

Measure # 8: Breast Cancer Patient and Practice Management Process Measures

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Measure # 8: Breast Cancer Patient and Practice Management Process Measures Crosswalk

The items mapped in the *Atlas* are from Tables 1 and 2 of the source article: Katz SJ, Hawley ST, Morrow M, et al. Coordinating cancer care: patient and practice management processes among surgeons who treat breast cancer. *Med Care* 2010; 48(1):45-51. The measure developer recommended a more complete version, which follows this page. The numbering of that instrument is different to that in the *Atlas*, therefore we designed the table below to serve as a crosswalk and demonstrate which instrument items were mapped in the *Atlas* profile.

Crosswalk between the items mapped in the <i>Care Coordination Measures Atlas</i> and the Surgeon Survey instrument included in Appendix IV.		
Section	Item as numbered in the instrument provided by the measure developer	Instrument numbering as mapped in the <i>Atlas</i> measure mapping table and profile
B. Exchange of Medical Information		
	B3	1
	B4	2
	B5	3
	B6	4
	B7	5
	B8	6
C. Patient Services		
	C7	7
	C8	8
	C10	9
	C9	10
	C11	11
A. Your Practice Setting		
	A18a	12
	A18b	13
	A18c	14
	A24	15
	A25	16
	A26	17

Study ID # _____

Surgeon Perspectives about Breast Cancer Treatment Practices

Conducted by:

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Section A: Your Practice Setting

- A1. How many surgeons who treat patients with breast cancer work in your practice (counting yourself)? _____
- A2. How many medical oncologists who treat patients with breast cancer work in your practice? _____
- A3. How many radiation oncologists who treat patients with breast cancer work in your practice? _____
- A4. How many plastic surgeons who treat patients with breast cancer work in your practice? _____
- A5. Does your practice have surgical residents?
₁ Yes ₂ No
- A6. Does your practice have surgical or breast oncology fellows?
₁ Yes ₂ No
- A7. Does your practice employ nurse practitioners or physician assistants who see patients with cancer?
₁ Yes ₂ No
- A8. Does your practice have access to social workers who see patients with cancer?
₁ Yes ₂ No
- A9. Does your practice have access to nutritionists who see patients with cancer?
₁ Yes ₂ No
- A10. Is your practice affiliated with a University?
₁ Yes ₂ No
- A11. Do you practice in a hospital that has a cancer program that is approved by the American College of Surgeons?
₁ Yes ₂ No ₃ I don't know
- A12. Do you practice in a hospital that is an NCI designated cancer center?
₁ Yes ₂ No ₃ I don't know
- A13. How many of your work hours are devoted to patient care (including surgery) per week?
₁ up to 20 hours ₄ 41 to 60 hours
₂ 21 to 30 hours ₅ more than 60 hours
₃ 31 to 40 hours

A14. Please indicate the approximate percentage (%) of your patient practice in the past 12 months devoted to the types of patients below:

- a. _____ % Breast cancer patients
- b. _____ % Other (non-breast) oncology patients
- c. _____ % Non-oncology patients

100% Total for the past 12 months

A15. How many patients who were newly diagnosed with breast cancer have you treated in the past 12 months?

- ₁ fewer than 10
- ₂ 11 - 20
- ₃ 21 - 50
- ₄ 51 - 100
- ₅ more than 100

A16. What percentage of these patients came to you for a second opinion (e.g. after first consulting with another surgeon about their treatment options)?

- ₁ fewer than 10%
- ₂ 10% - 25%
- ₃ 26% - 50%
- ₄ more than 50%

A17. In the past 12 months, did you have access to a meeting (e.g. a tumor board) where different specialists discussed the treatment plan for your patients with cancer prior to final treatment decisions?

₁ No

₂ Yes → a. How frequently was the meeting held?

₁ Weekly

₂ Twice a month

₃ Once a month

₄ Other (please specify) _____

b. What percentage of patients discussed in these meetings had breast cancer? _____%

- A18. In the past 12 months...
- a. ...did you have access to an online medical record system for clinical test results?
₁ Yes ₂ No
 - b. ...did you have access to an online medical record system for physician notes?
₁ Yes ₂ No
 - c. ...did you have access to an online patient orders entry system?
₁ Yes ₂ No
- A19. In the past 12 months, did your practice regularly arrange same-day appointments for new patients with breast cancer to meet with different clinician specialists prior to definitive surgery?
₁ Yes ₂ No
- A20. What is the average wait, after completion of the workup, to schedule surgery for your patients in your primary practice?
₁ 7 days or less
₂ 8 - 21 days
₃ more than 3 weeks
₄ Other (please specify) _____
- A21. Approximately what percentage of your patients in the past 12 months had Medicaid? _____%
- A22. Does your practice have interpreters available for non-English speaking patients?
₁ Yes ₂ No
- A23. Has your practice developed a website tailored to patients with breast cancer?
₁ Yes ₂ No
- A24. Does your practice collect information about patients for purposes of research or quality of care?
₁ Yes ₂ No
- A25. Does your practice provide feedback to its clinicians about meeting clinical management standards?
₁ Yes ₂ No
- A26. Does your practice participate in a regional or national network that is used to examine variations in treatment?
₁ Yes ₂ No

Section B: Exchange of Medical Information

For the following questions, please mark the answer that best describes your experience.

