Closing the Loop: Follow-up with patients who do not complete same-day mammograms

Scot B. Sternberg, MS²; Adam Christensen, DPT, MBA¹; Gerald Iralien¹; Olga Augustus³; Tejas S. Mehta, MD, MPH³; Nisha Basu, MD¹; Jennifer Beach, MD¹

¹Healthcare Associates; ²Department of Medicine; ³Breast Imaging, Department of Radiology, Beth Israel Deaconess Medical Center

STATEMENT OF PROBLEM

- Regular screening mammography allows for early detection of breast cancer when it is more treatable, reducing mortality.
- Two years ago, Healthcare Associates partnered with Radiology and Breast Health to expand access to screening. Same-day walk-in mammograms were offered to patients at the time of their primary care visit. Overall screening rates increased and it has been very positively received by patients, yet the number of same-day mammograms completed has leveled off at 50-60 per month.
- Meanwhile, 25-30 patients per month go to radiology for a same-day mammogram, but do not complete it. No defined process existed to determine if these patients completed screening at a subsequent scheduled date and no standard outreach was provided to facilitate follow-up.

AIM

To assess follow-up and completion of screening mammography for patients who previously opted out of the same-day mammogram; to identify any patient-specific or service barriers; to assess follow-up outreach and increase timely completion of screening mammograms.

INTERVENTION INCLUDING CONTEXT AND MEASUREMENT

- Healthcare Associates is a large academic primary care practice at Beth Israel Deaconess Medical Center.
- Radiology provided monthly summary data on wait times for patients completing same-day mammograms and lists of patients who opted out.
- A medical record audit was conducted at 2-month intervals to track completion of screening mammograms.
- For those patients who did not show/cancelled the mammogram, telephonic outreach (1-3 calls) was provided to identify any barriers and to engage the patient in following up. A second review of follow-up and outreach was also provided as appropriate.
- Patients who had a significant clinical finding were tracked to ensure appropriate follow-up.

APPROACH TO ASSESS PERFORMANCE AND SUCCESS

- Calculate and track breast cancer screening rates for eligible patients in HCA.
- Track number of patients who had same-day mammograms.
- Track number of patients who did not complete same-day mammography.
- Of these patients, review number who subsequently completed screening mammography and assess impact of outreach.
- Track any significant clinical findings based on screening and ensure appropriate follow-up.

FINDINGS TO DATE

- Since implementing same-day walk-in mammogram option, overall breast cancer screening rates in HCA have increased from 72.0% to 81.3%.
- Between January-September 2015, 618 patients went to Breast Imaging for same-day screening mammography of which 479 (77.5%) completed the screening that day.
Finding to Date (Continued)

Between January-September 2015, 139/618 (22.5%) patients, who went to Breast Imaging for same-day screening mammography, chose to reschedule for another time or left without an appointment.
- Subsequent review revealed 60/139 (43.2%) patients had a mammogram on the scheduled date.
- 79/139 (56.8%) remaining patients, either missed the scheduled appointment or had yet to schedule a screening mammogram; these patients received outreach.
  - Reasons for previously missing or not scheduling included forgetting appointment, time, and parking cost.
- 55/79 (69.6%) patients subsequently had a mammogram after outreach.

To date, a total of 115/139 (82.7%) patients who had gone to Breast Imaging for same-day mammogram, but chose to reschedule for another time or left, subsequently had a mammogram.

Of this group, 10 patients had a screening mammogram identified with BIRADS 0. All 10 had follow-up diagnostic mammograms and biopsy, if clinically indicated, within 1-2 weeks of screening mammogram without need for additional outreach. Three other patients had a screening mammogram identified with BIRADS 3 and had follow-up diagnostic mammograms within appropriate time frames.

Lessons Learned

- A medical neighborhood approach, with collaboration between primary care and radiology, can be an effective model to increase screening rates and improve patient experience.
- While patients valued having same-day access which made it more convenient and easier to follow up on screening referral, some patients opt out due to schedules, needing time to prepare themselves, waiting times, and parking costs.
- Outreach to patients helped to address concerns and/or to facilitate rescheduling which led to an increase in screening.
- Initially, outreach to patients was conducted by a registered nurse. However, review of the outreach in the first period revealed a nurse was not required and outreach has been subsequently provided by a designated health coach.

Next Steps

- Continue collaboration with Radiology for access to same-day walk-in mammography.
- Promote patient awareness and education.
- Continue and integrate with outreach for multiple care gaps.
- Develop and pilot system to identify patients calling for an appointment at HCA who also need a screening mammogram and offer to make appointment and schedule it prior to or after HCA visit.