



# “Looking Under the Rug”

## A Review of Issues and Solutions in Mammography Quality and Processes

*The Environmental Scan project has been made possible by generous support  
from the Susan G. Komen for the Cure Foundation*

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# Introductions

## Panelists:

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Eileen Knightly (eknightly@mercy-chicago.org)

Peggy Kupres (Margaret.kupres@advocatehealth.com)

Paulette O'Connor

## Moderator:

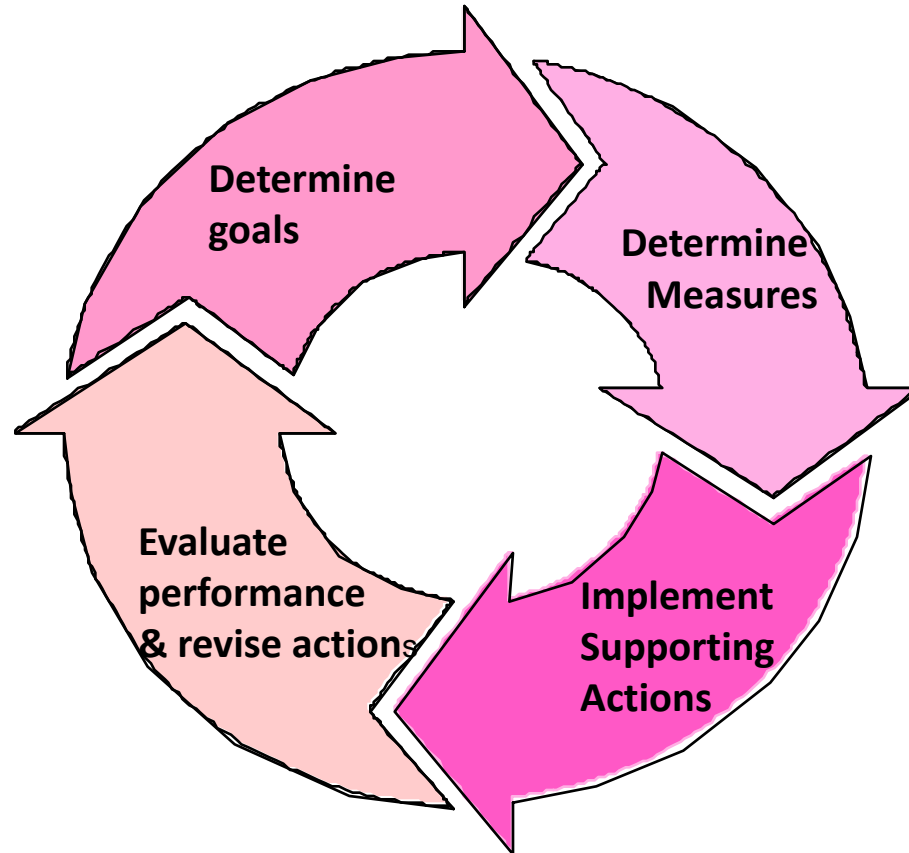
Christine Weldon (weldon@centerforbusinessmodels.com)

# Learning Objectives of Session Today

1. Assess how compression may impact the quality of a breast image and what situations/considerations may reduce optimal compression
2. Distinguish key factors that determine the number of views and/or type of equipment that will result in the most complete breast image
3. Describe what key information should be included in patient conversations to guide patient's breast health

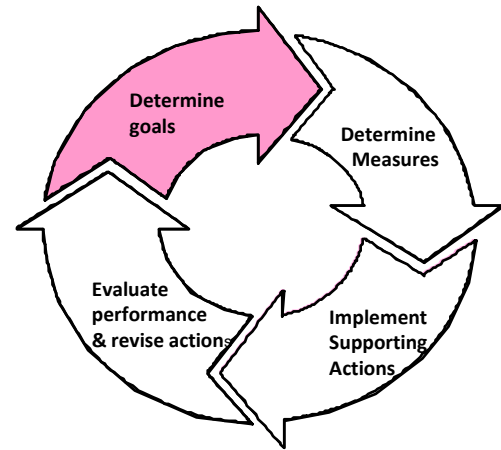
***This is an interactive session, we will learn by sharing data collected, experiences and ideas***

