

# Motivations for Mammogram Screening and Enhancing Breast Cancer Screening in a FQHC

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## INTRODUCTION

### Breast Cancer Screening in FQHC

- USPSTF recommendations for screening recently changed to include biennial screening to begin at age 40.<sup>1</sup>
- In our FQHC of the 870 eligible patients, 55% demonstrated completion rate, totaling to 388 patients pending screening.
- This quality improvement initiative aims to assess the transformative impact of patient-centered care and informed communication strategies on enhancing breast cancer screening rates within our Federally Qualified Health Center (FQHC). Our approach includes personalized phone calls, informative patient care text messages, and educational mailings, all of which incorporate individualized mammogram scripts to address barriers to screening. Our goal is to determine which motivational method effectively improves the quality of breast cancer screening and whether it should be integrated into our practice.

## METHODS

- Registry data was obtained across sites then stratified according to whether patients had up to date mammography screening. Eligibility was based on female sex and age. Patients pending screening were contacted via telephone to determine barriers contributing to delayed screening or if mammography was done elsewhere (See Flowchart). Responses were categorized as: provider-mediated, patient education, or healthcare system navigation.
- All patients with navigation issues were sent care messages offering navigation services to schedule their mammogram. Patients who wanted navigation services, such as connecting with patient advocate were connected with patient advocates to help schedule appointments.
- A motivational letter with script will be sent to those who did not respond to the care message.

### Data Analysis

- Frequency of specific reported barriers to screening was assessed. *Navigation* was recorded for referred patients who had difficulty with follow-up or scheduling an appointment; *Provider* was recorded for patients who lacked a referral or reported lack of provider engagement regarding screening, and *Education* referred to patients who refused mammogram appointments due to lack of awareness of screening frequency, discomfort, or external factors.
- Data was gathered from the care message, which informed patients that they were due for a mammogram. Patients had options to choose 'yes or no' if they needed additional support to help schedule their appointments for their mammogram.

## RESULTS

### Sample Characteristics

Population age ranged from 50-75 years old. Average age was 60 years +/- 6.6 years.

### Sample Recruitment

Our FQHC of 870 eligible patient demonstrated a 55% completion rate, totaling to 388 patients pending screening.

61 patients reported mammography screening results at an external practice. 166 patients (19%) cited barriers to delayed screening. 159 patients (18%) did not respond to phone contact, had numbers that were no longer in service or reported moving out of the state or country.

Of the 388 patients pending screening, 144 patients (43%) cited navigation as the main barrier to screening, 112 patients (29%) reported education-related barriers, and 108 patients (28%) experienced provider-mediated barriers.

