General

Planning

Program Metrics

High Risk Program Models of Care

Marke	et:		Facility:						
	LVI	L CRITERIA	RESPONSE	CURRENT STATE/ACTION PLANS	RESPONSIBLE PARTY	DEADLINE FOR ACTION			
Levels: I =	Levels: I = Core; II = Comprehensive; III = Signature								
		*The High Risk Women's Playbook describes the criteria in greater detail.		High Risk Women's Playbook					
Dunant COT	Enc			TIIGH WOMEN'S TIAYDOOK					
Breast COE Facility Currently Meets SC "Core" Breast COE Criteria									
V)	т	High Risk for Breast Cancer							
Patient Populations Identified	ŀ								
	L	At Risk for Hereditary Breast Cancer Syndromes							
Pop Ide	Ξ	Hereditary Risk for Additional Cancer Syndromes							
P /		Designated Cancer Lead							
Leadership / Governance	1-	Designated Imaging Lead							
der	⊩	Designated Physician Champion/Medical Director							
Lea Go	=	Market Breast Program Workgroup Market HRWP Committee. Primary Care, OB/Gyn, Gyn-Onc are represented							
		Market HKWP Committee. Primary Care, Ob/Gyn, Gyn-Onc are represented							
	Т	Digital Mammography							
		Ultrasound/Whole Breast US							
stie		Needle Localization							
S & S	-	Nuclear Medicine							
Dia olo		Ultrasound-Guided Biopsy							
) si di		Stereotactic Biopsy							
Te ji		Breast MRI							
Screening/Diagnostic Technology	H	Bone Densitometry							
й	Ŀ	Digital Breast Tomosynthesis MRI-Guided Biopsy							
		Transvaginal Ultrasound							
		пинатидния отнивовни							
		Risk Assessment - Paper Based							
		Risk Models/Scoring - Manual							
	Ŀ	Patient Results Communication - In Person/By Phone and By Letter							
ent o		Provider Results Communication - In Mammo Report							
essment		Patient Referral for High Risk Evaluation - Pt Encouraged to Make Appointment							
ses	=	Risk Assessment - Automated							
E AS		Risk Models/Scoring - Automated							
Risk Asse and Eval		Patient Referral for High Risk Evaluation – Referral Initiated by Facility							
		Risk Assessment and Management - Comprehensive Cancer Risk Assessment and							
	E	Management IT Solution Pt Referral for High Risk Evaluation – Referral Appointment is Scheduled Prior to							
		Patient Leaving Facility							
		ration Loaving Facility							

Marke	t:		Facility:			
	LVI	L CRITERIA	RESPONSE	CURRENT STATE/ACTION PLANS	RESPONSIBLE PARTY	DEADLINE FOR ACTION
78	I-	Genetic Counseling/Testing Services - Available for Patients and Relatives				
elin	H	Genetic Counseling Delivery - External/Remote				
Genetic Counseling/ Testing Delivery	Ŀ	V				
tic C	E	Genetic Counseling Delivery - Available In-Person Via Local, Qualified SC Genetic Counseling Provider				
ene		Genetic Counseling Professional - At Least One Certified Genetic Counselor is Part				
ט		of the Care Team				
		High Risk Management Delivery - External/Coordinated				
5 8	F	High Risk Management Delivery - External/Coordinated High Risk Management Delivery - Internal/Dispersed/Coordinated				
Risk men rvic	٥	High Risk Management Services - Core				
High Risk Management/ Clinic Services	Г	High Risk Management Delivery - Designated Clinic/Co-location				
Clini	E	High Risk Clinic Services - Comprehensive				
		Prophylactic Surgical Expertise - Comprehensive				
D c	L	Breast Imaging Coordinator/Navigator - SC Trained GC Providers - Meet CoC/NAPBC Training/Education Standards				
atic		Physician Expertise - FT Trained/Specialization Breast Imaging and Breast Surgery				
Providers and Navigation	E					
ΩŽ	E	Breast Imaging Coordinator/Navigator -Certified				
		Gail Model - For Chemoprevention				
ys/ nes		Tyrer Cuzick (IBIS) Model Version 6 or higher - v 7 or 8 recommended				
Pathways/ Guidelines	Γ	Genetic Counseling Guidelines- NCCN® Guidelines				
Pat		Genetic Testing Guidelines - NCCN® Guidelines				
	Ξ	High Risk Management Guidelines - NCCN® Guidelines				
- 5	Ŀ	Community Outreach - 1 Annually				
rt and ntion Outreach	=	Nutritional Counseling				
	L	Healthy Lifestyle Counseling				
upp Prev ices	E	Community Outreach - 2 Annually				
Suppo Preve Services		Tobacco dessation counseling				
"		High Risk Support Group				
- 9			T			
Clinical Researc h	≣	Engages in High Risk Research				
R G		1				

