

PROMPT Study: Improving Access to Screening Mammograms and Imaging Completion Rates

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Disclosures

Nothing to Disclose

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Project Team – Creating Partnership

- Presbyterian Cancer Care
- Radiology Associates Of Albuquerque
- United Health Care
- American Cancer Society

Project Leader: Shelby Murphy, RN (Clinical Quality Consultant)
 Team Members: Radiology Associates of Albuquerque Team Members – Kerry Pruitt (Supervisor of Mammography & DXA), Barbara Whitefield (Clinical Services Manager), Shawn Parsons (Director of Finance & Strategic Operations), Dierdre Walker (Clinic Administrative Manager); United Healthcare Team Members – Andrea Ashton, RN (Market Quality Director), Patricia Tan, MD (Market Chief Medical Officer); American Cancer Society Team Members – Rachel Davis (Associate Director, State Partnerships)
 Project Champion: Brent Sultemeier, Director PMG Practice Operations - Cancer

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PROMPT Study – Year 1

PROMPT Study - Year 1

Year 1 participation was data submission for the following timeliness metrics -

- Screening Mammogram to Diagnostic Mammogram (Days)
- Diagnostic Mammogram to Biopsy (Days)
- Biopsy to Neoadjuvant Chemotherapy (Days)
- Biopsy to First Surgery (Days)

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What to examine?

Aims of PROMPT Study–

“To provide NABPC sites aggregated data on timeliness metrics from NAPBC sites and patient perspectives on timeliness of care.”

“To assist NAPBC sites with quality improvement for timeliness of diagnosis and first treatment.”

Presbyterian Cancer Care reviewed the aggregated data from Year 1 of the PROMPT Study, deciding to concentrate on a different timeliness metric other than what was outlined in Year 1, that would also help with the timely diagnosis of breast cancer.

- *Access to Screening Mammograms and Timeliness of Imaging Completion*

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What is the problem?

As of 2020, New Mexico was one of the lowest ranking states in the nation for up-to-date screening mammography (breast cancer screening).

CANCER SCREENING AND RISK FACTOR PREVALENCE

Cancer Screening	NM	Rank	U.S.
Up-to-date mammography, women 45 years and older, 2020	61%	46	67%

* National rank 1 = highest value

[New%20Mexico Cancer Statistics | American Cancer Society - Cancer Facts & Statistics](#)

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Defining the Problem

Problem Definition: As of 2020, New Mexico was one of the lowest ranking states in the nation for up-to-date screening mammography (breast cancer screening). Many female patients, 50 years or older, are overdue or have not had their first annual screening mammogram that could help prevent and detect breast cancer at early stages in the state of New Mexico. With a high number of patients that need a screening mammogram, access to timely appointments is vital to ensuring adequate care for these patients.

- Impact
- Overall Goal
- Scope

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PROMPT Study – Year 2

PROMPT Study – Year 2

Year 2 participation was reviewing the aggregated results of all the organizations that participated in Year 1 Data Submission.

- Review results of Year 1 data aggregation
- Choose timeliness metric to focus quality improvement initiative
- Create project team around particular needs of quality improvement initiative

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Proposed Solution

United Healthcare identified 344 RAA patients that meet the problem definition above, women aged 50 years or older, overdue for annual screening mammography or have not had their first annual screening mammography.

- Contact patients via telephone calls, a total of 3 times
- Patients will be educated on importance of screening, any insurance needs, and scheduled for an appointment, if they choose
- Data will be recorded to track results of quality improvement initiative
- Project team will explore others means of outreach if phone calls are not adequate outreach

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What is the Goal?

- Outcome Measures:
 - Number of appointments scheduled
 - Number of appointments completed
 - Number of days between scheduling and completing appointments
- Balancing Measures:
 - Number of patients who do not schedule appointments
 - Number of days between scheduling and completing appointments

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The Results

As of September 2023, RAA had completed three rounds of call to patients identified



RAA was able to maintain a 5-10 day wait-time between scheduling of appointment and completion of appointment

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What did we learn?

Best practices

1. Dedicated scheduling personnel
2. Resource inclusion and proactive scheduling

Lessons Learned

1. Collaboration with Legal Teams
2. Consider extended resources

Balancing Measures

1. Number of patients who refuse to schedule appointment
2. Number of days between scheduling and completion of appointment

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Key Takeaways

- The PROMPT Study was a great way to understand what we need to work on and what we do well within the Breast Program at Presbyterian Cancer Care
- The PROMPT Study helped give our program a path to understand the gaps in care for Screening Mammograms and what our community needs to help bridge the gap
- The PROMPT Study was easy to participate in, with great support and responsiveness anytime help was necessary
- We will be participating in the COC Study for Standard 5.8

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Thank you

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