



Mammographic Quality Initiative to Reduce Breast Cancer Disparities

Community & Cancer Science Network

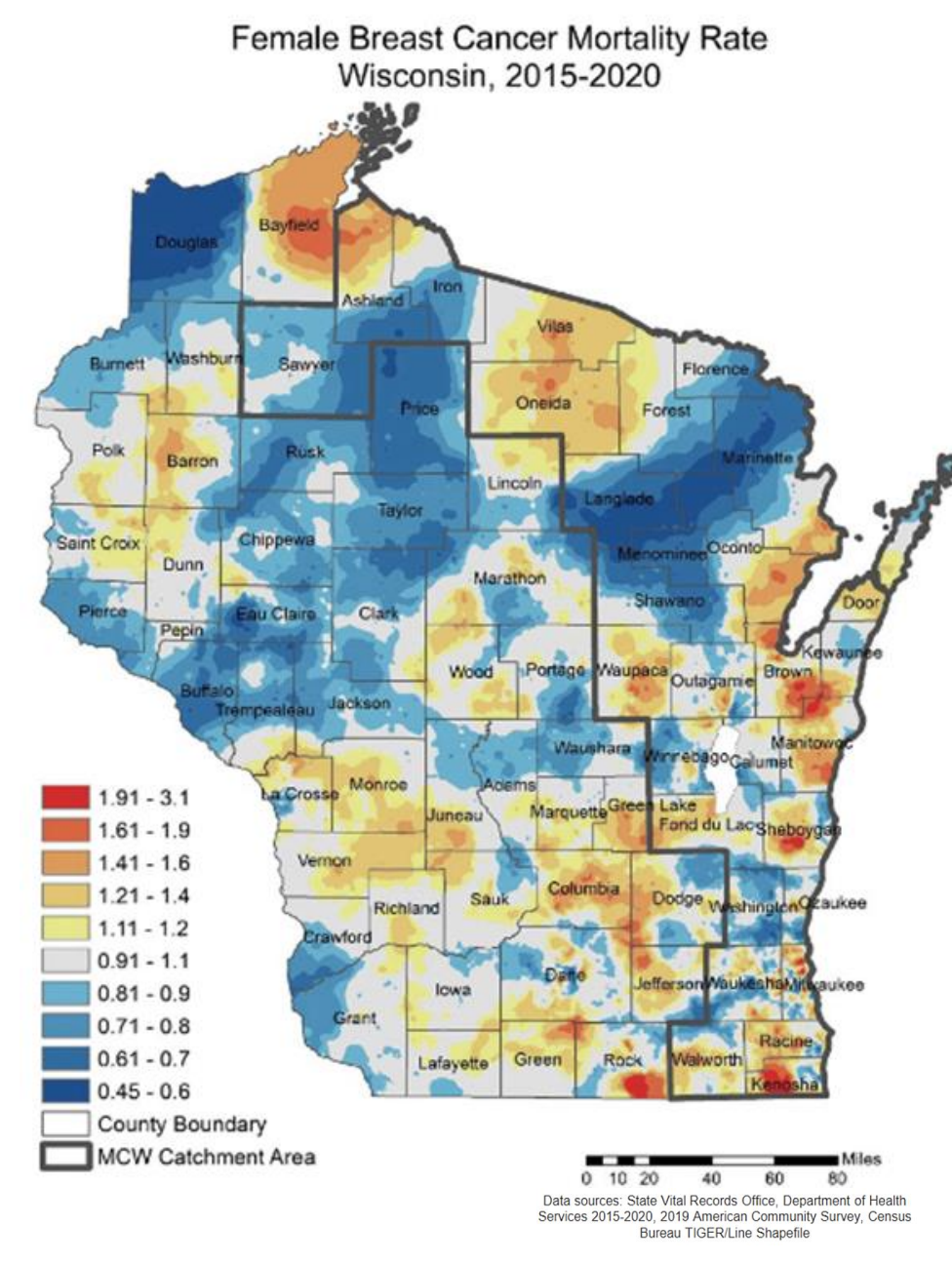
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Background

While breast cancer mortality rates have decreased in Wisconsin, Black women, and women in certain regions of the state, continue to experience higher rates compared to women of other races/ethnicities.^{1,2}