# Rapid Cycle Improvement Process

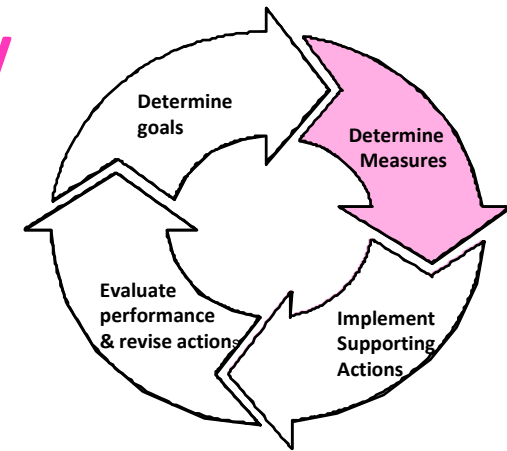


# Our Goals

- Access to Care
- **Quality of Mammography**
- Quality of Treatment



# Measures –Quality Mammography From 2009 Data Collection

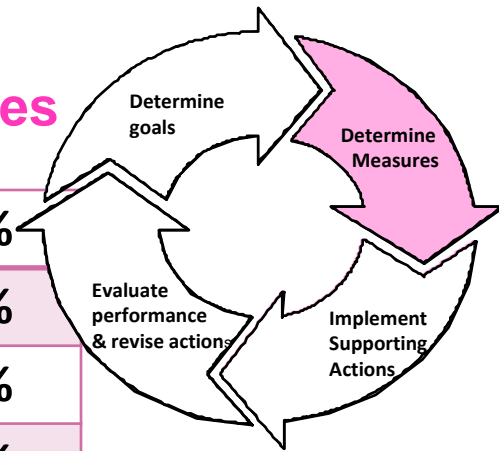


- Appropriately detect abnormalities in a mammogram (Recall Rate).  
~**25%** of facilities could NOT demonstrate
- Track patients with abnormal mammograms (Follow up)  
~**65%** of facilities could NOT demonstrate
- Find Cancer (Cancer Detection Rate)  
~**40%** of facilities could NOT demonstrate
- Find Cancer early (% early stage detected)  
~**75%** of facilities could NOT demonstrate
- Find Cancer when it's small (% minimal cancers detected)  
~**70%** of facilities could NOT demonstrate

***We all have an opportunity to improve these measures!***

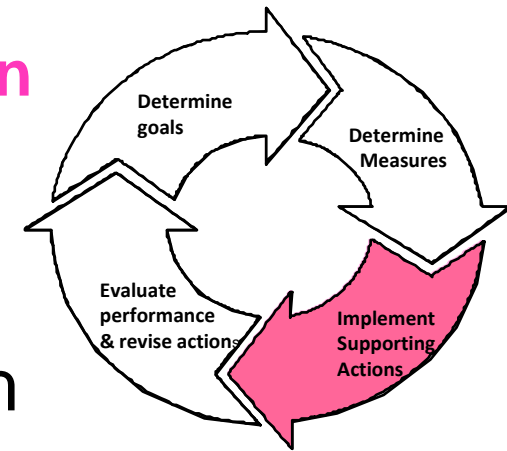
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## Measures –Quality Mammography Across Participating Environmental Scan Sites



