





Jocelyn Cheng BSc; Grayson L. Baird, PhD; Elizabeth H. Dibble, MD RSNA Annual Meeting

27 November 2022

## Purpose

<u>Early Screening:</u> Women at high risk for breast cancer benefit from earlier mammographic screening and supplemental screening MRI.

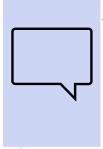
<u>Risk Assessment:</u> Cancer risk assessment (CRA) tools triage women into risk categories to guide appropriate screening.

<u>Challenge:</u> In the first month of CRA tool administration, only 9% of patients completed screening

**Goal**: Increase CRA completion rate

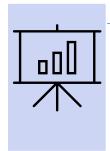


# Key barriers to screening completion



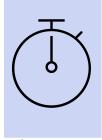
#### Language

English-only administration missed significant numbers of patients who often spoke Spanish or Cape Verdean Creole



#### **Limited Options**

Limited options for completing CRA screening tool at time of mammography



#### **Availability**

Availability was limited to business hours



#### **Manual Data Entry**

Technologist needing to input breast density



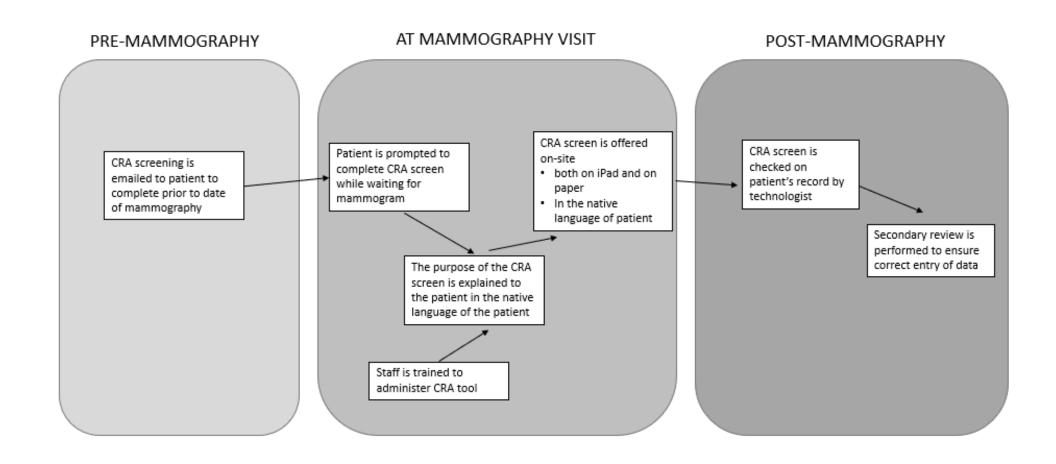
#### **Training**

insufficient training of staff in explaining CRA screening to patients

### Interventions

CRA screening was emailed to participants prior to mammography visit patients were actively encouraged to complete CRA by staff at time of mammogram, forms with multiple languages were offered in both virtual (iPad) and paper format, screening completion was double-checked by a technologist and administrator to ensure correct entry of data

### Methods



## Results: Immediate increase in CRA completion rates.

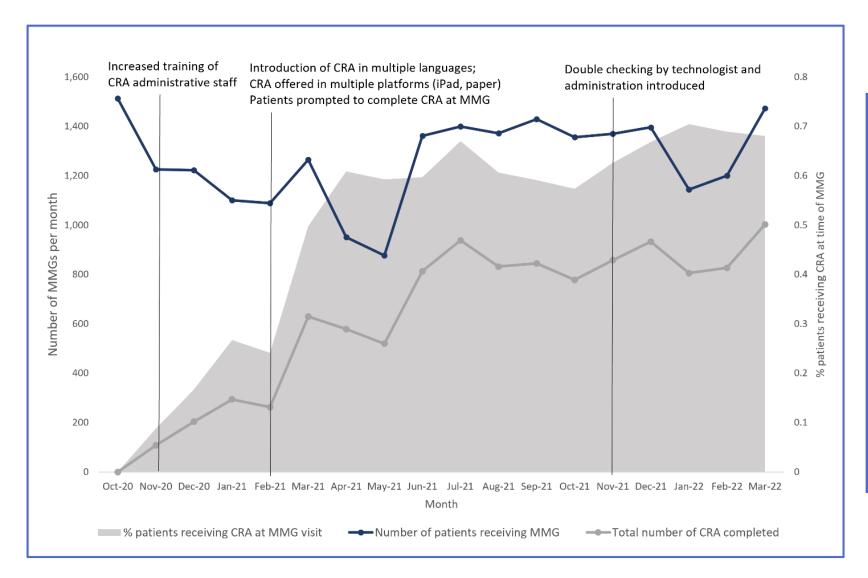


Figure 2: Percent of patients with successful CRA completion:

4 Mos:

 $8.8\% \rightarrow 50\%$  in the first four months (p<0.01)

18 Mos:

 $50\% \rightarrow 71\%$  at 18 months (p<0.01)

### Conclusions

Using classic process improvement tools and a multi-step intervention focused largely on removing patient barriers to CRA completion, we significantly increased the rate of CRA completion at our breast imaging centers

## Thank You!

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