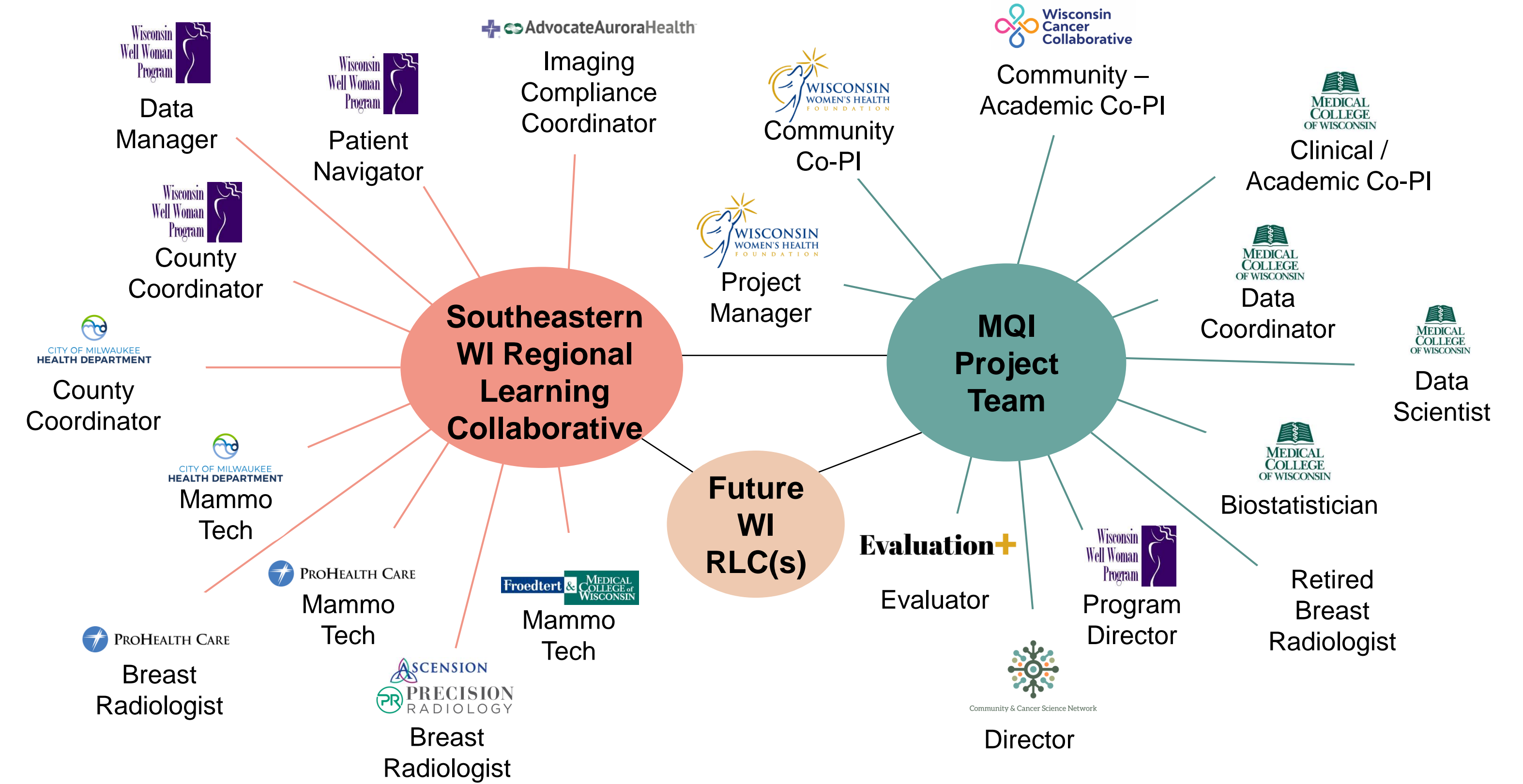
While health care systems already apply quality improvement and accountability processes, they are not always explicitly focused on eliminating disparities, nor are facilities explicitly accountable to patients for a quality experience.

