

Quality Matters

October 2016



Topic: Breast Cancer Screening

Definition of Breast Cancer Screening:

- **Screening Mammogram** (two x-rays of the breast) is done with women who have no signs of breast cancer to detect tumors that cannot be felt.
- **Diagnostic Mammogram** involves more x-rays and is done based on the findings of a screening mammogram. This mammogram evaluates breast changes (such as a lump) or special circumstances, such as breast implants.

Impact on Kentucky Health

CDC data estimates that every year 123 of every 100,000 women in Kentucky will be diagnosed with breast cancer.
<http://www.cdc.gov/cancer/breast/statistics/state.htm>

Besides skin cancer, breast cancer is the most commonly diagnosed cancer among American women. In 2016, it's estimated that just under 30% of newly diagnosed cancers in women will be breast cancers. In women under 45, breast cancer is more common in African-American women than white women. Overall, African-American women are more likely to die of breast cancer. For Asian, Hispanic, and Native-American women, the risk of developing and dying from breast cancer is lower.

http://www.breastcancer.org/symptoms/understand_bc/statistics



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Can we have an impact on breast cancer in Kentucky? How?

"Prevention is the best medicine." Prevention for breast cancer requires some effort on the part of the patient. But, we can help our patients remember to get their screenings done.

We all know that if caught early enough, a diagnosis of breast cancer can have a positive outcome. Screenings need to be done as directed by the provider who follows evidence-based guidelines and by the patient as is dictated by his or her insurance carrier.

Quality Metrics:

Breast Cancer Screening within the last 27 months:

- Age requirements vary by insurance carrier and by patient circumstances.
- Generally recommended for ages 50-74.
 - ✓ Yes means 100%
 - ✓ No means 0%

The United States Preventive Services Task Force (USPSTF) is an organization made up of doctors and disease experts who look at research on the best way to prevent diseases and make recommendations on how doctors can help patients avoid diseases or find them early. USPSTF recommends that women 50 to 74 years old and at average risk for breast cancer get a mammogram every two years. Women who are 40 to 49 years old should talk to their doctor or other health care professional about when to start.

www.uspreventiveservicestaskforce.org/

This segment was brought to you by KentuckyOne Health Partners and KentuckyOne Health Medical Group in partnership for quality.

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Reporting on Preventive Measures

One of the biggest challenges for KentuckyOne Health Partners is being able to easily access the data for reporting to the various insurance carriers. Some of you participate in record audits already. You know how cumbersome they can be if you have to hunt for information.

Documenting the information needed in order to be sure the insurance carriers will see that your office is providing the care necessary to get their patients to their optimum level of health becomes paramount.

In the health record, electronic or paper:

1. Is the mammogram result in the designated place in the medical record where it should be for easy access for reporting?
2. Talk to your provider or manager about ways to be sure that the results from a screening are where they need to be in the medical record.
3. A scanned image alone will not meet the measure and close the care gap.

Quality Improvement Project

How can you help your provider take care of the patients who are due for a breast cancer screening?

1. Know the general time interval periods for recommended screenings. Talk with your patients.
2. Share your own experiences with a patient if you think the story can alleviate any associated fears.
3. Ask your provider to talk to you about the guidelines. Be sure you understand what they mean.
4. Talk to your patients about screenings. Get printed materials to offer them. If you have pamphlets in your waiting room, hand these to your patients when you check them in or out or as you are rooming them.

You might be just the person who says the right thing at the right time that causes a patient decide to finally get a screening.

You can make a difference and save lives!



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