

The National Capital Area Regional Breast Healthcare Improvement Initiative

The Primary Care Coalition of Montgomery County (PCC) and the Regional Primary Care Coalition (RPCC) are collaborating to improve the efficiency and effectiveness of breast cancer screening, referral, and follow-up for low-income women in the region through the National Capital Area Regional Breast Health Care Improvement Initiative funded by Susan G. Komen for the Cure®.

The PCC/RPCC project builds on the successes of the PCC Breast Health Care Process Improvement Initiative, which is anchored in community-based primary care clinics serving as medical homes. It started in three clinics serving uninsured, low income women and expanded to nine clinics in Montgomery County. The project focused on developing models and protocols that increase mammography screening rates, and improve the efficiency and efficacy of moving from screening to diagnosis, treatment and follow-up. From 2007 to 2009, the PCC Initiative led to increased mammogram screening rates (20% to 60%), increased mammography capacity (1,700 to 3,400), and decreased cycle time from referral to mammography screening (100 days to less than 30 days).

The long-term goal of the Regional Initiative is to position clinics throughout the region to provide 100% of low-income women residents 40 and over with access to high-quality and timely breast healthcare.

The Regional Initiative will be carried out in 3 phases:

- **Phase 1, 2010:** Current State Analysis; Build Partnerships and Plan Replication
- **Phase 2, 2011:** Develop, Implement, and Monitor Specific Process Improvement Initiatives
- **Phase 3, 2012:** Sustain, Evaluate, and Spread

The success of the project will be measured based on the following:

- Increase in breast cancer screening referral rate and in breast cancer screening rate;
- Decrease in cycle times from referral to screening, screening to diagnosis, diagnosis to treatment;
- Increase in the coordination of breast healthcare by participating safety-net clinics, as well as new and enhanced collaborative relationships;
- Changes in procedures and relationships that eliminate identified barriers to breast healthcare in efforts to achieve standards in excellence; and
- Improved clinic charting and reporting of data on breast healthcare of clients.

The following is a report on each of the Regional Initiative's phases as of September 2012.

Phase 1: State of the Region Breast Healthcare Assessment

- The Initiative's efforts are informed by a Phase 1 assessment of the state of breast health care in the region, conducted for the Initiative by Mosaica: The Center for Nonprofit Development and Pluralism in 2011. The assessment was based on data review, a survey of 22 safety net clinics, key informant sessions involving over 70 people and interviews. Clinics, hospitals, community-based outreach groups, and other providers identified many challenges to timely and high quality breast health care for low-income women 40 and over throughout the region. These include: Lack of service coordination, including access to specialty care, especially oncology and surgery;
- Great differences in the availability of federal, state, and local public funding for diagnosis and treatment;

- Administrative complexities in helping patients obtain charity care, apply for state-supported diagnostic or treatment services, or get timely approval for diagnosis or treatment for women served through Medicaid MCOs; and
- Lack of affordable care for women with incomes just above 200% of the federal poverty level.

The Assessment also identified several implications for breast health care in the region, including the need for:

- Systems change and service integration throughout the region;
- Better data collection and tracking of low-income population health data;
- Stronger provider coordination, for example:
 - Community-based outreach and education providers need to be linked to safety-net clinics.
 - Clinics and mammography providers need to develop close relationships.
 - Hospitals need to establish a coordinated process for arranging hospital-based charity care.
 - The role of patient navigators should be enhanced so they can arrange patient access to a continuum of service.
- A regional perspective and strategy, as well as funding coordination from both public and private funders
- Consideration of the social determinants of health, which may be factors in mortality rates

Phase 2: Process Improvement Initiatives

Process improvement work began in three sites: Greater Baden Medical Services (Walker Mill Health Center) in Prince George’s County, MD; Community of Hope in Washington, DC; and Community Health Care Network (North County site) in Fairfax County, VA. Two sites are Federally Qualified Health Centers (FQHCs), and one is a county funded program (Virginia site).

After a year of focused process improvement, partnership development, and data collection, initial analysis demonstrates:

- All three adaptation sites show increased screening rates approaching 65%. This represents the 90th percentile performance in the Healthcare Effectiveness Data and Information Set (HEDIS) for Medicaid breast cancer screening.
- At one site, cycle time between referral and mammography screening decreased from 48 to 27 days.
- Another site worked closely with one mammography provider to decrease the no-show rate for mammography appointments from 26% to 6%.

Phase 3: Sustainability, Evaluation, and Spread

In its third and last year, the Initiative is now focusing on sustaining its efforts in the project’s initial three sites, as well as spreading learnings to other sites.

The Project Team developed the Change Package for Breast Healthcare Improvement within the Safety-Net. The Change Package is a guide that shares recommended interventions and successful strategies that have been tested and documented, and can be used by clinics certified as patient-centered medical homes or in the process of adopting those standards. The package includes step-by-step instructions, examples, and resources to implement breast health process improvement programs for rapid innovation at any primary care clinic.

Spread Beyond the Region

- Members of the project team presented at the invitation-only Susan G. Komen for the Cure® Partnership in Action Meeting, Fort Worth Texas, March 2011.
- The project was featured in a poster session at the Cancer Health Disparities Program Meetings hosted by the National Cancer Institute (NCI) Center to Reduce Cancer Health Disparities (CRCHD), July 2011. Conference participants were interested in project outcomes and partnerships developed around the region as a result of the Initiative.
- At the Communities Joined in Action Annual Conference in October 2011, the project was also featured in a breakout presentation. Conference participants were impressed with the project's use of mammography supply-demand charts and electronic medical record data.