Evaluation and Outcomes of a CME-Certified Symposium Addressing the Breast Cancer Mortality Disparity in Chicago

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ABSTRACT

Background: In Chicago, a black woman diagnosed with breast cancer (BC) is 62% more likely to die than a white woman diagnosed with BC. The Chicago Breast Cancer Quality Consortium, funded by the Susan G. Komen for the Cure Foundation, recently completed its first year of data collection on select quality measures in BC care. Results and lessons learned from these data were the focus of a continuing medical education (CME)-certified symposium in June 2010. This report details participant satisfaction and symposium outcomes.

Methods: Participant satisfaction and outcomes were assessed with a pretest, posttest, program evaluation, and follow-up survey.

Results: The majority of attendees indicated that the program completely met the learning objectives (75%) and successfully addressed barriers to optimal patient management (85%). Participants’ confidence in interpreting quality data significantly increased as a result of the symposium. Baseline knowledge about the racial BC mortality disparity was low. Although there were significant immediate knowledge gains, there was no long-term retention. There was a high level of commitment to initiate practice changes as a result of attending the program, and 41% of follow-up survey respondents indicated making progress toward the development of BC quality improvement (QI) initiatives.

Conclusion: The symposium was a successful forum for the presentation of first-year data and discussion of barriers hindering optimal BC screening, diagnosis, and treatment in Chicago. Outcomes and follow-up survey data illustrate a need for future educational efforts to raise awareness about disparities in BC care, help stakeholders interpret quality data gathered by the Consortium, and underscore the importance of QI interventions to eliminate this disparity.

INTRODUCTION

Over the past 20 years, patient outcomes have significantly improved because of national efforts to increase the availability and quality of screening mammograms that detect early stage breast cancer (BC) and to improve BC diagnostics and treatments. These advances, however, have not been equally shared by all racial groups, and a substantial mortality disparity between black and white women has developed. In the United States, a black woman with BC is approximately 38% more likely to die from her disease than a white woman with the same diagnosis [1]. This disparity is elevated in Chicago; recent data indicate a 62% difference in the mortality rates [2]. The emergence of this gap is largely due to a 40% decrease and a 9% increase in mortality rates for white and black women, respectively, since 1981 [3,4].

The exact underpinnings of the growth in the mortality disparity remain unclear. Considerable geographic variability in this disparity suggests health system issues as major contributors, especially differences in access to and quality of screening and treatment between black and white women [3,4].

The Chicago Breast Cancer Quality Consortium, funded by the Susan G. Komen for the Cure Foundation, is the first patient safety organization dedicated exclusively to breast health. Because more than 70% of Chicago-area hospitals are voluntarily participating in the Consortium’s data-collection program, the Consortium has an intimate view of the state of BC screening and care in Chicago and has identified a need for accurately assessing current practice and developing quality improvement (QI) programs.

The Consortium recently completed its first year of data collection around 3 major areas: mammography quality, BC treatment quality, and the timeliness of follow-up across the spectrum of care. This is the first time hospitals across a large metropolitan area collected BC quality metrics as part of a single, collaborative project. Results of the data analyses will help inform the development of institution-specific 

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systems and processes to improve BC care and eliminate quality deficits.

**CASE REPORT**

**Chicago Breast Cancer Quality Consortium–Med-IQ Collaboration**

To establish a dialogue around the analysis of and challenges with the first year of data collection, the Consortium partnered with Med-IQ, an accredited continuing medical education (CME) provider, to create a symposium (supported by an educational grant from sanofi-aventis U.S. [Bridgewater, NJ, USA]) for key stakeholders at participating institutions. This is the first time that such a collaboration developed specific education to address regional cross-institution deficits and facilitate the planning of local QI efforts.

Together, this unique partnership crafted the symposium agenda and program content based on the first year of data collection, secured faculty, and recruited multidisciplinary teams from participating institutions. As the accreditation provider, Med-IQ ensured that symposium content and presenters complied with all Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial SupportSM requirements.

The symposium provided: (1) an overview of current best practices, research on national disparities, and BC management-related barriers; (2) the presentation of the Consortium’s early aggregate data on screening, quality of treatment, and timeliness of care from screening to diagnosis and treatment; and (3) a forum for multidisciplinary BC care teams to exchange front-line perspectives on the current state of BC screening and treatment and discuss potential steps for developing institution-specific, measurable QI efforts.

**Symposium Outcomes**

The quality of the symposium and the extent to which it met its educational objectives was measured through CME/CE evaluations, pre- and posttest questions, and a follow-up survey fielded to attendees 4 months after the program.

