

Policies

And

Procedures

DEPARTMENTS: Breast Imaging Center; Cancer Services	POLICY DESCRIPTION: High Risk Breast Patient Referral Process
	REPLACES POLICY DATED:
EFFECTIVE DATE: October 25, 2022	REFERENCE NUMBER:

SCOPE: The interdisciplinary approach of the program involves the members of the healthcare team such as physicians (radiologist, breast surgeon, medical oncologist), Nurse Practitioner, Physician Assistant, imaging technologist, high risk nurse navigator, nurse, licensed genetic counselor, imaging coordinators, etc. Parties involved include the breast imaging team, high-risk breast nurse navigator, board certified licensed genetic counselor, and high-risk providers.

PROCEDURE:

GUIDELINES FOR HIGH RISK BREAST REFERRALS

- Assessment of patient/family history that includes: race, age, BMI, age of first menses, age at first full term pregnancy, nulliparous, breast density, previous breast biopsies, previous diagnosis of atypical hyperplasia, previous history of lobular carcinoma in situ, radiation exposure, and postmenopausal hormone therapy.
- If patient meets NCCN guidelines for high risk, technologist offers patient opportunity to meet with high-risk breast nurse navigator at time of imaging. If patient declines program, technologist documents in Penrad. If patient is interested but unable to remain in clinic or high-risk breast nurse navigator is unavailable, technologist documents in Penrad patient preference so high-risk breast nurse navigator is made aware. High-risk breast nurse navigator will contact patient once imaging is resulted.
- High-risk breast nurse navigator runs report in Penrad at least twice a week and documents in Penrad patient interaction in response to high risk diagnosis.
- High-risk breast nurse navigator communicates to referring provider patient interaction, decision and documents in Penrad.
- High-risk breast nurse navigator communicates to appropriate clinical team members' patient interaction and decision.
- After consulting with the referring provider (or his/her standing preference card) the High-risk breast nurse navigator will ask the patient if they have a preferred high-risk provider and/or will offer to schedule the patient with the referred-to high-risk provider. If patient identifies a selected provider, the high-risk nurse navigator will offer to schedule the patient with that provider. If there is no patient or provider preference for high-risk provider, the High-risk breast nurse navigator will offer to connect the patient to the National Contact Center Management (NCCM) Referral Service Program. In no event will the high-risk breast nurse navigator make a referral for the patient.

GUIDELINES FOR ASSESSING RISK

1. **Breast Imaging Team:** Radiologist, Mammography technologist, Sonographer, Bone Density technologist, and imaging coordinators. The patient's risk factors determine if

patient is high risk per NCCN guidelines. The breast imaging team will refer to the providers for appropriate management and follow up.

2. **High-Risk Breast Nurse Navigator:** Professional RN with breast-specific clinical knowledge who offers individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers. Using the nursing process, a High-Risk Breast Nurse Navigator provides education and resources to facilitate informed decision making and timely access to quality health and psychosocial care. This person is a critical member of the multidisciplinary team. The high-risk breast nurse navigator will refer to the providers for appropriate management and follow up.
3. **Board Certified Licensed Genetic Counselor:** Provides assessment of ancestry of both sides of the family, cancer genetic education, red flags for hereditary cancer syndrome as they apply to the individual, medical management for hereditary syndrome(s), test options, insurance, potential out of pocket costs and privacy concerns, and decision making for next steps.

High-Risk Providers: An advanced practice nurse, physician assistant, or a physician who has the clinical knowledge to manage the patient who has been identified as high-risk for breast cancer.

REFERENCES:

1. Commission on Cancer (COC)-Optimal Resources for Cancer Care (2019)-2020 Standards-Standard 8.1 Addressing Barriers to Care. American College of Surgeons. Retrieved from <https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/>
2. HCA Healthcare Policy LL.013 (2022). Physician Referral Services. Retrieved from [Documents - Ethics & Compliance Site - Atlas Connect \(medcity.net\)](#)
3. HCA Patient Navigation Programs (2022) General Regulatory Considerations, Should & Should Not's. Retrieved from [Documents - Care Management - Atlas Connect \(medcity.net\)](#)
4. National Accreditation of Breast Cancer Programs (NABPC) – Standards Manual (2018)- Standard 2.2 Patient Navigation. American College of Surgeons. Retrieved from https://www.facs.org/-/media/files/quality-programs/napbc/napbc_standards_manual_2018.ashx.
5. National Comprehensive Cancer Network. (2022). Breast Cancer Risk Reduction- NCCN Clinical Practice Guidelines in Oncology. Retrieved from [breast_risk.pdf \(nccn.org\)](#)
6. National Comprehensive Cancer Network. (2022). Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic – NCCN Clinical Practice Guidelines in Oncology. Retrieved from [genetics_bop.pdf \(nccn.org\)](#)
7. Oncology Nursing Society. (2021). Role of the Oncology Nurse Navigator throughout the Cancer Trajectory. Retrieved from <https://www.ons.org/make-difference/advocacy-and-policy/position-statements/ONN>