



## PROCESS OF IDENTIFYING OPPORTUNITY FOR IMPROVEMENT

Year 1 PROMPT Study – Data submission on timeliness metrics, categories denoted below:

- Screening Mammogram to Diagnostic Mammogram (Days)
- Diagnostic Mammogram to Biopsy (Days)
- Biopsy to Neoadjuvant Chemotherapy (Days)
- Biopsy to First Surgery (Days)

After review of Year 1 PROMPT Study data, an alternative area with opportunity for improvement was identified by Presbyterian Cancer Care Programs for focus.

The identified area of need for improvement was determined to be Screening Mammogram Rates and Timeliness of Imaging Completion.

## CURRENT STATE/INVESTIGATION

### CANCER SCREENING AND RISK FACTOR PREVALENCE

Cancer Screening	NM	Rank	U.S.
Up-to-date mammography, women 45 years and older, 2020	61%	46	67%

\* National rank 1 = highest value

[New Mexico Cancer Statistics | American Cancer Society - Cancer Facts & Statistics](#)

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 have not had 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 access (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.

On average, it takes 7-8 attempts at communication to culminate in action from those being contacted. For this quality improvement study, the project team will be using a cold-call system that allows RAA to contact each patient in the UHC list to educate them on the benefits of mammography screening.

- The patients will be contacted a total of 3 times unless they have scheduled/completed a mammogram appointment.
- The patients contacted will have the opportunity to schedule an appointment for the mammography screening, creating access and resources for those patients who currently fit the problem definition.
- If many of the patients are not responding to the phone calls, the project team will investigate ability to use mailers provided by ACS partners, as another form of outreach.

Patients will be asked a series of questions by RAA staff member to track initiative participation, scheduling of screening mammography, completion of appointment, and any other pertinent details for data records.

**Problem Statement** - Female patients seen by Presbyterian Healthcare providers older than 50 years of age in the state of New Mexico are not getting their screening mammograms on an annual basis at Radiology Associates of Albuquerque over the past three years. This deficiency in screening could lead to more advanced cancers and difficulty getting follow up appointments scheduled.

**Overall Goal** - By November 1st, 2023, Presbyterian Cancer Care Breast Program in partnership with Radiology Associates of Albuquerque (RAA) will increase the number of screening mammograms completed for women age of 50 years or older, needing their first screening mammogram or overdue for their annual screening mammogram that have United Healthcare (UHC) insurance, as well as continuing to offer timely access to screening mammogram appointments.

**Small Goal**: Between July 1, 2023, and October 31<sup>st</sup>, 2023, at least 15 percent (approximately 51 patients) of the 344 United Healthcare (UHC) patients identified will schedule an appointment for mammography screening with Radiology Associates of Albuquerque (RAA).  
**Large Goal**: Maintain a 7-13 day wait-time from scheduling to completion of screening mammography appointments for all UHC patients identified that schedule an appointment with RAA, between July 1, 2023, and October 31, 2023.

Outcome Measures:

- Number of appointments scheduled
- Number of appointments completed
- Number of days between scheduling and completing appointments of

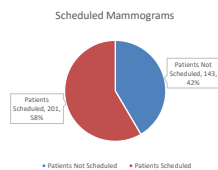
Balancing Measures:

- Patients who choose not to schedule an appointment due to contact (phone call)
- Increase in wait times for screening mammography due to increase in volume patients from initiative (Number of days between scheduling and completing appointments)

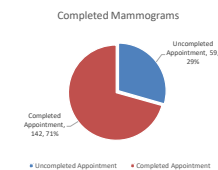
## RESULTS/PDSA CYCLE

As of September 2023, RAA had completed three rounds of calls to patients identified

- Out of 344 patients identified, 201 scheduled an appointment for a screening mammogram



- Out of 201 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



## LESSONS LEARNED/FUTURE STATE

### BEST PRACTICES

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

- Every time a patient was contacted, the scheduler was able to provide the patient with the following:
- Resources (information on scheduling, insurance, recommended timing of mammograms for age group, etc.)
  - Schedule patients for current year and subsequent year (if applicable)

### LESSONS LEARNED

If working with multiple organizations, in the planning stage collaborate with your legal department to identify which patients can be contacted or receive services from intended partners.  
 If expanding to a larger group of patients in the future, the scheduler might need to have resources to help alleviate travel concerns for patients, as there are a larger number of patients residing in a rural setting.

### BALANCING MEASURES

- Patients who choose not to schedule an appointment due to contact (phone call) from the initiative
- 7 out of 344 patients (2%) contacted *refused* to schedule an appointment with RAA for a mammogram (Reason for refusal unknown)

### PROJECT TEAM

Project Leader: Shelby Murphy, RN (Clinical Quality Consultant)  
 Team Members: Radiology Associates of Albuquerque Team Members – Kerry Pruitt (Supervisor of Mammography & DXA), Barbara Whitefield (Clinical Services Manager), Shawn Parsons (Director of Finance & Strategic Operations), Dierdre Walker (Clinic Administrative Manager); United Healthcare Team Members – Andrea Ashton, RN (Market Quality Director), Patricia Tan, MD (Market Chief Medical Officer); American Cancer Society Team Members – Rachel Davis (Associate Director, State Partnerships)  
 Project Champion: Brent Sultemeier, Director PMG Practice Operations - Cancer

### BALANCING MEASURES (CONTINUED)

- Increase in 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.