Allow patient self referrals	<b>14%</b>
Walk-ins allowed	<b>32%</b>
Annual screening reminder sent from imaging center	<b>76%</b>
Calls patients to remind about all appointments	<b>67%</b>
Calls <b>ALL</b> no shows	<b>16%</b>
Calls patient to follow up for BIRADS 0,4,5 (beyond a letter)	<b>52%</b>
Offers screening mammograms on weekends?	<b>44%</b>
Pre-Register patients, proceed directly to radiology?	<b>64%</b>
Conducts outreach about breast screening	<b>29%</b>
Percentage of “returning” screening patients, who had past screening at site	Average across sites <b>69%</b>
Standards for optimal and minimum compression – no consistent approach across sites	Need to determine measure
Views variable based on breast size / body habitus	<b>73%</b>

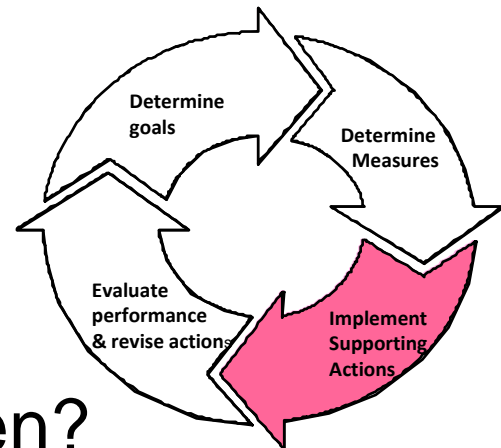
## Discussion of Actions – Compression



- What is considered Taut?
- What is at risk if there is not enough compression?
- What is risk of too much compression?
- How do you factor in patient tolerance?
- Are there guidelines in terms of lbs (pounds) or daN (decaNewtons)?
- What other factors impact compression?
- What other enablers or challenges exist?

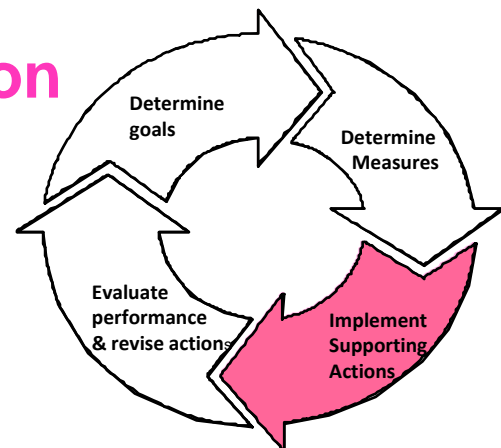
## Discussion of Actions – Views

- How many and what type of views are standard?
- What factors may change views taken?
- What different equipment may be used and in what circumstances?
- What happens if suspicious area is visible during screening mammogram?
- Do you have a process and/or a billing code to conduct a same day diagnostic or “screening to diagnostic conversion” – CPT 76091?



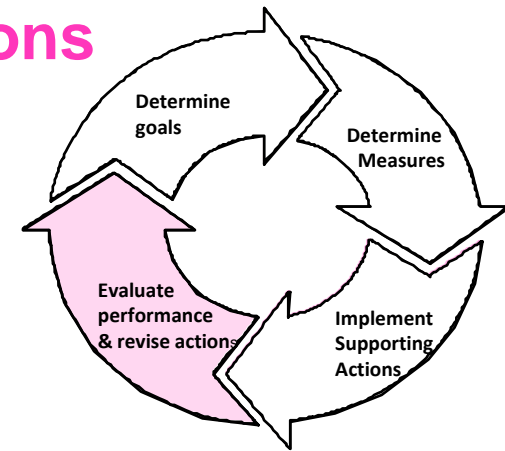
## Discussion of Actions – Communication

- What information is important to first time breast imaging patients?
- What is important to convey to patients new to an imaging site, to returning patients?
- What are good approaches for calls to patients, including phone messages?
- How to support patients who have a primary language other than English?
- What other key communication needs to occur with patients?



