

Breast Health Awareness Project: Reducing Gaps in Care for Cancer Screenings Among Insured Women

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Abstract

Background:

The incidence of breast cancer in Monroe County is among the highest in New York State with 597 new cases being found each year and more than 100 deaths annually. Yet, breast cancer screening rates were below the state average of 65% for safety net patients in 2011. Due to these high incidence rates, coupled with low screening rates, even for insured women, CSP-MC targeted all women regardless of age or insurance status to increase screening rates.

Objectives:

- Identify 2,000 women ages 30 and older at average or increased risk for breast cancer who had rarely (not screened in two or more years) or never been screened
- Train 10 women to serve as Breast Health Advisors (BHAs) within their own community and underserved areas
- Provide individual and group education to 1,000 underserved women
- Complete 1,000 comprehensive breast cancer screening exams (clinical breast exams and mammograms) for underserved women
- Educate 12 practices on how to identify gaps in care through EMR systems/registries

Methods:

Three-pronged Approach:

1st – Patient activation through population-based outreach interventions using volunteer BHAs

2nd – Direct contact using reminder/recall system

3rd - Clinical adoption teaching providers to use EMR systems/registries for gaps in care monitoring

Results:

- 4,335 women who were rarely (not screened in two or more years) or never screened were identified and contacted using the reminder/recall protocol
- 25 women were recruited and trained to serve as BHAs in underserved neighborhoods; 17 participated actively throughout the duration of project
- 1,547 underserved women received group or individual education about the importance of breast screenings
- >1565 women received breast cancer screening exams
- Educated 12 practices, (including FQHCs, private practices and hospital systems) on identification of gaps in care through EMR systems/registries

Introduction

In 2011, two local insurance companies recognized that their breast cancer screening rates fell below the state average of 65% for safety net patients: Company A had a rate of 48% and Company B had a rate of 62.5%.

The Regional Primary Care Network Planning and Program Committee expressed interest in funding a sustainable strategy to positively impact breast cancer screening rates in the community. \$125,000 was earmarked for a 1 year pilot project to fund a breast cancer screening initiative.

The Cancer Services Program of Monroe County was selected as the organization to lead this initiative because of its already established success in increasing access to breast cancer screenings for uninsured women.

Methods

The American Journal of Preventive Medicine (July 2012) published updated evidence reviews, and the Community Preventive Services Task Force released findings for nine interventions aimed at increasing screening for breast cancer. Three interventions that were ***recommended with strong evidence*** were used for our project:

- **One-on-one education**
- **Client reminders**
- **Reducing structural barriers**

We also used **Group Education** as an intervention because it was ***recommended with sufficient evidence***.

Using these four (4) interventions enabled staff and volunteers to employ the 3-pronged approach to reach and educate a large number of women in a short period of time.

- Patient activation through population-based outreach interventions: using volunteer BHAs to conduct 1-1 and group education; small and mass media advertising; and special screening events and health fairs**
- Direct patient contact using reminder/recall system with 4 contact attempts (postcard, phone call during business hours, 2nd call outside of business hours, and a final letter)**
- Clinical adoption by teaching providers to use EMR systems/registries for gaps in care monitoring of patients due for breast screenings**

3-Pronged Approach

Population Based Outreach - Volunteer Activity

Direct Contact - Reminder/recall system

Clinical Adoption – Providers & EMR systems



Results

Obj. 1. Identify 2,000 women ages 30 and older at average or increased risk for breast cancer who had rarely (not screened in two or more years) or never been screened

Outcome: 4,335 women who were rarely (not screened in 2 or more years) or never screened were identified and contacted using some method of the reminder/recall protocol: 449 Company A and 3886 Company B.

Lessons learned:

- Unable to reach 50% of patients by phone due to disconnected or bad phone numbers
- 11% of patients contacted by phone reported they would get screened; however, billing cycle lag time could take up to 6 months after intervention to determine if screening occurred
- Pilot ended before all claims were processed and posted

Obj. 2. Train 10 women to serve as Breast Health Advisors (BHAs) within their own community and underserved areas

Outcome: 25 women were recruited and trained, with 17 participating throughout the duration of project

Lessons learned:

- One year volunteer commitment was too long for some individuals - shorten volunteer commitment and prepare succession plan to replace inactive volunteers
- BHAs enjoyed being seen as experts in their communities and expanded outreach beyond their own personal circle of influence

Obj. 3. Provide individual and group education to 1000 underserved women

Outcome: 1,547 underserved women received group or individual education about the importance of breast screenings

Lessons learned:

- 48% of contacted women self-reported already being screened
- Difficult to track screenings for women after receiving education
- Screenings were verifiable in a small percentage of the sample

Obj. 4. Complete 1,000 comprehensive breast cancer screening exams (clinical breast exams and mammograms) for underserved women

Outcome: 1565 women received breast cancer screening exams through Company B

Lessons Learned:

- Difficult to get outcome data from Company A due to end of project and business agreement timeframe
- Patients may have received multiple interventions; challenge to determine which intervention precipitated screening
- Billing cycle lag time made it difficult to have timely tracking of screening interventions

