2010 Breast Cancer Screening QI Fund Project Results
The purpose of the Breast Cancer Screening QI Fund Project is to promote breast cancer screening for early detection of breast cancer in women age 42 to 69. This project was based on a two-year rate, assessing services performed in 2008 and 2009. The 2010 goal was ≥69%.

<table>
<thead>
<tr>
<th>Project Year</th>
<th>Reporting Year</th>
<th>Initial Population</th>
<th>Total Number of Exclusions</th>
<th>Final Population</th>
<th>Number of Women with a Mammogram (2-Year Rate)</th>
<th>Breast Cancer Screening Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>2005-2006</td>
<td>115,751</td>
<td>129</td>
<td>115,622</td>
<td>80,139</td>
<td>69%</td>
</tr>
<tr>
<td>2008</td>
<td>2006-2007</td>
<td>114,269</td>
<td>243</td>
<td>114,026</td>
<td>78,615</td>
<td>69%</td>
</tr>
<tr>
<td>2009</td>
<td>2007-2008</td>
<td>129,690</td>
<td>52</td>
<td>129,638</td>
<td>91,173</td>
<td>70%</td>
</tr>
<tr>
<td>2010</td>
<td>2008-2009</td>
<td>128,518</td>
<td>197</td>
<td>128,321</td>
<td>91,904</td>
<td>72%</td>
</tr>
</tbody>
</table>

For the 2010 project, Medicare Primary members were excluded. A sub-analysis of data from the 2009 project was performed to assess the potential impact of this change. While the original 2009 project results had been reported for women age 42-69, the data was re-analyzed to determine the rate for women age 42-64. The analysis demonstrated that the exclusion of women age 65-69 made little difference in the breast cancer screening rate.

<table>
<thead>
<tr>
<th>Population Age 42-69</th>
<th>Breast Cancer Screening Rate For Women Age 42-69</th>
<th>Population Age 42-64</th>
<th>Breast Cancer Screening Rate For Women Age 42-64</th>
</tr>
</thead>
<tbody>
<tr>
<td>129,690</td>
<td>70.33%</td>
<td>121,802</td>
<td>69.93%</td>
</tr>
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</table>

Identified Barriers to Breast Cancer Screening:
Members:
• May not be aware that mammograms are a covered benefit
• May not have accurate information about screening recommendations
• May dislike the pain/discomfort experienced during the mammogram procedure
• May have experienced scheduling conflicts
• May fear a negative outcome of the mammogram

Physicians:
• May not routinely recommend mammograms to their patients
• May not have a systematic method to track preventive services

IPAs:
• May not have a method to motivate their physicians to improve care
• Some IPAs may not understand the process regarding administrative data.

Interventions Implemented to Address Identified Barriers:
Members:
• Mailed the “Celebrate Healthy Birthdays!” mammography reminder cards to women age 40-69 during their birthday month.
• The reminder:
  • provides information on the screening recommendations for mammography
  • encourages members to discuss the starting age and frequency of mammography with their physicians
• Published an article in the Fall/Winter 2010 issue of blue prints for health entitled “Feel Well at Every Age: Preventive Care is the Key to a Healthier Life” which included information on breast cancer screening
The number of members who received the monthly mailing is detailed in the table below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>126,130</td>
</tr>
</tbody>
</table>

Physicians/IPAs:
- Awarded a QI Fund payment for those IPAs who met or exceeded thresholds
- Completed the Breast Cancer QI Project and provided feedback to IPAs
- QI staff conducted IPA HMO QI Fund Training in February 2010 and continued to hold quarterly QI Forums
- Continued public reporting through the Blue StarSM Medical Group/IPA Report
- Reviewed best practices on ways to improve breast cancer screening at the quarterly QI Forums
- Conducted IPA training as needed

The Physician and Member Outreach portion of the QI Fund continued in 2010. IPAs were rewarded for providing member and physician outreach for female members age 40-69 who were identified as needing breast cancer screening. The goals of the 2010 Breast Cancer Screening Physician and Member Outreach portion of the QI Fund Project were to:
- encourage PCPs and WPHCPs to recommend preventive care services to their patients
- motivate IPAs to develop and maintain systems to perform outreach
- communicate to members recommendations regarding preventive care
- close gaps in care for members who have not received the recommended services

The 2010 Breast Cancer Screening Physician and Member Outreach Results are as follows:

<table>
<thead>
<tr>
<th>Submission of a completed Attestation Form with required supporting documentation of all required elements</th>
<th>Number of IPAs Meeting Project Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>100% (75/75)</td>
</tr>
</tbody>
</table>

Identified Barriers for Outreach:
- Some IPAs voiced concern about competing priorities.
- Although many tasks related to Physician and Member outreach are administrative, effective clinical leadership is required for successful outcomes.
- Many IPAs lack understanding of the importance of outreach.

Effective Outreach Requires:
- A culturally sensitive approach
- A team effort with engaged providers
- Good communication between clinical and non-clinical staff
- Evaluating the results and using the information to improve the process

Interventions:
- A QI Fund payment was available to IPAs for completion of physician and member outreach.
- The QI Staff provided educational programs, including the QI Forum.
- The IPAs were required to consult with their physicians to develop the IPA plan for outreach.

The percentage of women screened for breast cancer increased by two percentage points over the 2009 project results, exceeding the goal of ≥69%. Several factors contributed to the increase in the Breast Cancer Screening rate:
- More timely submission of encounters by the IPAs
- More complete submissions of encounters by the IPAs
- Improved quality of information on the encounters
- Continued outreach efforts by the IPAs