Thinking about your patients in the past 12 months, with newly diagnosed breast cancer, for how many. . .

	Few or Almost None	About One Third	About Half	About Two Thirds	Almost All
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B1. ... did you have pathology reports at the time of your first consultation?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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B2. ... did you have mammography reports at the time of your first consultation?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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B3. ... did you discuss the treatment plan with a medical oncologist <u>prior to</u> the definitive surgery?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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B4. ... did you discuss the treatment plan with a radiation oncologist <u>prior to</u> the definitive surgery?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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B5. ... did you discuss the treatment plan with a plastic surgeon <u>prior to</u> the definitive surgery?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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Thinking about your patients in the past 12 months, with newly diagnosed breast cancer, who brought you outside test results, for how many. . .

	Few or Almost None	About One Third	About Half	About Two Thirds	Almost All
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B6. ...did you have pathology specimens that were collected by another provider reviewed again by your pathologist?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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B7. ... did you have mammogram images that were taken at another institution reviewed again by your radiologist?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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B8. ... did you repeat the mammogram images that were brought from another institution?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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Section C: Patient Services

For the following questions, please mark the answer that best describes your practice.

<i>How many of your <u>patients</u> in the past 12 months <u>with newly diagnosed breast cancer</u>...</i>	Few or Almost None	About One Third	About Half	About Two Thirds	Almost All
C1. ... consulted with a medical oncologist <u>prior to the definitive surgery</u> ?	<input type="checkbox"/>				
C2. ... consulted with a radiation oncologist <u>prior to the definitive surgery</u> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C3. ... consulted with a plastic surgeon <u>prior to the definitive surgery</u> ?	<input type="checkbox"/>				
C4. ... met with a social worker <u>prior to the definitive surgery</u> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C5. ... met with a nurse practitioner or physician's assistant <u>prior to the definitive surgery</u> ?	<input type="checkbox"/>				
C6. ... met with a nutritionist <u>prior to the definitive surgery</u> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C7. ... attended a presentation about breast cancer treatment, organized by your practice, <u>prior to the definitive surgery</u> ?	<input type="checkbox"/>				
C8. ... viewed a video, made available through your practice, about treatment issues for breast cancer <u>prior to the definitive surgery</u> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C9. ... attended a patient support group organized by your practice?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C10. ... were referred to a specific website by your practice, that is tailored to patients with breast cancer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C11. ...talked to other patients with breast cancer, arranged by your practice?	<input type="checkbox"/>				

Section D: Challenges in Your Practice

For the following questions, please mark the answer that best describes your experience.

*Thinking about your patients in the past 12 months, with newly diagnosed breast cancer, **how big of a problem was...***

No
problem

Somewhat
of a
problem

A big
problem

D1. ... getting mammography reports for your first consultation?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D2. ... getting pathology reports for your first consultation?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D3. ... getting pathology specimens that were collected by another institution reviewed by your pathologist?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D4. ... getting mammogram images that were taken at another institution reviewed by your radiologist?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D5. ... arranging to discuss your patient's treatment plan at a tumor board prior to the definitive surgery?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D6. ... arranging to discuss the treatment plan with a medical oncologist prior to the definitive surgery?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D7. ... arranging to discuss the treatment plan with a radiation oncologist prior to the definitive surgery?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D8. ... arranging to discuss the treatment plan with a plastic surgeon prior to the definitive surgery?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D9. ... arranging to discuss the treatment plan with a medical oncologist after the definitive surgery?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D10. ... arranging for your patients to meet with practitioners such as a social worker or counselor?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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D11. ... arranging for your patients to meet with other patients with breast cancer?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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Section E: Practice Patterns

Please read the brief scenarios below and answer the questions that follow.

There are no clear right answers. We are interested in your opinions about some challenging treatment decisions.

Scenario #1

A 60 year old woman presents with a 3 cm mass in the upper outer quadrant of a large breast. A core biopsy shows grade 3 infiltrating ductal carcinoma, ER/PR negative, HER-2 negative. The patient has no contraindications to either surgical option and requests your recommendation.

E1. Please circle the ONE letter below that best describes which treatment you would recommend and how strongly you would recommend it.

A	B	C	D	E	F
Strongly	Moderately	Weakly	Strongly	Moderately	Weakly
Mastectomy			Lumpectomy with radiation		

The patient receives mastectomy and is found to have a 3.5 cm tumor with metastases in 3 of 20 nodes.

E2. Please circle the ONE letter below that best describes which treatment option you would recommend, in addition to chemotherapy, and how strongly you would recommend it.

