Breast Cancer Screening Patient Navigation Decreases Time to Screening and Diagnosis for FQHC Patients

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Introduction

Neighborhood Health, a Federally Qualified Health Center in Northern Virginia serving over 42,000 low-income patients, launched a breast cancer screening initiative to reduce disparities among underserved populations. Many patients are immigrants or individuals with limited English proficiency who face barriers to care such as transportation barriers, low health and technology literacy, lack of understanding of screening processes or ability to access specialty care.

Delays in screening and follow up had led to patients presenting with later stage cancer at times of diagnosis. Our project aimed to reduce the time from breast cancer screening order to final diagnosis and reduce the proportion of patients whose initial breast cancer diagnosis was late stage.



NH Cancer Screening Patient Navigators and Mobile Mammography Partnership

Methods and Materials

Two additional bilingual patient navigators were hired to work one-on-one with patients, a standing orders were implemented to allow scheduling by clinical staff and navigators, access to imaging was improved by partnering with radiology providers and a mobile mammovan, standing orders were implemented, and bi-directional texting was utilized for patient reminders.

Results

The data below reflects project period April 2024 to August 2025. The average time from screening mammogram order to completion decreased 48%, time between exam recall and follow up imaging decreased 51%, time between diagnostic referral and completion decreased 47%, and time from to biopsy completion decreased 48%. Late-stage diagnoses decreased from 23.3% (7) patients in 2023 to 7.4% (2) patients in 2024 (p=0.15).

Chart 1. Days to screening mammogram order completion

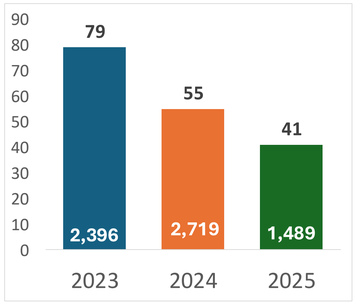


Chart 2. Days from screening mammogram recall to completion

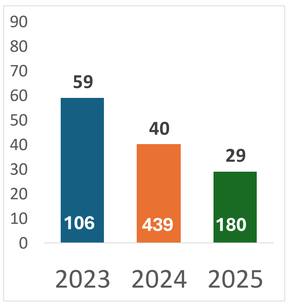


Chart 3. Days from diagnostic order to completion

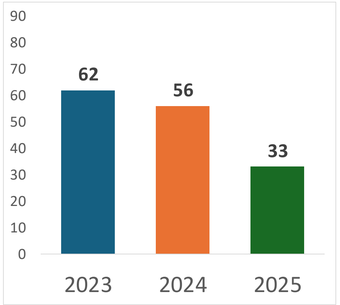
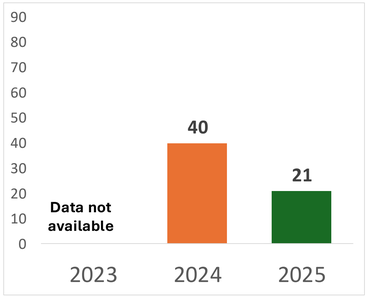


Chart 4. Days to biopsy completion



Discussion

Our project demonstrated that one-to-one patient navigation and system improvements meaningfully reduced the time from breast cancer screening and/or diagnostic order and test completion in a population of low -income women at an FQHC. Improvements were seen throughout each stage of the diagnostic process.

The odds of a late-stage diagnosis were roughly 3.8 times higher pre-intervention than post-intervention. However, the p-value (0.15) did not reach statistical significance due to small sample size.. While the trend suggests a meaningful clinical improvement (decline from 23.3% to 7.4%), We plan to continue to track this metric in future years.

Conclusions

Expansion of patient navigation along with system-wide process improvements at an FQHC **significantly reduced delays** across all stages of the breast cancer screening and diagnostic pathway, **leading to faster linkage from referral to biopsy completion.**

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Gilead Sciences' Breast Cancer Pilot is a public health initiative that seeks to enable routine screening and linkage to care for breast cancer in accordance with public health guidelines to advance timely diagnosis. FOCUS Breast Cancer Pilot Program awards do not fund activities beyond linkage to pre-treatment care.

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