Hereditary Breast Cancer Quality Improvement Pilot Project Overview

Project Structure, Timeline, Key Clinical Activities, Measures, and Data Collection Requirements

Scott Allen, MS, FMEC CEO

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Kathy Fredericks, MBA, PMP, QI Consultant

FAMILY MEDICINE EDUCATION CONSORTIUM, INC.

www.fmec.net

Required Trainings

This is one of three required trainings for FMRPs and participating family physicians to be eligible to claim Performance Improvement/Continuing Medical Education (PICME) credits for this pilot project.

Training Dates

1) Hereditary Breast Cancer Education/*Bring Your Brave* CDC Resources—January 17, 2024, 6-7 PM ET
2) Quality Improvement Basics—January 25, 2024, 6-7 PM ET
3) Pilot Project Structure, Timeline, Key Clinical Activities, Measures, and Data Collection Requirements—February 1, 2024, 6-7 PM ET

Acknowledgements

In 2023/2024, FMEC received a subcontract from the National Association of Chronic Disease Directors (NACDD) to develop and implement this Hereditary Breast Cancer (HBC) Quality Improvement (QI) Pilot Project.

Helping Families Communicate About Hereditary Breast or Ovarian Cancer project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $450,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

QI Project Credits for Family Physicians

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.

Project Advisory Committee (PAC)

- 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
- Tracey Conti, MD, Chair, Department of Medicine, University of Pittsburgh School of Medicine and University of Pittsburgh Medical Center
- Philip G. Day, PhD, Assistant Professor and Associate Director of Education, Department of Family Medicine and Community Health, UMass Medical School

Staff

Scott Allen, MS, FMEC CEO

Rebecca Bouck, FMEC Consultant, Education

Kathy Fredericks, MBA, PMP, FMEC QI Consultant

Anya Karavanov, PhD, National Association of Chronic Disease Directors

Presenters—No Commercial or Financial Disclosures

Scott Allen, Tracey Conti, Susanna Evans, Kathy Fredericks, and other members of the Project Advisory Committee have no financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this activity.

QI Pilot Project Objectives

By the conclusion of the HBC QI Pilot Project, participating Family Medicine Residency Programs (FMRPs) and providers will be able to:

1) Understand QI Basics and how to Implement the Model for Improvement
2) Understand the risk and incidence of breast and ovarian cancers in young women
3) Identify and utilize a breast cancer screening tool in practice
4) Identify benefits of using stories, videos, etc. during patient visits (Narrative Medicine)
5) Attain confidence in discussing cancer risk with patients
6) Increase knowledge of genetic counseling and testing and how to make referrals
7) Implement strategies to incorporate CDC *Bring Your Brave* patient education resources in practice

Training Learning Objectives

At the end of this presentation, participants will be able to:

- 1) Understand the QI Pilot Project Structure and Timeline
- 2) State Hereditary Breast Cancer (HBC) Key Clinical Activities
- 3) Implement Data Collection Requirements
- 4) Utilize *Bring Your Brave* CDC Educational Resources with Patients
- 5) Engage with Patients as Partners in Care

HBC QI Pilot Project Components

The QI pilot project is organized into four areas:

- Identifying and implementing a HBC risk assessment screening questionnaire in practice
- Utilizing *Bring Your Brave* (BYB) CDC education resources with patients
- Referring patients who screen positive (high risk) for HBC for genetic counseling or testing
- Following patients to encourage ongoing cancer prevention/early detection care

Project Structure

- Welcome and orientation to pilot project
- 3 training webinars (HBC Education/*Bring Your Brave (BYB)* Educational Resources; QI Basics; Project Structure and Timeline)
- Select a tool to implement HBC screenings in practice to assess risk for breast cancer
- Utilize CDC's BYB education resources with patients
- Participate in action periods/data collection: Baseline plus 2 PDSA cycles 7 weeks apart
- Learn from de-identified QI data to make practice improvements
- Modest stipend and incentives to participate (iPads or Tablets)