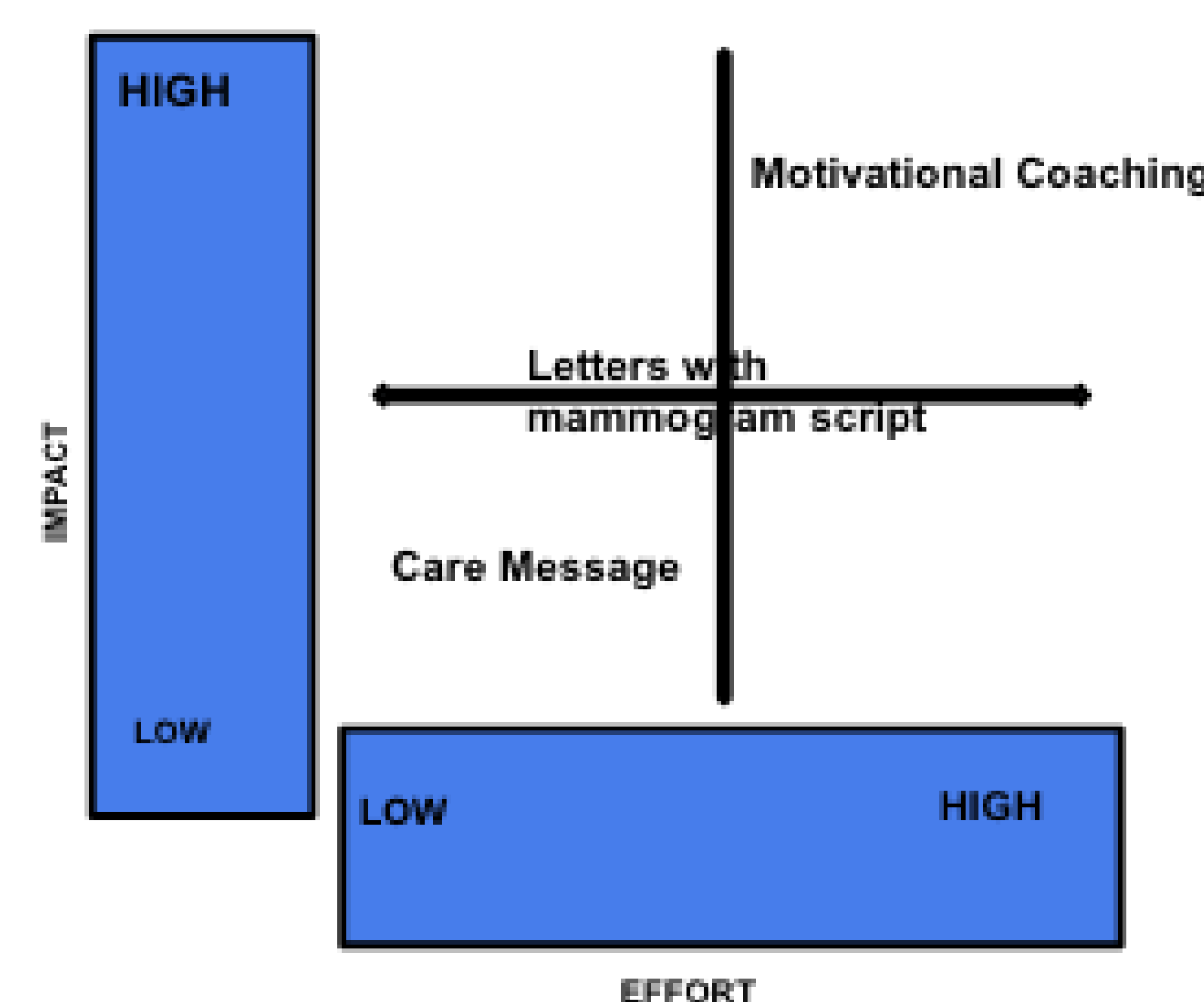
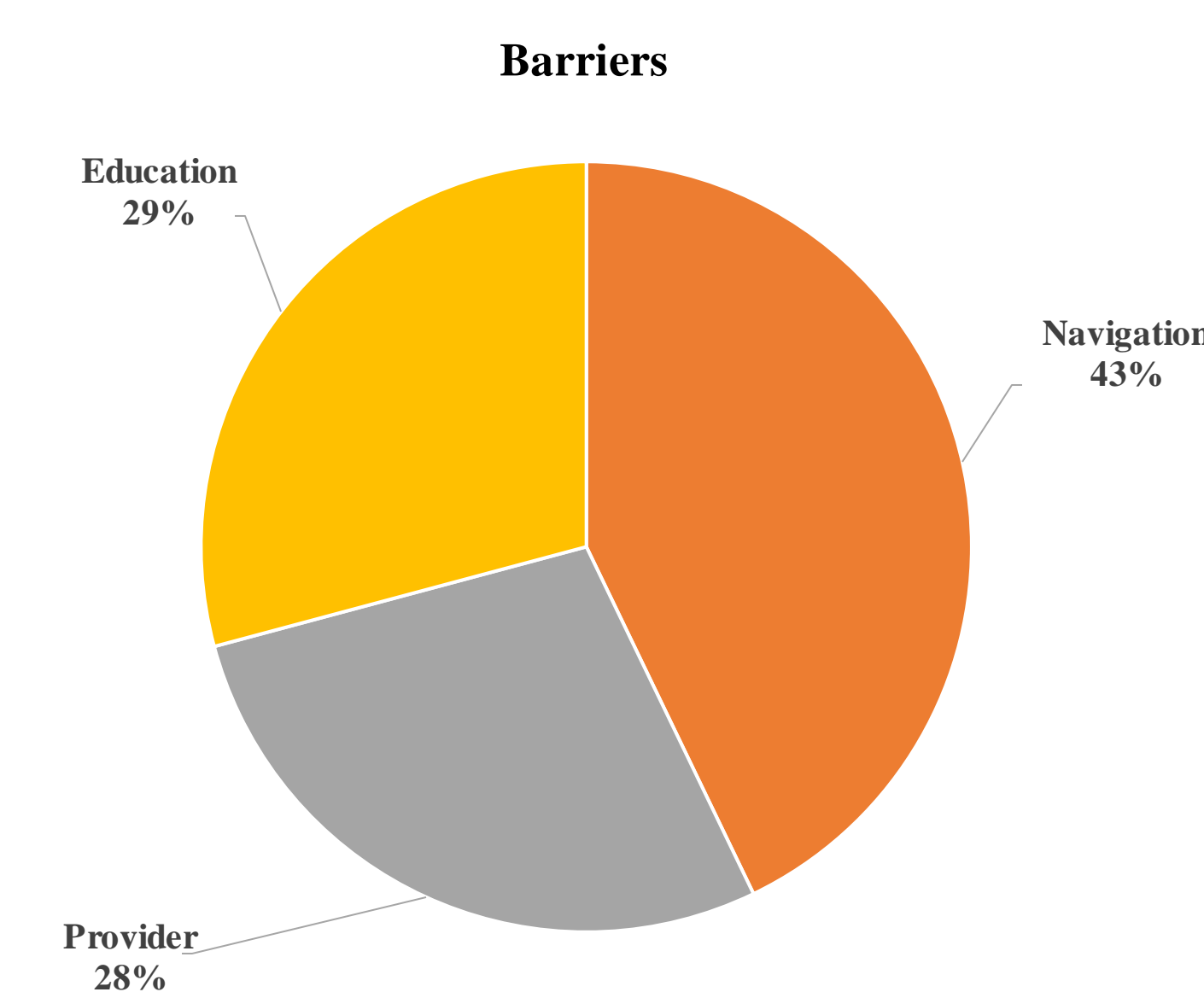
