

Why are Women in Colorado Getting Fewer Mammograms? Results from Colorado Prevention Alliance Focus Groups Suggest Various Reasons

Colorado's mammography rates have declined in recent years from 71.3% in 2004 to 66.5% in 2010, a drop more than many other states. This trend is happening among women with insurance as well as those without even though legislation in Colorado requires insurance carriers to offer mammograms to all eligible members with no co-pay or deductible and the passage of the Affordable Care Act requires coverage of mammograms AT NO COST.

So why are women in Colorado getting fewer mammograms?

The Colorado Prevention Alliance (CPA) set out to shed some light on the mystery of why women are opting out of mammograms even when cost is not a barrier.

After agreeing that this was an issue that impacted both privately insured and publicly insured women in Colorado, the CPA convened a Cancer Work Group. Participants from private and public health plans, state and federal government, advocacy groups and academia agreed to focus on exploring what has caused insured women who had previously had mammograms to reduce their screening. They acknowledged that this is only one segment of the population that needs mammograms but the group speculated that these women might have new insight since these women have insurance coverage and have previously taken the time to get screened.

The group collectively raised sufficient funds to conduct two focus groups. To participate, women had to have had insurance coverage for the last six years and have had a previous mammogram but not in the last three – six years. The goal was to identify what keeps these women from staying current on their mammograms.

Although focus groups do not provide statistically valid results, they accommodate a richer discussion and provide an ability to react to new information with additional probing. The result was a treasure trove of new insight which has been compiled in a report available at, www.coloradopreventionalliance.org.

The key findings from a clinical perspective are threefold – Fear, Pain, and Lack of knowledge:

1. Women feel that there is little pressure to get a mammogram and are not aware of any public messaging encouraging mammograms. Their physician is who they trust the most to remind them to get a mammogram. This was confirmed by a Centers for Disease Control report in July 2010 that indicated **the number one reason women say they didn't get a mammogram is that their healthcare provider didn't tell them to get one**
2. Women have very little understanding regarding how often they should get mammograms. A major misperception is that as they age there is less need for a mammogram – particularly if they have had a few

“clean” mammograms. In reality as women age the risk of breast cancer also increases making mammograms even more important.

3. Pain is a significant barrier and can be extreme enough to cause women to feel faint, cry, or simply decide not to return. Because this was most noted among the obese women among the participants some additional research was done to confirm that indeed, obese women experience more pain. In light of the growing number of obese women and the tendency for weight to increase with age, this is an important finding.

From the women’s perspective, the key findings mirrored those above. However in addition:

1. Women did not understand their insurance coverage for mammograms and perceived cost to be an issue. All of the women had insurance so theoretically under the terms of both state legislation and federal reform these women should all have full coverage.
2. Convenience was also an issue for women. Respondents perceive that it is difficult to schedule the mammogram during working hours which creates another barrier to getting one. This has been echoed in many previous studies.

These findings were a catalyst for robust discussion among the health plan clinicians, quality staff, public health providers, and advocates who serve on the Cancer Work Group. The group felt it was very important to develop an external communication strategy such as a public health campaign which would leverage the focus group outcomes. Two distinct communication tracks emerged with one focusing on provider communication and the second strategy focusing on patient communication.

Work group participants plan to develop collaborative messaging and education to address the key misperceptions among women and some achievable areas for improvement by clinicians. The goal is to launch a public campaign directed at women and to use existing channels to educate clinicians regarding the importance of their role in promoting mammograms.

YOUR Electronic Health Records Can Help

For physicians using an electronic health record (EHR) system there is a simple solution to address the issue of reminding patients about the importance of ongoing mammograms regardless of previous results or increasing age. Using the EHR health maintenance tool, physicians can order and track mammograms and also setup alerts reminding them to talk to eligible patients about getting a mammogram.

If your practice is using an EHR, the Colorado Foundation for Medical Care (CFMC), the Medicare Quality Improvement Organization for Colorado, can offer free in-office support to help you get started using the health maintenance tool and generating reminders for mammograms. CFMC has years of experience working with providers and practices to research, acquire, use and maximize their EHRs through various programs, and our support is offered **at no cost to you.**

If you are interested in learning how CFMC can help, please contact Devin Detwiler at ddetwiler@cfmc.org.