

Hereditary Breast Cancer Quality Improvement Pilot Project

January to July 2024

Implementing Hereditary Breast Cancer (HBC) Screening in Practice: Potential Barriers and Ideas for Change

A. Key Activity: Document HBC Screening Done for Female Patients Ages 18 to 44 Years in the Past 12 Months

Rationale: Because many younger patients are not aware of their risk for HBC, female patients between the ages of 18 to 44 years should be screened for cancer risk through their healthcare provider’s office. It is suggested women can be screened during an annual physical or a gynecological annual visit depending upon the clinic’s HBC policy. An HBC screen should be given to the patient and documented in the patient’s record. The screen should be reviewed annually or at an interval determined by your clinic policy.

Potential Barriers	Suggested Ideas for Change
1) The HBC screening is not a standing order.	<ul style="list-style-type: none"> a) Make the HBC screening a standing order for female patients between the ages of 18 to 44 years seen at the annual physical visit or a GYN visit depending upon clinic policy. b) Develop a policy to implementing HBC screening in practice. c) Conduct PDSA cycles to test how the HBC screening policy is being implemented.
2) The HBC screen is not routinely given at patient’s annual physical and/or GYN visit.	<ul style="list-style-type: none"> a) Address this as a priority within the staff. b) Identify the people and processes that need to be involved for this to become routine. c) Create intervals to ensure that this routine has been established and maintained.
3) The HBC screening questionnaire was given to the patient but was not completed.	<ul style="list-style-type: none"> a) Develop a tracking system to identify those not getting the screen completed. b) Develop a reminder system to get the screen completed prior to or at the time of the physical. c) Consider giving the screening questionnaire in advance of the day of the annual physicals. d) Identify the best ways to ensure the HBC screening questionnaire is given and completed.
4) Consider regulatory, legal or IT issues when getting information about patient education resources into patients’ hands.	<ul style="list-style-type: none"> a) Use electronic medical record (EMR) and After Visit Summary integration to share patient education resources. b) Integrating information into EMRs may require administrative approval, compete with other requests, and need technical skills not often readily available at the physician level. For clinics that do not have a way to include a HBC screening questionnaire in the EMR, the clinic’s QI leader can work with leadership/IT to build SMART or Dot messages within EMRs to capture cancer screening information.

<p>5) The organization has limited time and work force capacity to enable focused HBC discussion with patients.</p>	<ul style="list-style-type: none"> a) Add HBC topic to annual wellness visits or GYN annual visits. b) Add discussion to well-women exams. c) Schedule dedicated follow-up appointments for patients identified as high-risk. d) Attach the BYB videos at the end of already-developed family history surveys (in-office survey on iPad during the waiting period, ending on the video page). e) Utilize other staff to initiate patient viewing videos in the clinic (e.g., having medical assistants or nursing staff start the conversation through surveys and iPads). f) Provide patient education materials in English, Spanish and other languages as needed.
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B. Key Activity: If HBC Screening is Positive, Document Review of Screening Questionnaire with Patient.

Rationale: Female patients between the ages of 18 to 44 years should come to expect that they will be screened annually for HBC risk. The care team should also routinely review screening results with the patient per office policy.

Potential Barriers	Suggested Ideas for Change
<p>1) The HBC screening questionnaire is routinely documented in the patient’s chart, but the review of the result with the patient is not routinely documented in the record.</p>	<ul style="list-style-type: none"> a) Do a spot check of patient files to determine whether the HBC screening results were available at the time of the patient’s annual physical; if result not discussed, review with the provider to consider how to address. b) Do a spot check of patient records to determine whether there was a missed appointment. c) Develop system for letter/phone follow up to convey screening test results for those not completed during visit. d) Determine how results get attached to record and conveyed to provider. (Might there be an issue there?)
<p>2) The practice does not have a formal place within the EMR to document HBC screening was conducted and results given to patient.</p>	<p>Evaluate if HBC screening has been done and that provider has access to past results.</p> <ul style="list-style-type: none"> a) Address this as a priority within the staff. b) Identify the people and processes that are needed to make this a formal practice. Consider a Dot phrase or SMART toggle to be added to the EMR system. c) Create intervals for assuring that this routine has been established and maintained. d) Create way to “flag” records of patients needing HBC screening. e) Create way to “flag” records of patients needing positive screen results shared with patient.
<p>3) The provider has a knowledge/education gap that causes discomfort in addressing HBC risk with patients.</p>	<p>Provide training on items listed below to physicians and key staff assigned to support implementation of cancer screening.</p> <ul style="list-style-type: none"> a) Insurance (health) - helping patients navigate options for genetic testing; b) Insurance (life) - implications of genetic testing results on future policies; and c) Genetic testing - general information, what testing options are available, navigating patient burden of knowledge (how one family member’s results can impact their families/responsibilities of disclosure).

C. Key Activity: If HBC Screening is Positive, Document Whether Patient Has Been Offered or Provided Patient Education Resources.

Rationale: The patient should come to expect that if she screens positive for HBC risk, she will be offered or provided with patient education resources and may need another appointment to receive counseling and/or referral for genetic counseling or testing.

Potential Barriers	Suggested Ideas for Change
1) The initial HBC screening result is routinely documented in the patient's file, as well as the review of the result. But the follow up is not routinely documented in the patient's file.	<ul style="list-style-type: none"> a) Do a spot check of patients to determine whether follow up on HBC counseling has been scheduled, if needed. b) Confirm the people and processes needed to complete these follow up steps. c) Determine whether the follow up is part of challenges related to these follow up steps.
2) It is discovered that the issue with a lack of scheduled or completed follow up for counseling is related to the patient.	<ul style="list-style-type: none"> a) Confirm that there is a protocol for communicating with the patient the importance of follow up counseling for the patient's overall health and well-being. b) Confirm whether there are common barriers that families are facing, keeping them from scheduling and completing follow up counseling/testing. Attempt to address those barriers and document this in patient record.
3) Patient Considerations (eg. Language barrier, patient readiness to discuss, lack of access to technology)	<p>Within EMR, document the preferred language of patient.</p> <ul style="list-style-type: none"> a) If patient is not fluent in English, use translation services to address language barrier and patient readiness to discuss cancer risk. <p>If patient does not have internet access to view educational materials, consider the following:</p> <ul style="list-style-type: none"> a) Create handouts/business cards/QR codes to direct patients to the resources. b) Provide iPads in waiting rooms or exam rooms during wait periods for patients to watch the videos. c) Create community connections with groups such as patient support groups or public libraries who could be educated about the resources and prepared to show them to patients after referral. d) Play videos on TV screens in the waiting rooms.

D. Key Activity: If HBC Screening is Positive, Document Whether Patient Has Been Referred for Genetic Counseling or Testing.

Rationale: Patients who screen positive and are at high risk for HBC are in need of counseling and may need genetic testing services. Patients should be provided with a source to access genetic testing.

Potential Barriers	Suggested Ideas for Change
1) Appropriate referrals for genetic testing or follow up care are not routinely provided or documented in the patient's record.	<ul style="list-style-type: none"> a) Do a spot check of patients to determine whether all of the steps for genetic counseling and referral for testing have occurred. b) Determine the people and processes needed to complete this Key Activity.

	<ul style="list-style-type: none">c) Clinic to develop a relationship with genetic testing company(ies) in the area to support timely genetic testing.d) Clinic to evaluate practice to ensure that genetic testing results are being reported promptly to primary care provider.e) Clinic to evaluate practice to ensure genetic testing results are being reported promptly to patient.
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