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Educating Primary Care Physicians: Grow Your Practice and Improve Patient Care

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Whether it is family practitioners, internists or ob/gyns, primary care physicians are often on the front lines of breast cancer detection for their patients. Yet due to the scope of their practices, they are not able to track innovations in breast cancer treatment as closely as their colleagues who specialize in the care and management of breast cancer patients.

As a result, many surgeons and radiation oncologists find it helpful to actively engage with primary care physicians in their communities to establish referral relationships and keep them informed about advances in breast cancer treatment. From newsletters to quarterly dinner presentations, learn how three physicians reach out and educate their primary care colleagues, and why they believe it is important – both for growing their practices and improving the quality of patient care.

Why is it important to educate primary care physicians about the latest breast cancer treatment options?

Dr. Attai: The primary care physician is often the first person to detect an abnormality in their patient's breast,

inform them of an abnormal screening mammogram, or give them the results of a needle biopsy. Patients that are referred to me by educated primary care doctors are much less anxious about their diagnosis as they've had some preliminary questions answered.

Dr. Sebastian: It's inherent to primary care practices that they're following patients throughout their lives. So when they've referred a woman for cancer treatment, they're very interested to know what her treatment entails and any issues that may be related to that treatment, as well as the benefits and risks, because it allows them to take better care of those women going forward.

Dr. Shieh: It's very important for us to involve our primary care colleagues and ensure that they understand the rationale for our treatment recommendations for their patients. In my experience, they are greatly appreciative of the education that's provided so they have a better understanding of what happens when their patients undergo therapy. This provides them a greater ability to discuss the treatments with their patients.

What breast cancer topics do primary care physicians most want to learn about?

Dr. Attai: I think they want to hear about everything—risk assessment, screening, imaging techniques, and treatment, as well as follow up care and things to be on the lookout for. With treatments, I cover the general topics – indications for lumpectomy vs. mastectomy; advantages of sentinel node biopsy over axillary dissection; basics about chemotherapy (general indications for treatment, use of multiple drugs, targeted therapy and biologic agents); and basics about radiation (indications for treatment, whole breast vs. APBI). Lymphedema awareness is also important, again for screening and follow-up.

Dr. Sebastian: They want to know as much as possible so they can be comfortable when these topics come up in conversation with their patients. There is a tremendous concern among primary care physicians that they might “miss” a breast cancer diagnosis, so I spend a significant amount of my talks on detection—the reliability of imaging and clinical exams, odd presentations, new advances in detection and the appropriate time to refer a patient to surgery. The rest of my talk focuses on innovations in treatment, helping them stay current on new medicines, new forms of radiation therapy, new reconstruction methods. In my community, there seems to be very little awareness about APBI among primary care physicians.

Dr. Shieh: Based on the questions I receive, they seem to be most interested in how we decide between whole breast radiation and APBI, so we discuss the data that led to the usage of partial breast radiation for breast cancer. They're also very interested in APBI techniques—how it's done, the different catheters we use, which catheters we prefer, how the patients tolerate treatment. There is a basic awareness about partial breast radiation, but it's generally more superficial.

What kind of results have you seen in your practice as a result of engaging with PCPs?

Dr. Attai: I'm seeing a small but steady increase in the number of referrals from physicians that I have known in my community but have not referred to me. Some of this I believe is due to patient feedback to the PCP and some of it from direct PCP education. It's difficult to tell why referrals increase but as with everything, it's usually a combination of factors.

Dr. Sebastian: I've seen a definite increase in referrals as a result of my contact with primary care physicians. In fact, I think it's essential for growing a practice. Last year, I did an APBI program for gynecologists and internists. Within three months, one of the participating gynecologists referred her aunt to me for APBI because of that talk. Because PCPs follow their patients long-term, they want to feel comfortable when they refer those patients to a specialist. Having that relationship and knowing they're never going to lose contact with me during the course of a patient's treatment—that means a lot to these physicians.