Name of FMRP/Clinic	Name of QI Project Leader	Address	Email	Assigned QI Coach and Email
Cornerstone Care Teaching Health Center FMRP	Jihad Irani, MD, Associate Program Director and DIO	120 Locust Ave Ext, Mt Morris, PA 15349	jirani@cornerstonecare.com	Tracey Conti, MD conttd@upmc.edu
Greater Lawrence Family Health Center/Lawrence FMRP	Elise LaFlamme, MD, Associate Program Director of Residency Program	34 Haverhill St, Lawrence, MA 01841	elaflam@glfhc.org	Scott Allen, MS Scott.allen@fmec.net
Heritage Valley FMRP	Lindsay Heiple, DO, Dir Osteopathic Curriculum, Assoc Director of RP	1125 7th Avenue, Beaver Falls, PA 15010	lheiple@hvhs.org	Rebecca Bouck, BS Rebecca.bouck@fmec.net
Indiana Regional Medical Center Rural FMRP	Arwen Bassler, MD, FMRP Core Residency Faculty	100 Neal Avenue, Marion Center, PA 15759	abassler@indianarmc.org	Kathy Fredericks, MBA, PMP Kathy.fredericks@fmec.net
Lewis Gale Community and Family Medicine GME FMRP	Julianna Snow, DO	4910 Valley View Blvd NW, 3rd Floor, Roanoke, VA 24012	Julianna.snow@hcahealthcare.com	Philip G. Day, PhD Philip.Day@umassmed.edu
New York Medical College at Saint Joseph's FMRP	Rodika Coloka-Kump, DO, Associate Program Director	81 S. Broadway, Yonkers, NY 10701	rcolokakump@saintjosephs.org	Kathy Fredericks, MBA, PMP Kathy.fredericks@fmec.net
St. Luke's Miners Rural Family Medicine Residency Program	Thomas C. McGinley, Jr., MD	34 S. Railroad Street, Tamaqua, PA 18252	Thomas.mcginley@sluhn.org	Susanna Evans, MD susanna.evans@tuhs.temple.edu
Univ of Pittsburgh Medical Center McKeesport FMRP	Jeff Jackson, MD, FMRP Program Director	2347 Fifth Avenue, McKeesport, PA 15732	Jacksonjk2@upmc.edu	Tracey Conti, MD conttd@upmc.edu

Family Medicine Education Consortium, Inc. Hereditary Breast Cancer Quality Improvement Pilot Project
Program Participant Information

Name of Family Medicine Residency Program (FMRP)/Clinic	Name of QI Project Leader	Location/Geographic Region	Program Descriptions (Year FMRP started, affiliation, community size)	Total # Residents as of July 2023	EMR	Does program have a coordinator for Cancer Screenings?	Does program screen for cancer risk? If yes, what tool?	Does program use HBC screening questionnaire?
Cornerstone Care Teaching Health Center FMRP	Jihad Irani, MD, Associate Program Director/DIO	120 Locust Ave Ext, Mt Morris, PA 15349 RURAL	2013 Community-based, med school; <30,000	12	NextGen	Yes	No	No
Greater Lawrence Family Health Center/Lawrence FMRP	Elise LaFlamme, MD, Associate Program Director of Residency Program	34 Haverhill St, Lawrence, MA 01841 URBAN, INNER CITY	1994 Community-based, med school;	44	Athena	No	Yes MyGeneHistory	Yes
Heritage Valley FMRP	Lindsay Heiple, DO, Dir Osteopathic Curriculum, Assoc Director of RP (Jaclyn Natalone, DO (PG-2)	1125 7th Avenue, Beaver Falls, PA 15010 SMALL TOWN	1979 Community-based, med school <30,000	18	Touchworks /Allscripts	No	No	No
Indiana Regional Medical Center Rural FMRP	Arwen Bassler, MD, FMRP Core Residency Faculty	100 Neal Avenue, Marion Center, PA 15759 RURAL	2022 Community-based, non-affiliated <30,000	12	Cerner	No	No	No

Name of Family Medicine Residency Program (FMRP)/Clinic	Name of QI Project Leader	Location/Geographic Region	Program Descriptions (Year FMRP started, affiliation, community size)	Total # Residents as of July 2023	EMR	Does program have a coordinator for Cancer Screenings?	Does program screen for cancer risk? If yes, what tool?	Does program use HBC screening questionnaire?
Lewis Gale Community and Family Medicine GME FMRP	Julianna Snow, DO	4910 Valley View Blvd NW, 3rd Floor, Roanoke, VA 24012 URBAN, NOT INNER CITY	2019 Community-based, med school 75,000 to 150,000	24	E Clinical Works (ECW)	No	No	No
New York Medical College at Saint Joseph's FMRP	Rodika Coloka-Kump, DO, Associate Program Director	81 S. Broadway, Yonkers, NY 10701 URBAN, INNER CITY	1974 Community-based, med school 150,000 to 500,000	30	Next Gen	Yes	No	No
St. Luke's Miners Rural FMRP	Thomas C. McGinley, Jr., MD	34 S Railroad Street, Tamaqua, PA 18252 RURAL	2017 Community-based, med school <30,000	12	EPIC	No	No	No
University of Pittsburgh Medical Center McKeesport FMRP	Jeff Jackson, MD, FMRP Program Director	2347 Fifth Avenue, McKeesport, PA 15732 URBAN, INNER CITY	1974 Community-based, med school 30,000 to 75,000	26	EPIC	No	Yes Breast History Questionnaire	Yes

About the FMRPs (N=8)

How familiar are you with the CDC BYB campaign?

