

Intermountain Healthcare Cancer research provides possible road map for improving healthcare

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Given the right equipment, training and skill, an individual surgeon can expect to provide the best possible care on a consistent basis. But how do you get an entire system of surgeons—each with his or her own ideas, backgrounds, and routines—to provide that same level of care?

A series of studies directed by Intermountain Healthcare's Oncology Clinical Program shows that it's possible to improve care across the board if you tackle the problem in a standardized way, relying on the best evidence available.

"It sounds simple, but it's really very difficult," said John C. Ruckdeschel, MD, Medical Director of Intermountain's Oncology Clinical Program. "We've shown that with the right approach, we can make meaningful improvements in patient care, even across a very large and complicated hospital system."

The Intermountain team will present their findings at the <u>American</u> <u>Society of Clinical Oncology</u>'s first-ever <u>Quality Care</u> Symposium, Nov. 30-Dec. 1, in San Diego.

The <u>Oncology</u> Clinical Program launched a project to improve care for <u>breast cancer patients</u> at all of Intermountain Healthcare's 22 hospitals. The effort took aim at a common problem in medicine: variation. For example, if two identical patients seek treatment from two different



physicians, they may get two entirely different treatment approaches and outcomes.

The Intermountain <u>cancer research</u> team did a thorough review of the best scientific literature and national guidelines, developed a clinical score card for physicians to follow and made sure the doctors had access to the right equipment and resources. They did not remove a physician's ability to make decisions about <u>patient care</u>, but rather provided the richest tools with which to make the decision.

Almost a decade after the project began, care has improved across the system. Two examples:

- Breast Preservation. After the project fewer women had a breast removed, with 58 percent of women having a <u>mastectomy</u> in 1998, compared with 25 percent of women 10 years later.
- Lymph Node Removal. Fewer women had invasive surgery to remove all lymph nodes under the arm, and instead had just one or two "sentinel" nodes examined to see if cancer had spread. Before the project began, about seven out of 10 women had sentinel node biopsy; after, the number rose to almost nine in 10.

The numbers show improvement for <u>breast cancer</u> patients, but the bigger picture means potentially better healthcare for everyone.

"This is the way medicine is moving today—toward finding ways to apply the best science and provide appropriate treatment," said Dr. Ruckdeschel. "Intermountain Healthcare is doing this as well as, if not better than, anyone else in the country. Other institutions are looking to us for ways to make those improvements."



Provided by Intermountain Medical Center

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