

**SUSTAINED SUCCESS:**  
**Dramatically Increasing  
Mammography Screenings  
Through a Collaborative  
Walk-In Program**

# Who We Are



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# Recognizing the Needs

- 2016 CHNA Identified the need for better access for Screening Mammograms
- Inter-Departmental Mammography Screening Committee was formed
- Walk in Mammography Program was Developed
- MQSA (Mammography Quality Standards Act) allows for Self-Requesting Mammography
  - No provider order is required



## Mammogram Screenings



### Community Health Needs Assessment - CHNA

Breast cancer is one of the top 25 concerns identified by the Department of Public Health. Breast cancer incidences are high in Columbia County; however, deaths due to breast cancer are considered low. This is due to proper and timely testing and screenings that allow for earlier detection and treatment options. Columbia County is not on par with the rest of Wisconsin or the nation in regard to mammography screenings.

Breast cancer is one of the leading causes of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. In addition, 80% if a women's risk for developing breast cancer is due to her environment rather than her family history; such as increased age, obesity, alcohol use, pregnancy, birth control, hormone therapy, etc.

### Our County

- 134.8 per 100,000 females have had an incidence of breast cancer between 2008 – 2012 (age adjusted), the state average is 124.8 and the national average is 122.7
- Deaths due to breast cancer are 24 per 100,000 people, the state average is 21 and the national average is 22.2.
- 66% of females receive recommended mammograms, compared to the state average of 71%
- “2020 Tracker” Target for age adjusted death rate due to breast cancer is 20.7 (per 100,000)

### CHNA Goals

- Increase the percentage of mammography screenings in Columbia County from 66% in 2015 to 67% in 2018 for those suggested (County Health Rankings & Roadmaps)
- Decrease the death rate due to breast cancer in Columbia County from 24 per 100,000 in 2015 to 23.6 per 100,000 in 2018 as this indicates an increase in early detection (Healthy Communities Institute)

### Initiatives

- Community Based Surveys - *Patients believe they need a physician referral for a mammogram*
- Focus Group
- #IGotMine
- Walk in Wednesday: Sept.13th - Nov. 1st
- Handmade Cards
- Sharing Survivor Stories
- Creating Awareness

# Timeline





# Challenges Those 1<sup>st</sup> Years

- Huge Volumes, Team Overwhelmed
- Privacy when Asking Health Questions
- Wayfinding: Waiting Room, Registration, Scheduling
- Patients Misunderstanding Costs
  - Thinking Screenings Were Free
- Outside Images for Comparison Workflows
- Non-Imaging Teams Support
  - Understanding Their Role & Importance for a Successful Program



# Wins Those 1<sup>st</sup> Years

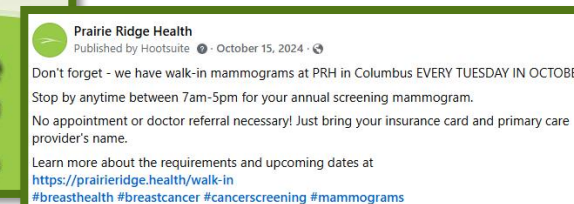
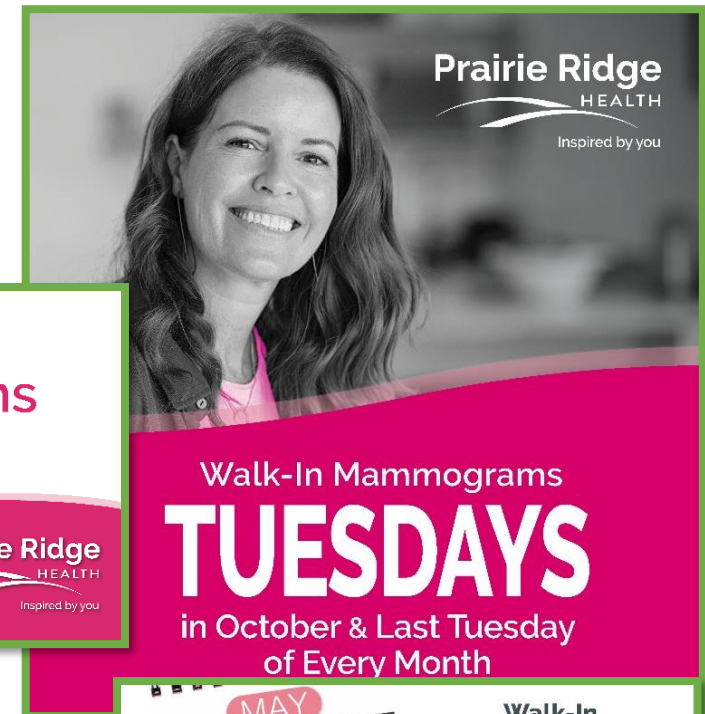
- Patient's Loved it!
- Team/Organization Support
- Multi-Level Promotion
- Community Outreach Increased



