

# Quality Insider

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## WORKING TO IMPROVE THE EXPERIENCE OF MAMMOGRAPHY SCREENINGS

IFQHC IS ACTIVELY WORKING WITH PHYSICIAN PRACTICES THROUGHOUT THE STATE TO PROMOTE MAMMOGRAPHY AND IMPROVE THE RATE OF MAMMOGRAPHY SCREENINGS.

A study from the National Cancer Institute recently found that between 2000 and 2005 the mammography rate in the United States has declined from 70 percent to 66 percent. This translates into 1.1 million fewer women having mammograms.

According to the study, the populations of women that showed significant declines in mammography rates were those between the ages of 50 to 64 years old; at higher socioeconomic levels; a population with high screening rates in the past. Breast cancer affects approximately one in eight women in the United States and is the most frequently diagnosed non-skin cancer in women.

The Illinois Foundation for Quality Health Care helps health care providers, including physician offices improve their performance on publicly reported Quality Measures such as breast cancer screenings. IFQHC conducts activities and produces materials to promote appropriate mammography utilization, and overcome the numerous issues that keep women from getting mammograms including poor access to screening centers, financial burdens, inadequate or lack of health insurance, fear of the test and its possible results and the uncomfortable procedure itself. Sometimes, women avoid the test out of fear, but mammograms are still considered the best way to detect both invasive and non-invasive breast cancers. Listed are examples of some responses to common patient excuses for avoiding a mammogram:

**"I don't need one. I'm too old to get breast cancer."**

*All women are at risk for breast cancer and this risk increases with age. More than 75 percent of women diagnosed with breast cancer are age 50 or older.*

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## Working to Improve the Experience of Mammography Screenings

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### “I cannot afford a mammogram.”

Medicare Part B helps cover the cost of a yearly screening. A woman with Medicare is only responsible for the 20 percent co-payment.

### “I wouldn’t want to know.”

More treatment options are available when cancer is detected early.

IFQHC is actively working with physician practices throughout the state to promote mammography and increase the rate of mammography screenings not only with the general Medicare population but with the underserved as well. Several examples of how IFQHC has spread the word about the importance of mammography screenings include one-on-one consultations with physicians and staff on the importance of mammographies, the mailing of reminder postcards to targeted Medicare beneficiaries around Mother’s Day 2007, offering free tools such as bi-lingual mammography posters and reminder cards mailed to physicians, compiling a list of mammography center locations and mammography FAQ sheets for beneficiaries and physicians.

According to Breast Health Navigator Mira Vujovic, RN, MSN, APN at Rush-Copley Medical Center in Aurora, “If the patient is well-informed and educated about the purpose of the mammography screening and about breast cancer, I find that the patient is usually less anxious or fearful of the screening. I believe patients are more scared of the results of the test than the actual test.”

Vujovic gets much of her educational materials for patients from the American Cancer Society and its Web site, [www.cancer.org](http://www.cancer.org), which offers a vast selection of educational resources. The site also posts links to other breast cancer organizations.

Some health care providers are going one step further to eliminate the fear and discomfort barriers by offering more spa-like amenities for their patients. According to Jim Craig, director of sales and marketing for Advocate Imaging Specialists’ Ambulatory Division, “There is a movement in health care toward ‘concierge medicine’ to offer the patient the highest level of service possible.”

At the Advocate Imaging Specialists’ Wilmette facility, the extra treatment begins when the patient calls to schedule an appointment. The scheduler records much of the woman’s information so the patient does not have to wait when she arrives for her test. Once at the facility, the patient changes into a terry cloth bathrobe and slippers in her own personal changing room. During the examination, the patient encounters the Philips Ambient Experience, which washes the screening room with an array of colors and designs and fills the room with soothing music so the patient has a more calming environment for her screening.

“Even though the screening process is the same, some of our patients have commented that it was not as painful of an experience,” stated Craig.

Rush-Copley Medical Center also has applied the “concierge medicine” approach to mammography screenings. The patients

are welcomed with tea, coffee and cookies and terry cloth robes and slippers; as well as educational materials they can read while in the waiting room.

Also, if needed, Rush-Copley is able to produce results within an hour. As the breast health navigator, Vujovic steps in if the test shows an abnormality. She serves as the education contact, and sometimes a support person, for the patient. Part of Vujovic’s job is to sit down with the patient to discuss the abnormalities of the patient’s screenings. If breast cancer is detected, Vujovic will guide the patient through the entire treatment process, which may include chemotherapy and radiation. In addition to providing educational materials, Vujovic also supplies the patient with a list of local support groups.

These two facilities are examples of how far some providers have gone to calm nervous patients. But, the mammography screening process can be made a more positive, pleasant and interactive event just by having educational materials available and professionals on staff to help the patient deal with her fears. With these small steps, women will have less anxiety, which should result in improved mammography results.

