Implementation of a rapid access referral program for breast cancer: a quality improvement project

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Take Home Points:

- A rapid access program for new breast cancer referrals was successfully developed using A3 Problem Solving.
- Referral turnaround time, schedule to service, and cycle time were improved for rapid-access eligible patients.
- Referral turnaround time lengthened for rapid-access ineligible patients.

Background

- Timely access to cancer care is a barrier to many newly diagnosed breast cancer patients.
- Studies have shown that breast cancer patients can wait up to 4 months before receiving a diagnosis or being seen by an oncology provider.[1]
- Treatment delays can result in worse overall survival in patients with breast cancer.[2]
- Longer time intervals between diagnosis and treatment initiation is associated with greater psychological distress.[3]

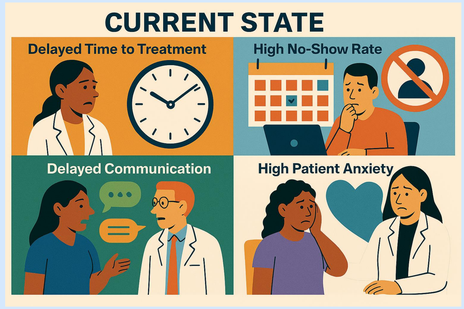
Aim

- This quality improvement project aimed to reduce time from referral to initial provider visit to <72 hours through the implementation of a Rapid Access (RA) Program.

Methods

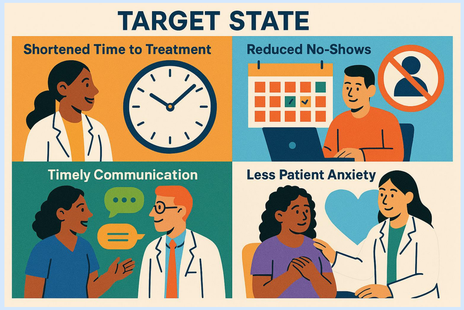
- A multidisciplinary working group utilized A3 Problem Solving to develop a RA process map.
- Referrals for newly diagnosed stage I-III breast cancer and high-risk breast lesions were considered RA-eligible.
- Other types of new referrals including those with metastatic disease and transfer of care were considered RA-ineligible.
- A dedicated referral nurse navigator had first contact with patients.
- Surgical oncology advanced practice providers conducted RA intake visits, with subsequent multi-disciplinary consultation.
- Navigation, turnaround, schedule to service, and cycle times were assessed monthly after implementation of this program.

A3 Problem Solving using Lean Principles



A3 Problem Solving Method

REASON FOR ACTION	**EXPERIMENTS**
CURRENT SITUATION AND TARGET GOALS	**COMPLETION PLAN**
GAP ANALYSIS	**CONFIRMED STATE**
SOLUTION APPROACH	**INSIGHTS**



Results

Table 1: Breast Rapid Access Program Results

Metric (mean days)	Pre-Intervention	Target	Month #1 RA-eligible (n=19)	Months #1-12 RA-eligible (n=326)	Months #1-12 RA-ineligible (n=1887)
Navigation Time	N/A	≤ 1.0	.61	.98	N/A
Turnaround Time	2.9	≤ 1.0	.79 (-73%)	.64 (-78%)	3.93 (+36%)
Schedule to Service	11.7	≤3.0	2.21 (-81%)	2.09 (-82%)	10.49 (-10%)
Cycle Time	14.5	≤3.0	3.0 (-79%)	2.73 (-81%)	14.46 (-.3%)

Referral turnaround time: time in days from order entry to encounter scheduled
Schedule to service time: average number of days from the date a new patient appointment is scheduled and the date of the appointment
Referral cycle: time in days from order entry to date of service
Navigation time: average number of days from encounter scheduled to referral nurse navigator phone screening

Conclusion

- Participants in the RA program had improved access to timely oncologic care that was durable over one year compared to pre-intervention programmatic baseline.
- Timeliness of care for RA-excluded showed minimal improvement over a one-year period.
- Whether resource concentration on RA patients or other temporal factors such as workforce changes or increased referral volume, were the drivers of lack of robust improvement in timeliness for RA-excluded patients will be further evaluated.

References

1. Gitlin, et al. Time duration and health care resource use during cancer diagnoses in the United States: A large claims database analysis. *J Manag Care Spec Pharm.* 2023 Jun;29(6):659-670.
2. Ho, et al. Impact of delayed treatment in women diagnosed with breast cancer: A population-based study. *Cancer Med.* 2020 Feb 13;9(7):2435–2444.
3. Ye Y, et al. Psychological distress of cancer patients caused by treatment delay during the COVID-19 pandemic in China: A cross-sectional study. *Psychooncology.* 2022 Sep;31(9):1607-1615.
4. Microsoft. *AI-generated image of current and target states.* Microsoft 365 Copilot, 2025.