

Opportunity for Improvement in Breast Cancer Screening Adherence

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Background

Breast cancer is the most common cancer type and second leading cause of cancer death in women. Routine biennial conventional mammography screening per the United States Preventive Services Task Force (USPSTF) recommendations has been associated with an approximate 20-30% relative reduction in breast cancer mortality. Therefore, reducing barriers to care access is of critical importance. However, within the Cleveland Clinic health system there remains no standardized patient outreach system to promote mammography scheduling once an order for screening has been placed by a provider.

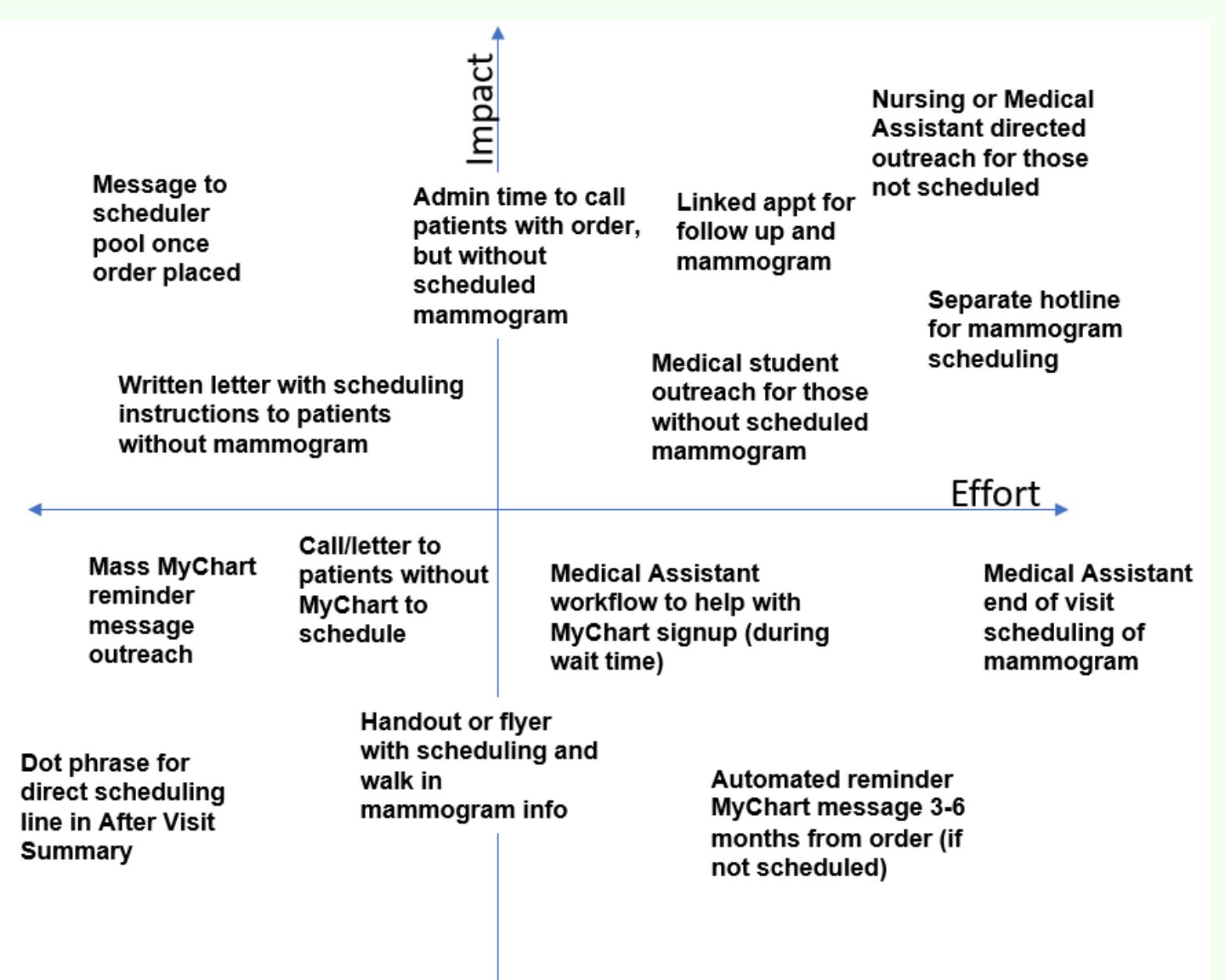


Figure 1: Intervention Effort-Impact Matrix

Methods

The outpatient care panels of eight Internal Medicine residents at the Cleveland Clinic Main Campus were reviewed for this project. Each patient panel was reviewed for patients eligible for routine mammography screening who had active standing mammography orders in place. Within this subset, patients without an active mammography exam date were identified. These patients were subsequently referred to each resident's site-specific scheduling team to assist with targeted outreach. Demographic, scheduling status, and exam completion rate was collected following intervention.

