

In March 2023 only 70% of our patients eligible for breast cancer screening with a diagnosis of depression/anxiety/personality disorder/PTSD/or trauma history had had a mammogram in the last 2 years. This is compared to 78% of our eligible patients who do not have any of these diagnoses.

To address this gap, we engaged our mental health program clinicians to raise awareness of the importance of self /preventative care including cancer screening with their patients. This initiative attempts to facilitate self-agency and to address a potential cause for the lack of engagement some patients have in preventative care. It is an innovative approach to share the work of cancer screening beyond primary providers and nurses.

Through individual and group based services, mental health clinicians enhance awareness, and provide support and resources to patients. They acknowledge the complexity of the individuals' histories of trauma, and their abilities to build resilience, coping skills and other self-care strategies. By collaborating efforts to engage patients in cancer screening, we optimize the value of team based primary care for our patients.

Change Idea 1

The Resourced and Resilient Childhood Interpersonal Trauma Treatment Program:

Patients attend a group, 120 min. X 8W. One of the indirect goals of group attendance is engagement in preventative care activities, including Mammography.

Change Idea 2

Mental health program (MHP) clinicians dialogue with identified patients about mammography and preventative care activities during a course of individual treatment.

Results

Improve breast cancer screening rate in trauma/mental health patients Project Measures

Data Source- EMR Searches

Indicator: Percentage of trauma/mental health patients eligible for breast cancer screening who have completed a mammogram in the last 2 years.

Percentage of patients who attended R&R group who were overdue for mammography and who later completed breast cancer screening.

Percentage of patients who were seen by MHP who were overdue for mammography and who engaged in dialogue and were provided resources.

Percentage of patients who were seen by MHP, who were overdue for mammography, and who were provided resources and who later completed breast cancer screening.

	Baseline	Performance Target	Numerator	Denominator	%	Numerator	Denominator	%
Indicator: Percentage of trauma/mental health patients eligible for breast cancer screening who have completed a mammogram in the last 2 years.	70.2%	75.0%	186	254	73.2%	179	254	70.5%
Percentage of patients who attended R&R group who were overdue for mammography <u>and</u> who later completed breast cancer screening.	n/a	30%	1	1	100%	1	1	100%
Percentage of patients who were seen by MHP who were overdue for mammography <u>and</u> who engaged in dialogue and were provided resources.	n/a	50%	0	2	0.0%	3	5	60%
Percentage of patients who were seen by MHP, who were overdue for mammography, and who were provided resources <u>and</u> who later completed breast cancer screening.	n/a	10%	0	0	0.0%	0	3	0.0%



Conclusions

1. It is a simple enough intervention, even if the results to date seem minimal.
2. This intervention supported interprofessional communication, and engagement in the department's QI process.
- 3 Increased provider awareness of the link between MHP services and preventative care activities - sustainability