

Kaiser Permanente Policy Story, v1, No. 2

Aggressive Outreach Raises Mammography Screening Rates

- Several provisions of the Affordable Care Act, including the elimination of cost-sharing for mammograms, will help improve the rate of mammography screenings.
- Current mammography screening rates fall short of the US Preventive Services Task Force guidelines.
- As a result of Kaiser Permanente's aggressive mammography screening programs, Kaiser Permanente's female members have significantly better chances of surviving breast cancer than most women in the general population.
- Enablers of Kaiser Permanente's success include: information technology; aggressive outreach; streamlined workflow processes; multidisciplinary clinical teams; and committed clinical leadership.

Policy Context

Recent health policy changes should help increase the rate of mammography screenings. The Affordable Care Act created the unprecedented National Prevention, Health Promotion and Public Health Council to elevate and coordinate prevention activities and design a focused strategy across federal departments. The ACA also eliminates cost-sharing for certain preventive care services, including mammograms. In addition, by extending coverage to the previously uninsured, the ACA is likely to increase the number of women receiving appropriate screenings. Also, the Centers for Medicare and Medicaid Services will provide financial incentives to Accountable Care Organizations that meet certain quality of care measures, including mammography rates. Finally, the 2010 stimulus legislation promoted the use of electronic clinical data systems that make it easier to identify women who need mammograms.

The Challenge

One in eight women develops breast cancer, and nearly 40,000 die from it every year.¹ Regular mammograms – which can identify breast cancer early, when it is most treatable – can reduce breast cancer deaths by more than 30 percent.² The United States Preventive Services Task Force recommends screenings every one to two years for women aged 50-74 years.³ However, current screening rates fall short of these guidelines, and they have been steadily declining.⁴ Women do not get mammograms for

various reasons, including being too busy, being embarrassed, or experiencing pain. Although the Affordable Care Act is likely to reduce financial barriers to mammography by ending cost sharing, evidence indicates this will not be enough to ensure high screening rates.

Kaiser Permanente Solution

To reverse the trend of declining mammography screening rates, Kaiser Permanente has implemented aggressive outreach programs. The following are a sample of successful programs:

Reminder Programs

1. Every woman due for a mammogram receives a postcard or letter with information about breast cancer screening and instructions on the location and phone number for a mammogram screening.
2. Members also receive automated calls reminding them to schedule a mammogram.
3. Women who do not schedule a mammogram after written and telephone reminders receive personalized follow-up letters and telephone calls from a clinician to address their concerns.
4. Specially-trained “welcoming committees” greet patients when they arrive for unrelated scheduled office visits and offer them same-day mammogram appointments during their visit.

Cheryl Morel is a Kaiser Permanente physician and member who never made time for her own health. She received a reminder for her mammography screening, but carried the letter around for months. When a service representative was scheduling Dr. Morel's pap exam, she noticed that Dr. Morel did not have her mammogram scheduled, and she coordinated the two exams. Dr. Morel's test results came back with a diagnosis for ductal carcinoma in situ (DCIS) – the lowest grade of breast cancer.

“She wasn't responsible for scheduling my mammogram, but she saw that I needed it, and she scheduled it. Kaiser makes it so easy to make the appointments, and it really pointed out to me that I need to take a look at my own health care – pay attention to myself as well as my patients and my family.”

Dr. Cheryl Morel, Pediatrician
Kaiser Permanente San Diego, Kaiser Permanente Member

Proactive Office Encounter

When a patient presents for care anywhere at Kaiser Permanente, the patient's electronic health record generates a list of preventive care gaps, including whether the patient is due for a mammogram. Each person caring for the patient, including the receptionist, is responsible for informing the patient that she is due for a mammogram and arranging an appointment. In some cases, staff will even walk the patient to the mammogram unit – essentially a “no escape” policy for mammography.

The Mobile Health Vehicle

Kaiser Permanente's mobile health vehicle includes a digital mammography unit that takes the latest technology in breast cancer detection on the road to women in some regions where mammography screening is not available or convenient. Mobile mammography outreach has been instrumental in providing mammography screening services in underserved communities.

Outcomes

Kaiser Permanente leads the nation in breast cancer screening. In most of our regions, between 80 and 90 percent of eligible women receive their recommended mammograms. In the past three reporting years

(2009–2011), Kaiser Permanente plans, on average, scored above the 90th percentile on HEDIS measures of breast cancer screening among all reporting plans nationwide. Furthermore, in each of those years, a Kaiser Permanente plan ranked in the top three among all health plans reporting the HEDIS mammography screening measure nationwide. Over the past five years, we had the highest scores of any local plan in each Kaiser Permanente region.

Practical Implications and Transferability

Many of the factors responsible for our success in mammography screening— automatic IT-enabled identification of eligible patients, aggressive outreach at all patient contacts, streamlining of workflow processes, multidisciplinary clinical teams, and committed, focused clinical leadership – can be replicated by other health systems.

For more information, please contact:
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<http://www.kp.org/ihp>

¹ American Cancer Society. Breast Cancer Facts & Figures 2011–2012. Atlanta: American Cancer Society, Inc.

² Tabar, L, Vitak, B, Chen, THH et al. (2011) . Swedish Two-County Trial: Impact of Mammographic Screening on Breast Cancer Mortality during 3 Decades. *RADIOLOGY* vol. 260, (3) 658–663.

³ U.S. Preventive Services Task Force. Screening for breast cancer: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med* 2009;151:716–726.

⁴ American Cancer Society. Breast Cancer Facts & Figures 2011–2012. Atlanta: American Cancer Society, Inc.