

AAPPO

Improving Women's Health



AAPPO IMPROVING WOMEN'S HEALTH

RECOMMENDATIONS FOR PPO LEADERSHIP TO IMPROVE BREAST BIOPSY CARE

This document conveys the findings and recommendations of the *American Association of Preferred Provider Organizations (AAPPO) Advisory Committee* to the Improving Women's Health Initiative regarding adoption of best practices in breast biopsy. A 2011 study found approximately 30% of breast biopsy do not follow professional consensus on standards of practice. This presents an opportunity to revisit best practices and identify improvement strategies for PPOs.

Background:

- There are 1.7 million breast biopsies each year, making it one of the most common procedures for women. A **percutaneous needle biopsy is recommended by breast cancer experts as the preferred approach to biopsy.**
- Physician organizations including specialists in the American Society of Breast Surgeons and general surgeons in the American College of Surgeons agree that except in unusual cases, a minimally invasive diagnostic biopsy should be done before surgery is performed to treat the cancer.
- Minimally invasive breast biopsies are associated with less pain, no hospitalization, and less disfigurement than open surgical biopsies. They are also less costly; the 2011 Gutwein study referenced below projected that a reduction in the open biopsy rate from 30% to 10% could be associated with a charge reduction of hundreds of millions per year. This translates into patient cost savings and improvement in patient experience as well.
- In spite of professional recommendations, 30% or more breast biopsy procedures are performed using older, "open" surgical techniques. Between 60- 80% of image-detected abnormalities are benign, meaning that women having open procedures have experienced unnecessary surgery, with concomitant risks of infection and disfigurement.
- Patient education is critical. Any diagnostic procedure of the breast requires the patient to decide among practitioners and on type of procedures. Many patients believe that minimally invasive breast biopsy can miss cancer, spread cancer, or subject them to more pain than surgical biopsy. Patients should be educated to seek care from breast care experts, and to discuss with them the risks and benefits of diagnostic options. Patients should know that additional procedures may be needed for diagnosis or follow up with any approach to biopsy.

The Advisory Committee recommends that PPO Clinical Leadership:

- Review evidence on standards of care for minimally invasive breast biopsies to identify areas of opportunity in network management, medical policy, utilization management, consumer information and medical management;
- Consider developing or updating the PPO's medical information (medical policy or patient information) to reflect professional consensus that minimally invasive breast biopsy is the preferred initial approach to diagnosis;
- Identify network providers skilled in performing minimally invasive breast biopsy, including Breast Centers of Excellence, and include this information in consumer information sources such as the provider directory;
- Work with payers and employer customers to review CPT code data on the number and percent of open versus minimally invasive breast biopsies, and link it to cost data. Educate payers on the cost and quality improvement opportunity revealed by these findings;

- Consider working with payers / employers to design benefit incentives for patients to seek care from Breast Centers of Excellence or specialized high quality breast care providers. Payers / employers may also implement incentives for members to use minimally invasive diagnostic procedures when available, rather than open procedures;
- Consider using utilization management pre-authorization to direct patients and providers to services consistent with standards of care, or at minimum use medical management staff to educate and refer members when opportunities arise;
- Where the PPO, in collaboration with employers / payers develops incentives or medical management programs to direct patients towards clinically appropriate minimally invasive breast biopsy, there should be assurances that patients, making decisions with their physicians, can opt for other biopsy choices when medically necessary;
- Educate patients on standards of care for breast biopsy and the advantages of using the least invasive diagnostic approach to breast biopsy. Education should include information on finding a high quality breast care provider and helping patients know what to expect regarding pain, recovery, and possibility of further diagnostic and/or treatment interventions. For patients with cost-sharing benefit plans, provide tools such as cost calculators to help patients understand their own costs for surgery compared to minimally invasive breast biopsy;
- Educate payers, providers and patients on the importance of using specialized breast care providers for diagnosis and treatment, for the reasons of better quality, improved risk management, and increased patient satisfaction.