Not familiar = 5 Somewhat familiar = 1 Very familiar = 2

How familiar do you think clinicians within your program/clinic are with CDC BYB campaign?

Not familiar = 6 Somewhat familiar = 1 I don't know = 1

Learn about BYB and use the CDC resources in your QI efforts:
https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/index.htm

About the FMRPs: Genetic Counseling and Testing

Do you have a source for accessing genetic counselors?

Yes = 6 No = 2

Do you have a source for making referrals for genetic testing?

Yes = 7 No = 1

Sources

- **UPMC Cancer Genetics Program**
- **Surgeon at hospital**
- **Myriad's Genetic Counselor Program**
- **University of Pittsburgh Medical Center**
- **Internal Referral to Geneticist/Counselor through hospital**
- **WVU Genetics**

For more information, visit BYB Genetic Counseling and Testing Resources:
https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/take_action/genetic_counseling_testing.htm

8 FMRPs: EMRs

NextGen

Touchworks/Allscripts

Cerner

EPIC

E ClinicalWorks (ECW)

NextGen

Athena

EPIC

FMRPs Reasons for Participating in QI Project

1. Knowledge, patient benefit
2. Implement a HBC screening protocol, provide education to residents regarding HBC screening, improve patient care and outcomes.
3. Need to step up our screening protocols in the face of changing recommendations, to provide the best preventive care possible for our patients.
4. Help our patients better understand the risks of breast cancer.
5. Resident interest, potential need for this/awareness of who should be screened/referred
6. To help increase awareness of HBC and assist with early treatment and decision making.
7. We have started to roll out a hereditary cancer risk assessment/counseling/testing program over the past year at our community health center. It has been difficult to get clinicians/leadership on board to push this forward to our CHC with multiple (7) clinical sites. **It would be great to have your support in ideal workflows to a) educate staff b) educate clinicians c) educate leadership d) create workflows that are not cumbersome so that we can convince our clinicians and staff that this is important and needs to be offered to our patients.**
8. To help identify and screen patients for breast cancer, especially those with higher risk. To increase awareness and education of breast cancer screening in our medical community.

Local IRB

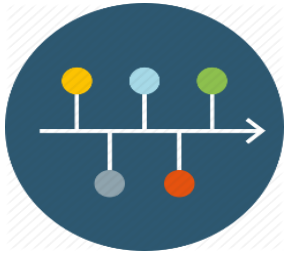
Consider applying for local Institutional Review Board approval for your QI effort.

This effort should be able to be approved for exempt, expedited review. If you need help preparing an IRB application, contact your QI facilitator or Kathy Fredericks, QI Consultant.

Incentives to Participate in Pilot

- FREE CME and Family Medicine Performance Improvement credits
- Ability to meet ACGME 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 (The project will provide up to $800 towards the cost)
- Access to a QI coach via the PAC to support HBC process improvement efforts
- $2,500 stipend per FMRP to support project participants' participation in conferences (travel, registration fees, etc.) in 2024 and 2025 (e.g. 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 posters/presentations.)
- Assistance connecting to genetic counseling and testing support
- National recognition for participation in a QI activity

Project Timeline



- ✓ November/December 2023 – Recruitment
- ✓ December 2023 – QI Collaborative Group confirmed and welcomed
- ✓ Jan/February 2024 – Participants complete trainings: 1) HBC Education/Bring Your Brave CDC resources; 2) QI Basics; and 3) QI Project Structure, Measures, Data Collection
- ✓ February 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
- ✓ April – May 2024 – 2nd QI action period
- ✓ May 2024 – Participants report 2nd QI cycle data; QI leaders share progress with QI activities
- ✓ June 2024 – Collaborative Group meets to discuss progress
- ✓ July 2024 – PICME credit awarded for family physicians who meaningfully participated

Getting Started: Form Your QI Team

1. Identify a Practice Champion
2. Consider applying for local IRB approval
3. Identify Leaders with QI Experience
4. Assemble a QI Team
5. Designate a QI data collection coordinator to pull de-identified data for key clinical activities
6. Include patients as partners
7. Share HBC educational resources with patients and team
8. Provide feedback to team and clinic staff on progress with QI project

