A Mixed-Methods Exploration of Barriers To Mammography Completion

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A Mixed-Methods Exploration of Barriers To Mammography Completion

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BACKGROUND

• Breast cancer is the most common cancer among women in the United States
• Early detection via mammography is associated with higher survival rates and less invasive treatment
• 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 \(\rightarrow\) 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

Table 1: Motivators for Regular Breast Cancer Screening

<table>
<thead>
<tr>
<th>Motivator</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>New, less painful technology</td>
<td>111</td>
<td>45.1%</td>
</tr>
<tr>
<td>Same day/walk-in availability</td>
<td>98</td>
<td>39.8%</td>
</tr>
<tr>
<td>Reminder calls, texts, emails, or postcards</td>
<td>79</td>
<td>31.7%</td>
</tr>
<tr>
<td>Physician recommendation</td>
<td>51</td>
<td>20.7%</td>
</tr>
<tr>
<td>Print out of locations</td>
<td>37</td>
<td>15.0%</td>
</tr>
<tr>
<td>Education about free screening programs</td>
<td>36</td>
<td>14.6%</td>
</tr>
<tr>
<td>Patient assistant/navigator</td>
<td>34</td>
<td>13.8%</td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>23</td>
<td>9.3%</td>
</tr>
<tr>
<td>Social events around screening (i.e. manicures &amp; mammograms, bring a friend)</td>
<td>23</td>
<td>9.3%</td>
</tr>
<tr>
<td>Information about what to expect when getting a mammogram</td>
<td>20</td>
<td>8.1%</td>
</tr>
<tr>
<td>Explanation of procedure</td>
<td>20</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

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: