**PROMPT Quality Collaborative:
Time Waits for No One**

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Disclosures

- I have no disclosures

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Agenda

- Rationale behind PROMPT?
- PROMPT timely metrics
- What did we learn from PROMPT? And still learning…

PR⬤MPT Study
**Patient Reported Observations on Medical Procedure
Timeliness for Breast Patients**

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Patient Case
- Gets screening MGM
- MGM shows an abnormality-1 week
- Diagnostic MGM and US-2weeks
- Breast biopsy-2weeks
- Breast result-1 week
- See breast surgeon-1-2weeks
- Genetic testing-2 weeks
- MRI-2 weeks
- MRI shows abnormality, need biopsy-2 weeks
- Bilateral mastectomy, see plastics-1-2 weeks
- Schedule surgery-4 weeks
- **Total: 20 weeks, 140 days, 5 months**

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Time Intervals for Breast Cancer Patients

- Time intervals to treatment are increasing
- Treatment plans are more complex
- Longer time intervals associated with worse survival outcomes
- Patients are anxious

Bleicher et al *JAMA Oncology* 2016; 2(3); 330
Wiener AA et al JAMA Surgery 2023; 158: 485

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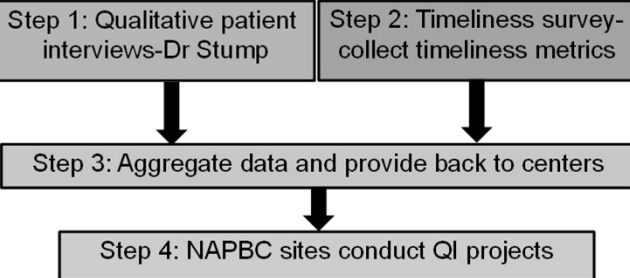**PROMPT Quality Collaborative**

Step 1: Qualitative patient interviews-Dr Stump	Step 2: Timeliness survey-collect timeliness metrics

Step 3: Aggregate data and provide back to centers

Step 4: NAPBC sites conduct QI projects

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Year 1: Data Collection/Reporting

Timeliness Metrics	Database
Time from screening MGM to diagnostic MGM	Mammography reporting system
Time from diagnostic MGM to biopsy	Mammography reporting system
Time from biopsy to first surgery	Tumor registry
Time from biopsy to neoadjuvant treatment (chemo or hormonal therapy)	Tumor registry

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Year 1: PROMPT Timely Metrics

Year	Screening MGM to Diagnostic MGM	Diagnostic MGM to Biopsy	Biopsy to Neoadjuvant Chemo	Biopsy to First Surgery
	Median (Q1-Q3)	Median (Q1-Q3)	Median (Q1-Q3)	Median (Q1-Q3)
2019	N=281 11 (7-16)	N=279 8 (6-12)	N=273 33 (27-40)	N=280 39 (31-49)
2020	N=282 11 (8-17)	N=280 8 (6-11)	N=271 32 (27-38)	N=276 40 (32-51)
2021	N=284 12 (8-17)	N=283 9 (6-12)	N=270 34 (27-41)	N=272 42 (35-52)

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PROMPT Timely Metrics- "Response Rates"

Year	Screen MGM to diagnostic MGM	Diagnostic MGM to biopsy	Biopsy to neoadjuvant chemotherapy	Biopsy to surgery
2019	87.0%	86.6%	84.8%	87.0%
2020	87.5%	87.0%	84.2%	85.7%
2021	88.2%	87.9%	83.9%	84.5%

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PROMPT Timely Metrics and Facility Factors

Time interval	Screening MGM to diagnostic MGM	Diagnostic MGM to biopsy	Biopsy to neoadjuvant therapy	Biopsy to surgery
Year of accreditation	No	No	No	No
% Medicaid	No	No	No	No
Number of breast imagers	No	No	No	No
Number of breast surgeons	No	No	Yes	No
Surgeons exclusive to breast disease	Yes	Yes	Yes	Yes
Average case number	Yes	Yes	Yes	Yes
% outside cases	No	No	No	Yes
ADI	No	No	No	No

