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A MIXED METHODS APPROACH TO EXPLORING BARRIERS TO MAMMOGRAPHY COMPLETION.

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A MIXED METHODS APPROACH TO EXPLORING BARRIERS TO MAMMOGRAPHY COMPLETION

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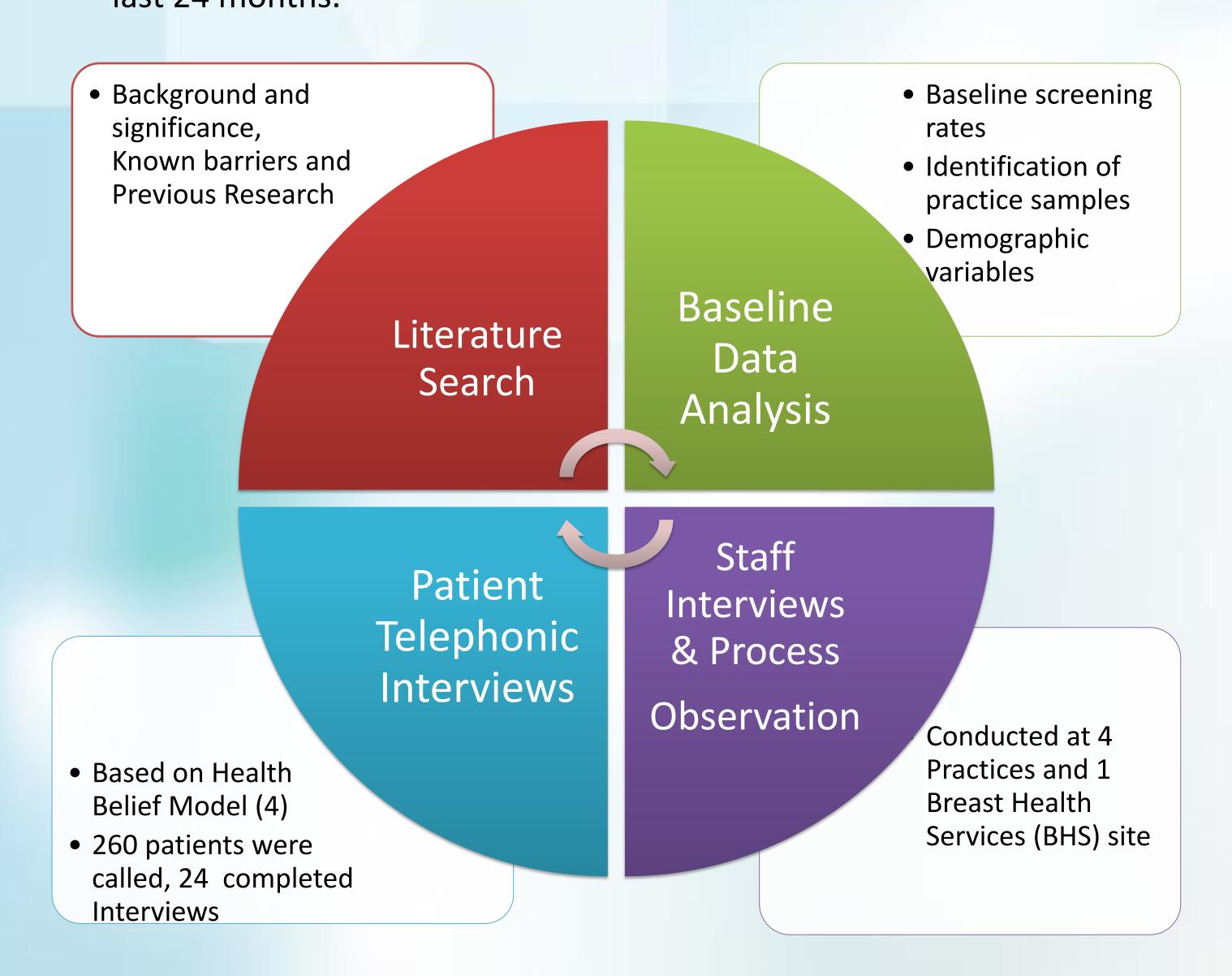
Lehigh Valley Health Network, Allentown, Pennsylvania

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.