Collective impact (CI) strategies and shared measurement systems (SMS) are one approach not deeply explored in mammography. In a SMS, a collaborative group of organizations agree on a shared vision of impact and a set of metrics to assess movement towards that impact. It builds infrastructure and culture that support data as a tool to identify effective interventions, foster collaboration, and ultimately—lead to more coordinated efforts to improve policy and system conditions.^{3,4}



Partners

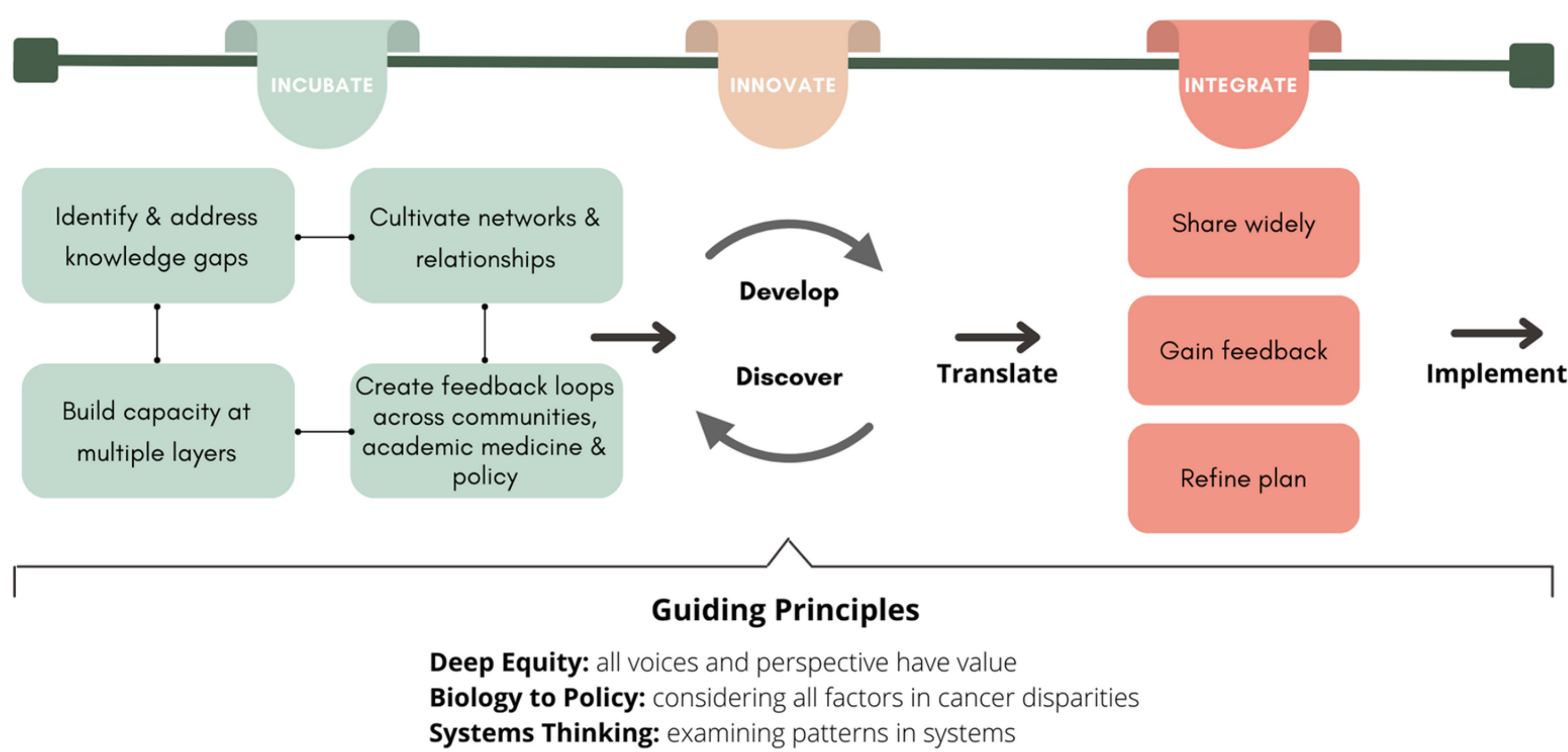
First, a transdisciplinary statewide leadership team began building relationships (2020-21) and recruiting Southeastern Wisconsin mammography providers as part of a first Regional Learning Collaborative (RLC) (2021-2022).