Dr. Shieh: Forming relationships with PCPs and providing education is very valuable to our practice. We recently did a dinner presentation for a large group of ob/gyns, and we've seen an increase in referrals as a direct result of that program. From our perspective, what these programs do is establish a direct link between us and the primary care physicians, so they are thinking of us at the same time they are referring their patients to the breast surgeons. This allows us to get involved early on in the patient's care and facilitates a multi-disciplinary approach.

How does it help the patients when you educate their primary care physicians?

Dr. Attai: The patients get the sense that everyone on their treatment team, including their PCP, is on board with their treatment plan and care. I think it makes them feel more comfortable knowing that everyone is talking to each other and has an understanding of what is being done and why.

Dr. Sebastian: It makes the patients more comfortable with the overall process. APBI is a truly fabulous advance in radiation therapy, and among those who are eligible, there is almost universal excitement about the opportunity to complete their treatment in 5 days as opposed to 6 weeks. At some point early on in their treatment, almost all of these women are going back to their PCPs to check in with them, so to have that physician feel familiar with these treatment options is a huge benefit. If a physician has never heard of APBI and they're trying to learn from the patient, that puts everyone at a disadvantage.

Dr. Shieh: I think patients are best served when all of their caregivers—from primary care to radiology to surgery to medical and radiation oncology—are working in conjunction with each other to achieve the best possible outcome. If everyone has an understanding of what happens during each step of the process and everyone gets involved early on, it allows us to achieve that goal.

Reaching Out to Primary Care Physicians

Stay Connected

In addition to staying in contact with referring physicians throughout a patient's care, there are many ways to proactively reach out to primary care physicians to keep them apprised of the latest breast cancer innovations available through your practice. Dr. Attai publishes a newsletter highlighting new techniques or updates from clinical trials, which is distributed to PCPs and ob/gyns in her community. Presentations (both CME and non-CME) are also effective ways to educate and establish relationships with your primary care colleagues.

Be Flexible

When it comes to presentation format, find the method that works for you. Larger, more formal lectures may help you reach a much greater audience, but can be difficult to schedule. Smaller presentations over lunch or dinner, although requiring more effort, can be just as effective. Dr. Shieh prefers smaller group settings (no more than 10–20 people), as it provides a greater opportunity for physicians to interact, ask questions and get hands-on demonstrations with technology.

"Be flexible and figure out what works best in your community," Dr. Attai recommends.

Educate the Entire Team

When inviting primary care physicians to a presentation, don't forget to include other members of their team, including nurses, nurse practitioners, physician assistants, medical assistants, mammography technologists, nurse navigators and office managers. Often, staff members interact with patients more than the physicians, so it's essential to include these individuals in the education process.

"The better educated the staff, the better care the patient receives," says Dr. Sebastian.

Dr. Attai is the Director of the Center for Breast Care in Burbank, Calif. She currently serves as Chair of the Communications Committee and a member of the Board of Directors for the American Society of Breast Surgeons, and is a Fellow of the American College of Surgeons. She has been involved with APBI since 2002.

Dr. Sebastian is a dedicated breast surgeon at the Center for Breast Health at Virginia Hospital Center in Arlington, Va. Certified by the American Board of Surgery and a member of the Association of Women Surgeons, Dr. Sebastian is committed to the multidisciplinary coordination of breast health care and customizing treatment plans to the unique requirements of each patient. Dr. Sebastian serves as Virginia Hospital Center's physician liaison to the American College of Surgeons' Commission on Cancer, and is also a member of the Education Committee of the American Society of Breast Surgeons.

Dr. Shieh is a board certified radiation oncologist at South Florida Radiation Oncology in Jupiter, Fla. A consummate patient advocate, he is a highly respected and recognized physician leader in the North Palm Beach County area. Dr. Shieh has served on the Board of the North Palm Beach American Cancer Society since 2006 and regularly speaks at numerous community and physician educational seminars.

