# Finding the Right Fit for Your Community

Using process improvement and systems design to improve breast health outcomes for low-income women in the DC Metro area

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Background

Breast cancer is second, only to lung cancer, in cancer deaths among women in the United States. Throughout the DC Metro Area, breast cancer mortality rates are higher than the national average. Due to a lack of access to breast health services for low-income women, screening rates for the uninsured are significantly lower than the insured. Low-income women in Montgomery County without a mammogram more than double the county average.

Women Age 40+ Who Have Never Had a Mammogram Breast Exam*

Montgomery
Prince George's
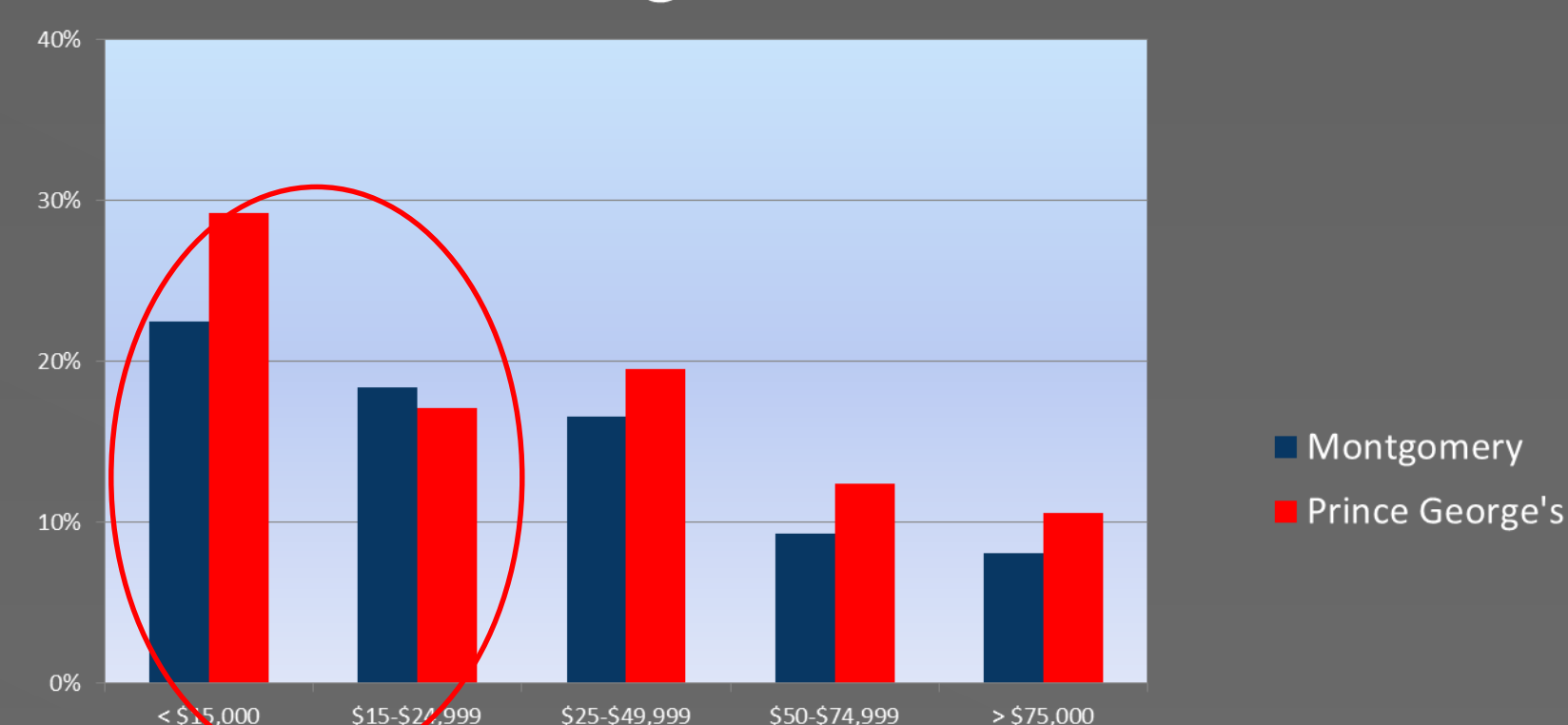
*Maryland BRFSS Women's Health Variables 2006, 2008, 2010

Breast Cancer Data

	US	VA	MD	DC
Women 40-64 receiving mammo in the last year*	59.7%	60.6%	62.7%	63.0%
Women 40-64 w/o health care coverage receiving mammo in the last year*	34.9%	25.2%	39.6%	36.6%
Breast Cancer Mortality Rate (per 100,000) **	24.0	25.8	27.4	28.5

Source: *ACS, 2009; **US rates from State Cancer Profiles 2003-2007, VA, MD, DC data from State Cancer Registries 2003-2007

- Screening rates are higher than the national average throughout the region.
- Screening rates in the safety-net population appear to be significantly lower.
- Mortality rates are higher than the national average.
  - Northern VA: Arlington (24.7), Loudoun (26.2), Prince William (28.1)
  - Suburban MD: Prince George's (30.3)

Barriers to quality care for the low-income un-insured women.