A	B	C	D	E	F
Strongly	Moderately	Weakly	Strongly	Moderately	Weakly
No further treatment			Radiation therapy to the chest wall and nodal fields		

Scenario #2

A 60 year old woman presents with a 0.8 cm mass in the upper outer quadrant of a large breast. A core biopsy shows grade 3 infiltrating ductal carcinoma, ER/PR negative, HER-2 negative. The patient has no contraindications to either surgical option and requests your recommendation.

E3. Please circle the ONE letter below which best describes which treatment you would recommend, and how strongly you would recommend it?

A	B	C	D	E	F
Strongly	Moderately	Weakly	Strongly	Moderately	Weakly
Mastectomy			Lumpectomy with radiation		

The patient received lumpectomy with radiation and sentinel node biopsy.

E4. What negative margin width precludes the need for re-excision?
(Please mark ONE box):

- ₁ tumor cells not touching the ink
- ₂ greater than 1-2 mm
- ₃ greater than 5 mm
- ₄ greater than 1 cm

Intraoperative exam of a sentinel node is negative. Final pathology report describes a 1.6 cm grade 3 infiltrating ductal carcinoma, ER/PR negative, HER-2 negative with widely negative margin. The one sentinel node removed has a 0.6mm metastases detected by H&E staining.

E5. Please circle the ONE letter below that best describes which approach you would recommend and how strongly you would recommend it.

A	B	C	D	E	F
Strongly	Moderately	Weakly	Strongly	Moderately	Weakly
No further axillary surgery			Axillary dissection		

Scenario #3

A 60 year old woman presents with a cluster of calcifications in the upper outer quadrant of the right breast on a screening mammogram. A core biopsy shows DCIS. Needle localization and excision demonstrate a 1.4 cm, grade 2 DCIS, ER positive tumor. The closest margin is 5 mm. The patient requests your treatment recommendation.

E6. Please circle the ONE letter below which best describes which treatment option you would recommend and how strongly you would recommend it.

A Strongly	B Moderately	C Weakly	D Strongly	E Moderately	F Weakly
Tamoxifen			No tamoxifen		

E7. Please circle the ONE letter below which best describes which treatment option you would recommend and how strongly you would recommend it.

A Strongly	B Moderately	C Weakly	D Strongly	E Moderately	F Weakly
Radiation therapy			No radiation therapy		

The patient opts for radiation therapy.

E8. Please circle the ONE letter below which best describes the radiation treatment you would recommend (outside of a clinical trial) and how strongly you would recommend it.

A Strongly	B Moderately	C Weakly	D Strongly	E Moderately	F Weakly
Whole breast radiation			Partial breast radiation		

E9. What negative margin width precludes the need for re- excision? (Please mark ONE box):

- ₁ tumor cells not touching the ink
- ₂ greater than 1-2 mm
- ₃ greater than 5 mm
- ₄ greater than 1 cm

E10. If the patient did not receive radiation, what negative margin width precludes the need for re- excision? (Please mark ONE box):

- ₁ tumor cells not touching the ink
- ₂ greater than 1-2 mm
- ₃ greater than 5 mm
- ₄ greater than 1 cm

Scenario #4

A 60 year old woman presents with a 4cm mass in the outer upper quadrant of a small breast. The axilla is clinically negative. The mammogram shows a single mass. The core biopsy shows grade 3 infiltrating ductal carcinoma, ER/PR negative, HER-2 negative. The patient requests your treatment recommendation.

E11. Please circle the ONE letter below which best describes which treatment option you would recommend, and how strongly you would recommend it.

A	B	C	D	E	F
Strongly	Moderately	Weakly	Strongly	Moderately	Weakly
Mastectomy with or without reconstruction			Referral for preoperative chemotherapy to allow lumpectomy		

The patient receives chemotherapy and the mass in the breast decreases to 1 cm in size. The axilla remains clinically negative.

E12. Please circle the ONE letter below that best describes which approach you would recommend and how strongly you would recommend it.

A	B	C	D	E	F
Strongly	Moderately	Weakly	Strongly	Moderately	Weakly
Sentinel node biopsy			Axillary dissection		

Section F: A Few More Questions About You

- F1. How many years have you been in practice since completing your training? _____
- F2. At how many hospitals do you perform surgery?
- ₁ 1
- ₂ 2
- ₃ 3 or more
- F3. What was your age on your last birthday? _____
- F4. What is your gender? ₁ Male ₂ Female
- F5. Are you Spanish/Hispanic/Latino? ₁ Yes ₂ No
- F6. Which of the following best describes your race? **Please mark ALL that apply.**
- ₁ White
- ₂ Black, African-American
- ₃ American Indian or Alaska Native
- ₄ Asian or Pacific Islander
- ₅ Some other race (Please specify) _____

Thank you very much for completing this survey!

If you would like us to send you a summary of the study results at the end of the project, please mark here: