HEALTH CARE

Improving HEDIS Measures for Breast Cancer Screening

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Abstract

- Breast cancer screening may be missed when only ordered during routine physical exams
- As such, our McLaren Bay Family Medicine clinic has had our medical assistant prompt breast cancer screening orders for women 40-75 years old for any type of appointment including but not limited to annual physicals Prior to implementing this, our HEDIS measure was at the 75th percentile
- After implementing, HEDIS improved to greater than 90th percentile
- We then had our medical assistant follow systematic chart review prior to proposing screening order and for January the metrics continue to show greater than 90th percentile compliance
- As osteopathic physicians who believe in the tenets of the body as a unit with selfhealing and self-regulatory mechanisms, it is important to promote breast cancer screening as it allows for identification of disease in early states where the patient's prognosis improves.

Introduction

- In 1913, Albert Solomon performed the first mammogram, an X-Ray of the breast. In 1965, Charles Gross developed the first unit dedicated to mammography. At the turn of the century the first digital mammography was introduced.¹¹¹
- Advances in breast cancer screening have been important in early detection of breast cancer such that randomized breast cancer screening trials have shown 15% reduction in breast cancer mortality expected from screening women 40-75 years old ⁱⁱ
- Although the technology is readily available to screen for breast cancer, ensuring screening occurs is equally important.
- While routine review and breast cancer screening is commonly conducted at the time of annual physicals, there are patients that miss screening as they may not attend the yearly physical.
- To reduce the occurrence of missed breast cancer screenings, the McLaren Family Medicine Clinic has a designated medical assistant (MA) prompt screening orders for all female patients 40-75 years old. To further ensure the selected patient met screening criteria, we reviewed a process of systematic chart review for our MA to follow.

Materials & Methods

- Assigned one medical assistant from the Family Health and Wellness Center the role of chart review
- During part one of this study, the MA reviewed daily clinic schedule and prompted breast cancer screening orders for female patients between ages 40-75 to resident physicians who were scheduled to see the patients
- During part two of this study (ongoing), the MA was given specific instructions on how to chart review:
 - Check diagnostics tab on Cerner (our EMR) daily for each qualifying patient on the clinic schedule
 - Check Health Maintenance tab on Cerner daily for each qualifying patient on the clinic schedule
 - Check Persivia (our integrated quality reporting software) monthly for list of patients who have not completed screening
- After screening orders were prompted, the resident physician would then check the diagnostic tab and Care-trak (another measure for quality metrics) before approving the order

Results

- Seen below are six months worth of HEDIS metrics for breast cancer screening
- The light green line depicts 75th percentile and the dark green line depicts 90th percentile May 2024 results are below 75th percentile as at this time, breast cancer screening orders were only being prompted for patients presenting for annual physical appointments
- By July 2024, HEDIS metrics have surpassed the 90th percentile
- January 2025 HEDIS metrics continue to maintain above the 90th percentile

Figure 1





Discussion

- Breast cancer screening is an important intervention in primary care clinics as many trials have noted decrease in 15% mortality from screening women ages 40-75 for breast cancer
- We had noticed our breast cancer HEDIS metrics was under 75th percentile and recognized • that part of the problem may be that screenings were only being ordered when patients present for their annual physical exams. To decrease missed screenings, we designated a Medical Assistant who would prompt breast cancer screening orders for any female patient in the 40-75 age range on a daily basis for all appointment types
- Three months into implementing this method, we noticed HEDIS metrics surpassed the 90th percentile
- We then had the designated MA follow procedure for systematic chart review of Cerner (EMR) and current date in January shows HEDIS metrics continue to maintain above 90th percentile
- When we implemented systematic chart review, we noticed discrepancies being reported by the integrated quality metrics software included in Cerner (EMR) as patients listed as due for screening were not due
- Additionally, we noticed similar discrepancy in data from Persivia as it was providing patient data regarding patients from other affiliated McLaren hospitals associated with providers who have recently relocated to McLaren Bay Region and thus quality metrics at McLaren Bay Region's FHWC were falsely affected

Conclusion

- Prompting breast cancer screening orders for female patients in the 40-75 age range presenting for any appointment will likely improve HEDIS metrics
- As of current data, while significant improvement may not be made from adding a process of systematic chart review prior to proposing breast cancer screening orders, this review process does allow us to note gaps in reporting by in-built quality metrics software such as Caretrak and Persivia

References and Acknowledgements

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