

# National Capital Area Breast Health Quality Consortium

Baseline Report on Breast Health Services – Summary

## Arlington Free Clinic

May 2014

The National Capital Area Breast Health Quality Consortium (BHQC) was created with the support of Susan G Komen for the Cure in 2012, to reduce disparities in breast cancer mortality and quality of care for low-income and uninsured women in the region. The BHQC relies on process improvement at individual organizations, comparative data analysis, and regional systems change to improve practices and policies.

This report examines specific measures of quality from medical records as well as assessments of processes and resources of Arlington Free Clinic compared with standards of care and with peer safety-net primary care providers.

### **REGIONAL SUMMARY:**

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Thirteen (13) safety-net clinics in the National Capital Area are included in the initial analysis, with two-to-three years of data from the medical records of each. This comprises a baseline for the safety net system. Some highlights from this baseline analysis:

- Low referral rates and low mammography screening rates
- Relatively high follow-up rates after abnormal screenings: near benchmark.
- Prompt cycle times: the majority of screened patients receive mammography within one month of referral.

These findings suggest that a low rate of mammography referral drives the low screening rate. If women are referred, they tend to receive the screening, as well as timely follow-up to diagnostic services when needed.

In addition to the analysis of the medical records, the BHQC conducted surveys and interviews with ten safety-net clinics. These qualitative reviews examined the resources, processes, and policies of each. In the context of the quantitative findings above, there are some common policies and processes that draw attention:

- A majority of clinics surveyed (70%) do not have universally recognized guidelines for mammography referral (significant variation or uncertainty noted among providers).
- Most clinics (80%) have a one-to-one relationship with a radiology provider for most or all referrals.
- Almost all clinics surveyed (90%) often or always provide follow-up after abnormal screenings.

### **ARLINGTON FREE CLINIC SUMMARY & BHQC RECOMMENDATIONS:**

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In assessing the quality of breast health care for primary care providers, one of the key outcomes is whether patients receive screening mammography. At Arlington Free Clinic, 69.7% of eligible women received screenings. This is above the national standard of 62.9% and above the average of its peer safety-net providers in the region, 41.4%

Arlington Free Clinic is effective in providing patient navigation and follow-up services: once referred, 83.2% of women receive screening and the rate of patients lost-to-follow-up after an abnormal screening is low.

This data, along with the interviews and surveys conducted at Arlington Free Clinic, lead to the following BHQC recommendations to maintain screening rates:

- Champion guidelines for mammography referral to all providers. Use EMR to promote.
- Be specific in referrals: the patient should know the appointment date, time, and address.
- Continue to promote care coordination and patient navigation for referrals and follow-up.
- Track data and use it to improve processes. Assistance continues to be available from the Primary Care Coalition (PCC) team.



**National Capital Area Breast Health Quality Consortium**  
 Baseline Report on Breast Health Services – Institutional Detail  
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**QUALITY INDICATORS:**

The BHQC established four quantitative indicators of breast health care quality for primary care providers:

1. Mammography Screening Rate
2. Clinical Breast Exam Rate
3. Rate of follow-up after Abnormal Clinical Breast Exam
4. Rate of follow-up after Abnormal Screening Mammogram

