

## THE NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM

# Breast Initiative

### Background

The incidence and mortality rates for breast cancer in the communities served by NSLIJ Health System are higher than average. In fact:

- ❖ One in eight women in the area served by NSLIJ Health System will have a breast cancer diagnosis in her lifetime. (Source: *National Cancer Institute, Surveillance, Epidemiology and End Results program data, 1998*).
- ❖ Three of the counties served by the NSLIJ Health System (Nassau, Suffolk, and Richmond) have a higher incidence of breast cancer and a higher breast cancer mortality rate than New York State as a whole.\*
- ❖ Suffolk County has the third highest breast cancer rate and Nassau County has the fifth highest breast cancer incidence rate among New York State's 62 counties.\*
- ❖ The New York State rate per 100,000 for breast cancer mortality is 26.7. Richmond County has a rate of 29.8, making it the fifth highest county in New York State; Suffolk has a rate of 28.6, and Nassau has a rate of 27.4.\*

*\*June 2001 data released by the New York State Department of Health, New York State Cancer Registry, Cancer Incidence and Mortality among Females by County, 1994-1998 (female breast)*

HANYS  
Breast Cancer  
Demonstration  
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## Best Practices Strategy Guide

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## GOAL OF THE NSLIJ BREAST HEALTH INITIATIVE

*The goal of the NSLIJ BHI is to develop a comprehensive program that would positively impact activities at the system's 14+ hospitals and breast imaging centers, several hundred affiliated cancer specialists, and the millions of women residing in the communities served by the health system. Working towards this goal primarily entails providing leadership oversight and direction for the following system-wide activities related to the delivery of breast health services:*

- *conducting outreach and education for the communities served by NSLIJ Health System,*
- *promoting excellence in the quality of care and service,*
- *improving systems for providing care,*
- *advancing research, and*
- *educating physicians and other health professionals.*

NSLIJ Health System is one of the largest hospital systems in Northeastern U.S., with several tertiary hospitals including North Shore University Hospital, Long Island Jewish Medical Center (LIJMC), and Staten Island University Hospital, as well as a number of community hospitals and long-term care facilities across Nassau, Suffolk, and Queens counties. As a major health care provider in the region, NSLIJ Health System is committed to seeking opportunities for improving outreach and education to women about breast cancer and the importance of routine breast cancer screening, and improving the level of clinical quality provided to patients.

The biggest challenge was to develop a comprehensive program that would positively impact activities at the system's 14+ hospitals and breast imaging centers, several hundred affiliated cancer specialists, and the millions of women residing in the communities served by the health system.

## History

In 1999, with the resources provided through HANYS BCDP™, NSLIJ Health System formed an interdisciplinary group of clinical and non-clinical leaders from the various health system facilities who began the NSLIJ Health System Breast Initiative. These leaders—who represent women's health, surgery, medical oncology, radiology, pathology, radiation oncology, genetics, administration, community health education, and other departments—came together to develop a comprehensive, system-wide approach to breast cancer screening, diagnosis, treatment, and research.

“In previous forums and committees, we had identified the need for better breast health services, but it was always difficult to bring together an interdisciplinary group,” said Committee Chairman Vicki Seltzer, M.D., Vice President for Women's Health Services, NSLIJ Health System, and Chairman, Departments of Obstetrics and Gynecology, North Shore University Hospital (NSUH)-Manhasset and LIJMC.

“We were successful this time because we had two key ingredients. One was the commitment of our dedicated professionals. The other was the breast cancer grant funding, administered by HANYS, which helped to bring all the silos together. Through the grant, HANYS served as a natural catalyst and gave us the start we needed for this initiative.”

## Mission

The mission of the NSLIJ Health System Breast Initiative is to provide interdisciplinary leadership, oversight, and direction for conducting outreach and education for the communities served by NSLIJ Health System, promoting excellence in the quality of care and service, improving systems for providing care, advancing research, and educating physicians and other health professionals.

Since it began in July 1999, the NSLIJ Health System Breast Initiative Committee has conducted numerous activities under the umbrella of the NSLIJ Health System Breast Initiative.

## Achievements

The Committee has been effective in implementing a wide range of activities that have affected all system hospitals. Priorities were developed through a survey of more than 100 affiliated physicians practicing in the area of breast services. These physicians participated in a process of ranking health system priorities for potential improvements in the delivery of breast services.

