

**Family Medicine Education Consortium, Inc.
Hereditary Breast Cancer (HBC) Quality Improvement (QI) Pilot Project
Key Clinical Activities, Measures, Target Improvement Goals, and Data Collection Instructions**

Key Clinical Activities (KCAs)

KCA 1

1) Has an HBC screening been documented in the patient record in the past 12 months?

(Yes or No) Yes = 1; No = 0

Percent Target Improvement Goal: 50%

KCA 2

2) If HBC screening is positive, has positive result been discussed with patient?

(Yes, No, or NA if screening not completed) Yes = 1; No = 0; NA = NA

Percent Target Improvement Goal: 50%

KCA 3

3) If HBC screening is positive, has patient been offered/provided with CDC *Bring Your Brave* patient education resources?

(Yes, No, or NA if screening not completed) Yes = 1; No = 0; NA = NA

Percent Target Improvement Goal: 90%

KCA 4

4) If HBC screening is positive, has the patient been referred for genetic counseling or testing?

(Yes, No, or NA if screening not completed) Yes = 1; No = 0; NA = NA

Percent Target Improvement Goal: 90%

Percent Target Improvement Goals for KCAs

By the end of the QI effort, target goals for participating family medicine residency program (FMRP) clinics who see patients that meet the inclusion criteria include:

- 50% of patients will have documented in the patient record that an HBC screening has been completed in the past 12 months.
- If HBC screening is positive, 50% of HBC screenings are documented in the patient record as having been discussed with the patient.
- If HBC screening is positive, 90% of patients have been offered/provided with CDC *Bring Your Brave* patient education resources.
- If HBC screening is positive, 90% of patients have been referred for genetic counseling or testing.

Patient Inclusion Criteria

Gender: Female

Age: 18 to 44 years

Visit Type: Annual physicals (Consider adding GYN visits if included in clinic HBC screening policy)

De-Identified QI Data Collection Instructions

Participating family medicine residency programs (FMRP)/clinics will pull 10 unique last seen patient records for female patients ages 18 to 44 years presenting for annual physicals at baseline and for 2 QI cycles (action periods) 7 weeks apart. Note: Some FMRPs or FP clinics may also wish to add GYN visits to their data pull if their HBC screening policy/protocol includes these visits.

De-identified records will be reviewed to track progress in documenting in the patient record that a breast cancer screening has been administered. Of those with positive screenings, these records will be reviewed to track progress in documenting that a positive screen has been discussed with the patient, that patient educational resources have been offered or provided, and that the patient has been referred for genetic counseling/testing.

QI KCAs Data Collection Calendar: Baseline Plus 2 Action Periods 7 Weeks Apart

- Programs Follow Data Collection Instructions and Use Excel Template to Record KCAs Data
- During Project Period, FMRP Participants Develop and Pursue their QI Strategies and Discuss Progress with their Assigned QI Coaches
- End of Learning Collaborative Report Will Be Shared with Project Participants via Zoom Meeting in June 2024
- Family Physician Project Participation Attestations Due in June 2024; PICME Credits Will Be Processed July 2024

Cycle (Action Periods)	Program KCA Data Pull Start Date	Program KCA Data Due Date	Aggregated Project Data Shared with Learning Collaborative via Report	Individual Program QI Strategies Refined Based on PDSA Cycle Findings
Baseline	February 2, 2024	February 9, 2024	February 16, 2024	February 23, 2024
PDSA Cycle 1	March 22, 2024	March 29, 2024	April 5, 2024	April 12, 2024
PDSA Cycle 2	May 10, 2024	May 17, 2024	May 24, 2024	May 31, 2024

The pulled data will be de-identified and added by the FMRP data collection leader to the data collection tool template and sent to FMEC staff according to the data collection calendar for project analysis. See the HBC QI Excel Data Collection Tool Template.

Send your completed data collection tool (cumulatively) for each data collection cycle to the FMEC QI Consultant Kathy Fredericks.

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