Mercy Health Comprehensive Breast Center Outcomes

At the Mercy Health Comprehensive Breast Center, we want to provide you with the best experience possible. That is why our team is led by two fellowship-trained breast surgeons, Dr. Jamie Caughran and Dr. Jessica Keto. We also offer the latest advances in surgical techniques such as oncoplastic surgery and nipple-sparing procedures. This often provides women with more treatment options, smaller scars, better cosmetic results, quicker treatment and fewer long-term side effects. Oncoplastic surgery combines breast surgical oncology with the latest techniques in plastic surgery, so that the treatment focuses both on cancer treatment and restoring appearance. We are also dedicated to getting our patients into our clinic quickly to provide the best care and to help ease some of the worry associated with waiting.

Why Choose a Breast Specialist?

Fellowship-trained breast surgeons receive special training in breast surgery, as well as all aspects of breast care, including medical and radiation oncology, plastic surgery, pathology, radiology and genetic evaluation. They also receive extensive training in minimally invasive surgical techniques and biopsies, oncoplastic breast surgery, and nipple sparing mastectomies. They are certified to perform ultrasounds in the office for evaluation of breast lesions, perform needle biopsies, and insert radiation catheters in the breast in select patients.

Why do we Report Quality Measures and Outcomes?

The Mercy Health Comprehensive Breast Center participates and reports to both local and national quality and outcome initiatives to provide you with comprehensive and transparent information about our care.

Volume

Volume is often an indicator of quality. Research has shown that the more times a procedure is performed, the better the outcome is likely to be.

At Mercy Health Comprehensive Breast Center, our fellowship-trained breast surgeons perform over 500 breast surgical cases combined annually. By comparison, a study based on the surgical operative logs of individuals recertifying in surgery between 2007 and 2009 showed that general surgeons perform on average 54 breast procedures a year*.


Genetics Assessment

At Mercy Health Comprehensive Breast Center, every newly diagnosed breast cancer patient is assessed for genetic counseling. If it is determined that they would be a candidate for genetic counseling, patients are then referred to our Genetic Counselor who can further evaluate them and/or suggest genetic testing.

This type of assessment is important as approximately 5-10% of cancer is hereditary. This means that an individual is born with a predisposition to develop certain types of cancers. This predisposition is caused by a change (mutation) in a gene. These genetic changes can be
passed down from generation to generation in a family. Therefore, it is important to assess all patients to see if genetic counseling is appropriate.


The healthcare industry continues to move towards more transparency of data of hospital outcomes. A prospective patient can view a facility's quality and patient experience measures on Hospital Compare, Home Health Compare, Nursing Home Compare, and in 2015, Physician Compare.

The goal of national, standardized surveys is to help patients more easily compare healthcare providers. The most widely used survey tools for assessing the patient’s experience with care are the CAHPS (Consumer Assessment of Healthcare Providers and Systems) family of surveys. The CG-CAHPS (Clinician and Group CAHPS) survey is used by providers in an office setting. Mercy Health Saint Mary's began using this survey in May 2011. The patient feedback from these surveys helps us know what we are doing well and where we need to improve.

**Patients’ Rating of the Doctor (Comprehensive Breast Center)**

The survey asked patients to rate their doctors on a scale of 0 to 10, with 0 being the worst and 10 being the best.

- In 2013, 95.2% of CBC patients who completed the survey rated their doctor a 9 or a 10.
- Mercy Health Comprehensive Breast Center was in the 96th percentile for this question, compared to other offices participating in the National Press Ganey Database. A 96th percentile indicates that our score was higher than 96% of other practices for this question.

*Note: A higher number is better.

**Recommend this Provider Office (Comprehensive Breast Center)**

Patients were asked "Would you recommend this provider office to your family and friends?". Answer choices included "Yes, Definitely", "Yes, Somewhat", and "No".

- In 2013, 98.3% of CBC patients who completed the survey, answered "Yes, Definitely" they would recommend this provider office.
- Mercy Health Comprehensive Breast Center was in the 94th percentile for this question, compared to other offices participating in the National Press Ganey Database. A 94th percentile indicates that our score was higher than 94% of other scores for this question.

*Note: A higher number is better.

**Physician Communication Quality Composite**

Questions 16-22 on the survey roll up into a combined Physician Communication Quality Composite. Examples of questions included in this composite are "During your most recent visit, did this provider explain things in a way that was easy to understand?" and "During your most recent visit, did this provider spend enough time with you?".

In 2013, the Comprehensive Breast Center scored in the top 10% of Press Ganey's national database in this composite. This reflects the outstanding communication our providers have with their patients.
Office Staff Quality Composite
Questions 27-28 on the survey roll up into a combined Office Staff Quality Composite. Questions asked of patients include "During your most recent visit, were clerks and receptionists at this provider's office as helpful as you thought they should be?" and "During your most recent visit, did clerks and receptionists at this provider's office treat you with courtesy and respect?".

