

Using Multi-Disciplinary Cancer Conference as a *Revolving Door* to Improve NAPBC Metrics

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Background: We found we had problems with timeliness in most metrics measured by NAPBC collaborative PROMPT study in 2022

Methods: PROMPT collected timeliness metrics for 4 intervals. We were in the lowest quartile for NAPBC programs for 3 of these 4 intervals, and added interventions to improve outcomes. Our main intervention included prospective tracking of patients in our biweekly tumor boards, with patients presented on multiple occasions to help improve timeliness in care (post bx, pre-chemo, pre-op, postop, etc.) as well as the following metrics.

1. Genetics and shared decision making
2. Access to breast surgeon(s) and BCT
3. Access to plastic surgeon(s) and reconstruction
4. Genomics and chemo use
5. Clinical trial and research participation
6. Timeliness to care
7. Supportive care (Integrative med, PT/OT)
8. Survivorship
9. Adherence to (NCCN guidelines/ASBrS) guidelines

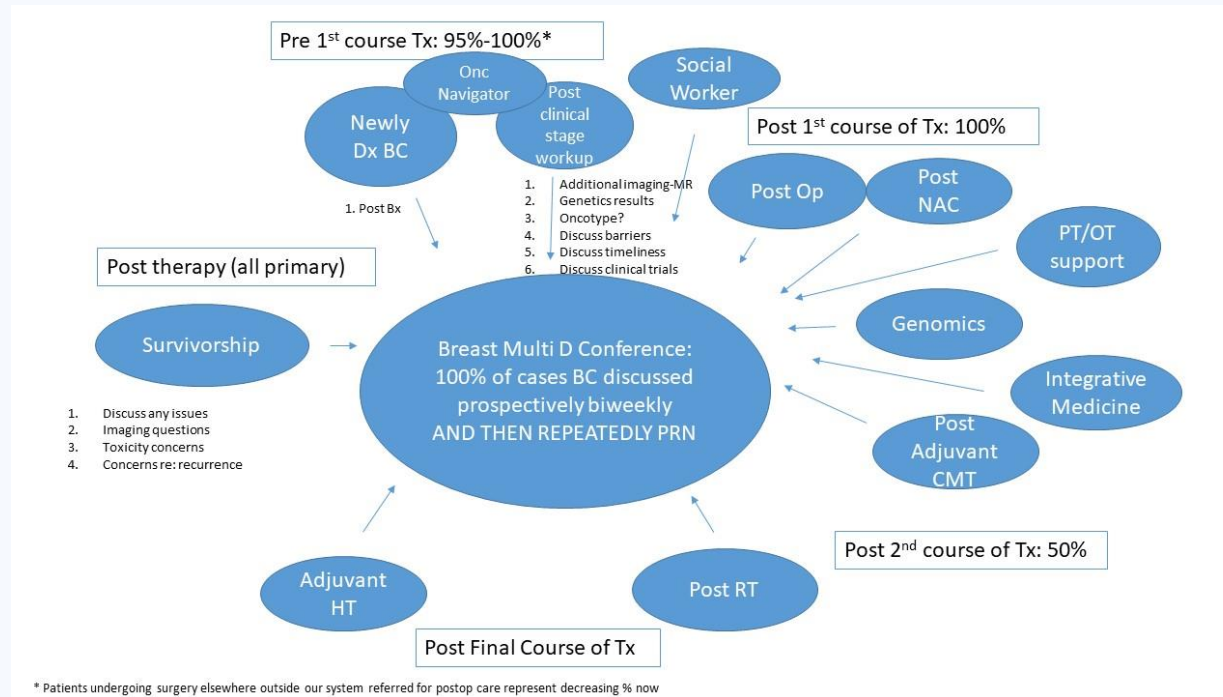


Figure Left: Revolving model of Tumor Boards

Results: We improved timeliness in all 4 metrics in this QI in 2023. This model of re-presenting patients prospectively helped us insure timeliness in all the metrics we tracked. We believe we are more in line now with other centers in these outcomes.

Conclusion: Tumor boards have evolved from a “one-and-done” approach initially, to a model of a *revolving door* approach, which has helped all aspects of care, including timeliness in care and other NAPBC metrics.