

A Mixed-Methods Exploration of Barriers To Mammography Completion

Hadar Re'em
Hadar.Reem@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

Grant M. Greenberg M.D., M.H.S.A., M.A.
Lehigh Valley Health Network, grant.greenberg@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/research-scholars-posters>

Published In/Presented At

Re'em, H. Johnson, M. Shaak, K. Greenberg, G. (2019, August). *A Mixed-Methods Exploration of Barriers To Mammography Completion*. Poster Presented at: LVHN Research Scholar Program Poster Session, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

A Mixed-Methods Exploration of Barriers To Mammography Completion

Hadar Re'em, Melanie Johnson, MPA, Kyle Shaak, MPH, & Grant Greenberg, MD, MHSA, MA

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

- Breast cancer is the most common cancer among women in the United States¹
- Early detection via mammography is associated with higher survival rates and less invasive treatment²
- Rate of mammography completion by eligible women is at 71% for patients of Lehigh Valley Physicians Group (LVPG) primary care practices

Objective: Identification of individual and system level barriers and actionable countermeasures to mammography completion → increase screening rates in LVPG primary care practices

METHODS

Focus Groups

- 6 sessions: 1 in each region
- Qualitative analyses identified response patterns

Practice Surveys

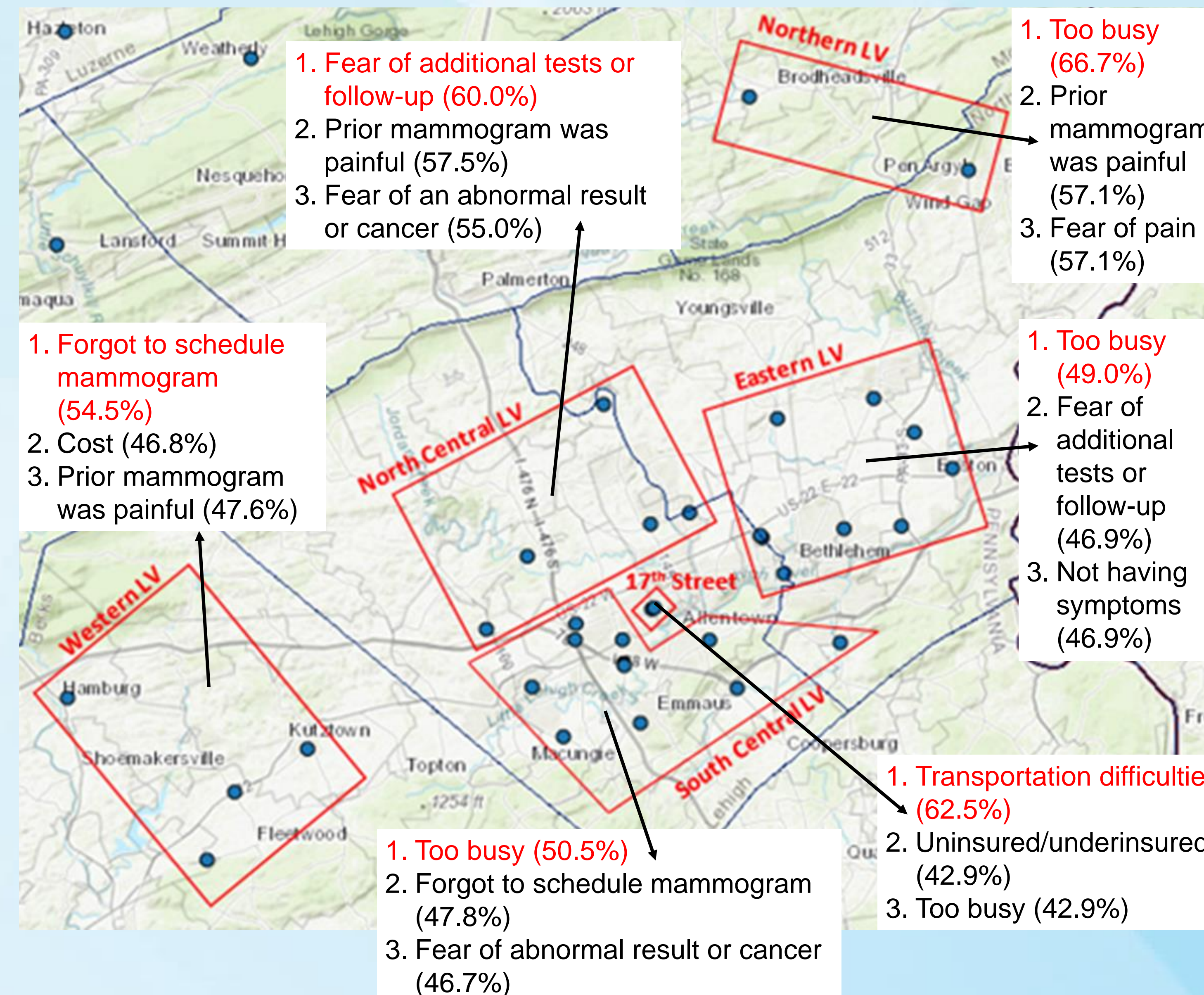
- Assess workflow & patient pathways

Patient Surveys

Population: unscreened women aged 50-74 with LVPG primary care physician, seen at least once in past 2 years

PATIENT SURVEY RESULTS

Figure 1: Regional barriers to mammography completion at LVPG Family and Internal Medicine practices



Motivator	n	%
New, less painful technology	111	45.1%
Same day/walk-in availability	98	39.8%
Reminder calls, texts, emails, or postcards	78	31.7%
Physician recommendation	51	20.7%
Print out of locations	37	15.0%
Education about free screening programs	36	14.6%
Patient assistant/navigator	34	13.8%
Transportation assistance	23	9.3%
Social events around screening (i.e. manicures & mammograms, bring a friend)	23	9.3%
Information about what to expect when getting a mammogram	20	8.1%
Explanation of procedure	20	8.1%

DISCUSSION

- Regional differences in barriers may be used to inform targeted local interventions
- Motivators and perceived risk factors may be used to inform generalizable strategies for increasing mammography completion rates

RECOMMENDATIONS

- Centralized patient navigator: generate orders, review screening guidelines, process & follow up, provide reminders, insurance & cost determinations, transportation mitigation, medical record updates
- Comprehensive patient education: campaign addressing myths, including perceived risk factors
- New, less painful technology
- Same-day/walk in availability; evening hours
- Greater utilization and advertisement of mobile mammography for location based needs (N, W)
- Streamlined process for sharing patient screening history

LIMITATIONS

- Small sample sizes from Northern LV (7), 17th St. (10), and Western LV (25) regions

REFERENCES:

- Centers for Disease Control and Prevention. (2018). *Breast Cancer Statistics*. Retrieved from <https://www.cdc.gov/cancer/breast/statistics/index.htm>
- Centers for Disease Control and Prevention. (2018). *What is breast cancer screening?* Retrieved from https://www.cdc.gov/cancer/breast/basic_info/screening.htm