

IMPROVING SCREENING RATES INVOLVING MAMMOGRAMS

Shephali Sharma, DO, PGY2 , Nicole Abel, DO, PGY1, Thomas Dewey, DO, PGY1, Tyler Ingersoll, DO, PGY1, Heather Mercer, DO, PGY1; Frank Goodman, DO, PGY3, Kristin Browning, DO - (Attending/Faculty Advisor)



OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES

Background

The USPSTF recommends that every women ages 50-74 be screened for breast cancer. In our clinic, this is something that can be improved upon. We currently should be addressing this with every patient, but that might not always be the case. By addressing gaps that may occur in screenings, we will hope to increase screenings and close that gap.

Aim Statement

We will increase the mammography screening rates in women 5—74 by posting patient education posters in the clinic and addressing it during patient encounters with a built in dot phrase on EPIC

Methods

We proposed posting patient educations posters around the clinic, encouraging patients to ask about a mammogram. We also included a dot phrase in our clinic notes that makes it easier for the physician to bring it up during appropriate visits. By doing this, we are predicting it will increase our rates of screening at both OSU healthcare Center and Eastgate. We can then collect the data from the past few years and compare that to this year. After our QI project has been enacted we will look at established female patients from both clinics who are between ages 50-74 years old and determine if there has been a change in mammograms performed.

DOT PHRASE:

Breast Cancer Screening:

Family History (Positive/Negative) (Positive For**)

Last Mammogram Date: ***

Last Result: (Findings, Positive/Negative ***)

Next Due***

Results



Conclusions

Our plan should be easily sustained in the clinics. It is low cost and easily included in each appropriate patient encounter with the easily accessed dot phrase that we have created. We will likely continue this change in the clinic long-term due to the ease of the plan implementation. In 2020, there were a total of 92 screening mammograms, when compared to 2021, there were 163 screening mammograms. This is significantly higher when compared to the same time period in 2020, with only 130 breast cancer screening encounters total. It is likely that the combination of flyers, use of the dot phrase, and more in person office visits lead to a greater number of screening encounters for women in the age range of 50-74.

Discussion:

The extrapolated data from 2020 did not contain diagnostic mammograms. In the 2021 date, there was both screening and diagnostic mammograms. The diagnostic mammograms were included in the data set, but the purpose of the project was related to screening mammograms only. The diagnostic mammograms did not have any influence on the screening mammograms as presented in the table . As our intervention took place during the COVID pandemic, and our clinics were not completely open, it is possible we could have had a greater number of screening mammograms had our clinics been functioning normally.

References:

<https://www.cdc.gov/cancer/breast/pdf/breast-cancer-screening-guidelines-508.pdf>

<https://www.aafp.org/afp/2020/0201/p184.html>

<https://uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>