Facilitators to quality breast health management in an urban primary care environment

Objectives: The death rate from breast cancer for black women in Chicago, Illinois is 62% higher than for white women. This disparity is much higher than the disparity in the U.S. (41%) and New York City (27%) (Sinai Urban Health Institute, 2010). Previous data collected from 2 Chicago hospitals suggested significant quality deficits in breast cancer screening and treatment (Chicago Breast Cancer Quality Consortium, 2010). Multiple studies have concluded that primary care referrals and PCP/patient interactions are positively associated with mammography screening (Schueler 2008, DuBard 2008, Vinikoor 2011). Our overarching aim is to identify facilitators of high quality breast cancer screening, follow-up, and treatment referral for black women that can be implemented in Chicago-based federally qualified health centers (FQHCs) that provide primary care services to uninsured and underinsured patients.

Methods: We conducted semi-structured interviews (n=15) with various health care providers involved in primary care at 8 federally qualified health centers (FQHCs), with Black and Latina women averaging over 80% of their patient population. Interviews were transcribed and analyzed thematically, according to the framework approach.

Results: Analysis identified the following themes facilitated quality primary care practices and improved breast cancer screening, diagnosis, and treatment outcomes.

- Review and order indicated preventative screening (breast screening) for patients, regardless of the purpose of their primary care visit (awareness of: 14/15, site adherence: 6/15).
- Utilize a tracking method to determine if screening and diagnostic referrals are completed (awareness of: 13/15, site adherence: 7/15).
- Provide patients with reminders about annual preventative care via phone or mail (awareness of: 14/15, site adherence: 5/15).
- For abnormal results, reduce patient burden by sending in referral(s) and by helping the patient make the follow-up appointment(s), do not make the patient come in for an appointment to get results when more tests are needed (awareness of: 12/15, site adherence: 6/15).
- Establish a straightforward referral, order and communication process with breast imaging sites that clearly states a means for results to be returned (awareness of: 15/15, site adherence: 11/15).
- Formalize protocol to assess familial risk and/or change screening practices based on risk, only one site had a consistent approach but all were interested in what the standard should be (awareness of: 10/15, site adherence: 2/15).
- Formalize data sharing between clinicians treating the cancer and the primary care physician’s practice. A treatment summary would facilitate this and as a patient moves out of active cancer treatment, a survivor plan would be useful (awareness of: 14/15, site adherence: 4/15).

Conclusions: While our interviewees are aware of high quality care facilitators, many of the sites they work at do not have protocols or processes to support these practices. These results inform our knowledge of breast cancer screening and treatment practices at the primary care level within FQHC’s and assists with development of solutions for implementation.

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