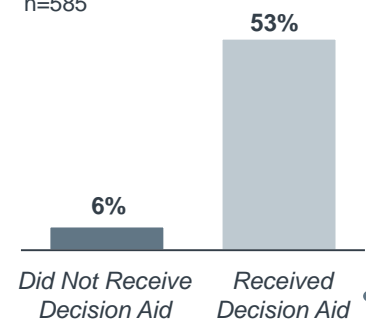
Sample Decisions Faced by High-Risk Patients

- Should I receive BRCA testing?
- Should I be screened more frequently?
- Should I start screening at a younger age?
- Should I receive additional screening tests?
- Should I consider chemoprevention?
- Should I have my breasts removed?
- Should I have my ovaries removed?

Percentage of Patients Making Informed Decisions About Chemoprevention

2013

n=585



Knowledge test showed that more patients made informed decisions with aid



Related Resources: Decision Support Tools for High-Risk Women

- Healthwise, [Breast Cancer: What Should I Do if I'm at High Risk?](#)
- Healthwise, [Breast Cancer: Should I Have a BRCA Gene Test?](#)
- Healthwise, [Breast Cancer Screening and Dense Breasts: What Are My Options?](#)
- Agency for Healthcare Research and Quality, [Reducing the Risk of Breast Cancer with Medicine: A Guide for Women](#)
- Mayo Clinic, [Prophylactic oophorectomy: Preventing cancer by surgically removing your ovaries](#)
- Stanford, [Decision Tool for Women with BRCA Mutations](#)

Available online at advisory.com/or

Source: Evans DGR, et al., "The Angelina Jolie Effect: How High Celebrity Profile Can Have a Major Impact on Provision of Cancer Related Services," *Breast Cancer Research*, 16 (2014): 442-446; Walker J, "Myriad Genetics Fights Off Threats from Rivals," *The Wall Street Journal*, May 3, 2015, <http://www.wsj.com/articles/myriad-genetics-fights-off-threats-from-rivals-1430645582>; Walker L, Morin P, "Star Power: The Effect of Angelina Jolie's Personal Story of BRCA1 Mutation on Testing Rates Among Commercially Insured Women," *AARP Insights on the Issues*, 100 (2015): 1-11; Korfage IJ, et al., "Informed Choice About Breast Cancer Prevention," *Breast Cancer Research*, 15: R4; Oncology Roundtable interviews and analysis.

High Risk Clinics Co-locate Key Services

In addition, many cancer programs are developing high-risk clinics to provide patients more intensive support. According to a 2015 Oncology Roundtable member survey, almost 30% of breast programs have a high-risk clinic, and 36% are planning to develop one in the next two years.

Such clinics can take many different forms. To determine which model is right for them, cancer program leaders should evaluate their market, resource availability, and internal expertise.

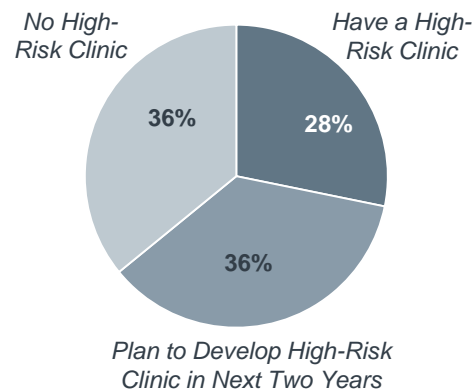
Some of these programs contain only the essential program components—imaging, education, and access to genetic counseling and testing. At the other end of the spectrum, some operate like full-service breast clinics that cater only to high-risk patients.