Breast Health Care Flow Chart
Uninsured Low-income Women
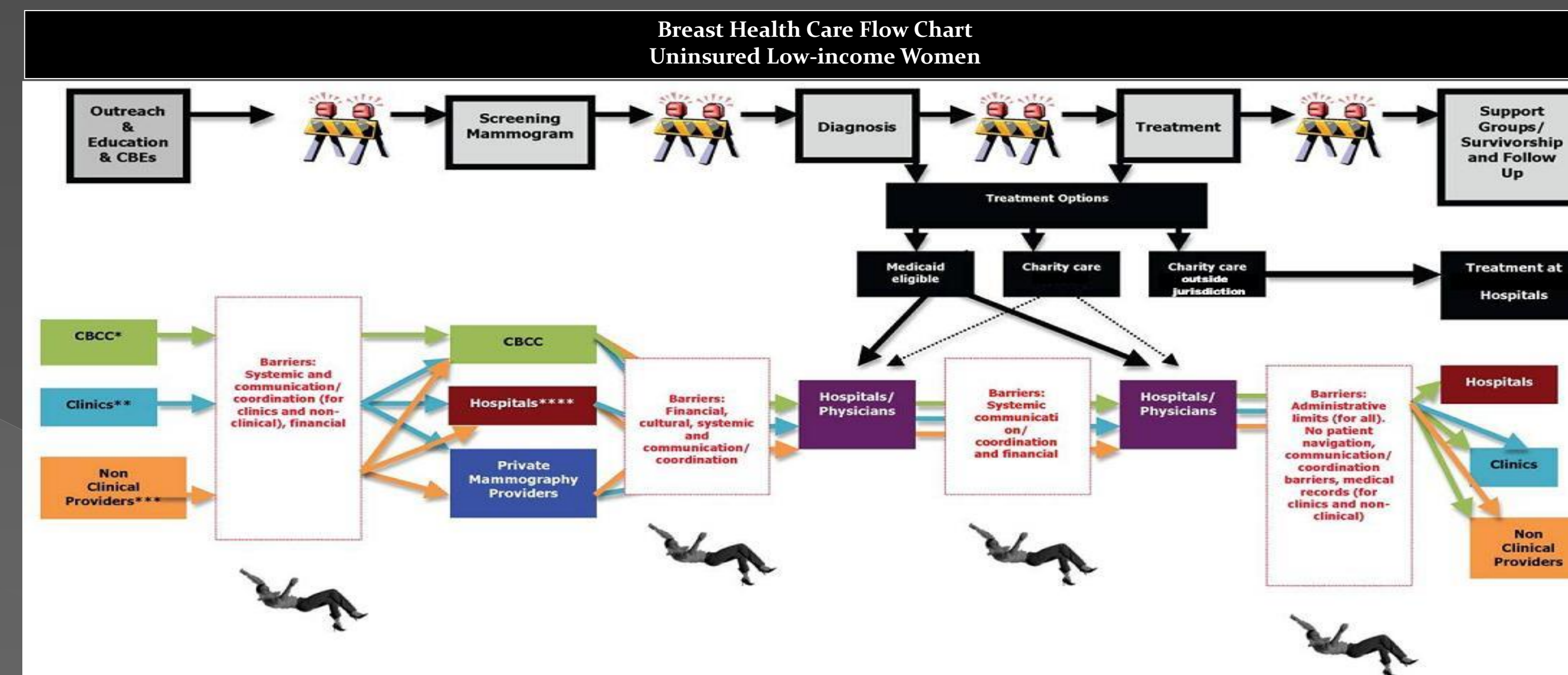
Goals and Objectives

Since 2008, PCC has worked as a systems integrator to build collaborations providing coordinated breast services to low-income, uninsured women. The goal of this initiative is improve the efficiency and effectiveness of breast cancer screening, referral, and follow-up so that jurisdictions and clinics are better positioned to provide 100% low-income women residents with access to breast healthcare. After initial success in Montgomery County, improvement activities spread to the DC Metro area in 2010.