### Clinical Quality Improvement Initiatives:

**Standardization of Pathology Reporting Formats for Breast Carcinoma at all NSLIJ Health System Hospitals.** David Katz, M.D., J.D., Director for the Oncology Roundtable Health Care Division of the system's Health Care Advisory Board at the first Oncology Roundtable Breast Initiative Conference in November 1999 presented this strategy. Attendees voted this strategy as the number one action item for implementation. A model pathology template has been developed for "Breast Carcinoma, Invasive Format" which contains computerized subsets for both gross and microscopic pathological findings with the most up-to-date pathology information required by breast surgeons. An additional computerized template has been developed for non-invasive breast carcinoma. Adaptation of these template pathology reporting formats is currently in place at NSUH-Manhasset, LIJMC, and NSUH-Glen Cove. Adaptation at other sites is in progress.

**Institution of Breast Tumor Board Multidisciplinary Clinical Case Presentations on a System-Wide Basis.** Under the leadership of Karen Kostroff, M.D., Chief of Breast Surgery, NSLIJ Health System, these disease-specific clinical case presentations

## OUTCOMES TO DATE

### Clinical Quality Improvement Initiatives

- *Standardization of pathology reporting formats for breast carcinoma at all NSLIJ system hospitals*
- *Institution of Breast Tumor Board Multidisciplinary Clinical Case Presentations on a System-Wide Basis*

### Education and Outreach

- *Employee Mammography Inreach Project*
- *NSLIJ Health System Breast Health Web site*

### Special Presentations

- *Innovations in Breast Cancer Care: The New Quality Standard*

### OTHER ACHIEVEMENTS: FORUMS AND CONFERENCES

*NSLIJ Health System has sponsored a number of breast conferences for both medical and lay communities together with medical grand rounds for primary care providers focusing on breast cancer:*

#### **The Viral Cause of Human Breast Cancer**

*March 10, 2000*

*Conducted by NSUH-Manhasset in cooperation with International Bioimmune Systems*

##### Topics:

*Viral Cause of Human Malignancies  
Diagnosing the Presence of MMTV and Its Association with Human Breast Cancer  
Implications of MMTV Causative Agent in Human Breast Cancer*

#### **Community Health Forum: Recent Developments in the Prevention and Treatment of Breast Cancer**

*June 1, 2000*

*Conducted by NSUH-Manhasset, Don Monti Cancer Center Division*

##### Topics:

*The Role of Genetics in Breast Cancer  
MMTV: The Viral Cause of Human Breast Cancer  
Mammography for the New Millennium  
Report from the American Society of Clinical Oncology Conference  
Prevention Trials*

#### **Issues and Controversies in Breast Cancer Care: Nursing and Allied Health Professionals Conference**

*September 19, 2000*

*Conducted by the NSLIJ Breast Health Initiative*

##### Topics:

*Pesticide Usage and the Incidence of Breast Cancer  
Breast Cancer Prevention Trials  
The Faith Factor*

began March 13, 2000 with a rotating schedule at NSUH-Manhasset and LIJMC. Since September 2000, the Breast Tumor Board presentations have been teleconferenced on a monthly basis to all health system facilities, with a mailing list of several hundred physicians. The presentations provide a unique opportunity for all of the specialties involved in the care of a breast cancer patient (primary care, surgery, pathology, radiology, medical oncology, radiation oncology, genetics) to join together to prospectively review and discuss the plan of care for breast cancer patients. Cases are presented from various hospital facilities within the health system, with projection of televised pathology slides and diagnostic films.

#### **Education and Outreach:**

**Employee Mammography Inreach Project:** This project reaches female employees of the NSLIJ Health System with breast cancer screening guidelines and encourages those over the age of 40 to schedule annual mammograms. This project was made possible through a grant from the Joyce and Irving Goldman Family Foundation. Project implementation began in January 2001 and is focused on the NSUH-Manhasset and LIJMC campuses. Since implementation, more than 300 mammograms have been provided to employees, 100 of whom were over age 40 and had never had a mammogram.

**NSLIJ Health System Breast Health Web site:** Under the leadership of Hannah Brooks, M.D., Breast Surgeon, NSUH-Forest Hills, the Breast Initiative Committee is nearing completion of a newly revised section of the NSLIJ Health System Web site, available at [www.northshorelij.com](http://www.northshorelij.com). This site includes a comprehensive guide to health system breast cancer education, screening, and treatment programs by hospital. It lists the types of services available, locations, hours of service and directions for reaching each program. It also includes breast health and disease information and access to cancer clinical trials and support groups. Additional hyperlinks provide information on breast Web sites and HANYS BCDP™.

#### **Special Presentations:**

**"Innovations in Breast Cancer Care: The New Quality Standard."** The first system-wide conference was presented on November 1, 1999 by David Katz, M.D., J.D. The four-hour presentation focused on innovative practices from across the country that have improved the quality of clinical care for breast cancer patients from screening through local treatment. Discrete prac-

tices were presented for improving mammography screening, promoting minimally invasive biopsy, perfecting breast conservation, and reducing surgical complications.

