



# 2024 Best Practices Breast Cancer Screening

## Best and Promising Practices

### Partnership Tools and Programs:

- Partnership partners with a **mobile mammography** vendor to sponsor events for provider offices located in imaging center deserts, areas with delayed access to appointments at local imaging centers, or counties with breast cancer screening rates far below DHCS's Minimum Performance Level (MPL). Please contact [Mobilemammography@partnershiphp.org](mailto:Mobilemammography@partnershiphp.org) if you are interested in learning more.
- The **DrillDown Clinical tab** in the eReports portal shows race/ethnicity information for each member included in the measure. Export this dashboard to look at Breast Cancer Screening compliance rates by race and ethnicity to learn more about inequities faced within your patient community.
- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Women's Cancer Screenings*.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. This is particularly helpful for imaging center appointments which cannot be completed at the PCP office. Members can access services by calling [Partnership Transportation Services](#) at (866) 828-2303 Monday – Friday 7 a.m. – 7 p.m. PST.



### Member Care:

- Establish a practice commitment to cancer screening.
- Utilize “flag” alerts in the EMR/EHR system that each staff member can use to identify and communicate to members who are due for their screening services at every member encounter.
- Conduct chart scrubbing prior to the visit to determine if mammogram is due.
- Ensure list of mammography/imaging facilities is accurate and up to date, and train clinical teams on locating most accessible facility for every member.

- Work with the mammography/imaging facility to collaborate on the active pursuit of members who have been referred yet have not completed their screening, or who no-show for mammography appointment.
- Secure designated appointment slots to combine cervical cancer screening with breast cancer screening visits when possible.
- Pair with National Health Preventive Months (e.g. October - Breast Cancer Awareness Month), to utilize existing educational materials.
- Consider a variety of service options and choices - after hours and same day appointments, weekend breast cancer screening day(s), mobile mammography events.
- Consider real-time referral, such as incorporating a hard-stop question (e.g., when was the member's last mammogram and result?) as part of an assessment or registration.

### **Outreach:**

- While Partnership's 2024 PCP QIP program includes women 50 years of age or greater, breast cancer screenings are recommended by the American Cancer Society for women 40 years of age or greater at average risk for breast cancer. Partnership encourages outreach and mammogram referrals to all women at risk of breast cancer according to national cancer screening guidelines.
- Establish an office-based system to promote mammography (e.g., electronic or manual tickler system to identify women 50 years of age or greater due / overdue for a mammogram).
  - Post card reminder.
  - Reminder letter signed by the provider.
  - Phone call to women who have not made an appointment after 4 - 6 weeks of mail reminder.
  - Reminder calls by staff tend to be more effective than robo-calls.
- Train outreach team members in cancer screening health education talking points and motivational interviewing to build capacity to answer patient questions during outreach calls.
- Create scripts that all staff can use to simplify the message that encourages breast cancer screening.
- Include breast cancer screening appointment reminders and confirmation messages in practice's text messaging campaigns.
- Be persistent with reminders. You may need to remind patients several times before they schedule and complete a service.

### **Equity Approaches:**

- Consider using an equity approach to increase screening rates for targeted communities. By looking at breast cancer screening completion rates by such factors as race, ethnicity, location (i.e., zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.
- Ensure member information is consistent, welcoming, plain and person-centered, language appropriate, and delivered in traditional and electronic applications, per patient's preference.
- Discuss with your patients what may be keeping them from getting their mammogram. Explore possible barriers such as access to care, psychosocial, change in life circumstances. There are many types of barriers to mammography services. As people, and their environments, change, these barriers change over time, dynamically impacting whether a patient completes a mammogram.
- A discussion of mammograms should include a conversation with the patient to confirm that health information and next steps covered in the visit are mutually understood; patient agrees with any plans made; and the patient has the opportunity to ask questions.
- Consider cultural beliefs and appropriate language about cancer screening when discussing preventative cancer screening services.
- Use approaches and partnerships that align with your practice's demographics (partner with local schools, faith-based organizations).
- Identify and address barriers to care (transportation, hours of operation, child care).

### **Data and Coding:**

- Submit claims and encounter data within 90 days of service.
- Exclude members as appropriate and use coding to document reason for exclusion.
- Ensure documentation of last mammogram, including results.

### **Helpful Links:**

#### **[2024 PCP QIP Technical Specifications](#)**

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Notes for eReports and PQD

#### **[eReports QIP Portal:](#)**

- Measure Reports

- Diagnosis Code Crosswalk Report
- QIP Member Report