Variety of Models Feasible

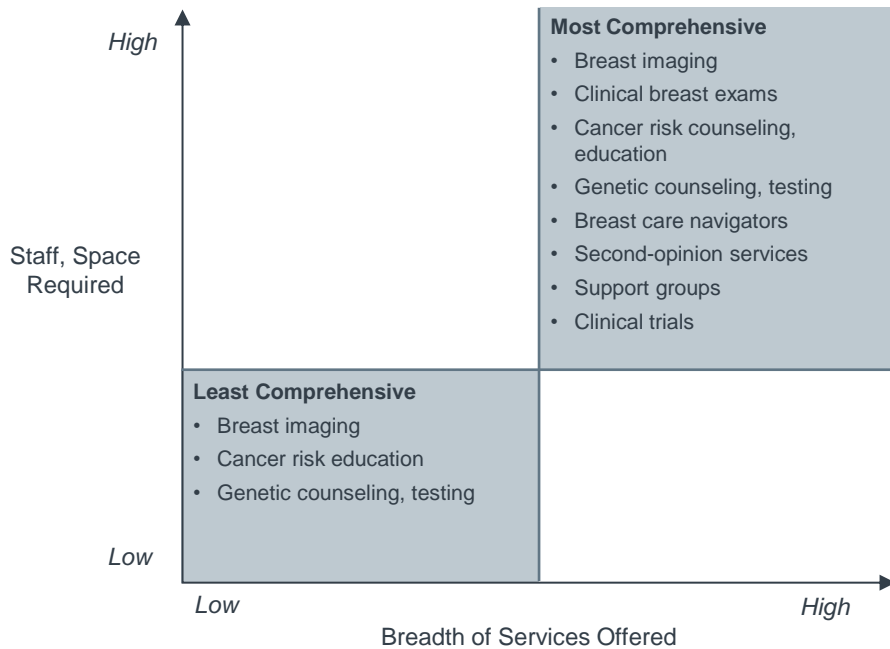
Oncology Roundtable Members with a High-Risk Clinic

2015

n=78



Range of Services, Resources Required



Source: 2015 Oncology Roundtable Tumor Site Program Survey; Oncology Roundtable interviews and analysis.

Road Map for High-Risk Clinic Development

The steps outlined at right summarize how MD Anderson helped a cancer center in Chile develop a high-risk clinic.

Their first development step was a SWOT (strengths, weaknesses, opportunities, and threats) analysis to ensure the program capitalizes on its strengths and opportunities in its market, while preparing to overcome threats from competing health systems.

They also benefited from partnering with MD Anderson, an organization that has extensive expertise in developing and operating high-risk clinics. This partnership helped the Chilean provider anticipate and proactively address clinic development challenges. For example, they learned tactics for educating the care team about the appropriate risk assessment tools, patient data collection system, and patient risk levels to ensure standardized practice across their organization.

Ensure Principled Use of Resources

12 Steps to Establishing a Multidisciplinary High-Risk Clinic

- 1 Obtain institutional approval
- 2 Analyze strengths, weakness, opportunities, and threats (SWOT)
- 3 Establish business relationships with health insurance companies
- 4 Identify staff and resource needs
- 5 Establish general clinic procedures
- 6 Define goals and how to measure progress
- 7 Select referral criteria and screening and risk-reduction strategies based on validated guidelines
- 8 Select clinically useful risk-assessment tool suitable for population
- 9 Define risk groups on basis of previously described groups and modify as needed
- 10 Promote health care team and community education
- 11 Publish results and compare to other high-risk breast clinics
- 12 Try to develop formal association with established multidisciplinary program for individuals at high risk for breast cancer