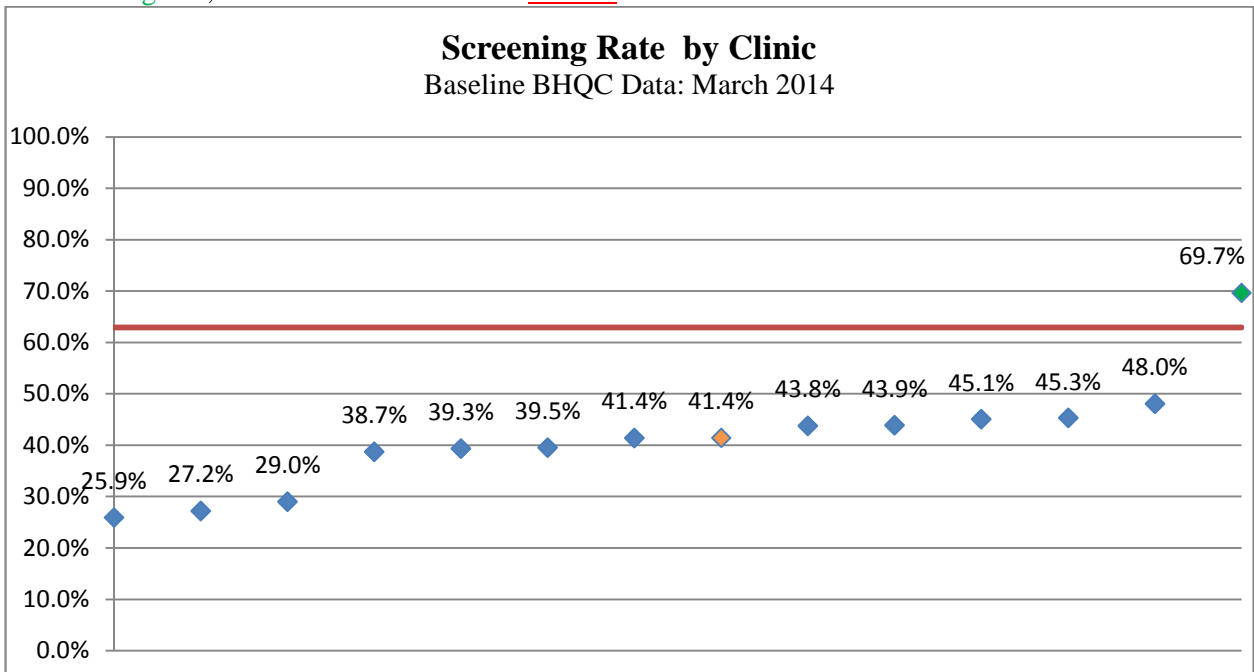
The tracking and specification of Clinical Breast Exams varies significantly by provider. The BHQC is only able to collect indicators 1 and 4 for this initial report. Below, the report examines the two indicators for Arlington Free Clinic, comparing to national benchmarks, its peers, and providing contextual data for each.

Mammography Screening Rate:<sup>i</sup>

Between the years 2011-2012, **69.7%** of estimated eligible women at Arlington Free Clinic received a screening mammogram.<sup>iii</sup> The following chart shows how this compares to the national benchmark, the median clinic in the region.

The scatter plot below shows the screening rate for all participating safety net clinics, as well as the median screening rate. The median screening rate is in **orange**, Arlington Free Clinic is in **green**, all others are in **blue**. The **red line** indicates the national HEDIS benchmark of 62.9%.

<b>Screening Rate</b>	
<b>Baseline BHQC Data: March 2014</b>	
Median Safety Net Clinic	41.4%
Benchmark <sup>ii</sup>	62.9%
<b>Arlington Free Clinic</b>	<b>69.7%</b>