Points of Consideration

Targeted outreach may represent a significant opportunity for improvement in mammogram screening adherence.

Consideration of a **standardized patient outreach system** in this context may be worthwhile.

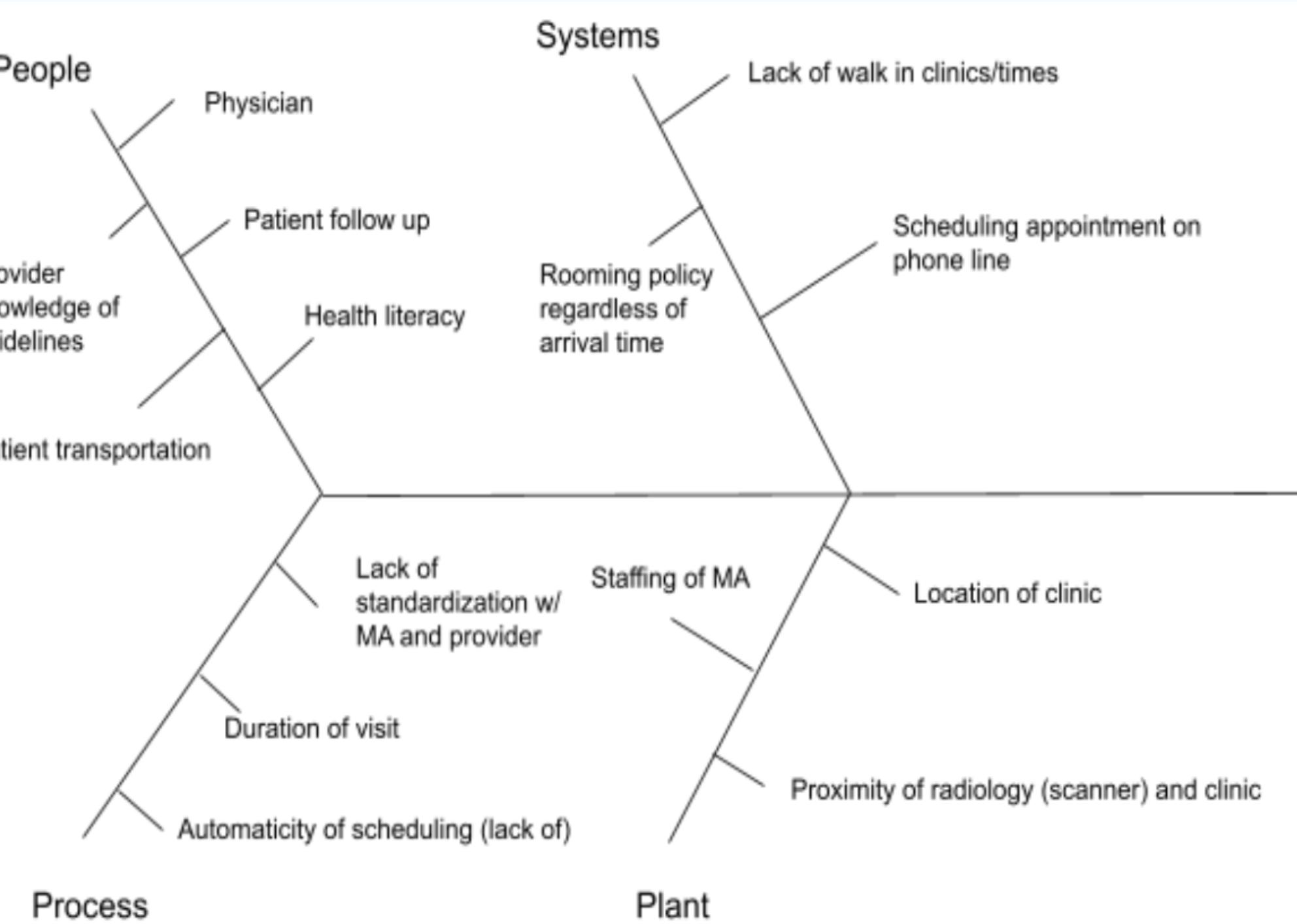


Figure 2: Cause-Effect Fish Bone Diagram

Results

A total of 40 patients were submitted for outreach. At the time of follow up a total of 8 (20%) of patients had scheduled a mammogram with 2 (5%) having completed the exam. Data including demographics and clinic-specific scheduling rates was pending at the time of submission.

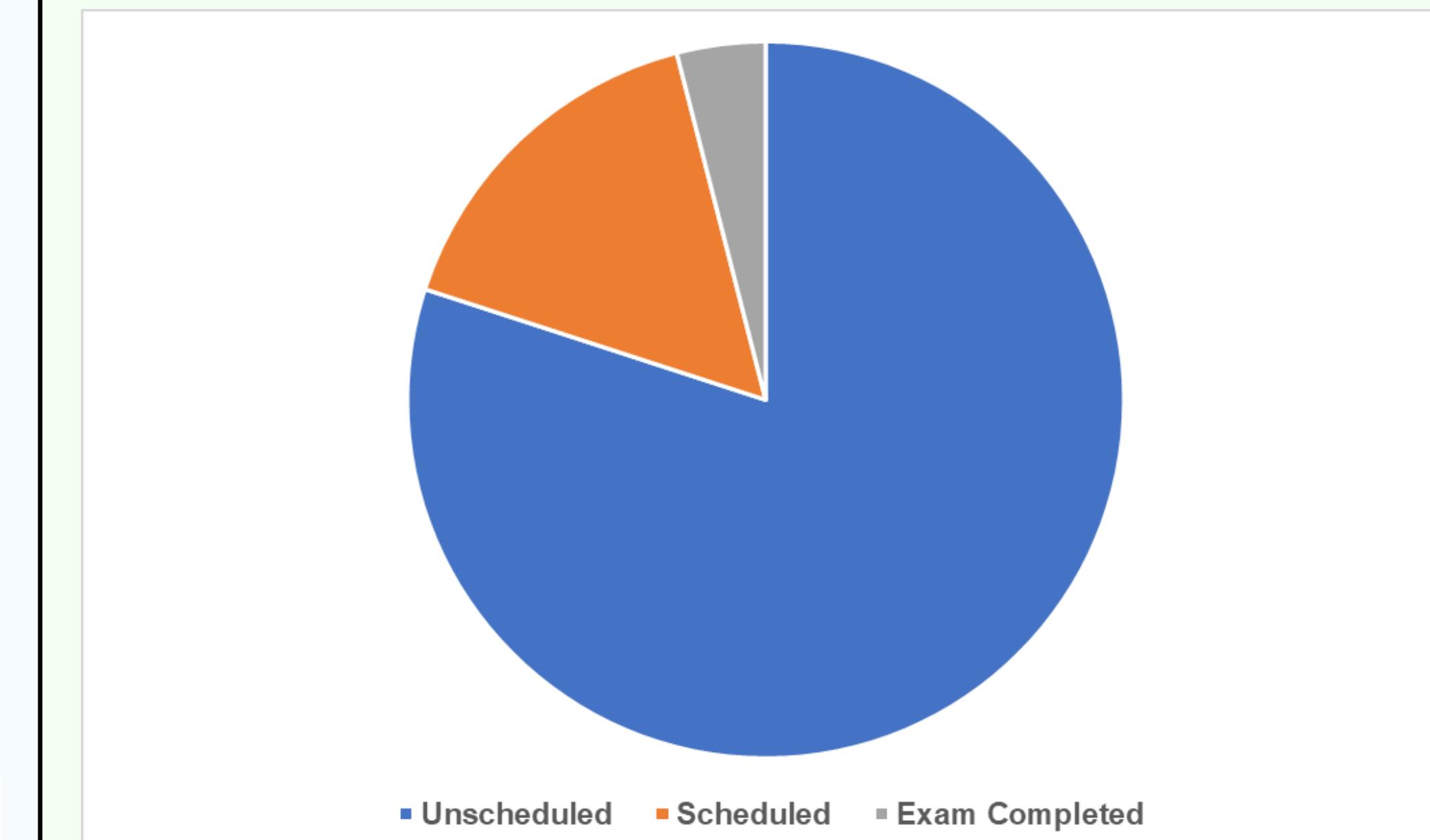


Figure 3: Pie Chart presenting proportion of patients unscheduled (blue), scheduled (orange), and with a completed mammogram (grey) following intervention.

Discussion

Routine breast cancer screening is of vital importance to early detection and treatment in appropriate populations. Ensuring initiation and adherence to routine screening remains a complex issue with multiple patient and care-system centric factors at play. However, exam scheduling and completion remains a barrier near the end of this care path.

Our data suggests that brief targeted outreach may yield significant improvement in adherence in populations that may otherwise miss out on the significant benefits of guideline directed screening with little additional resource investment.