

Outpatient Breast Cancer Screening Documentation

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BACKGROUND

- Breast cancer remains the second leading cause of death for women in the United States.¹
- The national breast cancer screening program was implemented in 1991, shortly after the U.S. congress passed the Breast and Cervical Cancer Prevention Act in an effort to improve population health.²
- Presently, over 264,000 cases of breast cancer are diagnosed annually within the United States, with >99% of them in women. Regarding prevention, early detection through screening mammography has up to a 20% reduction in breast cancer mortality.³
- The United States Preventive Services Taskforce (USPSTF) recommends screening of women who are 50-74 years of age via mammography at average risk of breast cancer every two years.

OBJECTIVE

The goal of this project was to measure, track, and increase breast cancer screening in accordance with USPSTF recommendations across all family medicine clinic sites within the residency to >66% for all eligible patients.

METHODS

- Researchers utilized electronic clinical quality measures (eCQMs). These tools were established by the Centers for Medicare and Medicaid Services (CMS) to help measure and track the quality of health care services that eligible hospitals provide as generated by a physician's electronic health record (EHR).
- Inclusion criteria were women 50 -74 due for annual screening mammography who had not already been screened in the previous 2 years. Only institutional primary care clinic patients were included.
- Family medicine residents were presented with a standardized electronic medical record template to improve the rate of recorded breast cancer screenings within appropriately aged women. The template would be used for patients who are referred for the imaging study from the clinic, and completed once the patient presented the results of the completed study.
- Residents were additionally tracked on how many patients they appropriately referred for screening.
- Education was given to all residents and nurses responsible for the referral process and on the importance of the correct implementation and recording of a successful mammogram referral.

RESULTS

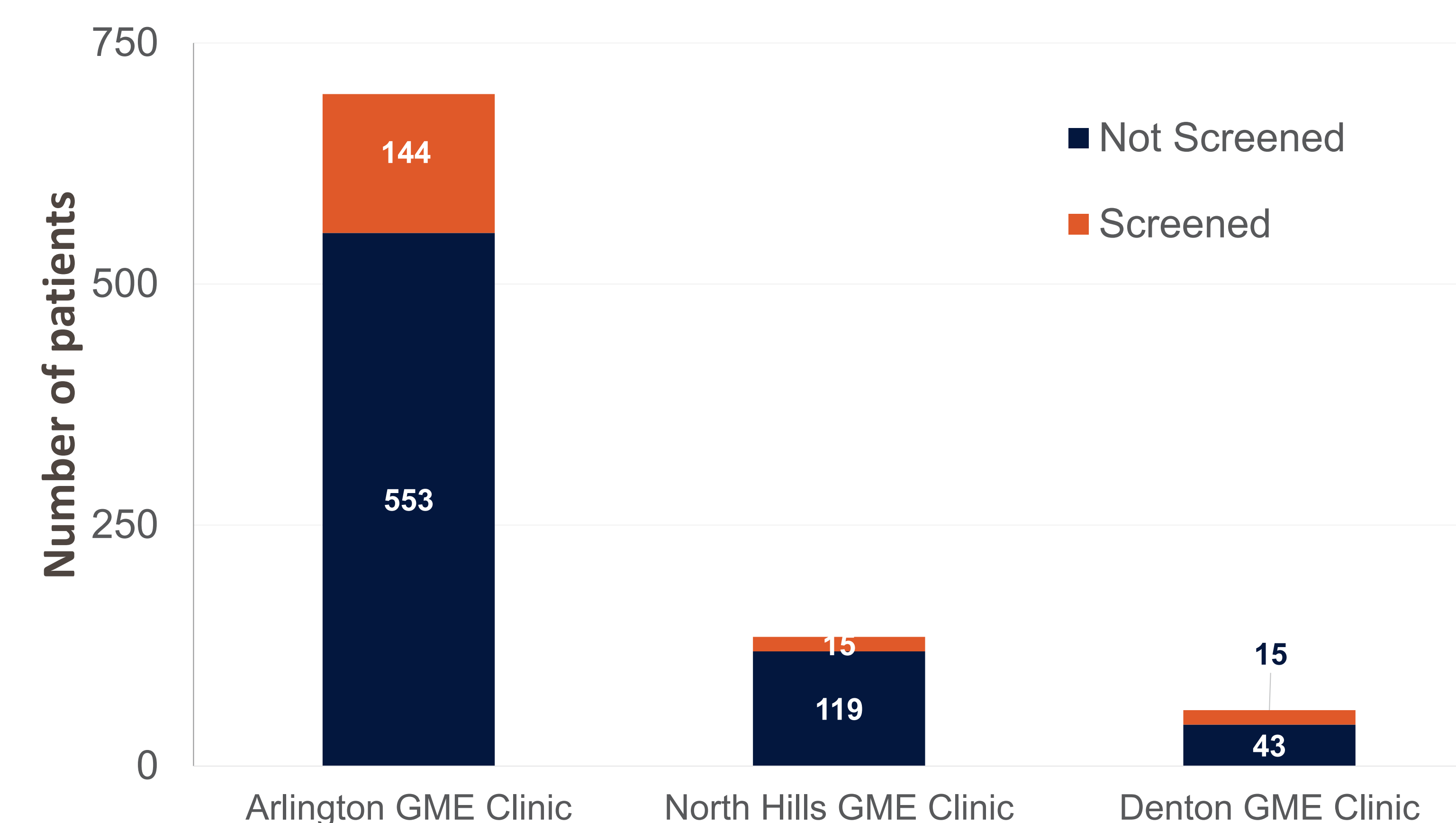
Clinic Patient Totals (1/1/2022 – 12/31/2022)