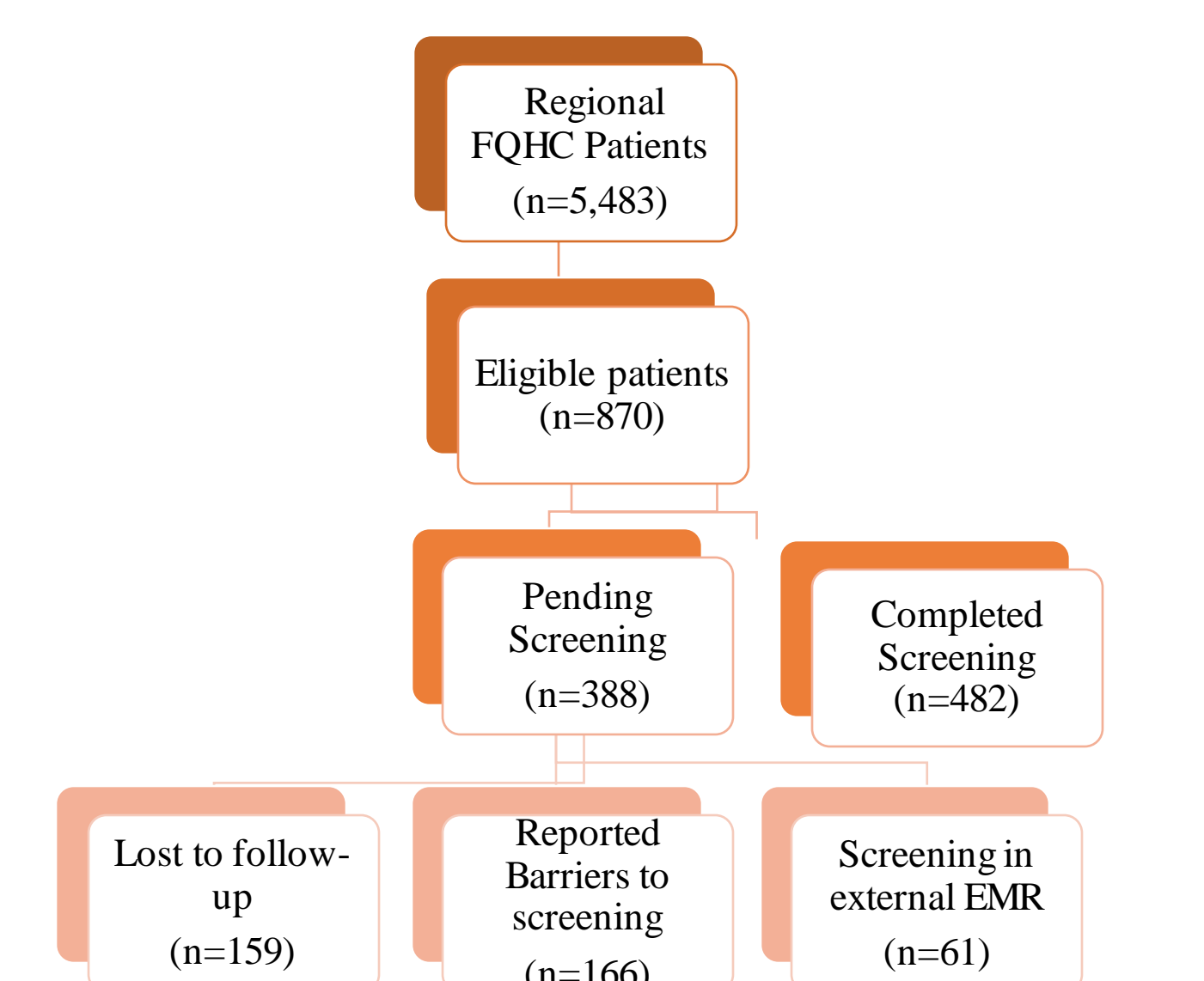
### Results