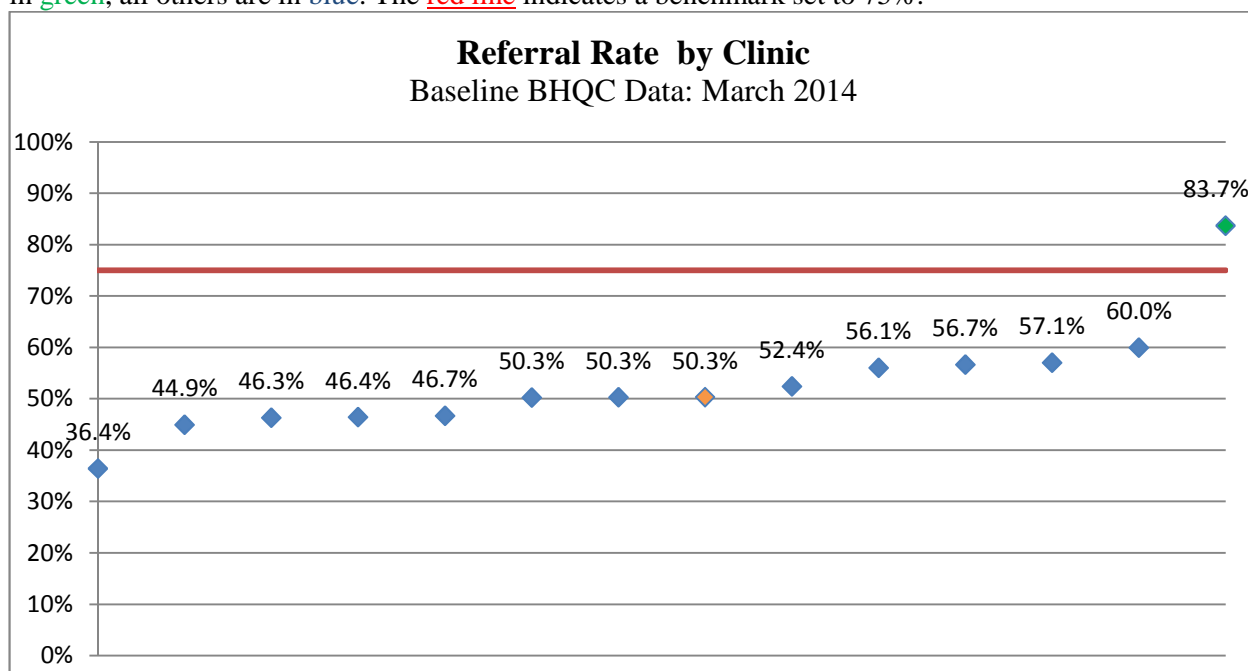


Arlington Free Clinic is in the top quintile of safety-net clinics currently participating for mammography screening rates. Arlington Free Clinic is the one clinic that exceeds the national benchmark, with the majority of other clinics hovering around the 40% range. The bottom three clinics are markedly lower, with screening rates below 30%.

The contextual data around mammography screening shows that once the patient is referred, they are very likely to receive a mammography screening. At Arlington Free Clinic, 83.2% of women referred go on to receive a mammogram, with 92.7% receiving that mammogram within one month.

At Arlington Free Clinic, **83.7%** of the estimated eligible women received a mammography referral. There is no national standard for mammography referral rates, but in order to reach the screening benchmark of 62.9%, between 70-80% of women must receive a referral.

The chart below indicates the referral rates<sup>iv</sup>, with the median referral rate in orange, Arlington Free Clinic in green, all others are in blue. The red line indicates a benchmark set to 75%:



This pattern closely matches that of the screening rate on the previous page. It is a logical assumption that Arlington Free Clinic has a high screening rate in large part due to a referral rate that is similarly high.

Rate of follow-up after an Abnormal Mammogram<sup>v</sup>:

