



Hereditary Breast Cancer (HBC) Quality Improvement (QI) Pilot Project

A Collaboration between the Family Medicine Education Consortium and the National Association of Chronic Disease Directors



Who is this QI Project for?

Family physicians and family practice residents (and their care teams) who 1) care for female patients between the ages of 18 and 45 years, and 2) wish to develop and implement practice-level policies/processes to improve care for patients at risk for HBC.



Is this a virtual Quality Improvement (QI) Project?

Yes, support and coaching will be provided remotely to meet the needs of your practice. The Collaborative will be led by Susanna Evans, MD, Associate Professor and Chair of Family, Community, and Preventive Medicine Drexel University College of Medicine, and faculty with Temple Northwest Community Family Medicine Residency Program.



What's included in the structure of this QI Project?

- 3 training webinars
- Support to implement HBC screenings in practice
- Support to utilize CDC's *Bring Your Brave* (BYB) education resources
- Baseline and 2 Follow Up Patient Record Data Collection Cycles 8 Weeks Apart
- Virtual meetings to discuss QI data and improvements for your practice
- Modest stipend and incentives to participate



What's the timeline for this QI Project?

- ✓ October to December 2023 – Collaborative Marketing and Recruitment
- ✓ December 2023 – QI Collaborative Group confirmed
- ✓ December 2023 – Participants complete trainings: 1) QI Basics; 2) HBC Education; and 3) QI Structure, Measures, Data Collection, and Resources
- ✓ December/January 2024 – Family physicians collect and report baseline data; develop QI strategies
- ✓ February – March 2024 – 1st QI action period
- ✓ March 2024 - Participants report 1st QI cycle data; QI leaders share progress with QI activities with Group
- ✓ April – May 2024 – 2nd QI action period
- ✓ June 2024 – Participants report 2nd QI cycle data; QI leaders share progress with QI activities with Group
- ✓ June/July 2024 – Collaborative Group meets to discuss progress



Proposed Key Clinical Activities (KCAs) for QI Project

1) Participating family physician clinics will pull 10 consecutive last seen patient records for female patients ages 18 to 45 years presenting for annual physicals at baseline and for 2 QI cycles 8 weeks apart. Records are reviewed to track progress in documenting breast cancer screenings in patient records, sharing findings with patients, providing resources, making referrals for genetic counseling, and HBC management.

2) Percent target improvements for KCAs:

By the end of the QI effort, target goals for family physician clinics include:

- a) 50% of patients will have documented in the record that an in-office HBC screening has been completed in the past 12 months.
- b) 50% of HBC screenings are documented in the record as having been reviewed with patient.
- c) 90% of patients who screen positive for HBC have documented in the record that BYB CDC resources were provided.
- d) 90% of patients who screen positive on HBC questionnaire and discuss result with care team have documented in the record they were offered/referred for genetic counseling.

Incentives to Participate (What’s in it for You!)

- Free CME and Family Medicine Performance Improvement (PI) credits
- Ability to meet Accreditation Council for Graduate Medical Education learning collaborative recommendations
- 1 Computer Tablet or iPad, if requested, to enable clinic staff to share online CDC HBC *Bring Your Brave* resources with patients or for clinic staff to view online HBC QI project educational trainings
- Access to an assigned FMEC HBC Project Advisory Committee member to serve as a QI coach to support clinic HBC improvement efforts
- \$2,500 stipend per Family Medicine Residency Program or family practice clinic to support the project participant’s participation in conferences (travel, registration fees, etc.) in 2024 and 2025 (eg. FMEC or Society of Teachers of Family Medicine), ideally to present a poster or a session on their HBC QI efforts. (QI coaches can provide templates and advice on how to prepare presentations.)
- Assistance connecting to genetic counseling and testing support
- National recognition for participation in a QI activity

To indicate your interest in participating, contact FMEC staff by November 30, 2023. A brief survey will be sent to you to ensure you meet the participation criteria. We hope you will join this exciting QI opportunity!

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Credit Approval Statement: The AAFP has reviewed Family Medicine Education Consortium (FMEC) Hereditary Breast Cancer Quality Improvement Pilot Project and deemed it acceptable for up to 20.00 Performance Improvement AAFP Prescribed credits. Term of Approval is from 12/01/2023 to 07/31/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity. AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 credit(s)[™] toward the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.

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