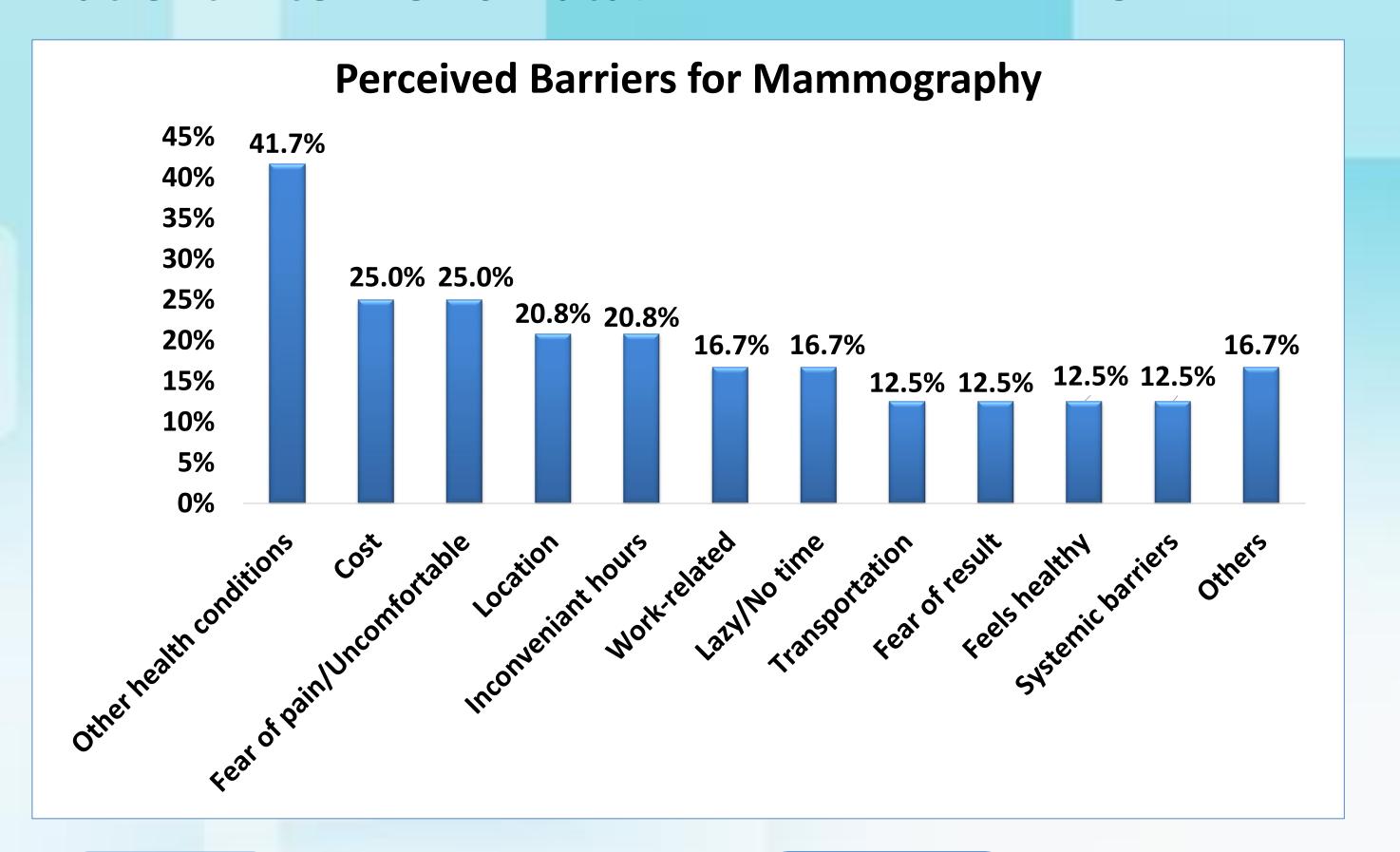


RESULTS

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



Cues to Action

- Friends/ Relatives advise: 54.2%
- Physician
 Recommendation: 45.8%
- Reminders: 45.8%
- Talking to someone who has had one: 37.5%
- Web-Portal Scheduling: 33.3%
- Advertisement: 25%
- If there is a concern: 16.7%
- Family History of Cancer: 4.2%
- Proper Follow up after screening: 4.2%

Perceived Susceptibility

 Only 25% said that they were at risk of developing BC

Perceived Severity

70.8% considered
 BC as serious

Perceived Benefits

62.5% said
 mammography
 screening has
 some benefits

Self -Efficacy

 66.7% were very likely/likely to go for mammography in future.

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.

Process

- No scheduling on same day
- Script/Order for self-referrals
- No follow up of overdue patients

Communication Gap

- Location, Timings, Insurance
- Coordination with BHS
- No standard guideline is followed
- Gap between perceived barriers by patients and staff

Technology

- 79.2% of the participants had missing EPIC mammography records
- No caller ID display of LVHN

Access

 Need more morning and evening hours according to staff

Resources

- Outdated location handouts
- No Breast Cancer
 Screening Brochures at some practices

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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