October is Breast Cancer Awareness Month – AAPPO encourages members to make 2011 the year to educate members about Best Practices in Breast Biopsy!

Visit AAPPO Women’s Health Initiative Website for links to key resources and details.
http://www.aappo.org/AAPPO_WOMENS_HEALTH/WH_01.cfm

The AAPPO Women’s Health Initiative was supported by an educational grant from Ethicon Endo-Surgery. Ethicon Endo-Surgery, Inc. has no independent knowledge concerning the information contained in this article, and findings and conclusions expressed are those reached by the authors.

Professional Recommendations and Standards

American Society of Breast Surgeons:

Statement on Percutaneous Needle Biopsy for Image Detected Breast Abnormalities: http://www.breastsurgeons.org/statements/PDF_Statements/Percutaneous_Needle_Biopsy.pdf

National Comprehensive Cancer Network:

Clinical Practice Guidelines for Breast Cancer Screening and Diagnosis
http://www.nccn.org/professionals/physician_gls/f_guidelines.asp#detection

2009 Breast Cancer Consensus Conference: <http://www.ncbi.nlm.nih.gov/pubmed/19801324>

The National Accreditation Program for Breast Centers Accreditation Standards: <http://www.accreditedbreast-centers.org/standards/standards.html>

American Cancer Society (Breast Biopsy Information): www.cancer.org/treatment/understandingyourdiagnosis/examsandtestdescriptions/forwomenfacingabreastbiopsy/breast-biopsy-biopsy-types

References

AAPPO Improving Women's Health (links to PPO, physician and plan resources and references)

www.aappo.org/AAPPO_WOMENS_HEALTH/WH_01.cfm

Guidelines and Professional Consensus on Standards of Care

- Bevers TB, Anderson BO, Bonaccio E, Buys S, Daly MB, et. al. NCCN clinical practice guidelines in oncology: breast cancer screening and diagnosis. *J Natl Compr Canc Netw*. 2009 Nov;7(10):1060-96.
- Institute for Clinical Systems Improvement (ICSI). Diagnosis of breast disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Jan. www.guideline.gov/summary/summary.aspx?doc_id=12232&nbr=006317&string=breast+AND+biopsy
- Silverstein MJ, Recht A, Lagios MD, et. al. Special report: Consensus conference III. Image-detected breast cancer: state-of-the-art diagnosis and treatment. *J Am Coll Surg*. 2009 Oct;209(4):504-20. Epub 2009 <http://www.ncbi.nlm.nih.gov/pubmed/19801324>

Quality

- American Society of Breast Disease. Identifying and Addressing Interdisciplinary Gaps in Early Detection and Diagnosis of Breast Cancer in Ensuring Optimal Interdisciplinary Breast Care. 2009 Colloquium Proceedings.
- Bruening W, Fontanarosa J, Tipton K, Treadwell J. et.al. Systematic Review: Comparative Effectiveness of Core-Needle and Open Surgical Biopsy to Diagnose Breast Lesions. *Annals of Internal Medicine* 12/14/09 <http://www.annals.org/content/early/2009/12/08/0003-4819-152-1-201001050-00190.full>
- Bruening W, Schoelles K, Treadwell J, et al. Comparative effectiveness of core-needle biopsies and open surgical biopsy for the diagnosis of breast lesions. Rockville, MD: Agency for Healthcare Research and Quality; 2009. www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=372#983
- Gutwein LG, Ang DN, Liu H, Marshall JK, et.al. Utilization of minimally invasive breast biopsy for the evaluation of suspicious breast lesions. *Am J Surg*. 2011 Feb 2. [Epub ahead of print]
- LaFargue, MM, Coleman, CM. In Search of Excellence – Exploring the Economics of Breast Care. *Seminars in Breast Disease*. Sept. 2008 Vol 11(3). 113-115.
- Silverstein, M. "Where's the Outrage?" *J of Am College of surgeons*. January 2009. Vol 208(1)