



Institute for Community Health

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A multilevel approach to improving quality of care and health outcomes in underserved breast cancer patients: The Cambridge Health Alliance's CBC model

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Background and population: Increases in cancer screening alone have not resulted in improvements in breast cancer survival rates, particularly among women of racial and ethnic minorities and lower socioeconomic status, who often experience significant barriers to care. Timely diagnosis and treatment and provision of coordinated care are among the interventions that can contribute to increased survival and decreased disparities in breast cancer treatment.

The Cambridge Breast Center (CBC) opened at the Cambridge Health Alliance (CHA) in September 2005. The CBC model is unique in that it consists of a multidisciplinary and multilevel strategy for improving the quality of care among breast cancer patients throughout the whole spectrum of the disease. The patient-centered care philosophy includes a team approach, open access to appointments, a dedicated patient navigator, and an integrated health therapies program.

The CHA patient population includes a large underserved population, including many immigrants. Many women in our target communities have limited access to health care, chronic health conditions, and a distrust of western medicine.

Objective: The main goal of the study is to assess the effect that the CBC has had on breast cancer treatment at the Cambridge Health Alliance, and to learn more about which aspects of the CBC's model are most and least effective.

Methods: Clinical data are collected using the state cancer registry tracking system, medical record data, and the hospital appointment system. Qualitative patient interviews (15) and satisfaction surveys were also conducted.

Results: Comparing data from summer 2005 (pre-CBC opening) to that from summer 2007, results include:

- No current wait time for appointments
- Time from biopsy to treatment dropped from 15.9 days to 10.3 days on average

- Proportion of patients with Stage 0 or 1 tumors diagnosed at time of entry increased from 77% to 91%. Stage 2-4 tumors decreased from 33% to 8%.
- Patient interviews highlighted care coordination, patient education and communication as areas of strength. Many of the problems highlighted were related to care received from other CHA services outside of the Breast Center.

Conclusions: The Cambridge Breast Center presents a unique model of care being implemented in an urban safety net hospital. Over the two years that the the CBC has been in existence, favorable results have been seen. This study more closely examines the model and investigates associations between the CBC's methods of care (e.g. multilingual services, patient education and patient navigation) and patient outcomes.

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