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PROMPT Timely Metrics vs Patient Preferences

Total days	Total days screening MGM to surgery
PROMPT	61 days
Patient interviews	33 days
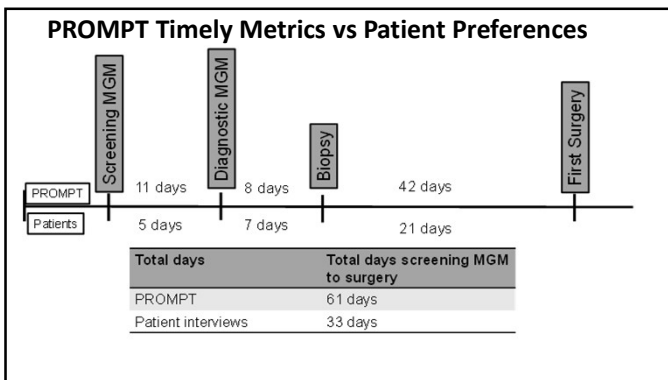
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Year 1 Patient Perceptions

Domains	Themes
Etiology of delayed care	Difficulty getting appointments
	Impact of COVID-19 on care
	Dissatisfaction with getting testing, consults prior to treatment, such as genetics or second opinions
	Patient preferences or financial barriers
Impact of delays on patient perceptions of timely care	Distress and emotional toll of waiting
	Importance of communication, setting expectations
	Role of the patient portal and patient's perceptions

Fefferman M, Cancer 2024 in preparation

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Year 1 Center Perceptions

What do you think the time interval should be?

	Screening MGM to diagnostic MGM	Diagnostic MGM to biopsy	Biopsy to Neoadjuvant therapy	Biopsy to Surgery
Center perception	7	7	21	28
PROMPT timely metrics 2021	12	9	34	42

Thompson, D, ASBrS quickshot, April 2024

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PROMPT Year 1 and 2

Number of sites	
Number of sites enrolled-Year 1	322/555 (58%)
Number of sites that submitted QI template-Year 2	207/322 (64%)

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Year 2 ACS Quality Framework

ACS Quality Framework	PROMPT
Problem detailing	Problem outlined-timeliness Data provided
Aim statement	Sites came up with their own aim statements
Strategic planning	Sites responsible
Problem solving	Sties responsible
Outcome evaluation	Required two measures-outcome, balancing
Knowledge acquisition	Present findings to BPLC
End of project decision making	Sites-future plans?

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PROMPT Outcome Measures

Timely metric	N (%)
Screening MGM to diagnostic MGM	51 (24%)
Diagnostic MGM to biopsy	58 (27%)
Biopsy to Neoadjuvant therapy	62 (29%)
Biopsy to Surgery	42 (20%)

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PROMPT Outcome Evaluation by Timely Metric Outcome Measure

Was your QI project successful?

Answer	Yes
Screening MGM to diagnostic MGM	39 (76%)
Diagnostic MGM to biopsy	46 (79%)
Biopsy to neoadjuvant therapy	21 (50%)
Biopsy to surgery	35 (56%)

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What Will We Learn from PROMPT?