Women's Imaging High Risk Financial Model

FINANCIAL MODEL/REVENUE OPPORTUNITY

Operating Expenses Staffing (Annualized)

FTE Breast Imaging Coordinator \$ 93,940 FTE Genetic Counselor \$105,530 **FTE Nurse Practitioner** \$126,880 \$326,350 **Total** (Benefits included) **Information Technology** Comprehensive IT Solution \$ 5,000 **Total Annual Expenses** \$331,350

Assumptions

Costs

Assumes additional FTEs needed

Volumes/Revenues

- Assumes Use of Tyrer-Cuzick V 7 or 8
- Assumes use of NCCN Guidelines

(Genetic Evaluation)

10,000 Screening Mammograms

Procedure	Estimated Eligible	Adoption Rate	Annual Volume	Year 1 Net Income
Breast MRI (9% is HR "retained")	1500 (15%)	60%	900	\$1,268,100
Genetic Consults (50% of the 20% high risk)	2000 (20%)	50%	1000	109,780
Prophylactic Mastectomy (.2% of HR retained)	18 (0.2%)	100%	18	\$306,630
Prophylactic Hysterectomy	18 (0.2%)	100%	18	\$181,224
Prophylactic Oophorectomy	18 (0.2%)	100%	18	\$103,356
Diagnostic F/u	100 (0.9%)	100%	90	\$46,170
Diagnostic BX (10% diagnostic f/u)	10 (0.9%)	100%	9	\$21,132
	\$2,036,39 2			
	\$331,350			
	\$1,705,04 2			



SARAH CANNON Financial Proforma represents the financial opportunity for a high performing, comprehensive HRWP

*Does not include additional revenues from US, or other screening procedures, reconstructions or E & M visits



HRWP Metrics/Measures

Master Set

HRWP - KEY PERFORMANCE METRICS/DATA FIELDS -

(TO BE REPORTED MONTHLY OR QUARTERLY. MAY NOT INCLUDE ALL OUTCOMES STUDY/IT METRICS)

Risk Assessment at Screening Mammography



KEY METRICS

· % of screening mammography patients completing risk assessment

MEASURES

- · # of screening mammography patients
- # of screening mammography patients completing risk assessment

Supplemental Screening



KEY METRICS

- · % of screening mammography patients with TC lifetime risk >20%
- % of patients in whom breast MRI screening is recommended
- · % of patients who complete breast MRI and associated revenue

MEASURES

- # of screening mammography patients with lifetime risk >20% (TC)
- # of above patients in whom breast MRI screening is included as a recommendation on the CARE/mammo report
- # of screening mammography patients with lifetime risk >20% that complete breast MRI exam within 15 months
- · Revenue from above MRI exams

Genetic Evaluation/



KEY METRICS

- % of screening mammography patients who are genetic counseling (GC) candidates
- % of patients in whom GC is recommended
- % of patients who complete GC

MEASURES

- · # of screening mammography patients meeting NCCN criteria for GC
- # of above patients in whom GC is included as a recommendation on the CARE/mammography report
- # of screening mammography patients who are GC candidates that complete the GC visit at the center within 15 months

KEY METRICS

% of screening mammography patients identified as "high risk"

High Risk

Consultation

- · % of patients in whom a high risk (HR) consult is recommended
- % of patients who complete a HR consult

MEASURES

- · # of screening mammography patients that • # of above patients that are "high risk" (in one or more of the following categories: >20% TC lifetime risk, GC candidate, >2% 5 vear Gail risk)
- # of above patients in whom a HR consult is included as a recommendation on the mammography report
- # of "high risk" screening mammography patients that complete initial HR consult at the center within 15 months

KEY METRICS

Proactive & Preventative

Medical Management

- % of patients compliant with chemoprevention
- · % of patients compliant with breast surgical consult
- % of patients compliant with GYN surgical consult

MEASURES

- # of "high risk" patients that are prescribed chemoprevention
- comply with chemoprevention
- # of "high risk" patients that are referred for breast surgical consult
- # of above patients that complete breast surgical consult
- # of "high risk" patients that are referred for GYN surgical consult
- # of above patients that complete GYN surgical consult

HRWP Program



- · Program must achieve a minimum of "Core" level **HRWP Center of Excellence**
- Data related to patient experience, satisfaction, stress levels (to be included in HRWP outcomes study)

HRWP – Key performance Metrics

Risk Assessment at Screening Mammography



Supplemental Screening



Genetic Evaluation/ Consultation



Proactive & Preventative Medical Management



HRA Program



KEY METRICS

- · # of all screening mammography patients (or other defined population) sent risk assessment invitation
- % patients completing risk assessment preappoint/remotely
- % patients completing risk assessment total
- Assessment completion over time
- Breakdown of patients by cancer type
- Patients by Pre-Test Status
- NCCN met/not met by gender/ethnicity

KEY METRICS

- % of screening mammography (SM) patients with lifetime risk >20%
- % of unaffected patients with lifetime risk >20%
- · % of unaffected SM patients with lifetime risk >20% in whom breast MRI screening is included as a recommendation on the mammo report
- % of unaffected SM patients with lifetime risk >20% that complete breast MRI exam within 15 months
- (Include % of patients with Gail 5-yr risk of >3.0%?)

