



Primary Care – Imaging Center Connections: Collaborating to Improve Mammography Screening Rates

Clinical Rationale

Routine breast cancer screening is the key to finding breast cancer early. Partnership HealthPlan of California (PHC) is committed to increasing utilization of mammograms for breast cancer screening. Barriers to breast cancer screening include the following:

Access – Mammograms are not done during a provider visit, but typically require the patient to schedule an additional appointment with an imaging center that provides mammograms.

Transportation – Physical distance to the imaging center and/or lack of transportation to the appointment.

Knowledge – Patients understanding of the importance of screening for breast cancer.

Trust – Lack of trust in the methodology and/or preferences for radiology or ultrasound.

We have focused on improving data quality internally and collaborated with multiple clinics on projects and interventions to address access barriers.

Measurement Definition

Percentage of assigned women 50 - 74 years of age who had a mammogram to screen for breast cancer.

Denominator: The number of assigned women 52 – 74 years of age as of December 31 of the measurement year.

Numerator: The number of assigned women who have received a mammogram any time during the measurement year or two years prior.

Benefits of this Intervention

- As mammograms received in the measurement year or 2 years prior are compliant in the PCP QIP, working on this measure can influence QIP scores for multiple years.
- The imaging center makes the calls and contacts the member for scheduling, eliminating the health center's need to make calls.

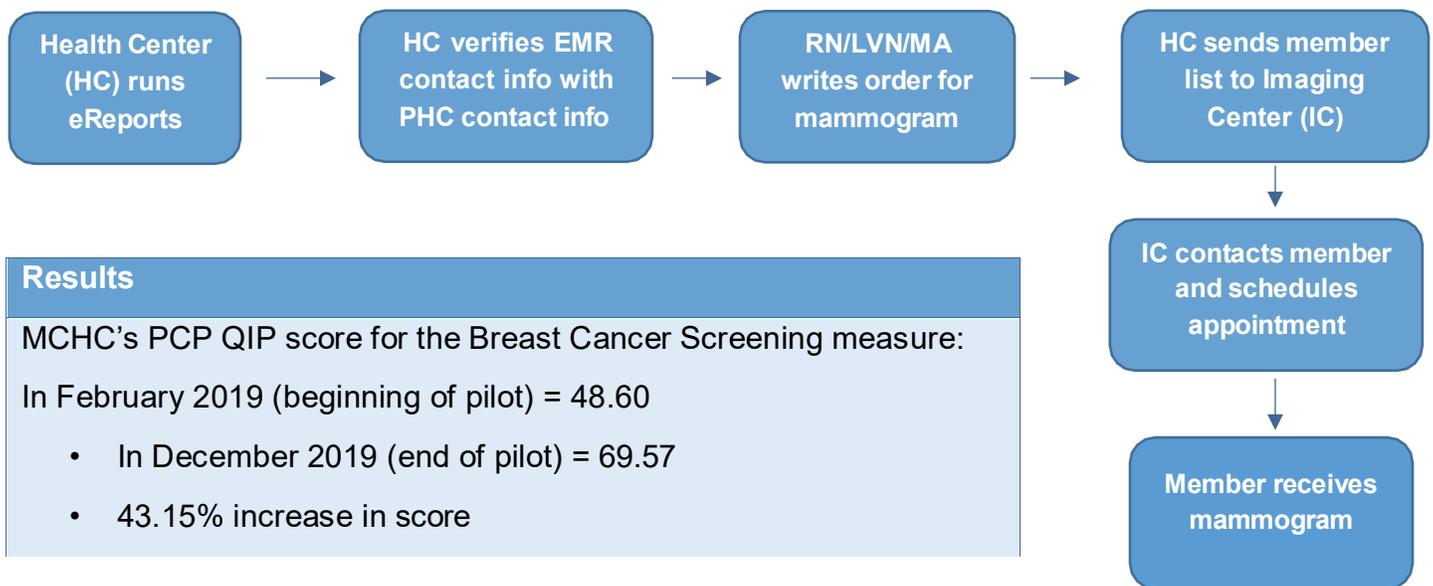
**The Primary Care – Imaging Center Connection:
Collaborating to Improve mammography Screening Rates**