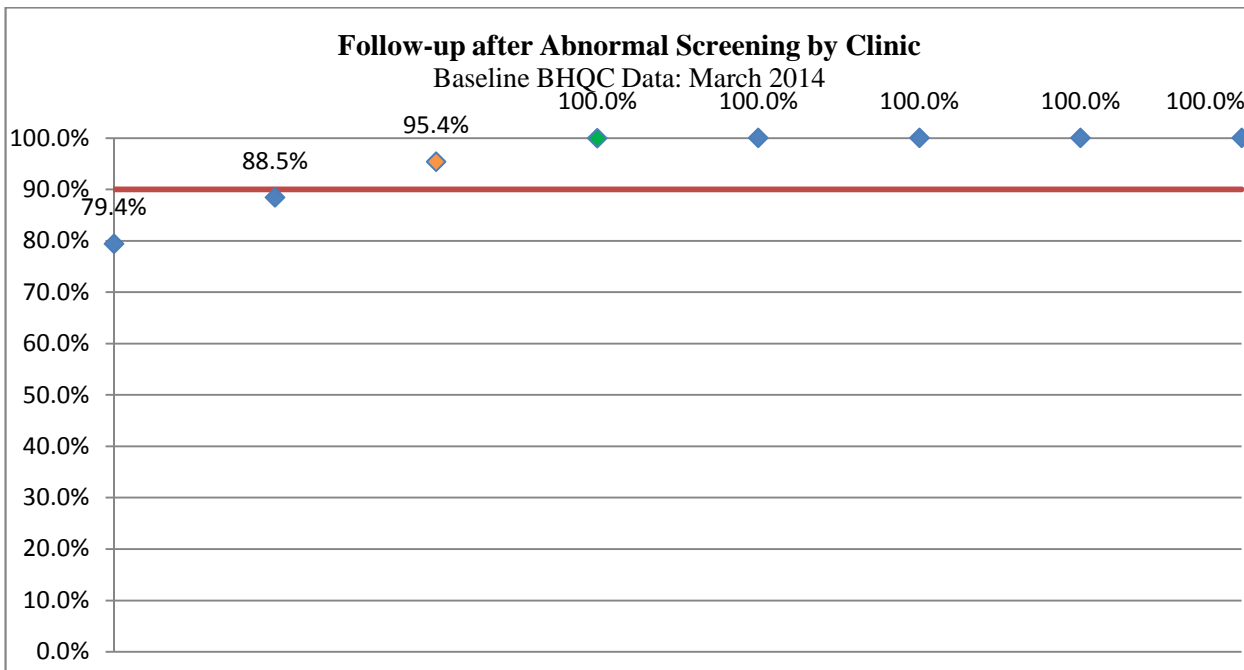
Between the years 2011-2012, **100%** of women with abnormal mammograms received follow-up at Arlington Free Clinic. This is above the average of all participated primary care providers.

The BHQC was able to collect reliable data on mammography results from 7 of the 13 participating primary care providers.

Follow-up after Abnormal Mamm.	
Baseline BHQC Data: March 2014	
Average of Safety Net Clinics	95.4%
Benchmark <sup>vi</sup>	90.0%
<b>Arlington Free Clinic</b>	<b>100%</b>



The chart below shows the follow-up rates after abnormal screening mammograms of each clinic with the mean in orange, Arlington Free Clinic in green, all others are in blue. The red line indicates the benchmark of 90%.



Of the participating primary care providers, few reliably tracked both the results of screening mammograms and whether patients received follow-up. The BHQC is encouraged by the high rate among participating providers, it is possible that this rate is skewed; that providers that do not track results, in fact, have poorer follow-up rates. Based on data available, Arlington Free Clinic provides follow-up for all patients who received an abnormal screening mammogram.

Quality Indicators: Summary for Arlington Free Clinic

Arlington Free Clinic performs well above the level of its peers in regards to mammography screening.

In addition, findings show the Arlington Free Clinic meets the benchmark for follow-up after an abnormal screening mammogram. Arlington Free Clinic performs slightly above the level of its peers in regards to successfully follow-up after an abnormal mammogram.

The BHQC recognizes that data collection can be extremely complicated. However, these indicators are necessary – both for identifying public health challenges well as communicating successes and challenges to funders. The BHQC recommends that Arlington Free Clinic continues to review the accuracy of breast cancer screening rates, results, and follow-ups. The PCC offers technical assistance in reviewing this data and developing new data collection plans.



**PROCESSES, POLICIES, AND RESOURCES:**

The BHQC has not yet conducted an “Environmental Scan” with the Arlington Free Clinic. These scans examine specific practices, resources, and institutional policies. Below, the report will describe the aggregate results from the scan; schedule survey and interview time with PCC. The scan covers three main areas:

1. Guidelines for breast cancer screening.
2. Care coordination and patient navigation.
3. Tracking data for process improvement.