A second presentation, *Innovations in Breast Cancer Care*, by Dr. Katz on March 27, 2001 focused on the New Service Standard, the mandate for more patient-focused care in the treatment of breast cancer with attention to the essential service areas where providers typically fall short. Fourteen best practices were presented for enhancing breast cancer service quality, including ideas for expediting diagnosis, enfranchising patients in the treatment process, and alleviating psychosocial distress. Dr. Katz profiled the emergence of sentinel node biopsy, a proposed alternative to standard axillary dissection for breast cancer patients and examined the critical points of learning that have emerged from pioneering organizations across the country.

## Key Factors For Success

“The high incidence of breast cancer on Long Island has created an imperative for clinical leaders to come together to ensure that women who live here are receiving the best possible breast cancer education, screening and treatment,” said Dr. Seltzer. “It is truly remarkable that in a health system this size, we have implemented change in a way that has benefited all of our sites and improved community breast health awareness at the same time. I am always impressed by how much we’ve gotten done with very limited resources.”

One of the most important and successful aspects of this effort has been the implementation of the Breast Tumor Board. “The goal of the Tumor Board was to be as inclusive as possible, recognizing that no one person has all the answers,” said Karen Kostroff, M.D., Chief of Breast Surgery at NSLIJ Health System and leader of the Breast Tumor Board sessions.

“These case presentations provide a live, dynamic classroom environment which has given our physicians the opportunity to present their most challenging breast cancer cases and to share knowledge and information with between 60 and 100 of their peers who are listening and responding from ten live sites across Nassau, Suffolk, Queens, and Staten Island,” said Dr. Kostroff.

### OTHER ACHIEVEMENTS: FORUMS AND CONFERENCES (CONTD.)

#### The Star Trial-Study of Tamoxifen and Raloxifene

November 14, 2000  
Adelphi University  
Garden City, New York

#### Update on Breast Cancer: Medical Grand Rounds

January 4 and 11, 2001 NSUH-Manhasset

January 19 and 26, 2001 LIJMC

##### Topics:

Breast Cancer Prevention Trials  
Sentinel Node Mapping in Breast Cancer Surgery  
Breast Cancer Detection and Diagnosis  
New Adjuvant Therapy in the Treatment of Breast Cancer  
Role of Genetics in Breast Cancer  
Medical/Legal Aspects of Diagnosing Breast Cancer

#### Women's Wellness Programs:

March 20, 2001

#### Update on Breast Disease: Facts vs. Fiction

April 24, 2001

#### Breast Disease: Recognition Through Recovery

#### Community Health Forum:

#### Recent Developments in the Prevention and Treatment of Breast Cancer

June 19, 2001

NSUH-Manhasset

##### Topics:

The Role of Genetics in Breast Cancer  
Report from the American Society of Clinical Oncology Conference including Anti-Estrogen Treatments  
Sentinel Node Biopsy  
Latest Techniques in Breast Reconstruction  
Update on the STAR Breast Cancer Prevention Trial

### FACTORS DRIVING THE SUCCESS OF THE NSLIJ BHI

After nearly two years of work with the Breast Initiative Committee, the leaders at NSLIJ Health System attribute their success to the following:

- the availability of dedicated financial resources that support the administrative functions necessary to carry out the goals and priorities of the Committee;
- the existence of an organized health system that has the administrative, clinical, and technical resources to reach hundreds of breast cancer specialists and multiple health care delivery sites;
- the commitment of respected key clinical leaders who are highly motivated to assume leadership for the Committee;
- active participation of individuals from institutions throughout the Health System, both on the Committee and through the forums and products developed by the Committee;
- participation by each of the distinct medical specialties involved in the delivery of breast cancer screening, detection, and treatment who would not otherwise have a forum in which to brainstorm about innovative strategies for improving care; and
- a very inclusive committee, process, and initiative—an essential goal of this initiative is making sure that anyone and everyone who wants to participate, can participate.

“It allows physicians who is caring for a breast cancer patient to seek expert input from other specialists and to share expertise with each other in a way they never could before. It allows us to focus on a group of similar cases of a specific nature, for example pregnant women with breast cancer, and achieve consensus,” said Dr. Kostroff. “At the end of the day, we all have gained more knowledge—something we couldn’t do individually. It has also enabled us to get back to basics and do what we went into medicine to do — practice to the highest standards in diagnosis and treatment. These interactive sessions have consistently drawn our top breast specialists who continue to attend and present their cases. I think this speaks to the unique value of the Tumor Boards.” said Dr. Kostroff. “Another benefit is that the diversity and size of the NSLIJ Health System has enabled us to draw cases from across an enormous geographic region. We are certainly getting many compliments. In fact, there is now a subcommittee looking at how to replicate the Breast Tumor Board in other areas.”

