

# A MIXED METHODS APPROACH TO EXPLORING BARRIERS TO MAMMOGRAPHY COMPLETION.

Jasmine Rangoola

*East Stroudsburg University of Pennsylvania*

Grant M. Greenberg M.D., M.H.S.A., M.A.

*Lehigh Valley Health Network, grant.greenberg@lvhn.org*

Melanie B. Johnson MPA

*Lehigh Valley Health Network, Melanie\_B.Johnson@lvhn.org*

Kyle Shaak BS

*Lehigh Valley Health Network, Kyle.Shaak@lvhn.org*

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## Published In/Presented At

Rangoola, J., Greeneberg, G., Johnson, M., Shaak, K., (2017, July, 31) *A Mixed Methods Approach To Exploring Barriers To Mammography Completion*. Poster presented at: LVHN Research Scholar Program Poster Session, Lehigh Valley Health Network, Allentown, PA.

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# A MIXED METHODS APPROACH TO EXPLORING BARRIERS TO MAMMOGRAPHY COMPLETION

Jasmine Rangoola, MPH Candidate, Grant Greenberg, MD, MHSA, MA, Melanie Johnson, MPA & Kyle Shaak, MPH

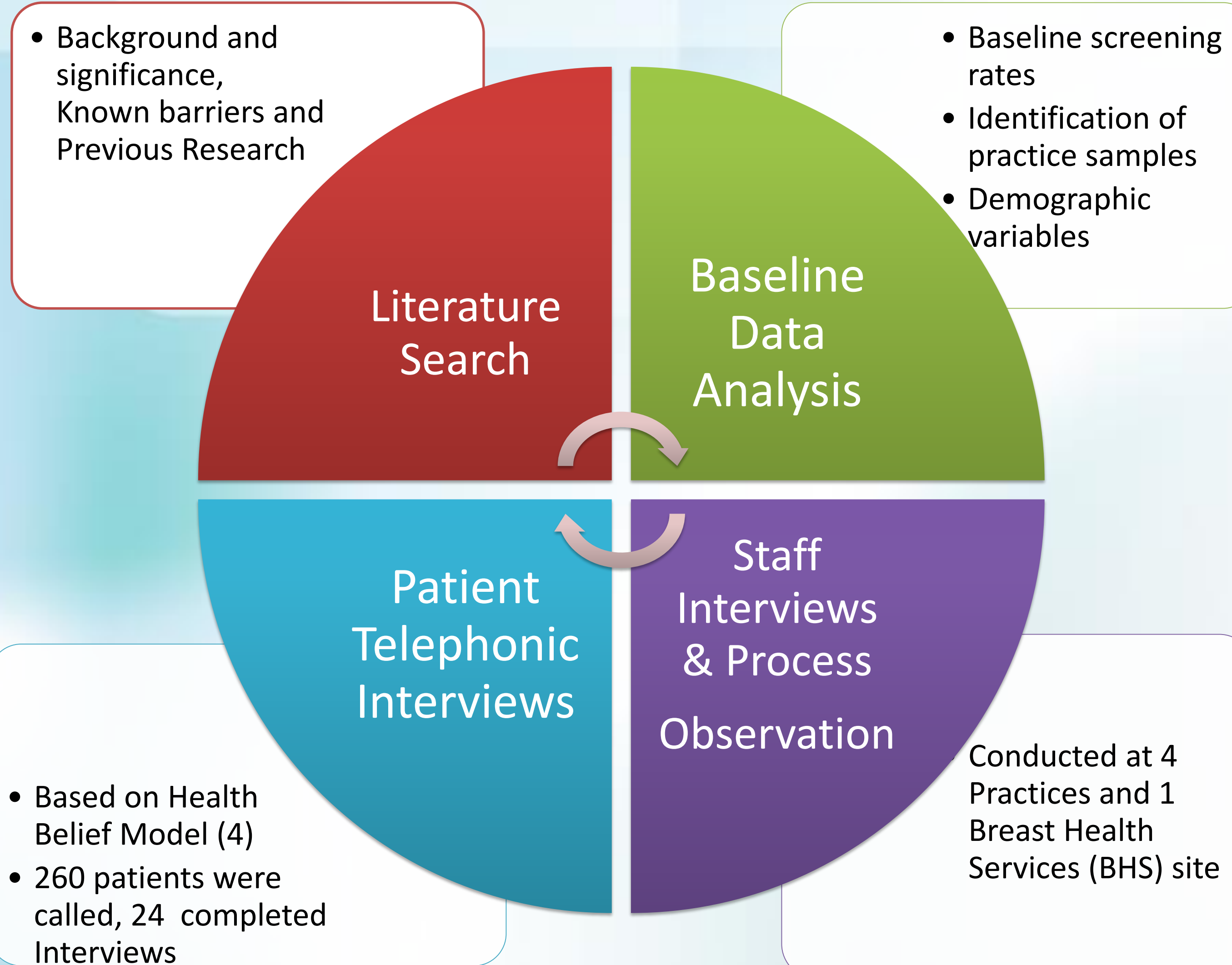
Lehigh Valley Health Network, Allentown, Pennsylvania

