

# Enhancing Access to Mammography

Best Practices

# Leadership & Organizational Commitment

- An organizational commitment to customer service and prevention.
- Leadership holds clinical and support staff responsible accountable for improving mammography screening rates.

# Where to start?

- Conduct a data run of your active female clinical users aged = or > 40 years and:
  - Never had a mammogram
  - Last mammogram was over 3 years ago
  - Pull together a list of these individuals by community.

# Getting Patients in for their mammography

- Identify or hire a mammography “champion” responsible for getting women in for screening / Dx mammography, and F/U (biopsy or cancer treatment).
- Provide “Champion” with list of high risk pts.
- A PHN whose mother was a breast cancer survivor took this on at one IHS site.

# Barriers, Challenges & Naysayers

- This effort will require single minded perseverance and will need to be sustained in order to improve GPRA rates over time

# AccessOn-site mammography

- The “Champion” will coordinate transport with PHN/CHR staff
- PHN/CHR staff will coordinate with pt.
- If possible, improve access by allowing women open access to mammography – no physician order necessary.

# Mobile Mammography Units

- Productivity: Mobile units can screen about 20 women in a 6 hour time frame.
- Over-schedule with at least 25 women to account for no-shows.
- If there are less than 15 patients per 6 hour period, mobile units may be reluctant to serve your site.

# Over-Scheduling

- When over-scheduling patients (scheduling 25 or more to be sure you have 20), you might consider screening female clinic staff or CHRs if you need more patients.
- Because they are already at work, they can always come in next time if more patients than anticipated actually show up for their appointments.
- Clinic staff are also good for the first appointments in the morning or to fill in gaps in the clinic day.

# Good Customer Service

- Treat each woman with dignity and respect.
- Personalize patient communication: Send out a personal letter with each scheduled appointment – do not use a computerized form letter because they are just tossed in the trash.
- Send out some health education with the non-computerized letter about breast cancer or related subjects.
- If you have no literature to send, call your local American Cancer Society, or write a little something yourself.

# Good Customer Service

- Contact each and every patient before the mammogram.
- Explain that they are scheduled for the procedure and that it will take about 20 minutes, that it could detect cancer and ultimately save their life.
- Explain that it is the best tool we have for detecting possible breast tumors.

# Good Customer Service

- After contacting patients, do not wait for them to ask for an appointment – offer it.
- This contact is best made in person, but could be over the phone.
- Work with your PHNs and CHRs to establish this personal contact with patients.

# The Provider's Role

- The “word” of the provider goes a long way in terms of compliance.
- Incentivize providers for up-to-date patient screening (\$\$).

# Reward the Patient

- This is particularly important early in your access initiative; the word will get around and women will be receptive.
- This can be as simple as saying thank you or as generous as a gift of cosmetics, a rose, a treat from the casino, etc.
- People respond to incentives: Look for resources for these little incentives.

# Are these incentives really necessary?

- Why can't patients just come in and request a mammogram, get an appointment, keep the appointment and come back again for their follow-up?
- They can, but it is rare, especially among many of the vulnerable and impoverished AI/AN women we serve.
- Many women have competing survival needs, and they benefit from the personal contact and coaching nurses provide

# Incentives can be controversial

- Is seeking and obtaining patient incentives a good use of your time? Is this health care?
- Your efforts convey your interest in, and the importance of, mammography screening; you will eventually get where you want to be – improving access to each eligible woman who will have a current mammogram in her chart.

# Contract Health & Referrals

- Medicare does not require a physician's order for mammograms.
- Contract Health does require a referral for each procedure done by an outside facility.
- IHS sites can use the standard referral form. Tribal sites will have their own system.
- Work closely with your tribal contract health if you must refer off site.

# Contract Health & Referrals

- No-shows can be frequent; do not have Contract Health go through all of the required paperwork before the patient actually comes in for the screening.
- Have signed referrals in advance.
- No one should be scheduled for CHS payment if they are not CHS eligible.

# Medicare, Medicaid, State Breast and Cervical Cancer Prevention Program

- Patients with Medicaid, Medicare or other private health insurance can be scheduled.
- You can also access screening for patients through California's BCCP Program. Remember: Foster good relationships with your State BCCP Program staff.

# California's BCCP

- <http://www.cdph.ca.gov/programs/cancerdetection/Pages/default.aspx>
- <http://www.cdph.ca.gov/programs/cancerdetection/Pages/CancerDetectionProgramsEveryWomanCounts.aspx>

# Reschedule, Reschedule, Reschedule

- After a certain point, you may have a group of ladies who never get their mammogram.
- Keep their names. Schedule at least three times each year. Contact them each time. Contact their sisters, their mothers, their aunts. Do not breach their privacy.

# Bringing in more women for mammograms

- Let family members suggest other relatives who need a mammogram. For example, "Do you have a sister who would like to come in for a mammogram? Could you encourage your sister, your mother, your friend or your neighbor?"
- Encourage the patient to have a clinical breast exam and a pap, but do not make it a requirement for a mammogram

# Follow-up

- Establish a procedure for follow-up. The Primary Care Provider (MD, APRN, PA) needs to get the original; the PHN should get a duplicate copy of each report and follow-up should be as needed.
- Including the PHN with a copy of the report will help insure that the follow-up gets done and patients don't slip through the system.

# Follow-up

- Use every means available to contact patients of an abnormal mammogram result; telephone, certified mail, CHR, and PHN. Repeat as needed.
- The patient MUST be notified so that a biopsy can be performed and treatment initiated. Facilitate their follow-up biopsy, surgery or other cancer treatment.

# 3<sup>rd</sup> Party Reimbursement

- Make arrangements to have a Medicaid eligibility worker stationed at your site as often as possible so that women can apply for Medicaid insurance.
- If your facility isn't billing either the State or tribal Breast and Cervical Cancer Prevention (BCCP) Program, you need to.

# Do not allow the system to discourage you.

- Never allow anyone to defeat your enthusiasm for healthy women.
- Do not stand in the way of improving access and quality of care by your apathy or frustration with the system.
- Think of the women you are serving as your mother, your grandmother, your sister, your aunt, yourself.

# Documentation

- Documentation is the only way that your work will be counted and be reflected in the GPRA Mammogram rates.
- Be sure to check all of the boxes, purpose of visit, etc. Work closely with data entry. Review your data regularly to catch errors.

# Nurses: Part of the SOLUTION!

- Nurses educate, schedule, encourage, coach, reschedule, follow-up on abnormal mammograms, refer to a surgeon for biopsy, support breast cancer survivor groups, etc.

# Enjoy this work!

- You can make a difference in the lives of the people you are serving