

What is your health center's problem statement for your breast cancer screening measure?

We are a large multi-site FQHC that serves the medically underinsured and uninsured in rural Southeast Mississippi trying to increase the number of females 50-74 with screening mammograms but we are having trouble getting our patients to keep their mammogram appointments because of various reasons (lack of transportation, fear of medical debt, fear of a painful procedure) which makes us frustrated.

We are a health center that provides high-quality, comprehensive healthcare to low-income and homeless populations trying to provide our patients with the care they need regardless of their ability to pay but requires patients to also engage with us in regards to their need to live healthy lives because our patients face challenges that can make it difficult to access healthcare which makes us feel proud to be part of the FQHC network as we have expanded access to deliver healthcare to hard-to-reach populations in schools, shelters, and on the streets as we believe everyone deserves access to quality healthcare.

we are health center that serve a diverse patient populations in urban area , we are trying to increase breast cancer screening rates but facing barriers such as the access testing facilities and referral loops closures also limited patients awareness which is rooted in socioeconomic disparities and we are determined to address these challenges and improve our screening outcomes .

We are a small, mountain rural FQHC in Colorado that serves a diverse patient population trying to increase the number of patients who complete their screening mammograms, but our patients face barriers. These include language, time, transportation, and health literacy, which causes the patient not to prioritize breast cancer screening. Which makes us feel helpless.

What are the factors prohibiting patients from having breast cancer screening?

Our health center promotes and pushes breast cancer screening and education but there are still factors causing patients to be non-compliant with testing.

We are a multi-site health center that serves over 20,000 patients annually in rural and frontier areas in Arizona, Nevada, and the Navajo Nation trying to increase the number of patients who receive breast cancer screening and decrease disparities in the Native American, Medicaid, and uninsured populations while engaging our providers to have conversations with patients on the importance of these screenings, but we find our clinical staff are burdened by workflows and pushback from patients are in remote areas with limited mammography services and limited staff to manage follow-up because we often don't do a good job with onboarding and ongoing education for our providers and support staff and need to provide more training for providers in MI to get patients to see the importance of this screening which makes us feel frustrated.

We are a health center that serves the most vulnerable populations trying to improve breast cancer screening techniques by tailoring them to the specific needs of women with financial and language barriers to ensure timely detection and treatment of breast cancer.

We are a Federally Qualified Health Center in Hartford CT that primarily serves Medicaid patients from the surrounding community, trying to: 1) increase the number of patients who complete mammograms and 2) increase the number of mammogram reports we receive for those who have completed mammograms; but we don't always have patient buy-in about the importance of having a mammogram , there is an absence of in-house resources to provide mammograms, our mobile mammogram has limited appointment slots on the one day they are on site each month, and we have a lack of interoperability with other facility EHRs and lack of coordination between our Women's Health and our Adult Medicine service lines which makes us feel that this is an insurmountable, challenging measure to improve.

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We are a health center that serves the underserved and homeless population trying to improve patients whose charts show that they've received breast cancer screening, but we need to increase outreach to patients about the importance of getting screened for breast cancer. Barriers could be whether a facility accepts the patient's health insurance, coordinating the appointments with patients who need assistance, transportation, and any out-of-pocket costs.

We are a health center that serves 7,500 patients in the Twin Cities area trying to improve our breast cancer screening rate. However, frequent no-shows for mammogram days and trouble with care coordination of our uninsured patients we are struggling with the screenings. The lack of screenings makes us concerned for our patients health and well being.

We are a health center that serves low-income and homeless patients in Lane County trying to improve percent of patients that complete the breast cancer screening measure yearly, but we have difficulty implementing care guidelines as well as technical issues with our EHR due to inability to document appropriately to capture the measure and patients making it to their appointments at the imaging center because patients not having phones or ability to maintain personal schedule as well as transportation issues, which has motivated us to escalate this to a priority for the year.

We are a health center that serves patients across the full age spectrum from diverse backgrounds in a rural, upstate New York community trying to achieve a performance target of 72% in alliance with a payer contract, but face patient hesitancy or declination because of fear or other aspects of their life taking priority which makes us feel like we need to identify innovative ways to address social determinants of health and partner with payers and screening mammogram providers to develop creative patient education that addresses health literacy gaps.

We are a health center that serves a diverse patient population, trying to increase breast cancer screening rates, but facing barriers such as limited patient awareness, access to screening facilities, and cultural misconceptions, which are rooted in socioeconomic disparities and inadequate health education, leaving us determined to address these challenges and improve our screening outcomes.

We are a health center located in Metro Detroit that serves the underserved and homeless members of our community regardless of their ability to pay, trying to increase the number of patients that complete their mammogram screenings, but we have a hard time maintaining compliance with our patients because there are outside factors such as lack of insurance, fear of results, and transportation issues that keep us from achieving our goal, which makes us feel like we are constantly fighting an uphill battle.

We are a health center in Northwest Indiana that cares for the medically underserved patient population. Staff are trying to improve the number of our patients who receive mammograms as a preventative measure. This is a challenge because patients are referred to outside sources and they may not follow up on the referral. This makes us feel like we are missing opportunities for health improvements and preventative care in a vulnerable patient population.

We are a health center that serves 36,000+ patients trying to improve our breast cancer screening rate from 40% in 2022 to 50% in 2023. We are a large organization with few outreach resources. Our providers order mammograms consistently, but many of these mammograms are not completed.

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We strongly believe in empowering our patients through education, especially when it comes to their health. Breast cancer is a significant concern, and we recognize the need to effectively convey the importance of regular screenings to our patients. However, we have observed a knowledge gap among individuals regarding the significance of early detection and the role of screenings in improving outcomes.

Our problem lies in finding an effective approach to educate and raise awareness among our patients about breast cancer screening. We aim to bridge this information gap and ensure that our patients fully comprehend the benefits of early detection and are motivated to prioritize regular screenings.

We are a multi-site federally qualified health center serving Marion, Lake and Sumter counties, trying to increase the amount of female patients ages 50-74 who complete their breast cancer screening, but we have a hard time connecting our patients to resources because they are often unaware of the available resources in the community to aid with the cost of mammograms if they are uninsured or if they are insured, they are unaware of who accepts their insurance and this makes us feel motivated to connect our patients to breast cancer screening resources.

We are a health center serving California's Central Valley which is predominantly made up of migrant and seasonal farmworkers whom we are trying to improve their overall screening, including breast cancer screening which has been a focus and an area of challenge because of access to care and availability of providers in the area making us feel overwhelmed at times.

transportation, pt population

We are a health center that serves a rural community trying to increase breast cancer screenings, but scheduling screenings is a barrier because local healthcare organizations with the proper equipment struggle with access, which makes us feel helpless to our patients.

We are a health center that serves a rural-suburban population, including a large MSAW population, trying to improve breast cancer screening rates in our female age 50-74 population but language and cultural barriers and access to imaging are issues because we refer out mammography imaging and the imaging centers are months behind and in some cases will not accept patients outside their system which makes us feel frustrated and defeated because patients are not able to get essential care due to restrictive corporate policies of for-profit organizations.