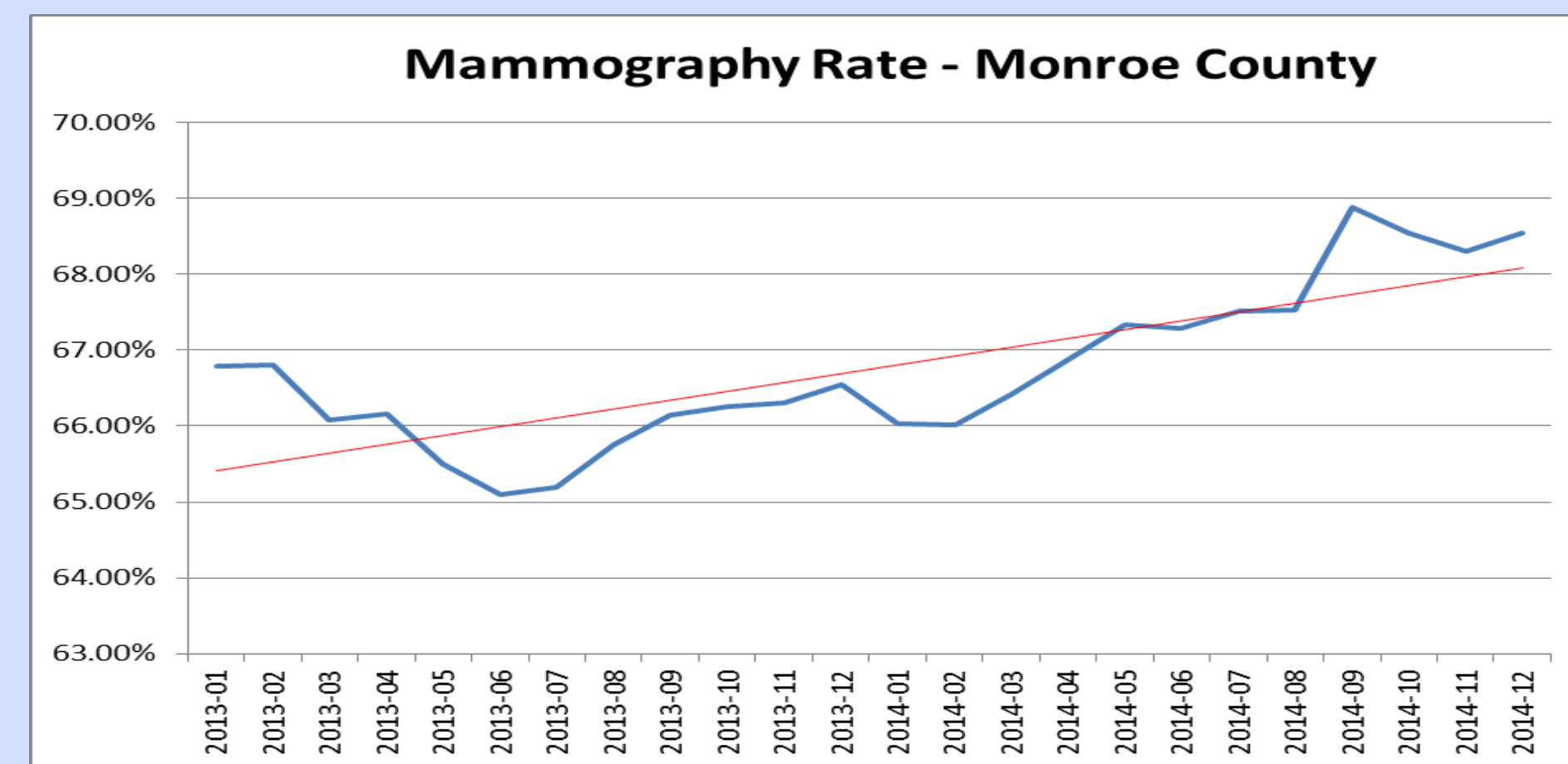
Obj. 5: Educate 12 practices on identification of gaps in care through EMR systems/registries

Outcome: Educated 12 practices, (including FQHCs, private practices and hospital systems) on identification of gaps in care through EMR systems/registries

Lessons Learned:

- Priority was given to improvements tied to incentives from insurance companies
- Some gap in care reports were complex and not easy to understand
- Once providers received gap in care reports for breast care, they were able to implement a process to identify patients in need of screening, order the screenings and follow-up to ensure the screening was completed.

Results



The above chart reflects the Breast Cancer screening rates for Company B from 01/2013 – 12/2014

- Project intervention period for *direct patient contact using reminder/recall system* was from 06/2013 – 12/2013.
- Up to 6 month lag time for screening reimbursements to be processed and posted
- At intervention start date (06/13) screening rates were 65.09%
- At intervention end date (12/13) screening rates were 66.55%
- After 6-month lag time (06/14) screening rates were 67.28%
- Interventions were adopted and sustained by Company B
- Screening rates continue to increase at year end (12/14) to 68.54%

Conclusion

Using a 3-pronged approach to disseminate breast health information, provide critical support in priority communities, and link women to doctors and radiologists for routine breast cancer screenings conveyed a sense of cultural competence and credibility to the patient population being served. Broad-based partnerships between insurers, funders and non-profit agencies proved to be effective in increasing screening rates for insured women in Monroe County.



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