Extend High-Risk Clinic Services to Survivors

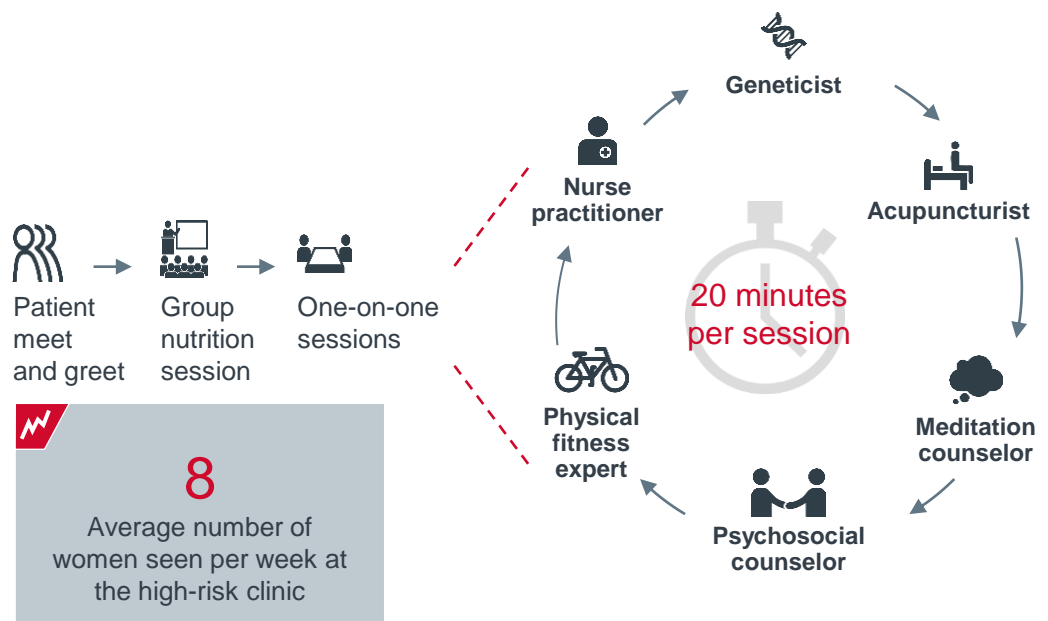
To maximize the value of its high-risk clinic, Cedars-Sinai extended its services to another high-risk population—breast cancer survivors.

The multidisciplinary clinic is held every other week, so one session a month is devoted to high-risk women and the other to survivors. The program is staffed by volunteers, including a geneticist, physical fitness expert, dietician, acupuncturist, and meditation counselor. The clinic begins with a group nutrition session, followed by individual meetings with each expert.

Connecting survivors with high-risk clinics helps ensure that they and their families receive quality information on risk and maintaining healthy lifestyles. It can also secure patient loyalty, with the potential to increase downstream imaging and treatment volumes.

Offering Multidisciplinary Support

A Day at Cedars-Sinai's High-Risk Clinic



Case in Brief: Cedars-Sinai Medical Center

- 886-bed academic hospital located in Los Angeles, California
- Offers one-time multidisciplinary clinic for women with high risk of developing breast cancer and breast cancer survivors
- Clinic sessions held twice a month for 90 to 120 minutes with alternating focus on high-risk women and breast cancer survivors
- Clinic is staffed by a nurse practitioner, a geneticist, a physical fitness expert, an acupuncturist, a meditation counselor, and a psychosocial counselor, all of whom volunteer their time; experts participate because they see the clinic as a potential source of new business
- During visits, patients participate in group nutrition, then rotate through 20-minute individual sessions
- On average, eight women attend each clinic; follow-up is monitored closely based on team's recommendations

Source: Cedars-Sinai Medical Center, Los Angeles, CA; Oncology Roundtable interviews and analysis.

Potential Return on Investment

While high-risk clinics have the potential to generate downstream revenue from imaging, biopsies, and treatment, it is important to acknowledge that very few of them are profitable.

Despite the finances, many organizations believe that these clinics are worth the investment because of the benefit to patients, particularly given the confusing information in the public press about breast cancer risk. Furthermore, for organizations focused on population health, high-risk clinics present an opportunity to improve early detection and prevention of cancer.

High-Risk Clinics Can Increase Volumes, Revenues, Quality

Potential Benefits of a High-Risk Clinic



Increased Patient Volumes

- Consultations
- Preventive surgeries
- Cancer treatment, if diagnosed



Increased Revenues

- Consultations
- Genetic counseling
- Diagnostic and imaging services
- Biopsies
- Preventive surgeries
- Cancer treatment, if diagnosed



Improved Quality

- Improved follow-up care
- Early detection
- Prevention

Source: Oncology Roundtable interviews and analysis.

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