East Georgia Cancer Coalition

The purpose of this program is to increase community access to mammogram services by addressing structural barriers and reducing out-of-pocket costs. The program refers uninsured patients of Federally Qualified Health Centers(FQHC)-residents of Banks, Barrow, Burke, Butts, Cherokee, Clarke, Clayton, Cobb, Columbia, Coweta, Dawson, Dekalb, Douglas, Elbert, Emanuel, Fayette, Forsyth, Franklin, Fulton, Glascock, Greene, Gwinnett, Habersham, Hall, Hart, Henry, Jackson, Jefferson, Jenkins, Lincoln, Madison, McDuffie, Morgan, Newton, Oconee, Oglethorpe, Rabun, Richmond, Rockdale, Screven, Spalding, Stephens, Taliaferro, Towns, Union, Walton, Warren, Washington, White and Wilkes counties-to mammography services and provides screenings at no cost to the patient.

Patients of FQHCs tend to be lower income, uninsured and/or from minority or vulnerable populations. Clinic staff sees patients prior to appointments, administers checklists of recommended cancer screenings (physician reviewed) and provides follow-up to determine screening completion. The clinic recommends mammograms to age appropriate patients and aids in scheduling screenings. The screenings and readings are provided by local hospitals, imaging centers and radiology groups and reimbursed by the EGCC. The EGCC completes evaluations from clinic/hospital reports and count data from billing documents. The checklists and corresponding databases have been developed and implemented for data collection and tracking. Clinics participate in evaluation by administering checklists, collecting baseline data, providing follow-up phone calls for post-intervention data and tracking pre-and post-intervention.

Formative and process evaluations are conducted by the EGCC, clinics, and hospital staffs to assess procedures for screening reminders, referrals, data collection, screening delivery and follow-up. Provider checklists were found to increase breast cancer screening rates by 12%- attributed to the uniform system for screening referrals for all patients. Evidence suggests offering reminders and reducing out-of-pocket costs further increases these rates. In our region, hospitals report significant drops in utilization of mammography services when our program is on hiatus. The program has become institutionalized in our communities.