Data show strong transdisciplinary relationships in our network are built on trust, empathy and transparency. Activities thus far facilitating strengthening include: 1:1 interactions, in-person meetings, prioritizing time for trust over immediate asks, and outreach by matching sectors (i.e. radiologist to radiologist, community to community)

Overview & Goals

The Community and Cancer Science Network (CCSN) is a statewide initiative to address cancer disparities.



CCSN uses a transdisciplinary model that emphasizes learning and innovation, and full, equitable engagement of non-academic partners.⁵

One CCSN project is the Mammographic Quality Initiative (MQI). MQI is applying a collective impact (CI) shared measurement system (SMS) to the mammography process.

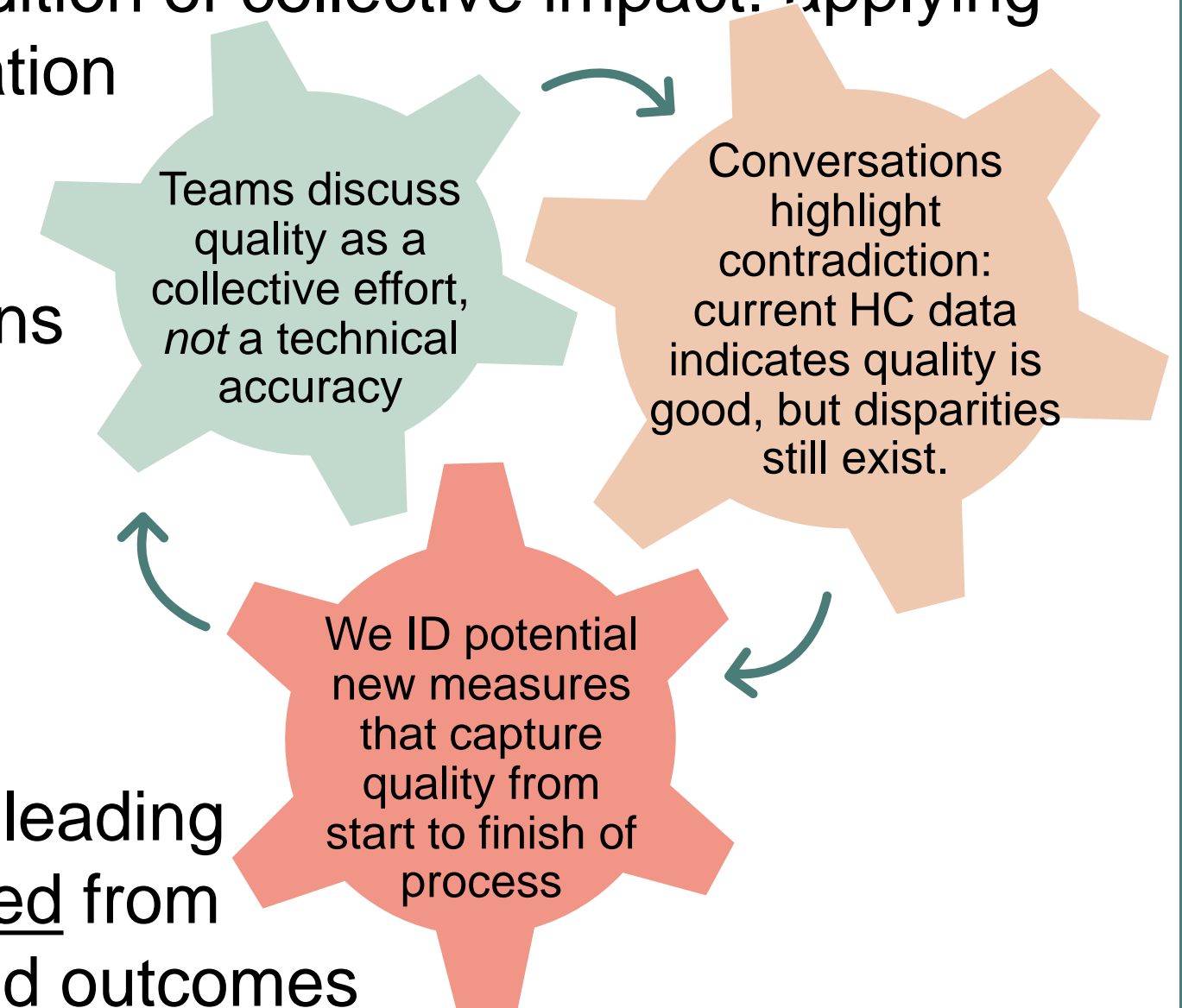
We build transdisciplinary teams and use collaborative learning towards equitable, just screening experiences. We consider quality of mammograms from scheduling through screening completion.