## BACKGROUND / INTRODUCTION

- Breast cancer (BC) is one of the most common cancer among women in United States (1).
- Mammograms are the best way to find breast cancer early (2).
- Department of Family Medicine at Lehigh Valley Health Network (LVHN) has a mammography rate of 67%.
- Healthy People 2020 has a target of 81.1% for women aged 50-74 years who had a mammogram in the past 2 years (3).
- The purpose of the study was to identify individual and systemic barriers for mammography screening and propose measures or interventions for addressing those barriers.

## METHODS

- Four Lehigh Valley Physician Group (LVPG) Family Medicine Practices and 1 Breast Health Services (BHS) Location were identified for the Mixed Methods approach, including patient sampling, staff interviews and workflow mapping.
- Informal patient interviews were conducted with women meeting criteria: aged 50-74, active patient at one of the 4 identified practices, English-speaking, with no documented breast cancer screening in the last 24 months.

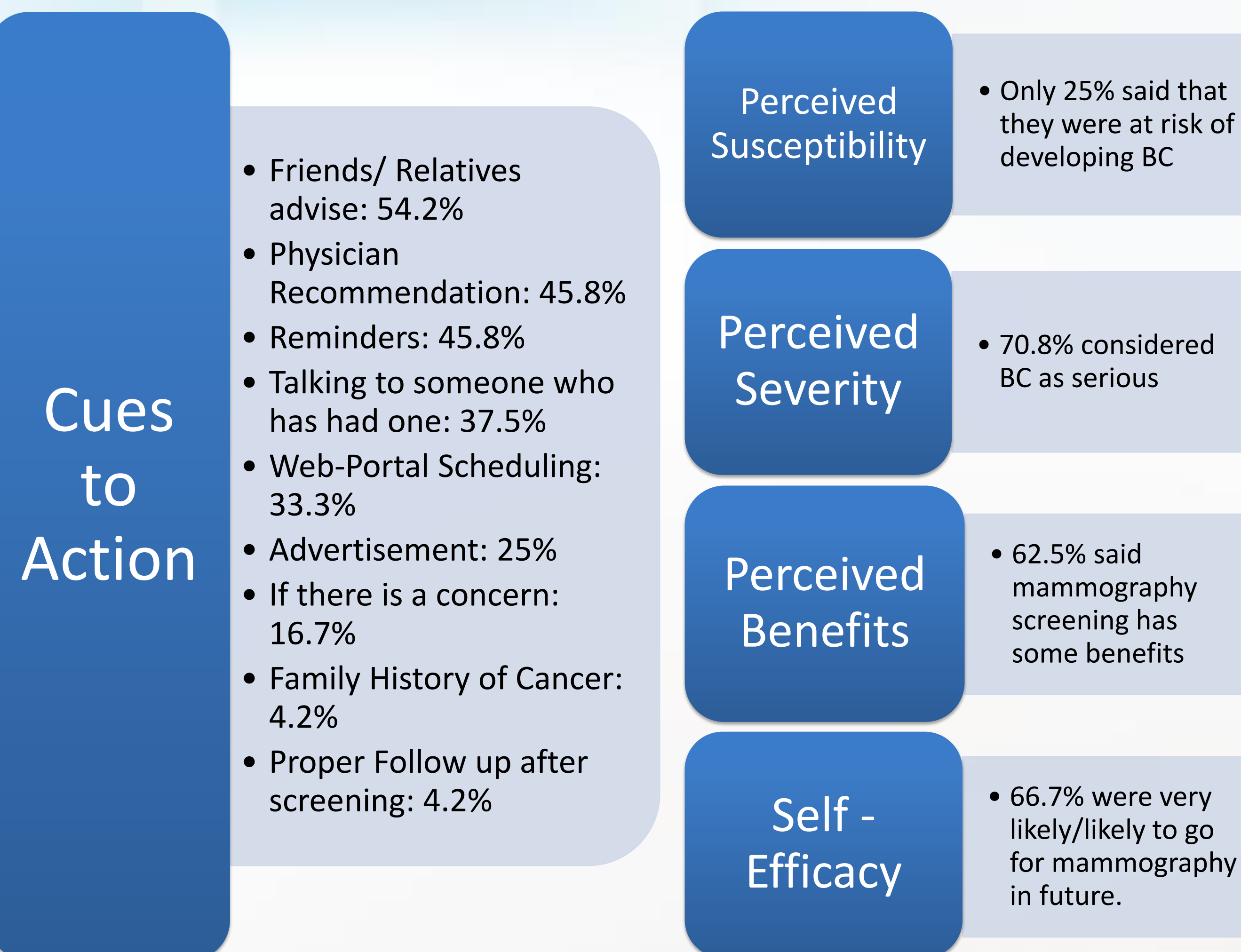
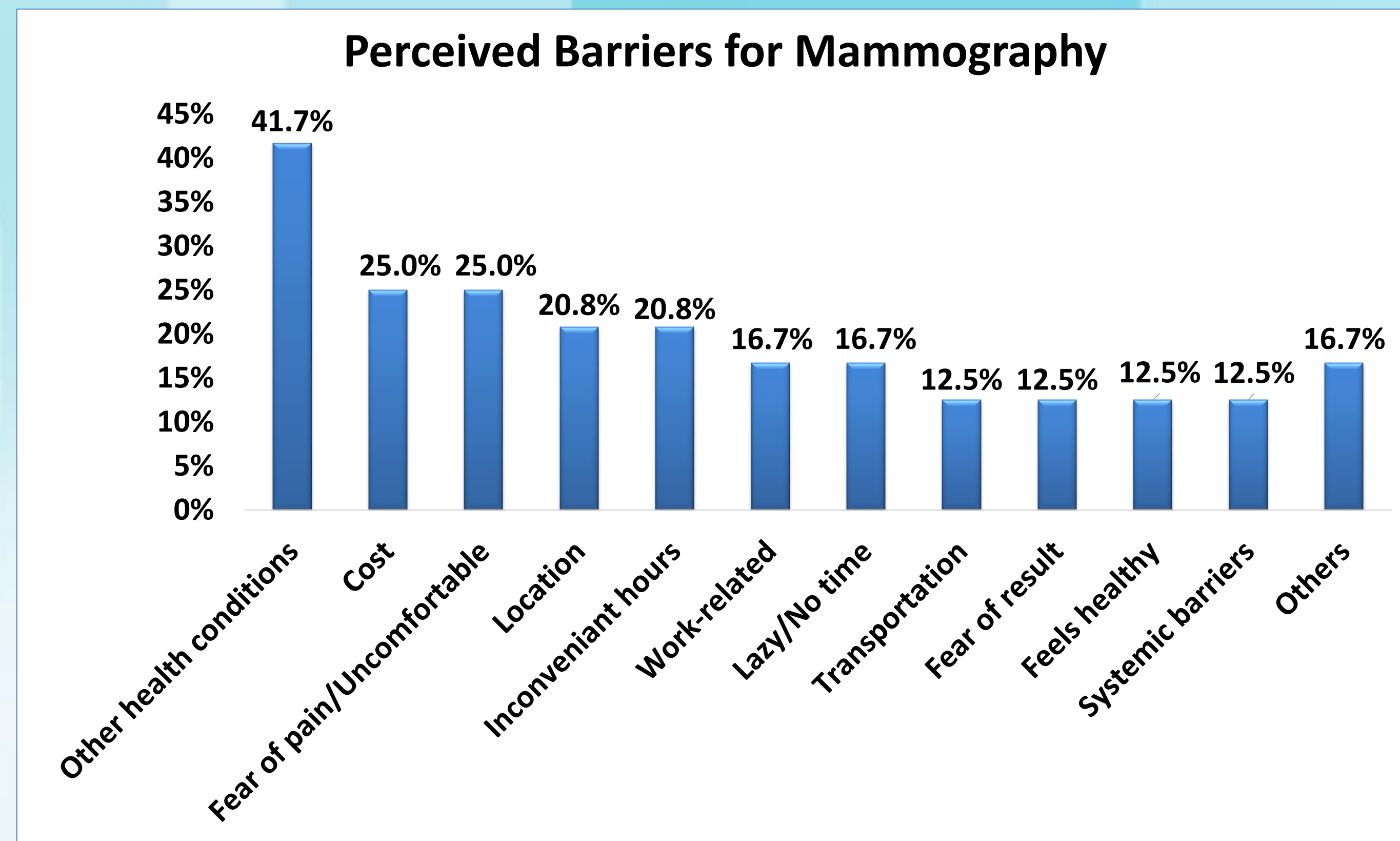


