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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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.

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**

![Perceived Barriers for Mammography](image_url)

- **Cues to Action**
  - Friends/ Relatives advise: 54.2% of patients
  - 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
  - 70.8% considered BC as serious

- **Perceived Severity**
  - 62.5% said mammography screening has some benefits

- **Perceived Benefits**
  - 66.7% were very likely/likely to go for mammography in future

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

**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.
- Determine 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.

REFERENCES


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