

Designing a bundle of care package for patients with early-stage breast cancer

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Why a bundled package?

- The treatment priorities for those affected by cancer are excellent outcomes, coordinated care and greater transparency of out-of-pocket costs.
- Australia’s health system has unintentionally created barriers particularly around pathways of care and transparent costs due to fragmented care transitions between providers, complex funding models, and out of pocket costs.
- This innovative project aims to develop and test a bundle of care/payment model for women diagnosed with non-metastatic breast cancer undergoing treatment with curative intent during the first year of treatment.

Here we describe the process, barriers, and enablers in the development of this bundled care package.

The planning...

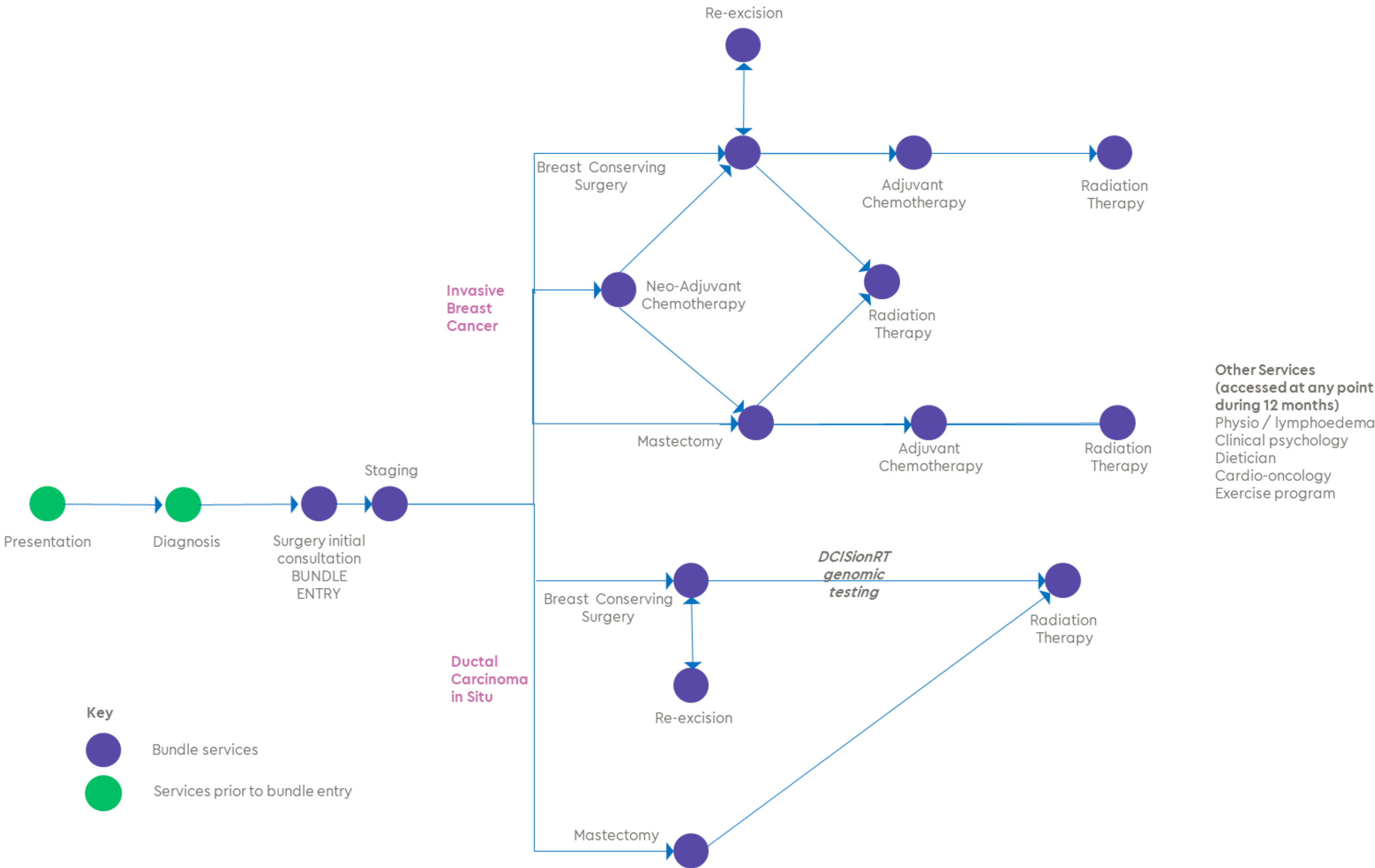
The concept of developing a bundle of care for patients with early breast cancer undergoing treatment in a private/insured healthcare system was initiated in late 2019. A team of clinicians, service providers, researchers, health finance experts, private health insurers and consumers collaborated to design a breast cancer package of care (“the Bundle”) to investigate whether these challenges can be addressed and deliver a ‘joined up’, holistic and affordable package of care for early-stage breast cancer which establishes and measures:

1. Improved patient experience;
2. Improved patient outcomes;
3. Financial transparency and certainty; and
4. A sustainable costed model scalable to other sites/cancer types.

Development of the Bundle...

A literature review and wide consultation defined best practice pathways from diagnosis to end of active treatment for patients with early-stage breast cancer undergoing standard therapies (excluding breast reconstruction) for up to one-year post-diagnosis. Defining care pathways was a challenge due to patient and treatment heterogeneity and this impacted on what would be included in the pathway; when would it start; and length of time the Bundle would cover.

Figure 1: Bundle Care Pathway



The agreed journey started at first breast surgeon appointment, thus excluding pre-diagnosis workup, although diagnostic and staging tests after primary diagnosis were included. (Figure 1)

All surgery (except breast reconstruction), hospital provided chemotherapy and radiation therapy services were included. Allied health services such as physiotherapy, dietetics and counselling were also included in the Bundle

Publicly available service pricing and estimates of out-of-pocket costs were used to model the costs associated with the Bundle. This included risk stratification (in terms of treatments used) to set transparent pricing information provided to patients. A patient navigator (not a clinician) was trained as the point of contact for patients and providers, to provide continuity of care.

Outcomes were measured using the ICHOM breast cancer standard dataset. These data both informed care and used to evaluate the Bundle.

Lessons learnt so far...

- Through the Bundle development we have learnt that:
- Defining clear optimal pathways across multiple care providers, was complex and needed extensive clinical input.
  - Partnering with providers early in design of the Bundle was critical.
  - Establishing what consumers want in the Bundle – care navigation, and the costs they are prepared to experience – was vital.
  - Working through financial aspects of the Bundle required dedicated financial expertise.
  - Service availability can vary significantly by provider, insurer and across jurisdictions.
  - Collecting financial and health outcomes data needed to support value-based care is resource-intensive but needed to inform care and evaluation.