KEY METRICS

· % of patients that met NCCN criteria

Testing

- % of patients who are genetic counseling (GC) candidates
- % of patients that complete pre-test education/counseling
- · % of patients that complete a genetic test
- Genetic test orders over time
- **Genetic Test Order Result** breakdown
- % of patients presenting with a positive mutation
- **Gene Mutation (Positive)** classification
- Average OOP for patients that complete genetic testing
- Clinical management recommendations based on genetic test results
- · # of patients who completed clinical management recommendations

KEY METRICS

· % of screening mammography patients identified as "high risk"*

High Risk

- % of patients in whom a high risk (HR) consult is recommended
- % of patients who complete a HR consult

*one or more of the following: 5 year risk >3.0%: lifetime risk >20%; GC candidate

KEY METRICS

- · % of patients compliant with chemoprevention
- · % of patients compliant with surgical consult
- % of patients compliant with specialty consult
- · % of patients compliant with preventative diagnostics
- · % of patients managed with proactive & preventative medical management

- Program must achieve a minimum of "Core" level **HRA Center of Excellence**
- Data related to patient experience, satisfaction, stress levels
- Downstream revenue associated with all visits/ procedures

HRWP – Other Data of Interest

Risk Assessment at Screening Mammography



 Reasons for declining risk assessment Supplemental Screening



 No show and cancellation rates for breast MRI

- Reasons for declining or canceling breast MRI
- Wait time for breast MRI screening
- % of patients who return for breast MRI screening in subsequent years after initial exam and revenue
- Downstream imaging exams and procedures generated by breast MRI in <u>high risk</u> women
- % of patients in whom breast MRI screening leads to a cancer diagnosis, including stage
- # of adverse reactions and details (i.e. contrast rxn)
- Data re: patients w/dense breasts, i.e. overall # stratified by lifetime risk, # in whom SBU/WBUS is recommended, # of resulting SBU/WBUS exams at center and associated revenue

Genetic Evaluation/ Testing



- # and type of referrals for GC visits
 (<u>i.e.</u> as part of risk assessment
 process, referred by outside
 healthcare provider, self-referred,
 etc)
- # of and revenue associated with GC visits (initial vs. return)
- No show and cancellation rates for GC visits
- Reasons for declining or canceling GC visit
- Wait time for GC visit
- # of genetic tests ordered, including breakdown of results and how results are disclosed (in person or by phone)
- % of patients seen for GC that meet NCCN guidelines for genetic testing, % that undergo genetic testing and reasons for decline
- Insurance coverage of genetic testing for all patients who want it: covered, denied and canceled, denied and self paid, covered but chose to self pay for other reasons (include data on which patients meet NCCN guidelines and which do not)

High Risk Consultation



- # and type of referrals for HR consults (<u>i.e.</u> as part of risk assessment process, referred by outside healthcare provider, self-referred, etc)
- Data on subsequent return visits to HR clinic after initial exam
- # of and revenue associated with HR consults (initial vs. return)
- No show and cancellation rates for HR consults
- Reasons for declining or canceling HR consult
- Wait time for HR consult
- # of "high risk" patients that discontinue HRT

Proactive & Preventative Medical Management



- # of "high risk' patients that are referred for/complete oncology consult
- # of "high risk" patients who undergo prophylactic mastectomy +/reconstruction, including type of reconstruction and associated revenue
- # of "high risk" patients who undergo prophylactic BSO (+/- TAH), including robotic surgeries and associated revenue
- Mutation status for patients who undergo preventive surgeries
- # of adverse reactions to chemoprevention and details

HRWP Program



- % of "high risk" screening mammography patients that were diagnosed with breast cancer, state, and the initial imaging exam that led to the diagnosis
- % of "high risk" screening mammography patients that are compliant with annual screening mammography
- Information about relatives of "high risk" patients (# referred for GC and/or HR consult, outcome of risk assessment/genetic testing, number who come to center for imaging, high risk management, preventive surgeries, etc... and associated revenue)
- Data related to which interventions impact compliance with screening and risk reduction (i.e. GC visit, HR consult, etc...)