**Primary Care Provider Environmental Scan Results: March 2014**

Category	Practice/Policy	% of clinics: “No or Never”	% of clinics: “Somewhat or Sometimes”	% of clinics: “Mostly or Often”	% of clinics: “Yes or Always”
Screening Guidelines	Established guideline for referring to mammography	0%	30%	60%	10%
	Established guideline for providing CBEs	0%	30%	70%	0%
	Well-woman visit includes risk assessment, family history, and discussion of symptoms	0%	10%	30%	60%
Care Coordination & Patient Navigation	Referral includes a specific mammography facility	0%	30%	40%	30%
	Referral includes an appointment	0%	40%	30%	30%
	Clinic staff assists with BCCP or BCCDTP applications	0%	40%	50%	10%
	One-to-one relationship with mammography provider	0%	10%	70%	20%
	Clinic staff follow-up with mammography provider for results	0%	20%	60%	20%
	Clinic provides navigation to additional screening if a BI-RADS 0 beyond making the referral	10%	20%	20%	50%
	Clinic provides navigation to dx services if a BI-RADS 4 or 5 beyond making the referral	10%	0%	30%	60%
Data & Process Improvement	Tracking of clinic population need	0%	30%	50%	20%
	Tracking of supply of mammograms for uninsured	0%	50%	20%	30%
	Clinic tracks missed appointments	10%	20%	30%	40%
	Clinic tracks referral rates	10%	40%	30%	20%
	Clinic tracks screening rates	10%	20%	50%	20%



Summary: Processes, Policies, and Resources

The chart above shows the percentage of participating safety net clinics that follow each of the described practices. The ideal benchmark for each of these practices is “Yes or Always”. Arlington Free Clinic is not included in this Environmental Scan; contact the PCC to schedule surveys and interviews.

**CONCLUSION:**

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The BHQC recommends that all safety-net clinics review their data for mammography screening, results, and follow-up after abnormal. The data for Arlington Free Clinic was extracted from their EMR and sorted using an excel-based tool. Contact the PCC for assistance with reports, chart reviews, or other data analysis.

While almost all of the safety net clinics reviewed by the BHQC fall below the benchmark for screening, Arlington Free Clinic was in the top quartile of its peers. Arlington Free Clinic’s rate follow-up after abnormal exceeded the benchmark and was among the best of its peers.

In addition to reviewing data for accuracy, the BHQC recommends that Arlington Free Clinic closely examine policies and practices associated with high screening rates, to share best practices throughout the region. The PCC is available to conduct surveys and interviews as part of an Environmental Scan to identify best practices and areas for improvement.

For more detail on best practices, review the attached *Change Package*, which describes these approaches to improving mammography screening and follow-up rates. The document can also be found online: [www.BreastHealthPCC.org/provider-resources/change-package-for-breast-health-improvement-in-the-safety-net](http://www.BreastHealthPCC.org/provider-resources/change-package-for-breast-health-improvement-in-the-safety-net)



## Notes:

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<sup>i</sup> The mammography screening rate is calculated by tracking the number of women confirmed as receiving a screening mammogram within 12 months divided by an estimate of the number of women seen by the clinic over 12 months. These analyses limited the population to women aged 40 and above. Reducing the population to women 50 and over increased the screening rate for all clinics, but not significantly for most.

<sup>ii</sup> The benchmark for mammography screening rates is the 90<sup>th</sup> percentile of the national standards: Healthcare Effectiveness Data and Information Set.

<sup>iii</sup> The baseline data is pooled across all years to create a more stable estimate of the clinics performance. We recognize that some clinics have improved considerably over this time. The PCC offers more detailed analysis upon request.

<sup>iv</sup> Referral rates were calculated using the same population and methods as the screening rate (see note above).

<sup>v</sup> The follow-up rate tracks women based on the results from their screening mammogram. The number of women counted as having received follow-up included all women who received a BI-RADS 4 or 5 in a screening mammogram and received a referral for diagnostic mammogram, other imaging, or biopsy after these results.

<sup>vi</sup> The benchmark for follow-up after an abnormal mammogram is based on the Chicago Breast Quality Consortium.

