



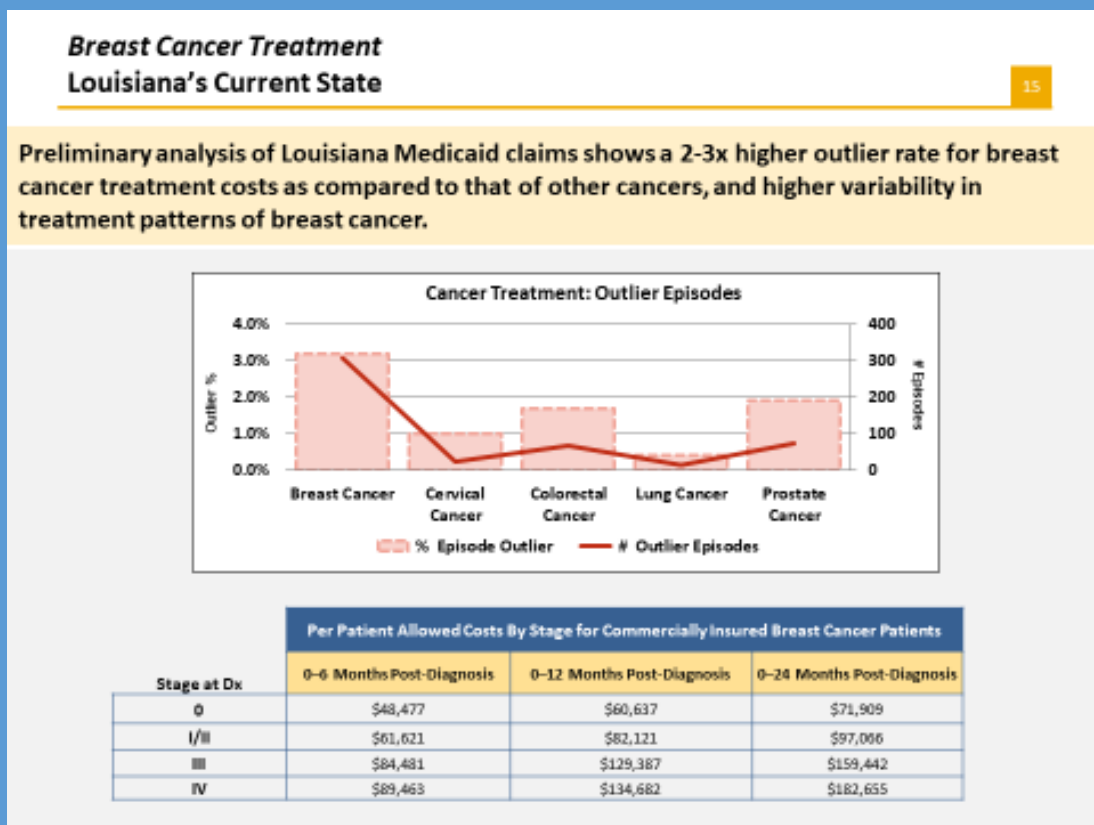
Adherence to Breast Cancer Treatment Protocols Initiative



(Breast Cancer Intervention): Improving Adherence to Treatment Protocols

Female breast cancer is the most common cancer and the second leading cause of cancer death in Louisiana. Louisiana has the 28th highest incidence and 2nd highest death (mortality) rate of breast cancer in the U.S. ¹

There is a 2-3 higher outlier rate for breast cancer treatment costs as compared to that of other cancers and higher variability in treatment patterns of breast cancer shown by a preliminary analysis of Louisiana Medicaid claims.



The State experiences significant disparities across populations, more late stage diagnoses than expected, and variations in treatment and costs beyond what can be explained by the underlying conditions. In fact, Black women are 68% more likely to die from breast cancer than white women.

¹ Louisiana Tumor Registry (https://sph.lsuhsu.edu/wp-content/uploads/2017/10/Breast_2017.pdf)

New Orleans, Southeast, Northeast, Acadiana, and Southwest, Louisiana have the highest breast cancer death rates in the state (see appendix for maps).

