

Bundling and patient navigation in early-stage breast cancer care

Interim findings of a 100 patient pilot study

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Background

The complexities of public and private healthcare services, combined with a patient’s unfamiliarity with the health system can make it difficult for patients to navigate, and manage costs.¹ Global research covering 4000 breast cancer patients by All.can clearly shows that cancer patients/carers perceive four main obstacles to improved survival and quality of life:

- Delay in access to swift, accurate and appropriately delivered diagnosis
- Barriers to information-sharing, support and shared decision-making
- Barriers to integrated multidisciplinary care for all patients
- The financial impact of cancer.²

Bundled payment models present an opportunity to bring stakeholders across the health system together in a unique way to create new, innovative, person-centred value-based care models and in doing solve many of these problems to improve outcomes for Breast Cancer patients.

GenesisCare, in partnership with St John of God Hospital Subiaco, the University of Western Australia, Medibank and HBF have been undertaking a pilot study of the role of bundling and patient navigation in early-stage breast cancer care. The Early-stage Breast Cancer Bundle pilot was established in August 2022 and aims to recruit 100 patients and evaluate whether the program has met its objectives.

Aims

The Early-stage Breast Cancer Bundle aims to provide all the services that an early-stage, non-metastatic patient would typically utilise during the first year of treatment, with transparency of cost throughout. Services include surgery, medical oncology, radiation oncology, radiology, pathology, physiotherapy, dietetics and clinical psychology as well as a Patient Navigator. Aims include:

- Create financial transparency and certainty on price for a full treatment pathway for early-stage breast cancer;
- Improve patient outcomes though access to a best-practice, integrated model of care that includes supportive treatments;
- Improve patient experience and reduce stress through navigation support;
- Create a sustainable, scalable model that can be expanded to other locations or cancer types with costs and outcomes measured.

Methods

The Pilot team partnered with The School of Public Health at University Technology Sydney to complete an evaluation – a prospective cohort study.

Primary objectives:

- Patient and provider attitudes to the Bundle compared to standing funding arrangements
- The financial sustainability of the model for future expansion

Secondary objectives:

- To evaluate the impact of the Bundle’s dedicated Patient Navigator on the care coordination experience of patients and providers.
- To understand the role of costs in treatment choices for early-stage breast cancer.
- To explore differences in the service use, and clinical and patient reported outcomes of patients that utilize a Bundle program compared to other early-stage breast cancer treatment pathways.

The evaluation utilises a multi-method design, collecting qualitative and quantitative data from patients in the Bundle (Cohort 1) and comparator group (Cohort 2), providers, insurers and program staff. Types of data collected include:

- Service use data and costs
- Patient surveys (PROMs and PREMs)
- Interviews with patients, providers and managers
- Program management data

This paper reports the headline findings from the PREM and interviews of first 29 patients through the Bundle pilot.

Interim results

Out of 39 patients who had entered the Bundle at the mid-point, 36 had consented to the evaluation. Seven of those patients exited following surgery; leaving data of 29 patients to be analysed as well as 9 patient interviews. 22 provider/ manager interviews were also analysed.

Interim results (cont.)

Table 1 Demographics

| Age | n (%) |
|-------------------------------------------------------------|----------|
| 40-49 years | 2 (7%) |
| 50-59 years | 6 (21%) |
| 60-69 years | 13 (45%) |
| 70-79 years | 8 (27%) |
| Index of Relative Socio-economic Advantage and Disadvantage | |
| 1 (lowest level of advantage) | 0 |
| 2 | 1 (4%) |
| 3 | 6 (21%) |
| 4 | 8 (29%) |
| 5 (highest level of advantage) | 13 (46%) |
| Concession card holder | |
| Yes | 9 (32%) |

Figure 1 Number of comorbidities

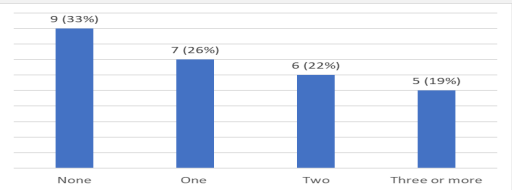
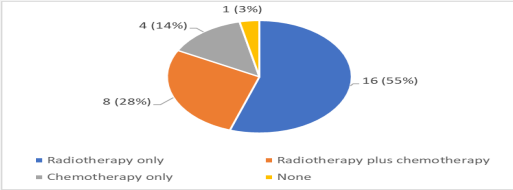


Figure 2 Treatment combinations



Interim findings indicate that the Bundle has:

- improved financial transparency:
 - 26 out of 27 respondents stated that “costs and inclusions were clearly explained and I could understand them all”
- 85% said that the Bundle “reduced the financial worries of my cancer”; with most patients stating that financial transparency was the most helpful feature
- 81% of participants agreed that the Bundle gave them greater access to allied health services with 99% of patients accessing a lymphoedema physio; 25% utilising dietetics; 20% utilising clinical psychology and 57% utilising the exercise clinic.
- 100% of respondents agreed that the patient navigator was valuable, reduced stress and helped them understand costs.

Patient feedback:

The initial meeting to find out about the Bundle was the third meeting of the morning, after meeting my surgeon for the first time to discuss surgery followed by a meeting with the breast care nurse. By the time I met [Patient Navigator] I was feeling overwhelmed with all the information. I had to ask to take the information about the Bundle home and take a couple of days to read through it all. Which of course I did, realised what an amazing opportunity it would be to be a patient in the Bundle. **1A13 – survey**

At the time, I didn't think I'd be wanting any of the additional services, but I've used quite a few and it's been brilliant. I probably wouldn't if they'd not been on the bundle and easily available. **1A24 - interview**

Amazing! Everyone should have one...I felt supported throughout my Breast cancer journey, start to finish...[Patient Navigation] helped take a lot of stress away so I could concentrate on getting through the treatments and getting better. **1A13 - survey**

Conclusions

Interim findings are showing positive value for patients and providers. Qualitative and quantitative data collection will continue throughout the Bundle pilot with analysis and reporting taking place following the recruitment of 100 patients. Final results will be shared widely in late 2025.

References

¹ Bygrave A, Whittaker K, Paul C, Fradgley EA, Varlow M, Aranda S. Australian Experiences of Out-of-Pocket Costs and Financial Burden Following a Cancer Diagnosis: A Systematic Review. Int J Environ Res Public Health. 2021 Mar 2;18(5):2422. doi: 10.3390/ijerph18052422. PMID: 33801282; PMCID: PMC7967550.

² All.Can (2024). All.Can international patient survey – Patient insights on cancer care:opportunities for improving efficiency. <https://www.all-can.org/what-we-do/policy-research/patient-survey/>