

# Increasing Mammogram Screening by Increasing Reminders by Providers and Staff



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## BACKGROUND

- Breast cancer is the second leading cause of cancer deaths for women in North Carolina (NC) with a mortality rate of 20.1/100,000 and 22.3/100,000 in eastern NC (ENC).
- ENC has a lower incidence rate of breast cancer possibly due to lack of screening.
- Mammogram completion goal for the Accountable Care Organization (ACO) Coastal Plains Network is 90%.
- Mammogram rate of Pirate module at ECU Family Medicine Center (FMC) was at 83.3% in August 2022 (baseline).

## PROJECT AIM

- **Global aim:** Improve the mortality rate from breast cancer in women in ENC.
- **Specific aim:** Increase mammogram completion by patients seen on ECU FMC pirate module from 83.3% to 90% from August to December 2022.

## PROJECT DESIGN/STRATEGY

**Setting:** Pirate module at ECU FMC

**Team:** Residents, faculty, nursing, Quality and PAS staff, referral coordinators

**Population:** Female patients between the ages of 40-75 years old

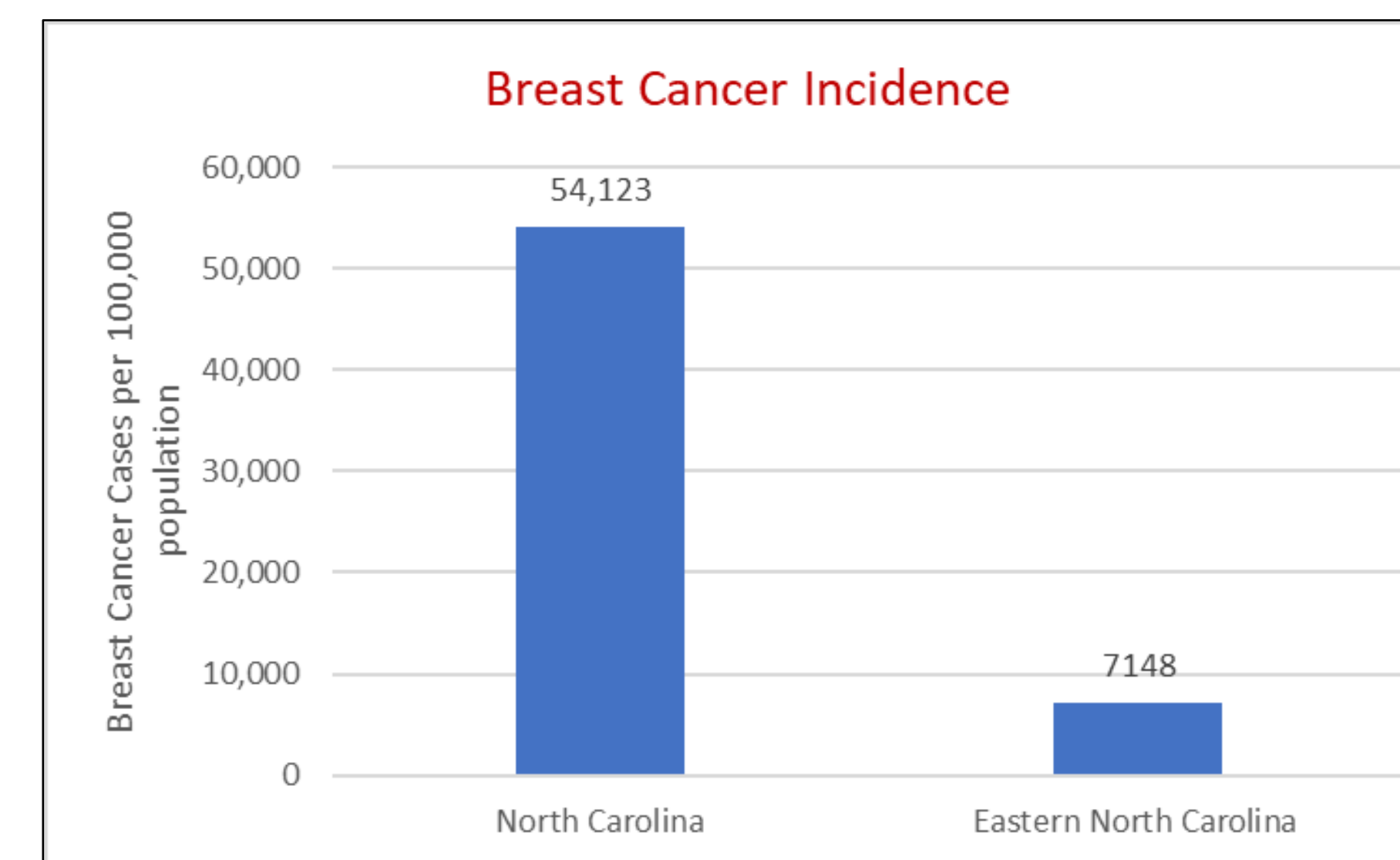
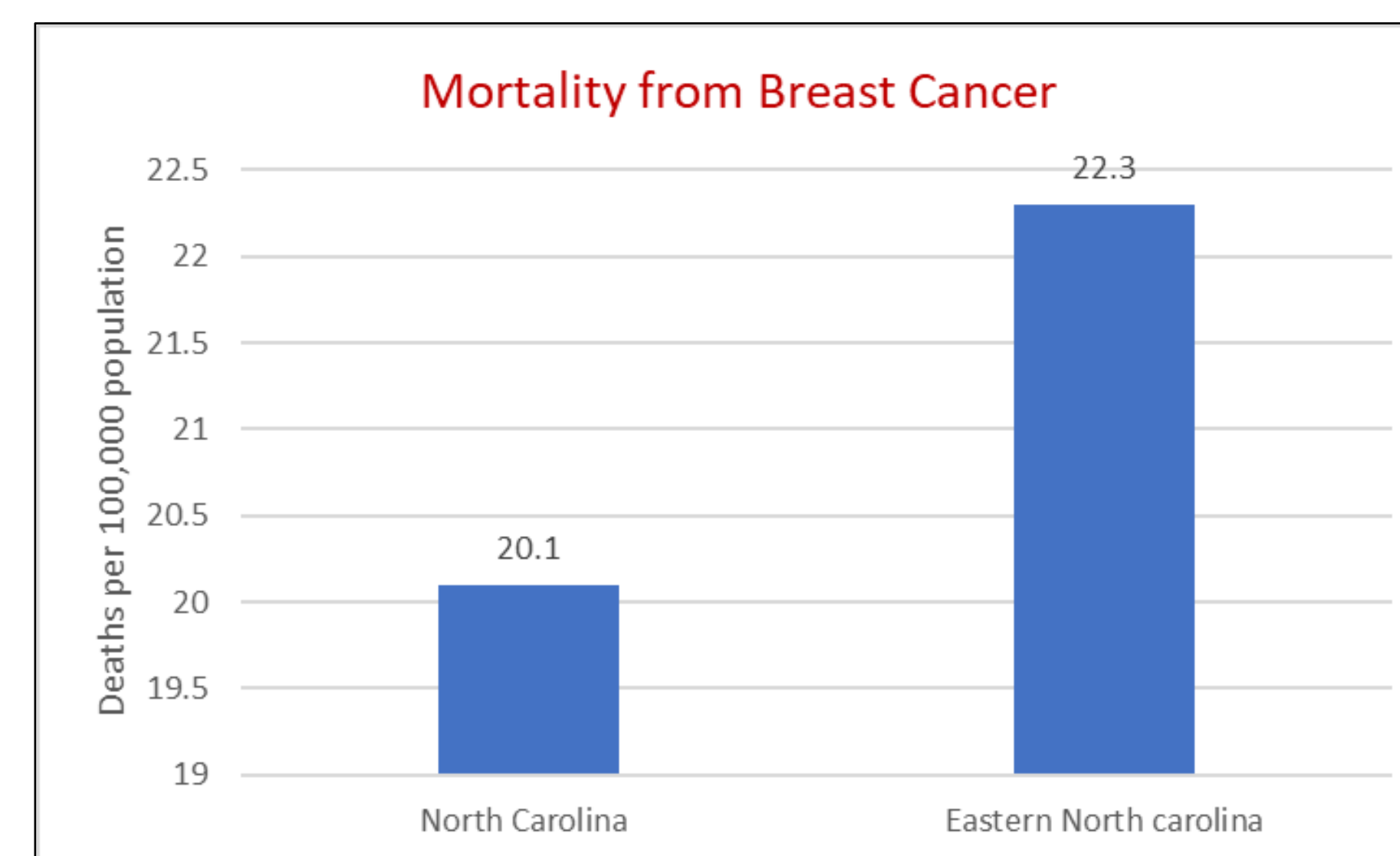
**Time frame:** August 2022 to December 2022

