



2025 Best Practices Breast Cancer Screening

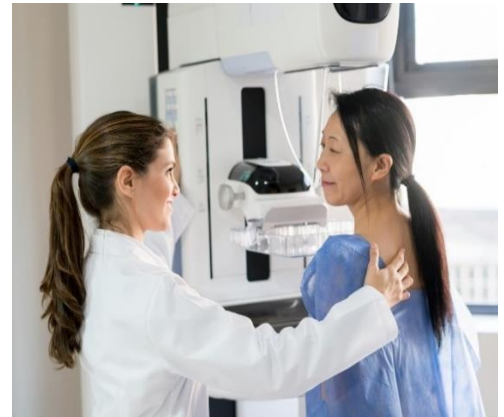


Partnership Tools, Programs, and Promising Practices:

- Partnership partners with a **mobile mammography** vendor to sponsor events for provider offices located in imaging center deserts, areas with delayed access to appointments at local imaging centers, or counties with breast cancer screening rates far below DHCS's Minimum Performance Level (MPL). Please contact Mobilemammography@partnershiphp.org if you are interested in learning more.
- Attend or view Partnership's [Improving Measure Outcomes training](#) on Women's Cancer Screenings.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. This is particularly helpful for imaging center appointments which cannot be completed at the PCP office. Members can access services by calling [Partnership Transportation Services](#) at **(866) 828-2303**, Monday – Friday, 7 a.m. – 7 p.m.

Patient Care:

- Establish a practice commitment to cancer screening.
- Utilize “flag” alerts in the EMR/EHR system that each care team/staff can use to identify and communicate to patients who are due for their screening services at every patient encounter.
- Conduct chart scrubbing prior to the visit to determine if mammogram is due.
- Ensure the list of mammography/imaging facilities is accurate and up to date, and train clinical teams on locating the most accessible facility for every member.
- Work with the mammography/imaging facility to collaborate on the active pursuit of patients who have been referred yet have not completed their screening, or who no-show for mammography appointment.
- Secure designated appointment slots to combine cervical cancer screening with breast cancer screening visits when possible.
- Pair with National Health Preventive Months (e.g. October - Breast Cancer Awareness Month), to utilize existing educational materials.
- Consider a variety of service options and choices - after hours and same day appointments, weekend breast cancer screening day(s), mobile mammography events.
- Consider real-time referral, such as incorporating a hard-stop question (e.g., when was the member's/patient's last mammogram and result?) as part of an assessment or registration.



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Outreach:

- While Partnership's 2025 PCP QIP program includes women 50 years of age or older, breast cancer screenings are recommended by the American Cancer Society for women 40 years of age or greater at average risk for breast cancer. Partnership encourages outreach and mammogram referrals to all women at risk of breast cancer according to National Cancer Screening guidelines.
- Establish an office-based system to promote mammography (e.g., electronic or manual tickler system to identify women 50 years of age or older due/overdue for a mammogram).
 - Post card reminder.
 - Reminder letter signed by the provider.
 - Phone call to women who have not made an appointment after four to six weeks of mail reminder.
 - Reminder calls by care team/staff tend to be more effective than robo-calls.
- Train outreach team members in cancer screening health education talking points and motivational interviewing to build capacity to answer patient questions during outreach calls.
- Create scripts that all care team/staff can use to simplify the message that encourages breast cancer screening.
- Include breast cancer screening appointment reminders and confirmation messages in practice's text messaging campaigns.
- Be persistent with reminders. You may need to remind patients several times before they schedule and complete a service.

Equity Approaches:

- Consider using an equity approach to increase screening rates for targeted communities. By looking at breast cancer screening completion rates by such factors as race, ethnicity, location (i.e., zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.
- Additionally, the **Drill Down Clinical tab** in the eReports portal shows race/ethnicity information for each patient included in the measure. Export this dashboard to look at Breast Cancer Screening compliance rates by race and ethnicity to learn more about inequities faced within your patient community.
- Ensure patient information is consistent, welcoming, plain and person-centered, language appropriate, and delivered in traditional and electronic applications, per patient's preference.
- Discuss with your patients what may be keeping them from getting their mammogram.
- Explore possible barriers such as access to care, psychosocial, change in life circumstances. There are many types of barriers to mammography services. As people, and their environments change, these barriers change over time, dynamically impacting whether a patient completes a mammogram.

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- A discussion of mammograms should include a conversation with the member/patient to confirm that health information and the next steps covered in the visit are mutually understood; member/patient agrees with any plans made; and they have the opportunity to ask questions.
- Consider cultural beliefs and appropriate language about cancer screening when discussing preventative cancer screening services.
- Consider implementing peer education programs, especially with community members who have experienced breast cancer or have already undergone screening.
- Encourage the use of mobile health applications to access screening information, scheduling appointments, receiving reminders, access educational materials, and complete digital risk assessment tools.
- Consider engaging with community health workers to help provide assistance and support to patients throughout the screening process. They provide education and can address misconceptions and fears to hopefully help schedule appointments or connect patients to financial assistance programs.
- Consider coordinating interventions to address barriers at multiple levels, combining policy changes with community-based programs.
- Use approaches and partnerships that align with your practice's demographics (partner with local schools, faith-based organizations).
- Identify and address barriers to care (transportation, hours of operation, childcare).

Data and Coding:

- Submit claims and encounter data within 90 days of service.
- Exclude members/patients as appropriate and use coding to document reason for exclusion.
- Ensure documentation of last mammogram, including results.

Helpful Links:

2025 PCP QIP Technical Specifications:

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Notes for eReports and PQD

eReports QIP Portal:

- Measure Reports
- Diagnosis Code Crosswalk Report
- QIP Member Report

Source: Nayyar S, Chakole S, Taksande AB, Prasad R, Munjewar PK, Wanjari MB. From Awareness to Action: A Review of Efforts to Reduce Disparities in Breast Cancer Screening. Cureus. 2023;15(6):e40674. Published 2023 Jun 20. doi:10.7759/cureus.40674