Develop Process to Achieve Your AIM and goals

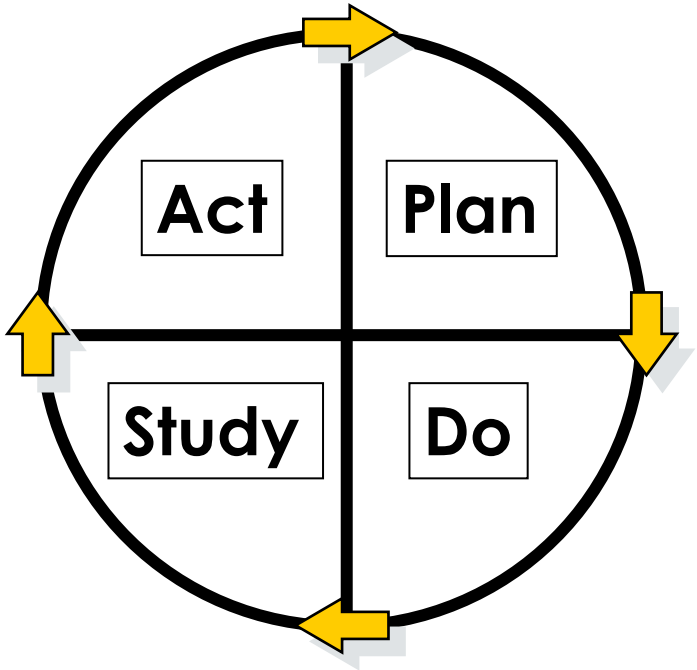
- Develop a clinic-wide policy and processes to support conducting HBC screenings in practice
- Identify HBC screening tool to use and test out how to operationalize it
- Discuss with QI team and staff who is responsible for administering HBC screening tool with patients
- Determine who is responsible for scoring the questionnaire and providing results to primary care provider to discuss with patient
- Determine how to document in patient record that HBC screening was conducted and discussed with patient

Remember the Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Using PDSA Cycles

1. Repeat attempts
2. Assess regularly
3. Communicate with participants during plan phase
4. Communicate frequently with all clinic staff
5. Be a strong presence in your practice
6. Recognize team efforts
7. Learn from successes and failures

Data Collection and Project Flow

Baseline Plus 2 Action Periods 7 Weeks Apart

- Follow Data Collection Instructions
- Use Excel Template to Record KCA Data
- FMRP Participants Develop and Pursue their QI Strategies and Discuss Progress with QI Coaches
- Midpoint Meeting with QI Leaders to Share Lessons Learned
- End of Learning Collaborative Meeting and Report Will Be Shared with Project Participants in June 2024
- Family Physician Project Participation Attestations Due in June 2024; PICME Credits Will Be Processed by FMEC July 2024

HBC QI Pilot Project Aim Statements

- By July of 2024, the project aims to increase by 50% the number of family physicians from participating programs who are screening for HBC **and** documenting findings in patient records.

- By July of 2024, the project aims to offer 90% of patients who meet the inclusion criteria who screen positive for HBC risk with CDC *Bring Your Brave* patient education resources **and** provide a referral for genetic counseling or testing.

QI Project Patient Record Review Inclusion Criteria

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)

However, please do not omit discussing hereditary cancer risk with male patients of the same age. For this QI effort, we won't be measuring HBC screenings for male patients.

Target Improvement Goals

Percent Target Improvement Goals for KCAs

By the end of the QI effort, target goals for participating 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.

Measuring Key Clinical Activities

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%

Measures

- **Outcome**
  - Did my change impact my problem (aim statement) like I thought it would?
  - Am I fixing the problem my program hopes to fix?
- **Process**
  - How did I make the change?
  - **Balancing**
    - Is the change causing another problem I did not consider?
    - Is the change positive or negative?
  - **Structure**
    - Something usually done once, not a monthly measure. Usually has a yes/no answer.

QI Data Collection Instructions

- **Participating FMRPs 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 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:**

1) Documenting that a positive screen has been discussed with the patient

2) Documenting that BYB patient educational resources have been offered or provided

3) Documenting that patient has been referred for genetic counseling or testing

Excel Data Collection Tool

Name of QI Leader Responsible for Data Collection:

Phone:

Email:

INSTRUCTIONS: Please use this data collection tool template to record baseline, cycle 1, and cycle 2 data for your FMRP/clinic according to the project schedule. Return this tool to Kathy Fredericks at the specified dates. Kathy.fredericks@fmec.net

PATIENT RECORD INCLUSION CRITERIA: Gender: Female; Age group: 18 years to 44 years; Visit Type: annual physicals. 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.

