



**For Immediate Release**

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**Eight Clinics Join the FMEC’s Breast Cancer QI Project**

DAYTON, OHIO – The Family Medicine Education Consortium (FMEC) is partnering with the National Association of Chronic Disease Directors on a cancer prevention and early detection quality improvement (QI) pilot project funded by the Centers for Disease Control and Prevention (CDC).

Early detection, in conjunction with risk reduction, is essential to reducing cancer mortality rates. With an estimated ten percent of cancer diagnoses linked to a high-risk genetic mutation ( $\cong$  200,000/year in the United States), identifying and counseling those individuals who carry the mutation can save lives. Family physicians are at the heart of the early detection and prevention of cancer. They are uniquely positioned to assess their patients' risk and counsel them. According to the CDC’s Division of Cancer Prevention and Control, only about 41% of primary care physicians refer women with a high risk for breast cancer for genetic counseling and testing. This QI pilot project aims to increase the number of family physicians and family physician residents who screen for HBC and offer counseling/testing options as well as educational resources.

The QI project will run for eight months, December 2023 to July 2024. The QI effort is organized into four areas: 1) utilizing the [Bring Your Brave](#) educational resources for providers and patients; 2) implementing a validated breast cancer screening questionnaire in practice; 3) providing patients who screen positive for HBC with genetic counseling; and 4) following patients to encourage ongoing cancer prevention/early detection care.

The AAFP has reviewed the 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.

Participants are below. The FMEC appreciates the time and energy they will put into improving care in their clinics through the project.

Family Medicine Residency Program or Clinic	Program Director and QI Project Leader	City, State
Cornerstone Care Teaching Health Center FMRP	Amber Warren, DO Jihad Irani, MD	Mt. Morris, PA
Greater Lawrence Family Health Center/Lawrence FMRP	Nicholas Weida, MD Elise LaFlamme, MD	Lawrence, MA
Heritage Valley FMRP	Steven Hagberg, MD Lindsay Heiple, DO	Beaver Falls, PA
Indiana Regional Medical Center Rural FMRP	Amanda Vaglia, DO Arwen Bassler, MD	Marion Center, PA
Lewis Gale Community and Family Medicine GME FMRP	Scott Lang, MD Julianna Snow, DO	Roanoke, VA



<b>New York Medical College at Saint Joseph's FMRP</b>	David Jerome, DO Rodika Coloka- Kump, DO	Yonkers, NY
<b>St. Luke's Miners Rural Family Medicine Residency Program</b>	Gregory Dobash, MD Thomas C. McGinley, Jr., MD	Tamaqua, PA
<b>University of Pittsburgh Medical Center McKeesport FMRP</b>	Allison Vogl, MD Jeff Jackson, MD	McKeesport, PA

Read more about the project at [Hereditary Breast Cancer Quality Improvement Pilot Project](#).

**About the Family Medicine Education Consortium**

The FMEC is a catalyst, convener, and incubator that connects family physicians and other stakeholders to improve the health communities by strengthening family medicine, primary care and medical education. The FMEC serves 14 states and the District of Columbia in the northeast region of the U.S., working with 60 medical school departments of family medicine, over 200 family medicine residency programs, and thousands of family physicians and other health care providers in community settings. Through an Annual Meeting for nearly 1,000 health professionals, annual awards, learning communities, and quality improvement projects, the FMEC inspires medical students to seek careers in family medicine, strengthens academic family medicine through faculty development and leadership experiences, and stimulates innovative approaches to primary care service delivery.