

## Few breast cancer surgeons follow quality of care standards, study finds

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Most breast cancer surgeons' practices do not follow standards associated with the best quality of care, according to a new study from researchers at the University of Michigan Comprehensive Cancer Center. These standards include consulting with other specialists and providing resources and education to help patients make treatment decisions.

"Despite the mantra for multidisciplinary decision-making and care intake for patients, surgeons in the community are reporting relatively little of that in their practices," says lead study author Steven J. Katz, M.D., M.P.H., professor of internal medicine at the U-M Medical School and professor of health management and policy at the U-M School of Public Health.

Researchers surveyed 318 surgeons who treated breast cancer patients in the Detroit and Los Angeles metropolitan areas. Surgeons were asked about the processes and services available in their practice, including:

- Consulting with medical oncologists, radiation oncologists and plastic surgeons
- Collecting or reviewing biopsy specimens or <u>mammograms</u>
- Offering patient education videos or presentations
- Connecting patients with peers, for example through support



groups

The measures were developed by the researchers based on accepted standards in other areas of chronic care. Results of the study appear in the January issue of *Medical Care*.

About one-quarter to one-third of surgeons reported they had routinely discussed patients' treatment plans with medical or radiation oncologists. Only 13 percent routinely consulted with a plastic surgeon. About one-third of surgeons said their patients typically participate in patient decision support activities, such as viewing a video or Web-based materials or attending peer support programs.

Surgeons who treated mostly breast cancer patients were more likely to report these services, compared to surgeons who saw fewer <u>breast cancer</u> patients. But a program's status with the National Cancer Institute or the American College of Surgeons did not correspond with meeting more of the quality of care measures.

"Either doctors are not convinced these elements matter or there are logistical constraints in terms of building these standards into their practices. What the implications are for patients is unknown. These results suggest patients might find a more integrated practice among <u>surgeons</u> with higher volume. But we don't know whether that matters with regards to patient decision making, quality of life and satisfaction," says Katz, who is also co-director of the socio-behavioral program at the U-M Comprehensive Cancer Center.

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