#### Care message response:

Of the 144 patients in the navigation group, 9 (6%) responded, 3 (2%) requested navigation help and 135 (93%) patients did not respond. Among the three patients who responded to the care message and expressed interest in being connected with a patient advocate to aid with appointments, one-third (33%) have already received their mammogram, two-third (66%) still pending mammogram screening.

#### Motivational letter with mammogram:

Among the 135 patients (93%) in the navigation group who did not initially respond to the care messages, motivational letters containing their personalized mammogram scripts are in the process of being sent to the patients.



## CONCLUSIONS

- Our FQHC site demonstrated an overall completion rate of 55%, with a portion of screening results (10%) external to the EMR of the original site of referral. Patients who delayed screening reported navigation as the most frequent barrier to screening.
- As evidenced by our results, the limited impact of easily accessible technologies, such as sending care messages, suggests that alternative methods must be explored to enhance breast cancer screening. These findings indicate that such methods should not be solely relied upon for improving preventive screening.
- The results from employing moderate-impact methods, such as sending motivational letters along with patient mammograms, will be crucial in determining whether motivational interventions should be integrated into routine screening for preventive care.
- Future directions should involve reviewing patients' charts to gather information on those who completed their mammogram screening after receiving the letter, compared to those who did not. Subsequently, trained providers proficient in motivational coaching could reach out to patients who have not completed their screenings.
- Qualitative research such as this project endeavors aimed at identifying gaps in health system navigation and patient engagement are vital for enhancing preventive screening uptake. By discerning the most effective motivational interventions, we can not only improve breast cancer screening rates but also enhance preventive care across various medical domains, benefiting patients, providers, and health systems alike.

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