

Closing the Mammography Disparity Gap: One State's 2-year Experience Influencing Performance Indicator Rates

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Objective:

The objective of this presentation is to describe a quality improvement organization's [QIO] innovative efforts to reduce the mammography disparity between African-American and Caucasian Medicare beneficiaries in the state of Alabama.

Methods:

The design of this project follows a quasi-matched comparison design methodology. Seven counties in an area known as the 'Black Belt' [an area that spans parts of Alabama characterized by high concentrations of African-Americans and some of the most impoverished, underdeveloped areas of the country] and 2 urban counties were designated as the intervention group. Mammography rates in the intervention counties ranged from 39% to 59%. African-American women eligible for breast cancer screening in these counties were the intended targets of multiple interventions. In order to examine the effectiveness of QIO interventions, seven comparison counties were selected. They were a close match to the intervention counties in terms of the National Cancer Institute's cluster classification, socio-demographic data, and other factors related to high risk of non-compliance with mammography, with the exception that there was a generally lower concentration of African-Americans.

Over the contract period, original interventions developed on individual, community, and health care provider levels were implemented in the intervention counties. Strategies included: mammography events, targeted postcard mailings, educational material distribution, pilot projects planned with Community Health Advisors in physician offices, as well as in beauty salons, in addition to mass media campaigns. Furthermore, physicians received office visits by QIO staff where they received African-American tailored resource manuals to assist in providing culturally appropriate messages to non-compliant beneficiaries. Another strategic, ground-breaking initiative involved a partnership with the local university to offer continuing medical education credits in exchange for: reflecting on individual performance rates in the context of benchmarks set by peers, participating in courses concentrating on managing the care of complex adult patients, and using tools associated with higher indicator rates such as chart review and office reminder systems.

Results:

Based on quarterly measurement data, the disparity rate of the intervention group decreased from 12.9% to 8.9%, demonstrating a 4.0% reduction in disparity. Specifically for African-Americans, mammography rates increased for those in the intervention group from 54.9% to 58.0%.

Conclusions:

Interventions proved to be successful in that an overall reduction in disparity was achieved in the targeted intervention counties. Multiple interventions proved to be successful in that an overall reduction in mammography disparity was achieved in the targeted intervention counties. We learned of the ultra-vulnerability experienced by Medicare beneficiaries who do not have a medical home, discovering that mammography rates for this segment of the population was 66% lower than those beneficiaries linked with a primary care provider. These beneficiaries represented a substantial part of the underserved population included in this study. If these beneficiaries are specifically targeted in future efforts, greater improvements in the quality of care may ensue. Furthermore, our enlightenment of how lower educational and health literacy rates were strongly associated with lower rates of mammography is a critical relationship that must be recognized early in any future intervention planning effort. Cluster sampling would be a better approach when designating study groups. An increased emphasis on tailoring interventions to reach this particularly at-risk population in order to maximize the potential spread and impact of any health initiative spearheaded by this QIO is warranted.