After nearly two years of work with the Breast Initiative Committee, the leaders at NSLIJ Health System attribute their success to the availability of dedicated financial resources that support the administrative functions necessary to carry out the goals and priorities of the Committee; and the existence of an organized health system that has the administrative, clinical, and technical resources to reach hundreds of breast cancer specialists and multiple health care delivery sites. Moreover, the commitment of respected key clinical leaders, the active participation of individuals from institutions throughout the Health System, and the participation by each of the distinct medical specialties involved in the delivery of breast cancer screening, detection, and treatment have been key factors contributing to the success of the Breast Health Initiative.

“The availability of the financial resources provided by HANYS Breast Cancer Demonstration Project™ grant was a catalyst for the entire effort,” added Dr. Seltzer. “Without it, these activities might never have been supported in light of the current constraints on health care finances. Without this relatively small grant, we could not have produced the outstanding accomplishments achieved to date. And now that we have a proven record of success, we are hopeful that we can justify the financial commitment needed to continue.”

## Benefits of Developing a System-Wide Comprehensive Breast Health Services Program

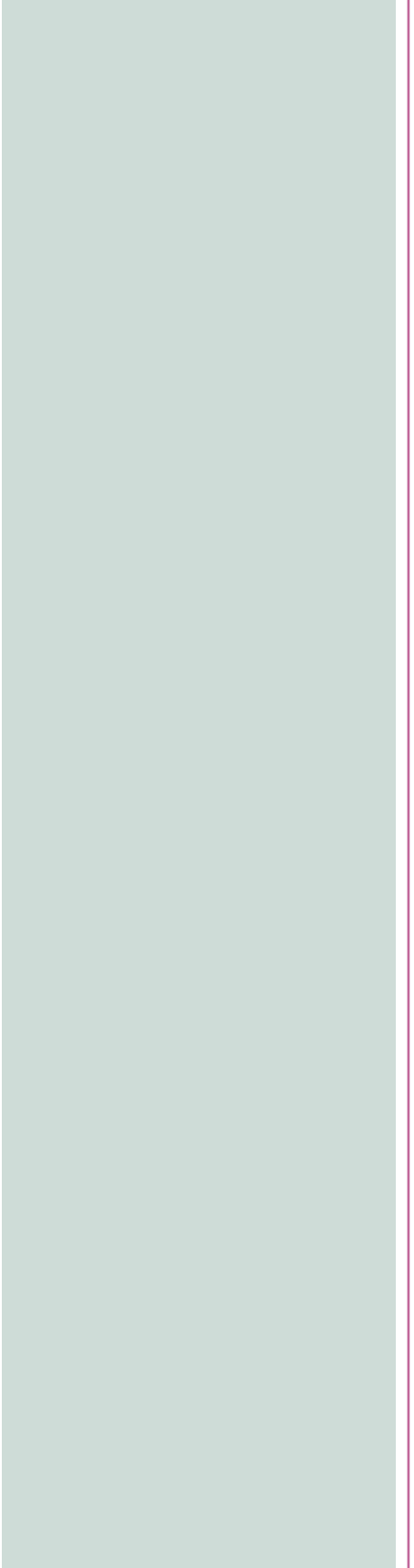
Developing a strong focus on breast health services for the health system has numerous benefits for patients, communities, and the hospitals and health care providers who are part of the system. These include, enhancing the quality of care and services; building closer relationships among interdisciplinary team members; improving employee breast health awareness and screening rates; pooling the talent of multi-disciplinary breast specialists who conference to discuss treatment options for more complex patient cases; reaching more community members, patients and their families, and health care employees; raising awareness of better breast health practices and interventions; and advancing research in the area of breast health and breast cancer prevention.

### Committee Composition

The Breast Initiative Committee is led by Vicki Seltzer, M.D., Vice President for Women's Health Services, NSLIJ Health System and Chairman, Departments of Obstetrics and Gynecology, NSUH-Manhasset and LIJMC. Committee composition is varied and includes representatives from a variety of clinical and non-clinical disciplines related to breast cancer education, diagnosis and treatment. Committee support staff based in the Health System's Planning Department includes part-time Coordinator, Connie Baird, R.N., and Lori Usak, R.N. to assist with carrying out the goals of the Committee. The Committee meets monthly to plan its activities.

#### PROGRAM BENEFITS:

- *enhanced quality of care and services;*
- *closer relationships among interdisciplinary team members;*
- *improved employee breast health awareness and screening rates;*
- *pooled talent of multi-disciplinary breast specialists who conference together to discuss treatment options for more complex patient cases;*
- *reaching more community members, patients and their families, and health care employees; raising awareness of better breast health practices and interventions; and*
- *advancing research in the area of breast health and breast cancer prevention.*



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