Over the next five years (2019-2024) TACL intends to:

1. Increase adherence to evidence-based treatment protocol for breast cancer treatment
2. Reduce racial and geographic disparities in late stage breast cancer diagnosis
3. Reduce mortality from breast cancer

Implementation: What is Needed to Produce Change

Variation in the adherence to evidence-based treatment protocols for women with breast cancer surfaced through preliminary analyses of data as a key issue for TACL. Understanding this variation and its root causes, and providing potential solutions are key to making improvements. There are likely barriers to adherence both for medical providers and for the women undergoing treatment. Therefore, our initial efforts will be focused on uncovering the barriers to adherence for medical providers.

The overall objective for this intervention is to help ensure appropriate, evidence-based measures are put in place to help improve outcomes for patients facing breast cancer. The overall approach will be 6 months of research and development to uncover barriers preventing better adherence to treatment protocols. In the first phase we will focus on the barriers to providers and then on the second phase - barriers for the patient.

TACL has developed a strong rationale for this initiative:

- Data in Louisiana point to variations in providing evidence-based treatment as a key area for improvement
- Disparities in outcomes exist in breast cancer with mortality rates 85% higher in African Americans women
- Barriers exist for both clinicians and patients and learning more deeply about these barriers will focus a next phase of work to be more impactful
- Increased knowledge on potential solutions to these barriers
- Learn role of navigation to improve this measure

Addressing the Barriers:

This initiative will mitigate the following barriers identified by TACL's work to date:

- Lack of consistent adherence to evidence-based treatment protocols
- Variation of costs associated with breast cancer treatment

The following are detailed action steps/timeline for Adherence to Breast Cancer Treatment Protocol Intervention:

TACL will begin with a set-up phase of research and development. There will be two research and development cycles: one focused on health system and clinician barriers to adherence to evidence-based treatment protocols and one focused on patient-experienced barriers to adherence to evidence-based treatment protocol.

Some of the questions raised that we intend to answer are:

- Where are significant variations occurring (in terms of geography and type of practice)?
- What is causing the variation in adherence to evidence-based treatment protocols/
- What data is available to help identify and understand the variation?
- Who can be engaged to help understand the issues (e.g., pathologists, local surgeons, large accredited practices, payers)?
- What interventions have the potential to be most helpful?

Phase 1 – Health Systems & Provider Barriers

Step 1: Research & Data Gathering

June-July

1. Board Members designate representative from their organization to complete contribution of data on CPT codes w/various providers, triangulating data points to access gaps that exist
2. Each Health System member connects us w/their Tumor registrar to assess data on particular metrics we need to examine
3. Scan and research literature and reach out to key experts to identify best practices
4. Letter compiled and sent to all Tumor registrars to introduce project
5. Identify and form Project Team
6. Project Charter Produced
7. Gather & compile data.

Milestones:

- Charter Created
- Summary Report of Initial Data Results

Step 2: Data Analysis & Formalize Theory

November-December

1. Discuss and identify causes to barriers discovered through data examination
2. Identify potential solutions to address barriers discovered and formalize theories
3. Determine process measures to use for improvement

Milestones:

- Identified Barriers
- Formalized Theory – Solutions to Barriers

Step 3: Launch Initiative

January – March 2020

1. Develop recruitment plan and identify 4-5 Health Systems to test theory
2. Launch program and track results
3. Summarize findings and present to Board

Milestones:

- Program Launched
- Final Summary Report

Phase 2: Identifying Patient Barriers

Step 1: Research & Data Gathering

April – June 2020

1. Identify and convene focus group of women in breast cancer treatment
2. Gather and compile Data

Step 2: Data analysis & Formalize Theory

July 2020

1. Discuss and identify causes to barriers discovered through data examination
2. Identify potential solutions to address barriers discovered and formalize theories
3. Determine process measures to use for improvement

Milestones:

- Identified Barriers
- Formalized Theory – Solutions to Barriers

Step 3: Launch Initiative

August 2020

1. Develop recruitment plan and identify 4-5 Health Systems to test theory
2. Launch program and track results
3. Summarize findings and present to Board

Milestones:

- Program Launched
- Final Summary Report

Outputs: How we will measure success

- Identified specific barriers causing the adherence issues.
- Document summarizing the descriptive theory of the research conducted and proposing a testable theory that leads the way to possible future prototypes
- Viable structure for Virtual Tumor Boards
- Identified strategies for addressing deeper systemic issues that limit significant progress

Collaborative Resource Needs/Costs:

1. **Research Associate** – 6 days/month x 3 months = 18 days x 2 cycles = 36 days
2. **Director** – 1 day month for 6 months (6% time)
3. **Coordinator (Statewide Manager)** – 2 days month for 6 months (11% time)
4. **Data Analyst** – 1 day month for 6 months = 6 days (6% of time)
5. **Site/Materials**
 - Costs for Venue/audio & video equipment
 - Materials for Learning Session

Resource Needs	Costs	Quantity	Total
Staff Time:			
Research Coordinator	\$16,500	1	\$ 16,500
Executive Director (15%)	\$20,000	1	In-kind
Statewide Manager (25%)	\$19,125	1	In-kind
Administrative Support (25%)	\$11,250	1	In-kind
Training Logistics:	\$ 9,000	1	In-Kind
Materials for Learning Sessions	\$ 1,000	1	\$ 1,000
Venue/audio & video equipment	\$ 3,500	1	\$ 3,500
Total Costs			\$ 21,000

A true sense of **ownership** of the plan – not only by the members of TACL, but also by partnering organizations in Louisiana who are currently doing work to impact breast cancer mortality is critical.

Various ways Stakeholders can support this Initiative:

1. Make Adherence to Treatment Protocols for Breast Cancer a Priority
2. Help recruit Health Systems willing to participate in pilot
3. Staff support for Research Associate Position
4. Financial investment to establish research and development process
5. Staff support for pulling, analyzing and reporting data
6. Potential to share resources among organizations
7. Support for CME and CNEs

Health Plans:

1. Explore opportunities for value-based payment incentives and/or bundling treatment packages.
2. Commit to including the measures for breast cancer adherence to treatment protocols in any payment incentive programs you have
3. Incentivize payments tied to the goals of TACL
4. Savings will fund their efforts as well potential cost savings for sharing of resources

Large Employers:

1. Work w/ Plan Administrator to include incentives that support TACL's goals in provider networks

Providers & Health Systems:

1. Education of primary care and non-oncology specialists of breast cancer treatment protocols
2. Participate in research and development phase in helping to recruit sites
3. Contribute data to the process
4. Engage in your own additional efforts to improve breast cancer outcomes and share results through participation in TACL

Why Participate in this Collaborative:

- Resources (navigators) could be shared across systems, reducing the cost to any one organization (navigation of patients to treatment)
- Opportunity to change the course of healthcare for Louisianans by improving cancer care and outcomes that results in saving 1,500 additional lives
- Forming potential partnerships that otherwise would not have been possible
- Improve quality and reduce costs for cancer care as part of the population health and value-based payment
- Increase adherence to treatment protocols thus reducing unnecessary costs and improved outcomes
- Reduction in the time it takes for initiation of treatment
- Support for the identification of best practices in Health Systems

Health Plans:

- Strengthen relationships with health systems and independent provider partners by supporting their efforts to improve protocol adherence

Large Employers:

- Strengthen relationships with health systems, health plans and protocol adherence.

Providers/Health Systems:

- Provide input to Medicaid and other payer medical and payment policies
- Strengthen consistent best practices within their systems, deepen relationships with affiliate organizations and establish new relationships with other health organizations

TACL will recognize the Stakeholders in the following ways:

- Encourage major participants, Mary Bird Perkins, LSU, LCMC) to extend best practices to affiliated provider partners (e.g. rural hospitals, independent physician groups)
- Branding of their efforts
- Publish best practice results in adherence to breast cancer treatment protocol
- Payer incentive programs tied to TACL's goals
- Annual Awards Banquet w/press coverage
- Recognition will be incorporated into a Comprehensive Recognition Strategy

Through TACL's improvement efforts, the following will be provided:

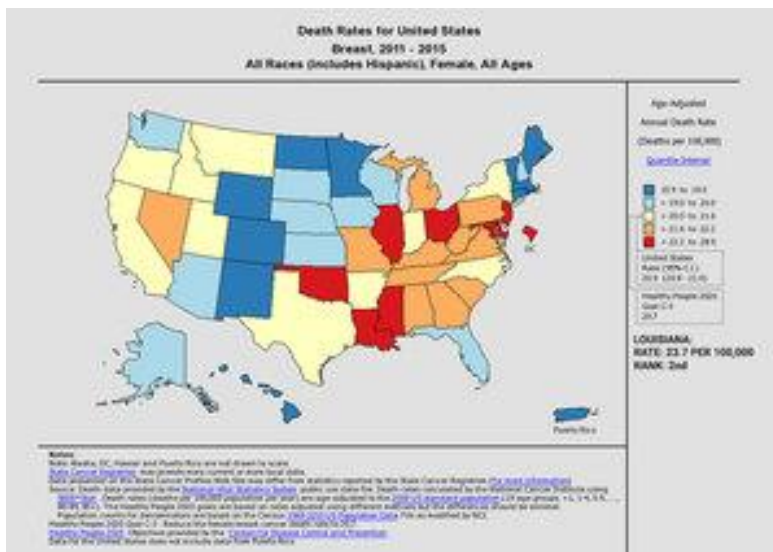
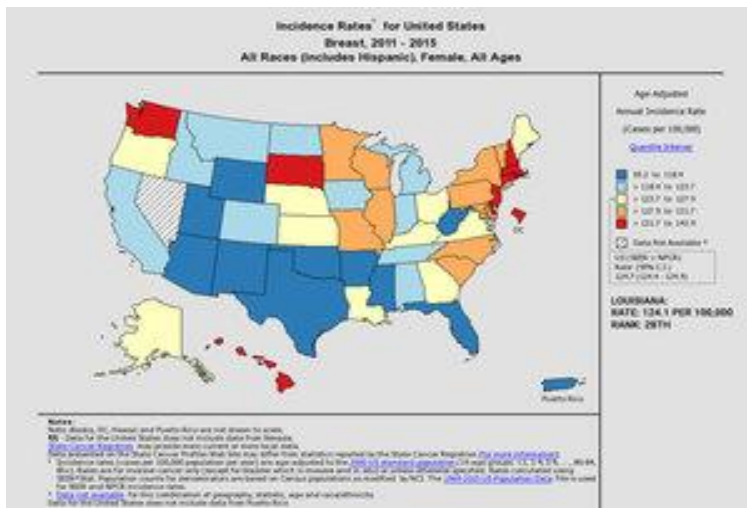
- Support for the identification of best practices across health systems and affiliate hospital systems
- A learning environment for continuous improvement in the same areas
- Data analysis and reporting
- Screening Registry
- Joint development of public education materials if necessary or agreement on use of existing materials or a centralized message

Appendix:

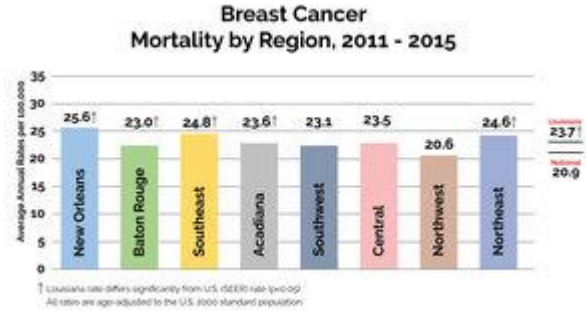
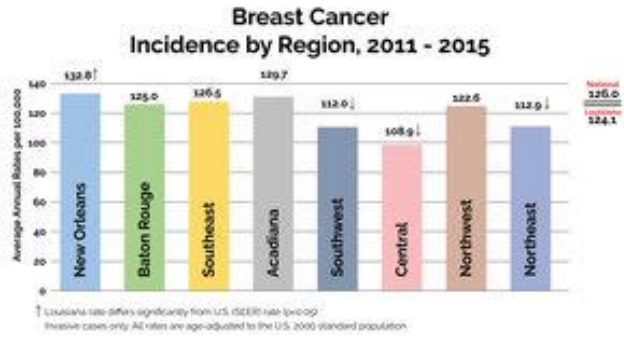
1. Louisiana Incidence and Mortality Maps
2. Louisiana Incidence and Mortality Maps by Region

(Maps from Louisiana Breast and Cervical Health Program) - <http://lbchp.org/breast-cancer>

Louisiana has the 28th highest incidence and 2nd highest death (mortality) rate of breast cancer in the U.S. (Figure 1 & Figure 2).



Areas in Louisiana with highest incidence and mortality (death) rates



Click [HERE](#) to view Logic Model