# How We Promote

- Billboards
- Flags
- Electronic Marketing Boards
- Social Media
- Radio
- Magazine
- Signage within Hospital
- Providers
- Brochures
- Hospital Events

*\*Patients are asked when they check-in for a walk-in how they heard about the program*





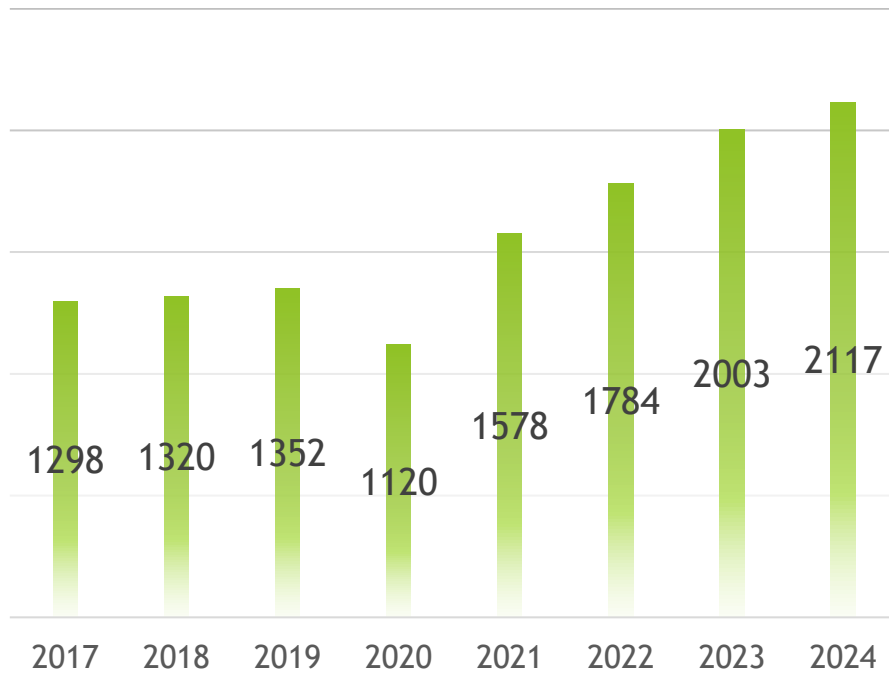
# Team Approach

**Importance of  
facility-wide  
support**

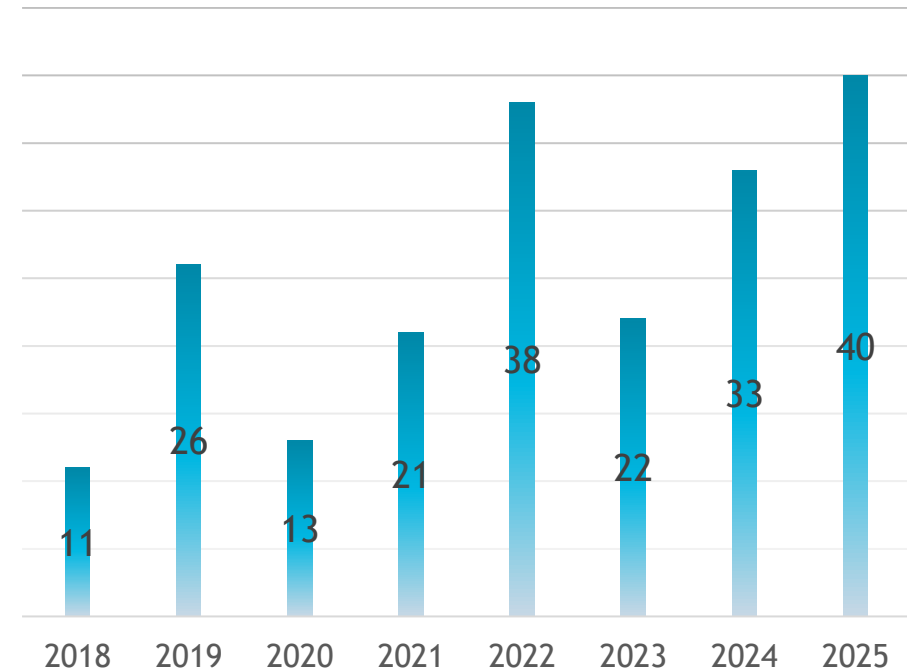




# Statistics



**Screening Volumes**



**Biopsy Volumes**

# Additional Collaboration

## Mammography Research Grants

- Partnership with UW Carbone Cancer Center and WI Research & Education Network
- 2020 – 2022: “Identifying Local Barriers to Mammography in Women Served by a Rural Acute Care Hospital”
- 2023 – 2025: “Barriers to Mammography Screening in Rural Wisconsin”

### Barriers to mammography screening in rural Wisconsin

PIs: Earlise Ward PhD, LP and Sarina Schrager MD, MS

*Why is this work important?*

Compared with women in urban areas, women living in rural areas:<sup>1-2</sup>

are less likely to get a screening mammogram

have breast cancer diagnosed at later stages

have limited access to medical treatment

receive poorer quality of care

*What did we do?*

Researchers talked to women ≥40 years who have not had a mammogram in the past 2 years to learn what makes it harder or easier to get screened.