The symposium drew a multidisciplinary audience from Consortium institutions. Of the 163 attendees, 43% were nurses or nurse practitioners, 28% were radiology technicians, and 10% were physicians; 19% classified themselves as other nonclinical care team members (eg, cancer registrars, hospital QI staff).

Immediately following the program, 85% of participants designated the symposium as “excellent” or “outstanding” compared with other similar CME/CE events they attended in the past year; the same percentage indicated that the program very successfully addressed barriers to optimal patient management. Approximately 75% of respondents indicated that the symposium completely met each of the learning objectives, and 100% agreed that the activity provided fair and balanced content free from commercial bias.

**Educational Outcomes**

One hundred seventeen attendees completed the pretest, and 94 completed the posttest. Seventy-seven participants completed both; of this group, 29 completed the follow-up survey. The subsample completing the follow-up survey was determined to be a reasonably good representation of all attendees; results are reported for this subsample (P values were determined by chi-square test; P < .10 indicates significance).

There were significant changes in longer-term gain in participants’ confidence in their ability to interpret data regarding the quality of BC treatment (P = .029). The percentage of participants indicating they were “extremely confident” doubled from pretest to follow-up, and the percentage of participants indicating low confidence (not

| Table 1. Participant Confidence: Ability to Interpret Quality Data |
|------------------------|------------------------|------------------------|------------------------|
| Confidence Level       | Percentage of Responses | Longer-Term Gain P†     |
| Pretest                | Follow-Up              |                         |
| Extremely confident    | 17%                    | 35%                    | .029                   |
| Not at all or somewhat confident | 34%                 | 14%                    |                         |

†Pretest to follow-up.

| Table 2. Percentage of Correct Responses to Knowledge-Based Questions |
|------------------------|------------------------|------------------------|------------------------|
| Knowledge-Based Question | Percentage of Correct Responses | Significance Level |
| Pretest                | Posttest               | Follow-Up              | Immediate Gain P*      | Longer-Term Gain P†   |
| Identify a false statement regarding breast cancer mortality | 41%                    | 72%                    | 45%                    | .001                   | .708                   |
| Identify a system barrier contributing to disparities in breast cancer care in Chicago | 93%                    | 90%                    | 83%                    | .464                   | .028                   |
| Percentage correct across both questions | 67%                    | 81%                    | 64%                    | .030                   | .626                   |

*Pretest to posttest. 
†Pretest to follow-up.
at all or somewhat confident) was reduced by 50% over the same period (Table 1).

Among the knowledge-based questions (Table 2), there was significant immediate improvement in participants’ ability to identify a false statement regarding BC mortality ($P < .001$). However, this percentage returned to baseline levels at follow-up. A question asking respondents to identify a system barrier contributing to disparities in BC care in Chicago had a high baseline level of correct responses, and there was no significant immediate change (93% versus 90%). Only 83% of respondents correctly answered this question at follow-up—a significant drop from levels achieved on the day of the program ($P = .028$). Overall, the average percent correct on the knowledge-based questions at follow-up was lower than baseline levels, although the drop was not significant.

**Commitment to BC QI Initiatives**

After local data were presented, the focus shifted to improving the quality of BC care in Consortium institutions. Immediately after the symposium, all but 1 evaluation respondent indicated that they intended to take steps to change their practice as a result of their attendance. Actual progress toward the development of QI initiatives in BC care was evaluated with the follow-up survey ($N = 61$); 41% of respondents (25 people from 17 different hospitals) indicated that their institution started the process since attending the symposium. Of this group, 32% indicated that key stakeholders within their institutions had been identified, and 40% indicated that discussions about potential QI interventions had been initiated. Regardless of the actual progress, 52% of respondents agreed that additional educational resources would be helpful in implementing a BC care QI initiative at their institution.

**DISCUSSION**

The CME-certified symposium resulting from the unique collaboration between the Consortium and Med-IQ took advantage of the strengths and resources of each organization to successfully facilitate a dialogue among member institutions as they navigate the uncharted path toward improving BC care systems in Chicago. The presentation of local data regarding women’s access to quality healthcare services, as well as providers’ ability to track them across care settings, provided context for breakout sessions and panel discussions in which multidisciplinary patient care teams shared barriers to optimal BC care in their communities and brainstormed strategies for developing QI interventions.

As reflected in the outcomes data, however, much work remains to reverse the alarming BC mortality trend in Chicago. The Consortium and Med-IQ intend to continue their collaboration by developing future educational activities focused on factors underlying this disparity, as well as strategies for effective communication across Consortium institutions and sustained investment by key members of BC care teams. Such educational initiatives will help further the Consortium’s goal of improving the quality of BC screening and treatment provided to all women living in the Chicago area.

**REFERENCES**

2. Unpublished data (2005-2007 average); Sinai Urban Health Institute, Chicago, IL.