DATA PULL INSTRUCTIONS: Pull 10 unique last seen patient records that meet the patient inclusion criteria.

Since physicians need time to close their notes on patient visits, the data pull period for baseline, cycle 1 and cycle 2 starts one week prior to when the cycle data is due and continues backwards until 10 patient records are identified.

The data will be de-identified and added by the FMRP/clinic data collection leader to this data collection tool template and sent to FMEC staff according to the data collection calendar.

DATA COLLECTION DUE DATES: Baseline: February 9, 2024; Cycle 1: March 29, 2024; Cycle 2: May 17, 2024 [Cycles are 7 weeks apart] (See HBC Data Collection KCAs, Measures and Data Collection Requirements)

BASELINE

DATE OF DATA COLLECTION:

						Key Clinical Activity (KCA) Questions				
Patient #	Phase of Collection	Patient Age	Patient Gender	Patient Race/Ethnicity	Do you have a way to retrieve this patient record in case of an audit? Y or N	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	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	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	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	Notes
1	Baseline									
2	Baseline									
3	Baseline									
4	Baseline									
5	Baseline									
6	Baseline									
7	Baseline									
8	Baseline									
9	Baseline									
10	Baseline									
	BASELINE KCA TOTALS					0	0	0	0	

Data Collection Calendar

Cycle (Action Periods)	Program KCA Data Pull Start Date (1 week before data due to allow providers to finish their patient notes)	Program KCA Data Due Date	Aggregate Data Shared with Learning Collaborative	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

Data Collection Calendar continued

- The pulled data will be de-identified and added by the FMRP data collection coordinator to the data collection tool template and sent to Kathy according to the project calendar for analysis.

- Send your completed data collection tool (cumulatively) for each data cycle to Kathy Fredericks.

- Kathy.fredericks@fmec.net **Mobile: 708-793-2577**

Aims and Barriers Grid

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.	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.	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.	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.	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.

HBC QI Toolkit and Project Web Page

Find the HBC QI Pilot Project Toolkit on our Project Web page (middle section)

Link: https://www.fmec.net/breast-and-ovarian-cancer-phase-2

- HBC Aims and Barriers Grid
- *Bring Your Brave* CDC Patient Education Resources
- List of HBC Screening Tools and Resources
- How to access genetic counselors and testing in your area
- PDSA Worksheets
- Model for Improvement Tools
- Excel Data Collection Spreadsheet
- BYB Website

Learn About BYB Resources to Use with Patients

- Assessing Risk in Young Patients
- Strategies for Managing Risk
- HBC and BRCA Genes
- Take Action by Screening and Informing Patients of their Risk
- Share videos and patient education materials
- Learn About Genetic Counseling and Testing

Why is the Campaign Important?

- BRCA-related cancer risk can be reduced by 90% or more through preventive options (Cragun et al, 2017)
- Yet, only about 10% of those with BRCA mutations in the US are aware they carry a mutation.
- Primary care is the most opportune setting to conduct breast cancer risk assessment (Bellhouse et al, 2021)
- Among patients seen in primary care, less than a quarter of women at high risk of breast cancer were referred to BRCA 1/2 testing in accordance with the USPSTF recommendation. Three quarters of primary care physicians never referred a single patient for genetic testing (Linfield et al, 2022)

Ashley's Family History of Breast Cancer: Finding the Courage

Training Evaluation

Please complete a brief training evaluation online within one week of this session. In order to receive PICME credits for this QI activity, you must view and complete an evaluation for all three trainings. Access the online evaluation for the HBC Pilot Project Structure training here:

https://www.surveymonkey.com/r/02-01-24-FMEC

For those who missed the live presentation, view it on demand by February 15, 2024 and complete the evaluation using the link above.

To access the recorded presentation, visit the FMEC YouTube channel and select the HBC QI Project Structure Training.

https://www.youtube.com/@FMECInc/videos

You can access all three trainings and links to the evaluations via the project web page.

https://www.fmec.net/breast-and-ovarian-cancer-phase-2

Questions or Need Help?

Thank you for your participation in the Pilot Project!

If you have questions, contact your assigned QI coach or FMEC staff:

Scott Allen, MS, FMEC CEO: scott.allen@fmec.net

Kathy Fredericks, MBA, PMP, FMEC QI Consultant: Kathy.Fredericks@fmec.net

(for questions related to QI best practices and project implementation)

Susanna Evans, MD, FAAFP: susanna.evans@tuhs.temple.edu

(for questions related to HBC education, screening, and testing)