As of 2020, New Mexico was one of the lowest ranking states in the nation for up-to-date screening mammography (breast cancer screening). Many residing female patients, 50 years or older, are overdue or do not have their first annual screening mammogram that could help prevent and detect breast cancer at early stages. With a high number of patients that need a screening mammogram, access to timely appointments is vital to ensuring adequate care for these patients. 

Investigation into possible causes for the low screening rates and lack of timely access to care identified patients do not schedule appointments for screening mammography due to:

- Lack of resources (money, time, and mobility)
- Lack of availability of appointments, facility for screening, living in rural location
- Lack of information/education on benefit of screening mammography

**PROPOSED SOLUTIONS**

In a partnership with United Healthcare (UHC), Radiology Associates of Albuquerque (RAA), American Cancer Society (ACS), and Presbyterian Healthcare Services (PHS), a project team was assembled and able to PDSA an action plan to address low screening mammogram and imaging completion rates.

United Healthcare identified 344 RAA patients meeting the problem definition denoted to the right, women aged 50 years or older, overdue for annual screening mammography or who have not had their first annual screening mammography.

Out of 203 patients scheduled, 142 completed their appointment for a screening mammogram

\[
\text{Completion Rates} = \frac{142}{203} = 0.6978 \text{ or } 70.008\%
\]

Out of 203 patients scheduled, 142 completed their appointment for a screening mammogram

- RAA was able to maintain a 5-10-day wait-time between scheduling appointment and completion of appointment

**FUTURE STATE**

- RAA scheduler将持续 follow-up for those patients that were not scheduled appointments that they have rescheduled
- A list of patients that were not scheduled appointments
- Plans to review the patient population to improve scheduling

**LESSONS LEARNED/FUTURE STATE**

- Lack of resources (money, time, and mobility)
- Lack of availability of appointments, facility for screening, living in rural location
- Lack of information/education on benefit of screening mammography

**BEST PRACTICES**

Dedicate scheduling personnel to calling patients and tracking results of communication (if resources allow)

- Time between scheduling appointment and completion did not decrease due to the increased volume of patients needing access from the initiative (This metric could increase if there was a larger group of patients and inadequate resources, such as schedulers to accommodate the patient volume)

**BALANCING MEASURES (CONTINUED)**

- Increase wait times for screening mammography due to increase in volume of patients from initiative
- The timeliness of appointment scheduling and completion did not decrease due to the increased volume of patients needing access from the initiative (This metric could increase if there was a larger group of patients and inadequate resources, such as schedulers to accommodate the patient volume)

**FUTURE STATE**

Use method of contact and best practices learned within this PDSA Cycle to coordinate outreach to a larger group of Presbyterian patients that meet the population definition (female, 50 years or older, overdue for annual mammogram or first annual mammogram).

This would not only increase screening rates in the state of New Mexico, but it would also help provide adequate preventative and early detection services necessary to facilitate effective treatment of breast cancer and increase survival rates.