# Evaluate Performance and Revise Actions

- *What are some actions you may take?*

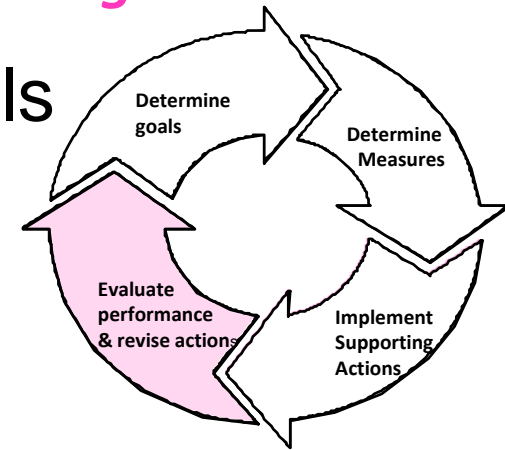


- Ask the radiologist(s) you work with to share feedback on images: *what is good, what is not as good, why?* Make adjustments based on feedback.
- Assess your approach to first time patients and make changes as needed
- Review your approach to compression
- Make a list of issues/challenges you encounter and share with co-workers (and task force), work together on solutions
- Other...

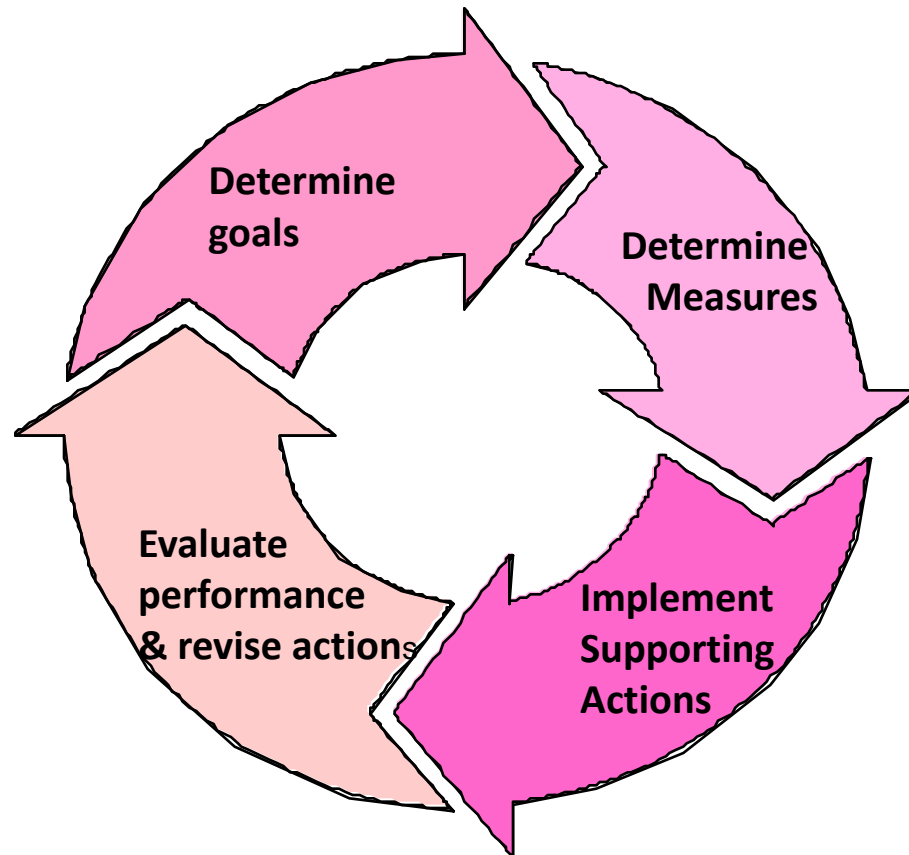
# Evaluate Performance and Revise Actions

## - What are some actions you may influence in your organization?

- Create plan for accepting self-referrals
- Pilot a time period each week for walk-in appointments
- Assess communication with patients: reminder calls, no show calls, calls to BIRADS 0-4-5
- Suggest pilot of extended hours (weekday and weekend) to support patient's scheduling needs
- Review standard patient letters and identify improvements, test with patients
- Other...



# THANK YOU FOR YOUR GREAT WORK and SERVICE!



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