PROMPT QI Template
Root causes
Interventions
How measures were impacted
Barriers
Sustainability plans

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Toolkits

| Screening MGM to diagnostic MGM |
| Diagnostic MGM to biopsy |
| Biopsy to Surgery |
| Biopsy to Neoadjuvant Therapy |

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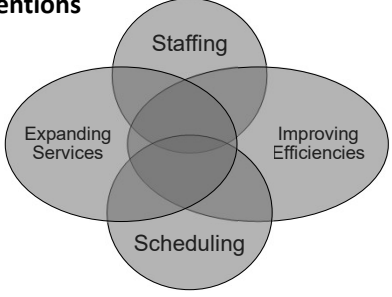
What Did We Learn from PROMPT? Interventions

Staffing

Expanding Services

Improving Efficiencies

Scheduling

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Interventions for Screening MGM to Diagnostic MGM

| Hiring breast dedicated imagers |
| EPIC waitlist |
| Open up more hours/Saturdays |
| Open up more diagnostic slots per week |
| Automate ordering process for PCPs |

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Interventions for Diagnostic MGM to Biopsy

Make 1-2 days a week a "double procedure" day
Open up more locations for biopsies
Hire more radiology RNs to assist with biopsies
Automate scheduling for biopsies thru radiology and not PCP

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Interventions for Biopsy to Neoadjuvant Therapy?

Streamline ordering of echos, ports, labs, etc… to get patients ready for neoadjuvant therapy
Patient navigators
Expedited cardiology clearance for chemotherapy
Pre-emptive ordering-can surgeons or others place orders for pre-chemotherapy tests, ports, etc…
Open up "neoadjuvant" slots in the medical oncology clinics to prioritize "neo" patients
Axillary US for all TNBC/HER2neu + patients

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Interventions for Biopsy to Surgery

Plastic surgeon to do a telehealth visit on same day as surgeon
Get combined plastic/breast surgery OR block for combination cases
Hire dedicated breast surgeons
Patient navigators
Expedited genetic testing for newly diagnosed breast cancer patients
Reserve MRI slots for newly diagnosed patients
Work on obtaining outside slides/films at first touchpoint

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Key Takeaways from PROMPT

- Time to treatment has more variability than time to diagnosis/biopsy
- Patient's perception of timely care much different than real time data
- Many facility factors are not associated with time intervals
- Sites interested in QI for all time intervals
- Sites had more "success" for time to diagnosis metrics vs time to treatment metrics
- Much more to learn……..

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Time waits for no one, no favors has he
Time waits for no one, and he won't wait for me

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Thank you

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What Did PROMPT Involve?

Year 1	Year 2
Enrollment survey	Pick a timely metric
Submit timely metrics	Follow the ACS quality framework
Fill out a "timeliness" survey about center demographics	Fill out QI template
Analyze benchmarking data	Webinars
Webinars	

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How to Improve Timeliness for Breast Patients?

Staff-MDs and others
- Hiring dedicated MDs-breast imagers, breast surgeons, plastic recon surgeons
- More ancillary staff
- Patient navigators

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How to Improve Timeliness for Breast Patients?

Scheduling-Tests/MD appts/Consults/etc...
- Waitlist function
- Develop institutionalized standardized criteria to order certain tests-MRIs, labs, ports, etc...
- Pre-emptive ordering-can surgeons order staging studies, ports, labs for neoadjuvant patients
- Streamlining ordering-streamline port placements, Echo's, cardiology clearance, etc...

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How to Improve Timeliness for Breast Patients?

Expanding services/Efficiency
- Allow more scheduling slots per week
- Add a double procedure day per week
- Add more locations

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How to Improve Timeliness for Breast Patients?

Improving Efficiencies
- Allow surgeons to see patients same day as med oncs or plastic surgeons
- Use telehealth as initial visit to enable plastics (for example) to provide better access for new patients

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Commission on Cancer
ACCREDITED PROGRAM

COMMISSION ON CANCER
AMERICAN COLLEGE OF SURGEONS

Primary Site	Measure Description
Breast	First therapeutic breast surgery in a non-neoadjuvant setting is performed within and including 60 days of diagnosis for patients with AJCC Clinical Stage I-III breast cancer.
Breast	Radiation therapy, when administered, is initiated less than or equal to 60 days of definitive surgery for patients receiving breast conserving surgery for Stage I-III breast cancer who do not undergo adjuvant chemo- or immuno-therapy.

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