**Intervention:** Four Plan-Do-Study-Act (PDSA) cycles

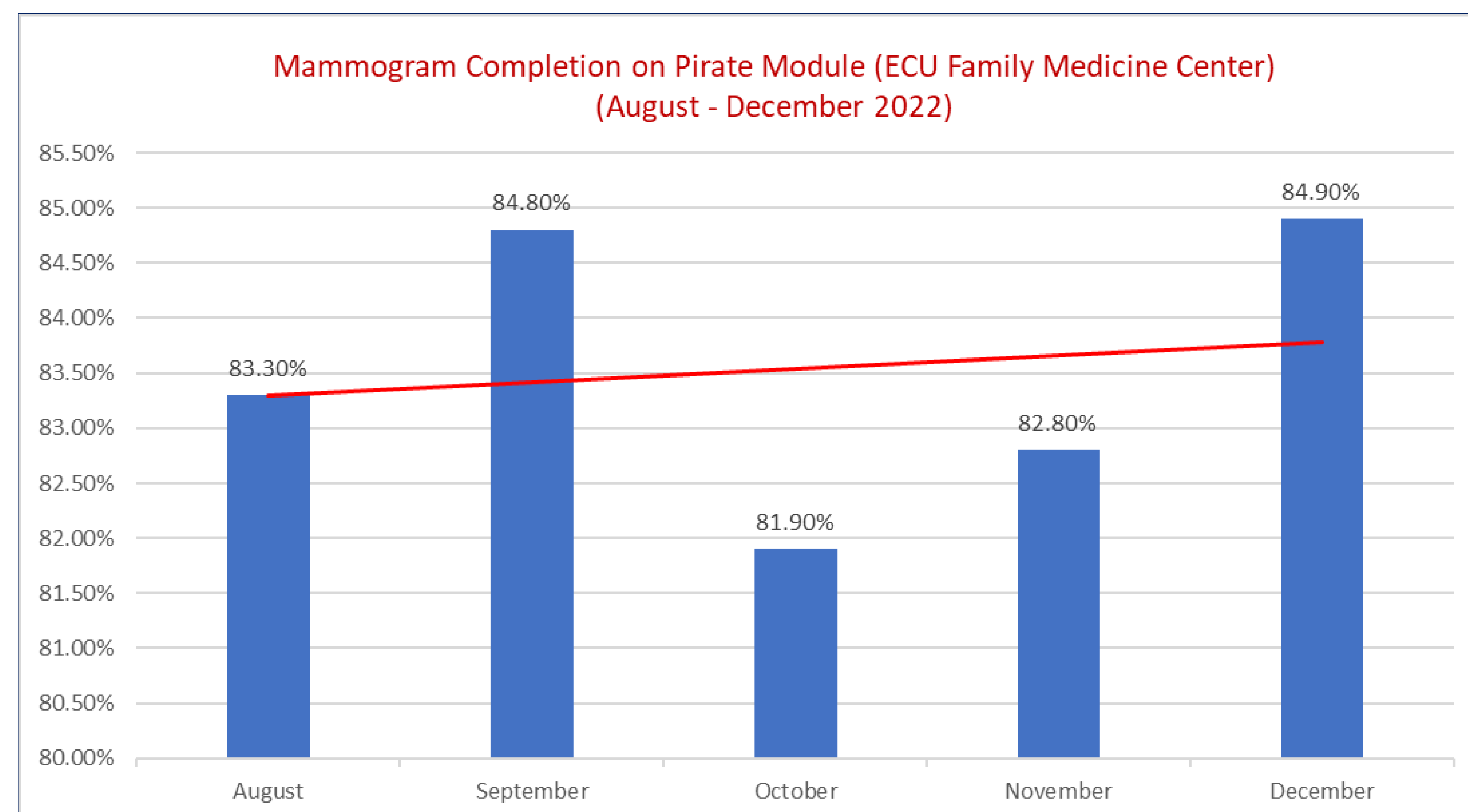
**Data Source:** ECU Physicians Quality staff & EPIC

## CHANGES MADE (PDSA CYCLES)

- 1. September 2022: Increase provider awareness to increase referrals**
  - Have providers check mammogram status during all visit types
  - Educate how to place a referral (referral order in EPIC was recently changed)
- 2. October 2022: Distribute brochures to patients that contain self-referral information**
  - Use other means for patients to obtain mammogram appointments
- 3. November 2022: Module nurse manager sent letters to patients who missed appointments**
  - Letters contained information on self-referral
- 4. December 2022: Display flyers that show free resources for patients with financial constraints**
  - Call 919-707-5300 or visit <https://bcccp.dph.ncdhhs.gov/Eligibility.asp>



## RESULTS



## DISCUSSION

- Interventions improved completion except during October
- October decrease possibly due to a referral coordinator out on leave

## LIMITATIONS

- Our screening numbers are based only on the billing attending (not the residents)
- We did not obtain number of cancers found on screening during the project timeline

## NEXT STEPS

- Continuing asking about mammogram completion at each visit
- Display both brochure and flyers in waiting lobby and exam rooms
- Involve social worker and financial counselor for patients with limited resources
- Identify/target interventions towards specific providers with patients needing mammograms (missed visits, no visits scheduled for that month)

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