## RESULTS

### Patient Participant Demographics:

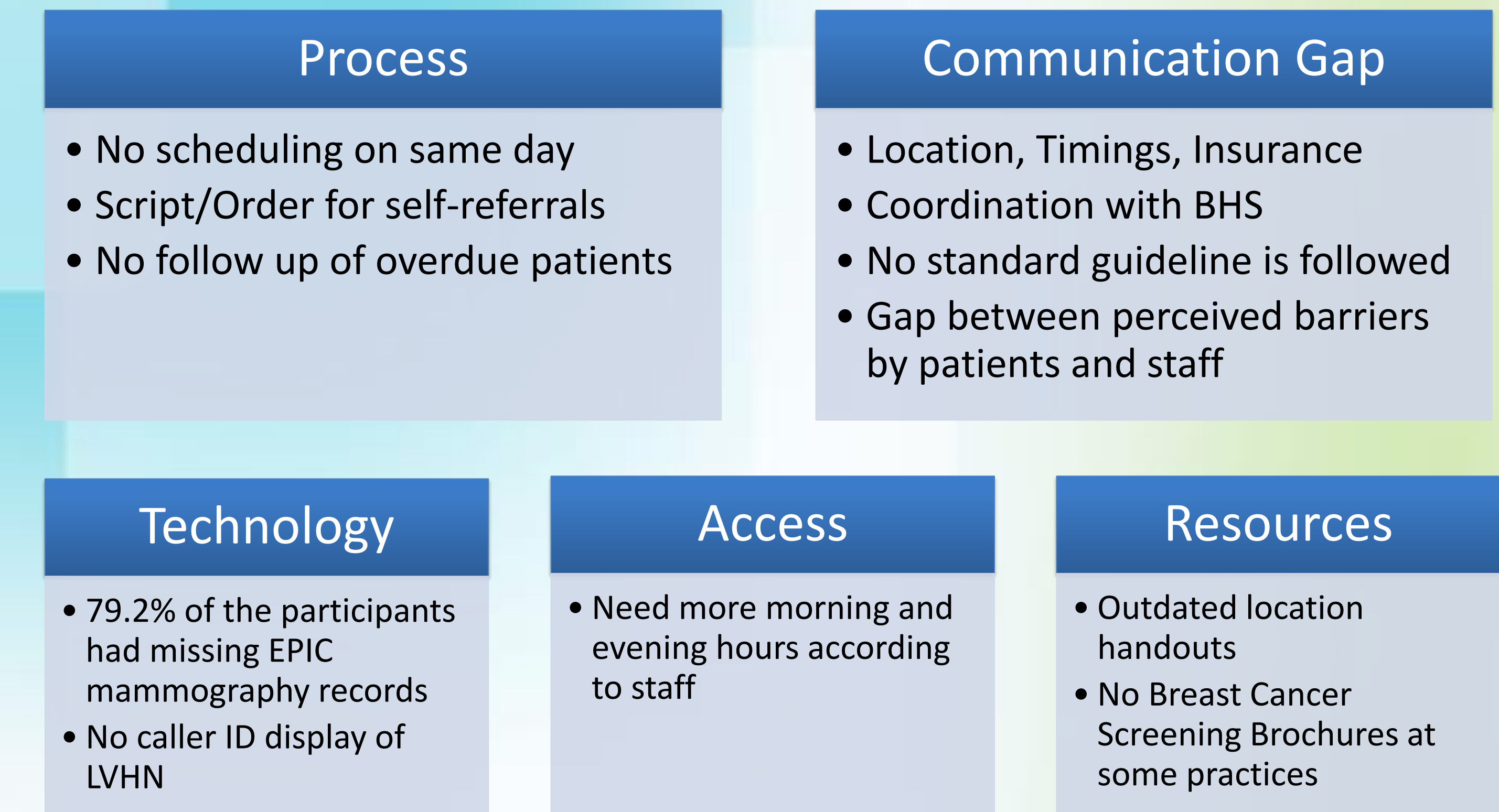
Medicare (41.7%), Private insurance (50%) & Medicaid (8.3%)  
 Not Hispanic (83.3%), Hispanic (12.5%) & Unknown (4.2%)  
 Average Age of Participants: 61.1 years

### Patient Interviews Data: HEALTH BELIEF MODEL



## RESULTS

Through both the patient and staff interviews, systematic barriers were identified and coded according to the following themes: process, communication gap, technology, access and resources.



## RECOMMENDATIONS

- Implementation of Caller ID displaying hospital name.
- Educate patients on importance & value of screening, & risk for BC.
- Educate patients & staff on near universal coverage for mammography screening.
- Add information on mammography locations in EPIC After Visit Summary or provide a map of locations & hours of the BHS sites.
- Streamlining processes for self-referred & overdue patients.
- Assessment of screening rates through web-portal scheduling, once active
- Determinate and disseminate Breast Health Imaging Guide & standard guidelines
- Improve capturing of internal & external data for mammograms in EPIC to avoid measurement errors.
- Convenience scheduling pilot (in office scheduling)
- Compare and learn from processes of colon cancer screening at LVHN.
- Further research on need for resources, marketing, availability of hours and preference of timings by the patients is required.

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