In 2013, the Comprehensive Breast Center scored in the top 10% of Press Ganey's national database in this composite. This reflects the outstanding communication our CBC office staff has with our patients.

National Quality Measures for Breast Centers (NQMBC)
This is a voluntary quality performance program for breast centers to track more than 30 separate quality indicators and compare performance with other centers across the United States. To find out more about NQMBC, visit their website at http://nqmbc.org/.

Average Time from Biopsy to Obtaining Pathology Results
The uncertainty patients feel when waiting for biopsy results can cause stress and anxiety. At the Mercy Health Comprehensive Breast Center, we try to help ease this by having a quick turnaround time from biopsy to obtaining pathology results. According to the American Cancer Society, routine biopsy results may be ready as soon as 1 or 2 days after the sample is received in the laboratory, although there are many reasons why this can sometimes take much longer.

At the Mercy Health Comprehensive Breast Center, our average time from when a patient has a biopsy to when the pathology results are ready is 1.2 days.

Image Timeliness of Care – Time Between Screening Mammogram and Diagnostic Mammogram
Screening mammograms are used to look for breast cancer in women who have no signs or symptoms of the disease while diagnostic mammograms are used to check for breast cancer
after a lump or other sign or symptom of the disease has been found. Rapids results are essential to provide peace-of-mind or to begin any necessary treatment planning. Average wait times between a screening and diagnostic mammogram often range from 7-14 days. One study reports that the median time between abnormal screening mammogram and diagnostic mammogram was 6.5 working days.

At Mercy Health Comprehensive Breast Center, the average time our patients wait between having a screening and diagnostic mammogram is 2.2 days.

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Average Time Between Screening and Diagnostic Mammograms

Days

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*Reporting Period: Last half of 2012.


Imaging Timeliness of Care – Time Between Diagnostic Mammogram and Needle/Core Biopsy

A timely diagnosis is important to help ease stress and anxiety due to not knowing the diagnosis and also for timely treatment. A shorter time between a diagnostic mammogram and needle/core biopsy is better. One study reported that the median time from diagnostic mammogram to needle biopsy was 6 working days.

At Mercy Health Comprehensive Breast Center, the average time from when our patients have a diagnostic mammogram and a needle/core biopsy is 1.9 days.

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Average Time Between Diagnostic Mammograms and Needle/Core Biopsy

Days

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*Reporting Period: 2012.

Minimally Invasive Breast Biopsy
Minimally invasive breast biopsy is a sampling technique that does not require surgery. It often offers a shorter recovery time, minimal bleeding, reduced post-procedural pain and minimally scarring as compared to a surgical biopsy.

At the Mercy Health Comprehensive Breast Center, when a minimally invasive breast biopsy is appropriate, it is offered 100% of the time (Reporting Period: 2012).

Surgical Timeliness of Care - Time between Needle Biopsy and Initial Breast Cancer Surgery
Timely treatment of a breast cancer diagnosis is important for having the best possible outcome. Some studies suggest that patients be treated within 30 days of diagnosis. Other studies have shown an average time to surgery to be 22.4 days. NQMBC data has shown an average of 17.82 days.

At the Mercy Health Lacks Cancer, the average time from when a patient has a needle biopsy to when they have their initial breast surgery is 16.6 days. There are many factors that may affect timing such as the type of surgery needed and genetic testing.

Breast Conservation Surgery Rate for Eligible Patients
Breast conservation surgery (BCS) is less radical than a mastectomy and has better cosmetic effects. Having a higher rate of breast conservation surgery for eligible patients is generally considered a better outcome.
At Mercy Health Comprehensive Breast Center, breast conservation is offered to 100% of eligible patients (Reporting Period: 2012).

**Post-Lumpectomy Radiation Therapy Rate**
Many women with early stage breast cancers are treated with radiation therapy post-lumpectomy in order to reduce the risk of cancer reoccurrence. Generally a higher rate of radiation therapy in patients who have had a lumpectomy is considered better.

At Mercy Health Comprehensive Breast Center, our post-lumpectomy radiation therapy rate is 100% (Reporting Period: July - December 2012).

**Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer**
Adjuvant endocrine therapy is recommended for patients with invasive breast cancer. A higher rate of adjuvant endocrine therapy for patients with invasive breast cancer is better.

At Mercy Health Comprehensive Breast Center, our rate of giving adjuvant endocrine therapy for invasive breast cancer is 100% (Reporting Period: July - December 2012).

**Complications Resulting in an Unplanned Overnight Hospital Stay**
Complications resulting in an unplanned overnight hospital stay are typically low for breast cancer. NQMBC reports a mean of 3.14 complications.

At the Mercy Health Comprehensive Breast Center, there have been no breast surgery complications that have resulted in an unplanned overnight hospital stay (Reporting Period: Spring 2011-December 2013).