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Department of Family Medicine

Patient and Practice Reported Barriers and Facilitators to Mammography Completion

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BACKGROUND/INTRODUCTION

Breast Cancer screening through mammography is critical in early detection of the disease.¹ Nationally, mammography rates fall under the 81.1% target set by the Healthy People 2020 program.² Despite local improvement in mammography recommendation and access, rates of screening remain sub-optimal. Additional study is needed to identify root causes of low screening rates despite these advances.

OBJECTIVE

This mixed-methods exploratory study aims to assess processes, identify root causes affecting mammography screening rates and propose counter measures or interventions for addressing these barriers.

METHODS

STUDY DESIGN

A sequential exploratory, mixed-method study, including the synthesis of qualitative focus group data and quantitative survey data.

SETTING

Lehigh Valley Practice and Community-Based Research Network (LV-PBCRN).

PARTICIPANTS

(1) Female patients aged 50–74, seen at least once in the last 2 years at a Family or Internal Medicine practice, English speaking, and no documented mammography in the last 24 months.(2) Clinical Coordinators of Family Medicine or General Internal Medicine practice

DATA SOURCES

Qualitative Focus Groups N=6; Participant N=33 Clinical Coordinator Survey N = 25 (76% response rate)

RESULTS

FAMILY HISTORY

WEARING A BRA

RACE/ETHNICITY

OBESITY

SMOKING

STRESS

AGING

HISTORY OF

LUMPS IN BREAST

MATERIALS AND

ALCOHOL

CERTAIN MEDICATIONS

CHEMICALS HISTORY

RADIATION EXPOSURE

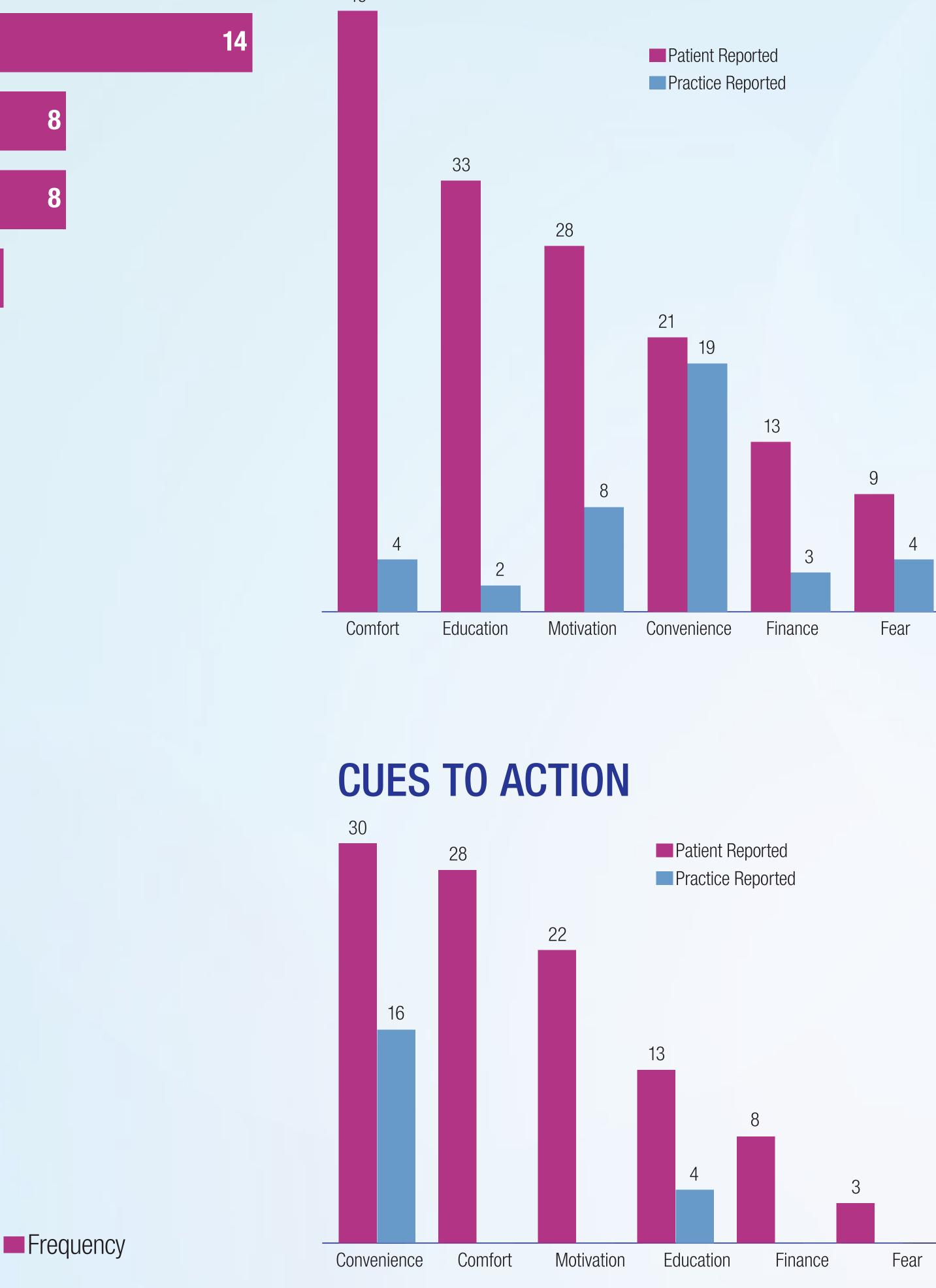
PRIOR BREAST INJURY

LACK OF EXERCISE

DIET