Provider Campaign Highlights

Clinic Name	Key Points	Timeframe	Ongoing Effort	Imaging Center Type	Results
MCHC	<ul style="list-style-type: none"> • eReports generated list • Standing order • Imaging Center provided outreach 	3/2019-12/2019	Will continue post-COVID	Hospital Based	<ul style="list-style-type: none"> • 43.15% increase in QIP score over 11-month timeframe. • 4.65% score improvement compared to 2018 (over same timeframe)
SCHC	<ul style="list-style-type: none"> • MDI Portal used for referral • Imaging Center provided outreach 	1/2019-4/2019	Ongoing	Free-standing	<ul style="list-style-type: none"> • 13.81% increase in QIP score over two-month period. • 54.47% score improvement compared to 2018 (over same timeframe) • 21.2% women completed mammogram

Primary Care – Imaging Center Connection: Using an EMR Portal

Process Description	Key Points
<p>In March 2019, Mendocino Community Health Center (MCHC) partnered with Adventist Health’s imaging center to pilot a new process to address barriers to access.</p> <p>During the pilot, MCHC provided Adventist Health’s imaging center with a list of patients in need of a routine mammogram, and the imaging center provided outreach and scheduled appointments with patients.</p>	<ul style="list-style-type: none"> • An internal standing order keeps the process simple by allowing the RN/LVN/MA to order the routine mammography screenings • Ensuring the patient’s contact information is accurate before providing to imaging center is important • The health center’s relationship with the imaging center matters
Workflow Highlights	
<ul style="list-style-type: none"> • MCHC develops an internal standing order for routine mammograms allowing internal staff - RN/LVN/MA to order routine mammography screenings • MCHC runs eReports to identify women past due or soon due for a mammogram • MCHC verifies contact information with EHR information • MCHC sends list to imaging center • Imaging center attempts three contacts to member and schedules appointment 	



Results
<p>MCHC’s PCP QIP score for the Breast Cancer Screening measure:</p> <p>In February 2019 (beginning of pilot) = 48.60</p> <ul style="list-style-type: none"> • In December 2019 (end of pilot) = 69.57 • 43.15% increase in score

Primary Care – Imaging Center Connection: Using an EMR Portal

Process Description	Key Points
<p>In January 2019, PHC and SCHC collaborated to conduct a breast cancer screening campaign.</p> <p>The campaign’s main objective was to test the impact of SCHC using MDI’s Physician Portal to simplify the referral process for mammograms. Additionally, MDI would conduct targeted direct member outreach and schedule mammograms versus relying on members to schedule their appointments.</p>	<p>MDI’s Physician Portal offers the following benefits to referring physicians and medical staff:</p> <ul style="list-style-type: none"> • User-friendly platform • Appointment scheduling/tracking (Schedule Portal) • Real-time Image and Report viewing (PACS and VueMotion) • Mobile functionality for remote viewing (VueMotion)

Process Highlights
<p>SCHC used the MDI physician portal to submit a referral for all women due for Breast Cancer screening as a part of ongoing outreach. The following steps were followed:</p> <p>Chart digging was conducted for patients to re-evaluate the true population needing mammograms. The final denominator was 429 patients. <i>See table below</i></p> <p>SCHC entered the patient needing a mammogram into the MDI physician portal.</p> <p>Monthly mammogram completions during the intervention (February - April 2019):</p>

SCHC Targeted Population	Total # of patients Targeted by SCHC	Total # of patients without electronic order submission*	Total completed mammograms by MDI	Monthly Completion Rate
February	168	15	45	26.8%
March	197	14	44	22.3%
April	64	6	2	3.13%
Total	429	35	91 out of 429/ 21.2%	

Patients moved out of the area, signed for screening, patient never seen at SCHC

Results
<p>Target: 10% (48) of patients have a mammogram completed by April 30, 2019.</p> <p>Results: 21.2% (91) of patients completed a mammogram by April 30, 2019.</p>

