Increasing Breast Cancer Screening in the Primary Care Setting Utilizing a Team Approach

Drillious Gay RN, MSN
J. Todd Jackson, PharmD, MHA

Unified Quality Improvement Symposium February 6, 2019
Breast Cancer By The Numbers
In The United States

Regular mammograms increase your breast cancer survival rate by 30%.

Self-exams aren’t enough. Mammograms can detect a lump 2 years before you can feel one.

> 192,370 women are diagnosed with breast cancer each year.

More than 40,000 women lose their lives to this disease annually.

#1 most common cancer in women.

Breast cancer affects 1 in 8 American women.

A mammogram takes 30 minutes. That’s just 2% of your day.
Projected new cases in 2019

- North Carolina 10,946
- Eastern N.C. 1,474

Projected Deaths in 2019

- North Carolina 1,467
- Eastern N.C. 203

Data Source: N.C. State Center for Health Statistics
Updated 12/2018
Moving Towards the Goal

Breast Cancer Screening

Enterprise Peer Comparison

61% Compliance

Goal > 80%

2016-2017 Breast Cancer Screenings: 168,734

9% Enterprise Improvement in the last year
Percentage of women aged 50 through 74 years who had a mammogram to screen for breast cancer within 27 months.
What do we want to accomplish?

Improve early detection of breast cancer for women in eastern North Carolina

Develop a sustainable model in the Family Medicine Gold Module that utilizes a team approach to achieve a 10% increase in documentation of completed breast cancer screening mammograms for women ages 50 to 74 years old over a five month period of time.
Collaborative Team Members

Judith Wade, RN, BSN
Nurse Manager, Gold Module

Renada Wooten
Medical Office Assistant, Gold Module

Jennifer Blizzard, RN, BSN
Nurse Administrator, Family Medicine

Lane Wilson, MD
Director of Clinical Services, Family Medicine

Lisa Rodebaugh, RN, BSN
Nurse Specialist, Office of Quality and Analytics

Marie Lewis
Patient Services Access Manager, Family Medicine

Artamisha Marshall
Administrative Support, Family Medicine
How will we know if we have made an improvement?

**Short term improvement/goal**
Breast cancer screening rates will increase on the Family Medicine gold module positively impacting the overall ECUP breast cancer screening rate.

**Long term improvement/goal**
ECUP breast cancer screening rates will align with national screening rates to support evidenced based quality care and improve early detection of breast cancer in eastern NC resulting in improved quality of life for women impacted.
3 PDSA Cycles to Achieve the AIM

**Cycle 1: Data Management**

**P:** Identify patients with last visit ≥3 years  
**D:** Unassign when appropriate  
**S:** Determine impact on metric (improved 3%)  
**A:** Conduct bi-annual data cleanse

**Cycle 2: Work Flow**

**P:** Create a list of patients agreeable to receive a mammogram  
**D:** Submit the list to each imaging center weekly so the center can follow-up with scheduling appointment  
**S:** Determine impact on metric (improved 15%)  
**A:** Continue workflow and roll-out to other primary care clinics

**Cycle 3: Patient Status**

**P:** Patients categorized by appointment status and need for mammogram  
**D:** 1. Pending clinic appointment - prompt patient at visit  
2. No appointment due-contact patient via phone/letter and prompt  
**S:** Determine impact on metric for both methods of contact  
**A:** Continue outreach via both methods of contact
Outcomes

Family Medicine Gold Module Completed Mammograms

- Began new workflow process
- Team meeting with Gold Module
- Began calling unscheduled patients to get screening
- Inactive patients reassigned


Percentage of Mammograms: 45% to 85%
Goal: 80%
Median: 67%
15%
Challenges Encountered in QI Process

- Patients did not keep their scheduled appointments for their screening mammograms or follow up testing when mammograms were abnormal
- Patients had outdated contact information in EHR making it difficult to contact them
- Determining who is responsible for ensuring patients get screened and additional follow up when screenings are abnormal
Lessons Learned Through QI Efforts

MAMMOGRAMS COMPLETED DURING PROJECT

91 screenings

Office Visit 52% of patient screenings

Phone Call 48% of patient screenings

Completed Mammograms
Mammograms Scheduled after clinic visit
Mammograms Scheduled after phone call
Greatest Success!