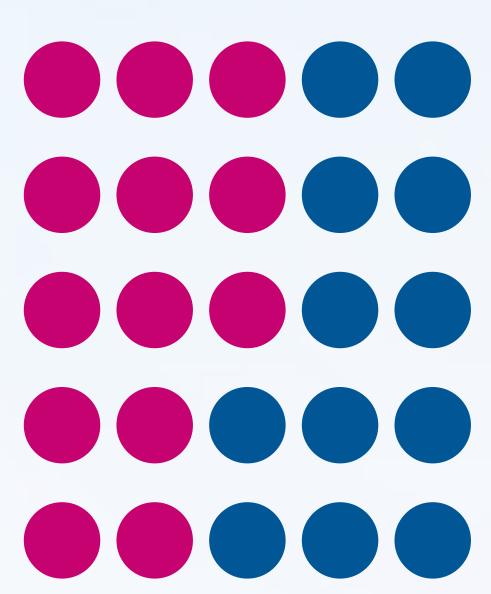
NOT BREASTFEEDING

RISK SUSCEPTIBILITY BELIEFS



BARRIERS TO ACTION

28% of practices reported not following up with patients who were given an order but had not completed screening



Over half of the practices reported not tracking mammography rates

DISCUSSION

Preliminary results indicate that prior experience, perceived risk, uncertainty around cost and insurance coverage, and convenience impact the decision for a woman to complete screening. There is substantial divergence in perceived patient barriers as reported by patients compared to clinical coordinators, suggesting that patient engagement is essential in the design of interventional strategies.

CONCLUSION

Findings from the Clinical Coordinator Survey and regional Focus Groups informed the design of a patient survey distributed to over 1200 patients. Additionally, geo-spacial coding was conducted to determine screening rates and hot/cold spots of mammography completion. Analysis of these data sets are pending.

In tandem with geo-coding findings, these data will be used to inform multi-level interventions to achieve system, practice, community and patient level outcomes. Stratifying by region, screening status and demographic variables may allow for the design of targeted local interventions for vulnerable population subgroups as well as generalizable strategies for increasing rates of mammography.

- objectives#4055

¹ Centers for Disease Control and Prevention. (2016a). Breast cancer statistics.. Retrieved from https://www.cdc.gov/cancer/breast/statistics/index.htm

² Office of Disease Prevention and Health Promotion. (2017). Cancer. In Healthy People 2020. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/Cancer/

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