*How did we collect the data?*

16 women who live in the Prairie Ridge Health service area met virtually with researchers either 1:1 or as a group.

This work was supported by the NCI Cancer Center Support Grant P30 CA014520 and the Department of Family Medicine and Community Health small grant program

References

- Chandik A, Nayar P, Lin G. Rural-urban disparities in access to breast cancer screening: a spatial clustering analysis. *J Rural Health*. 2019;35(2):229-235.
- Thompson JA, Chollet-Hinton L, Keighley J, et al. The need to study rural cancer outcome disparities at the local level: a retrospective cohort study in Kansas and Missouri. *BMC Public Health*. 2020;20(1):2594. Published 2020 Nov 24.

### What did we hear?

What keeps people from getting a mammogram?	What helps people to get a mammogram?
<b>TIME SPENT</b> <ul style="list-style-type: none"> <li>on travel takes away from caregiving and work</li> <li>scheduling the appointment</li> </ul>	<ul style="list-style-type: none"> <li>Clinics help to schedule</li> <li>More <b>LOCATION</b> and <b>TIME</b> options like evenings and weekends</li> <li>Access to mobile mammogram units</li> </ul>
<b>INSURANCE</b> <ul style="list-style-type: none"> <li>limited or no coverage</li> <li>high costs</li> <li>scheduling barriers</li> <li>follow-up screenings not covered</li> </ul>	<b>INCREASING</b> <ul style="list-style-type: none"> <li>follow-up screening coverage</li> <li>in-network screening locations</li> <li>preventative screenings for women with dense breast tissue</li> </ul>
<b>CONFUSION</b> about: <ul style="list-style-type: none"> <li>screening frequency and age guidelines</li> <li>why it is important</li> <li>what happens during the screening</li> </ul>	<b>TALKING</b> with primary care doctor about: <ul style="list-style-type: none"> <li>how to prepare for it</li> <li>why it is important</li> <li>what will happen at the appointment</li> </ul>
<b>FEAR</b> of: <ul style="list-style-type: none"> <li>being hurt by the machine</li> <li>radiation</li> <li>finding cancer</li> </ul>	<b>IMPROVED</b> procedure <ul style="list-style-type: none"> <li>feeling informed and supported by screening staff</li> </ul>
<b>STANDARDIZED</b> care practices <ul style="list-style-type: none"> <li>language barriers</li> <li>not feeling seen or heard</li> </ul>	<b>INDIVIDUALIZED</b> care <ul style="list-style-type: none"> <li>able to read materials and speak with staff in preferred language</li> <li>screening when it makes sense for personal</li> </ul>

# Current Day

## Walk-Ins

- Every Tuesday May & October
- Last Tuesday of Every Month
- 2 Evenings a Month Extended Hours

## Paperwork Completed While Patient is Waiting

- Screening questions
- Release of outside records if patient has previous exam elsewhere

## Periodic Multidisciplinary Team Check-In's

## Team Includes

- 2-3 Mammographers, Manager who is also a mammographer to assist during lunches & late hours
- Dedicated Walk-In Registration/Scheduling Team Member
- Additional Imaging Team Members doing all other modalities to allow mammographers time dedicated to walk-in patients only
- Volunteers of PRH
- Imaging Receptionist working on outside images requesting & uploading
- Environmental Services Team for flags and additional laundry
- Radiologists



# Additional Fun

- Warm Gowns
- Goodie Bags
- Custom “Support Team” T-shirts for all hospital & clinic team members
- Volley for a Cause
  - Foundation Event
  - Partners with 9 local high schools
  - Raised over \$168,000 to support the PRH Breast Health Program



# Pink & Pearl Campaign

## At Prairie Ridge Health

The Pink and Pearl Campaign is dedicated to promoting early detection of breast and lung cancer through education, awareness, and compassionate care. We believe that access to screening and support should begin right here—in our own community.

Rooted in connection and driven by hope, we strive to unite our neighbors, families, and care teams to break down barriers, encourage regular screenings, and support those affected by cancer. Through shared stories, local outreach, and a commitment to prevention, we're working together to create a healthier future, one person, one screening, one community at a time.

## Spearheaded by our Screening & Support Technologists

- Dawn & Shelli
- Collaborating on the 1<sup>st</sup> Ever Pink & Pearl Campaign in WI







**Thank you!**