Mammogram Results

- **91** Total Mammograms
- **15** Abnormal mammograms require close monitoring
- **3** Breast Cancers

Lessons Learned Through QI Efforts
Next Steps: Rollout to More Clinics

Mammogram Workflow Process Rollout

- Family Medicine
- Firetower Medical Office
- General Internal Medicine
- Adult and Pediatric Medicine
Next Steps (cont.): Team Expansion

Medicare Wellness Team

Primary Care Health Coaches
Next Steps (cont.):
Quality Improvement Calendar

February 2019

Flu Season – make sure to vaccinate patients

1 in 8 women will develop breast cancer in their lifetime
Carolina Breast Imaging Specialists: 252-565-8951
Eastern Radiologists: 252-752-5000
Walk-in Mammograms Offered

MYCHART
- Don’t forget to offer MyChart to ALL patients including previously declined
- Educate patient on MyChart features

Feb 1 – 14: Perform PCP attribution cleanup—use HM
Depression measure drilldown (Nursing/PAS)
1. Sort/identify patients that have not been seen in > 3 yrs
2. Change PCP to “Doctor Unassign”

Feb 15 – 28: Run HM Drilldown - Breast Cancer Screening
(Nursing/PAS)
1. Sort report by ACO status and work ACO patients first
2. Identify patients with overdue breast cancer screening
3. Schedule patient for mammogram or office visit for discussion
4. Track mammogram completion/ensure report in chart

Monthly clinic level CAHPS reports available February 1
Quarterly provider level CAHPS reports available February 15
Next Steps (cont.): Data Analytics Support

Provide Data on Breast Cancer Screening to Primary Care Clinics

<table>
<thead>
<tr>
<th>Panel Metrics</th>
<th>Oct 18</th>
<th>Nov 18</th>
<th>Dec 18</th>
<th>MTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes: A1c in One Year</td>
<td>84%</td>
<td>87%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>Diabetes: Poor Control A1c &gt; 9%</td>
<td>23%</td>
<td>22%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>Diabetes: Nephropathy Screening in One Year</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
<td>84%</td>
</tr>
<tr>
<td>Diabetes: Foot Exam</td>
<td>53%</td>
<td>55%</td>
<td>56%</td>
<td>57%</td>
</tr>
<tr>
<td>Diabetes: Eye Exam</td>
<td>24%</td>
<td>28%</td>
<td>31%</td>
<td>18%</td>
</tr>
<tr>
<td>Hypertension: BP &lt; 140/90</td>
<td>57%</td>
<td>60%</td>
<td>59%</td>
<td>58%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>55%</td>
<td>59%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>65%</td>
<td>66%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Smoking Tobacco Screening/Counseling in Two Years</td>
<td>82%</td>
<td>86%</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>Screening for Future Fall Risk</td>
<td>69%</td>
<td>70%</td>
<td>71%</td>
<td>72%</td>
</tr>
<tr>
<td>Medication Reconciliation Post-Discharge</td>
<td>86%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
</tr>
<tr>
<td>Screening for Clinical Depression and Follow-Up Plan</td>
<td>54%</td>
<td>61%</td>
<td>61%</td>
<td>59%</td>
</tr>
<tr>
<td>Influenza Immunization</td>
<td>64%</td>
<td>66%</td>
<td>75%</td>
<td>70%</td>
</tr>
<tr>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>82%</td>
<td>83%</td>
<td>85%</td>
<td>85%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breast Cancer Screening Goal</th>
<th>Patients Needed to Reach Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold</td>
<td>122</td>
</tr>
<tr>
<td>Purple</td>
<td>116</td>
</tr>
<tr>
<td>Pirate</td>
<td>143</td>
</tr>
<tr>
<td>Geri</td>
<td>-</td>
</tr>
<tr>
<td>Buccaneer</td>
<td>123</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>70</td>
</tr>
<tr>
<td>Internal Medicine Residents</td>
<td>213</td>
</tr>
<tr>
<td>Firetower</td>
<td>114</td>
</tr>
<tr>
<td>Med-Peds</td>
<td>36</td>
</tr>
</tbody>
</table>
Success and Sustainability

Continued Monitoring and Feedback

Breast Cancer Screening
December 2018
ECUP Primary Care

Goal

Continued Monitoring and Feedback
We Keep Improving

ECUP Overall Improvement of 13% in last twelve months

Need 1290 new screenings

ECUP Breast Cancer Screening

Goal > 80%

Enterprise Goal 80%

Project began

Dec '17 Jan '18 Feb '18 Mar '18 Apr '18 May '18 Jun '18 July '18 Aug '18 Sep '18 Oct '18 Nov '18 Dec '18
Questions?

Drillious Gay RN, MSN
(252) 744-0728
gaym@ecu.edu

J. Todd Jackson, PharmD, MHA
(252) 744-5990
jacksonj@ecu.edu