Additional progress markers and goals of the project towards building this SMS of mammographic quality include:

1. Expansion to additional regions
2. Growth of transdisciplinary teams towards future leadership of the SMS
3. Sustainability plans including organizational home(s) and future funding sources

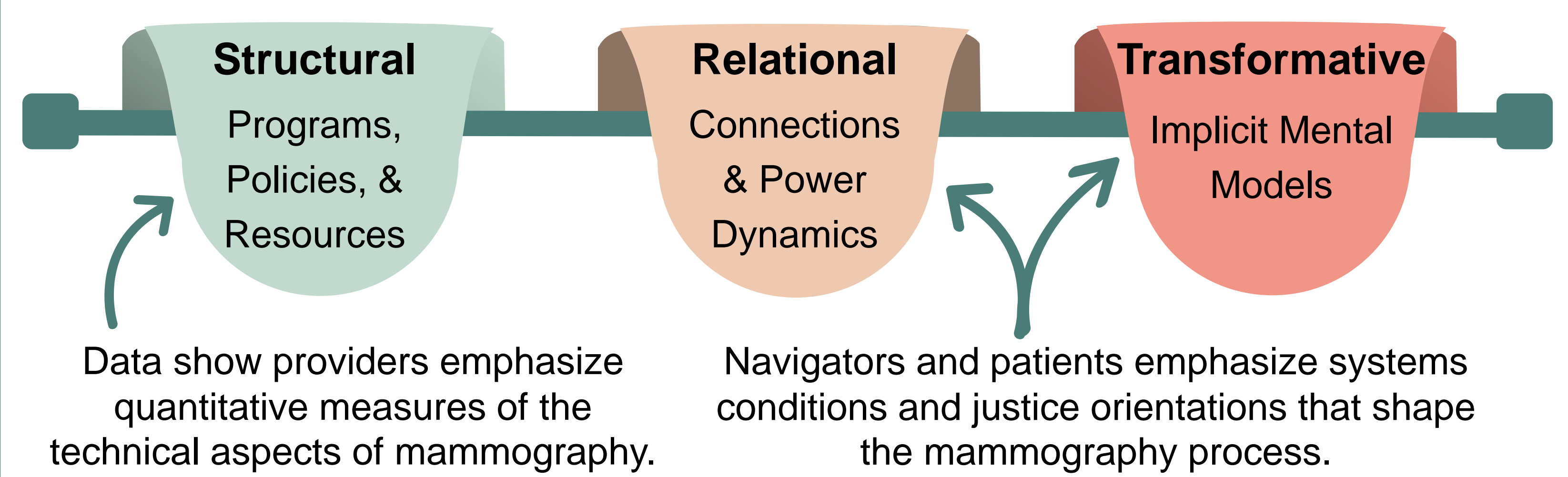
Activities

As shared measurement is the most challenging condition of collective impact. applying this approach to a health care setting asks for application of intentional methods. The MQI incorporates action learning and reflective practice to critically consider the many perspectives, actions, and decisions across the transdisciplinary SMS leadership. Data show our most successful activities & practices are feedback loops across teams, especially meaningful measurement dialogues (*right*).



In early phases of building the SMS, the team is also leading an initial study of how mammographic quality is defined from the perspectives of people invested in the process and outcomes (both providers and patients). This learning is informing our vision, the metrics we may assess to move towards impact, and helping build our larger culture (*below*). Our ability to share this data is building empathy and changing and informing our conversations.

Factors of Mammographic Quality*



*Adapted from FSG Model⁶

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3. Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, 9(1), 36–41. <https://doi.org/10.48558/5900-KN19>
4. Kramer, M., Parkhurst, M., & Vaidyanathan, L. (2009). Breakthroughs in shared measurement and social impact. FSG Social Impact Advisors. http://www.fsg.org/Portals/0/Uploads/Documents/PDF/Breakthroughs_in_Shared_Measurement_complete.pdf
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