

Addressing Screening Mammogram Disparities in a Community Setting by Implementing the George Washington Road Map to Addressing Barriers to Care CoC Std 8.1

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Abstract

A New York Presbyterian Medical Group (NYPMG) analysis found that the mammogram screening rate for African American women ages 40-50 years at NYPMG was lower than the national average (11% vs 24%). A Cancer Center team discussed potential barriers leading to this disparity: lack of patient awareness of screening benefits, patient feedback that providers did not recommend screening, and lack of general trust in the medical system.

We used strategies in the George Washington Road Map to Addressing Barriers to Care for our project. We leveraged relationships with community-based organizations to host community webinars such as *“Black Women and Breast Cancer: Why is it more deadly? African American Women and Disparities in Breast Cancer.”* Our navigators disseminated screening guidelines to providers’ offices and provided American Cancer Society educational material in physician offices to share with patients.

At years end, our screening mammogram rate for African American women ages 40-50 increased from 11% => 37.3%.

Lessons learned (1) the important role of navigation in identifying and addressing barriers to care (2) the need to discuss and reinforce changing screening guidelines to providers & tailored education addressing AA women’s concerns (3) multidisciplinary teams are the most effective way to reach a community.

STEP 1: Conduct Analysis of Cancer Care Barriers: New York Presbyterian Medical Group Healthcare Disparities: Breast Cancer Screening

Breast Cancer Initial Screening Rates by Region, 40-50		
NYPMG Region	Screened, All other patients	Screened, African American patients
Hudson Valley	27%	12%
Westchester	23%	11%
Queens	24%	8%
Brooklyn	22%	11%
Average	24%	11%

Goal: African American average screening rate will reach our other patient baseline by year end.

STEP 2: Identify Barriers to Cancer Care

We discussed potential barriers resulting in this disparity,

- lack of trust in the medical system,
- lack of understanding (education) that screening leads to improved survival,
- lack of provider affirming need for screening mammograms in this age group,
- fragmented care in our area

We chose improving education of patients regarding the utility of screening mammograms and education of providers regarding screening recommendations as the barriers to work on this year

STEP 3: Implement Strategies to Address Prioritized Barrier

- Maximized Patient Navigation Process – Patient reminders & Patient education
 Maximize Social Media to Increase Community Outreach
- NYP Sponsored webinars specifically focusing on breast cancer in our community
 - Dissemination of guideline and messaging information to patients across the hospital system
 - Dissemination of guideline and messaging information for Provider awareness & education
- Collaborating with community organizations

STEP 4: Report results to Committee

Breast Cancer Initial Screening Rates by Region, 40-50 reached by year’s end

NYPMG Region	Region’s Overall % Change from Baseline
Hudson Valley	36.8%
Westchester	35.1%
Queens	27.4%
Brooklyn	49.8%
Average	37.3%

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