	Total patient eligible	Total patient screened
Arlington GME clinic	697	144 (20.6%)
North Hills GME clinic	134	15 (11.1%)
Denton GME clinic	68	15 (22.1%)

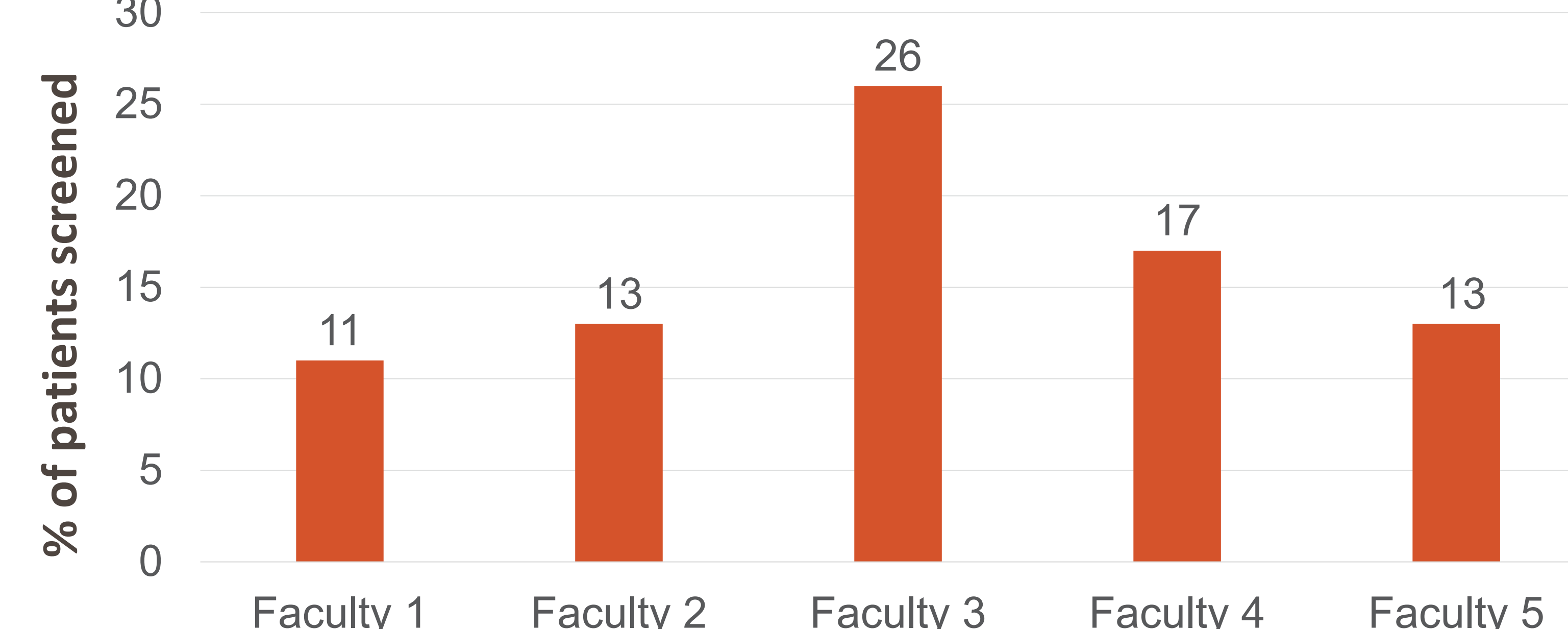
Active Faculty Patient Screening

Faculty Member	% patients screened
1	11%
2	13%
3	26%
4	17%
5	13%

Clinic Patient USPSTF Screening Totals



Active Faculty Patient Screening



DISCUSSION

- All three clinic sites measured in the study showed an overall compliance rate of 17.35%. Data was also grouped by resident year and by individual resident. Multiple education sessions that were given during residency didactics as well as intern orientation in July 2022 to ensure that all residents were familiar with the template and quality improvement project protocol.
- Unfortunately, clinic screening rates remained low throughout the year, across each resident, faculty member, and clinic site.
- The study was limited by high turnover rate for ancillary medical staff, and as a result, reports were frequently not attached to the initiating screening template in the EHR. Investigators are hypothesizing that this was one of the factors that kept screening compliance rates low across the study period.
- This study does not address screening measures from other associations such as the American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), or American College of Radiology (ACR).

CONCLUSION

- Efforts to improve compliance with current USPSTF guidelines on breast cancer screening were not reflective of resident adherence to the standardized template, and will require additional study design improvement. Further cycles of the study will feature nursing specific education didactic sessions regarding proper recording, and data from both pre- and post- education sessions will be compared to measure true resident screening compliance rates.

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