Methods:

- Developed, tested and implemented the Breast Healthcare Change Package to assist safety net clinics in making quality improvements
  http://breasthealthpcc.org
- Facilitated strong partnerships between clinics and radiology centers
- Used the IHI Model for Improvement in a multi-tiered learning community framework to:
  - ✓ Share data to drive change
  - ✓ address systems level barriers using
    - o Small tests of change
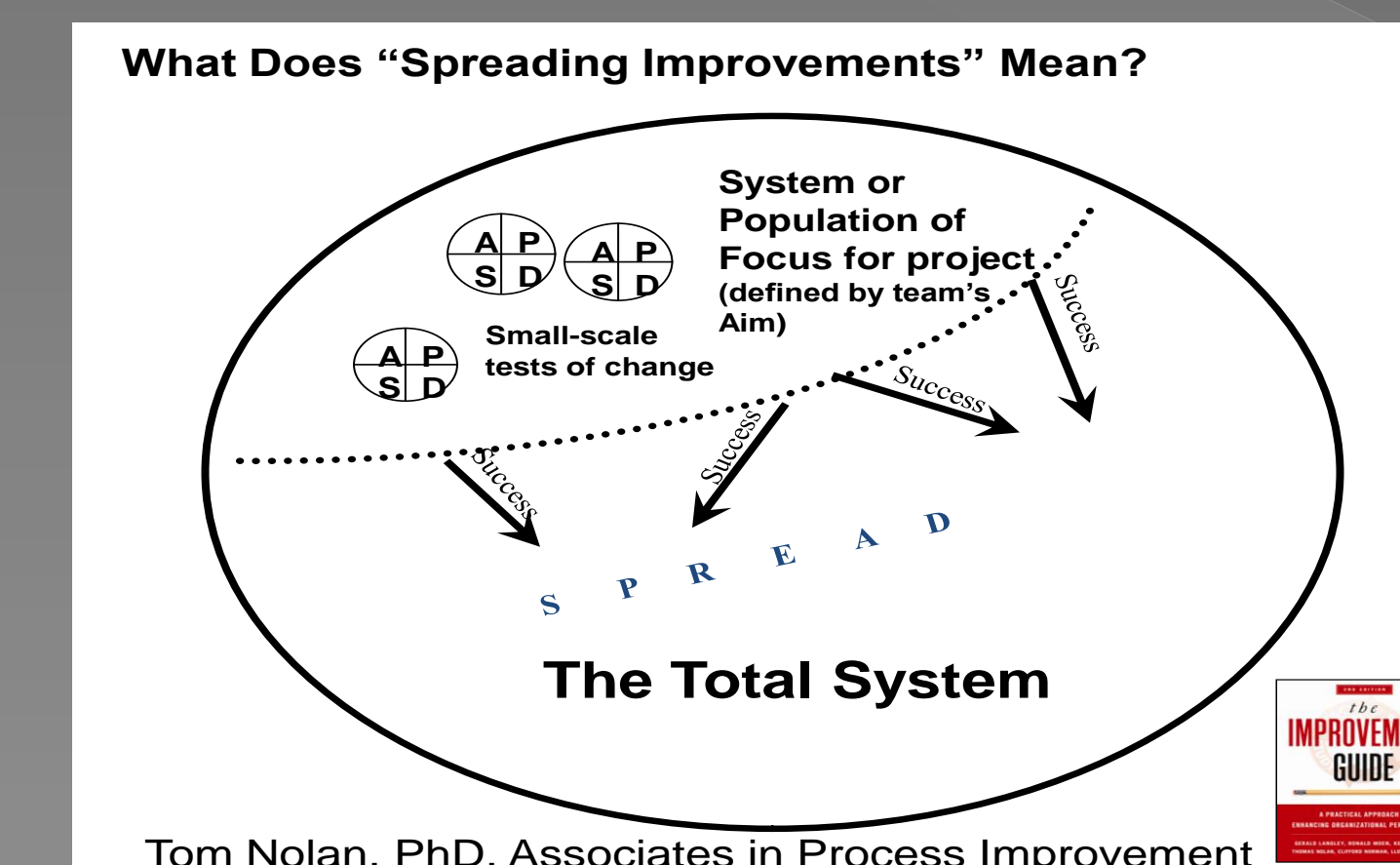   - o PDSA cycles
    - o Spread improvements

What Does "Spreading Improvements" Mean?

The Total System

Tom Nolan, PhD, Associates in Process Improvement

Results and Conclusions

Referral Rates	Pre-intervention	Post -intervention
Montgomery County (9 clinics with 14 sites)	8.7%	47.4%
National Capital Area (3 clinics with 9 sites)	49.5%	60.6%

Screening Rate	Pre-intervention	Post-intervention
Montgomery County (9 clinics with 14 sites)	5.2%	39.3%
National Capital Area (3 clinics with 9 sites)	27.1%	41.7%

Cycle Times (referral to Screening)	Pre Intervention	Post-intervention
Montgomery County (9 clinics with 14 sites)	100 days	<30 days
National Capital Area (3 clinics with 9 sites)	48	17.8

- Organized a Patient Navigation Network with over 50 members from the DC Metro area
- Developed a consistent payment methodology to secure mammograms at a reduced cost.
- Increased connectivity between the clinics and the Women's Cancer Control Program

primary care coalition
of Montgomery County, Maryland

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