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Communication and Care Coordination Challenges to Equitable Abnormal Mammogram Follow-up: the PCP Perspective

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Background

- **Delayed follow-up of an abnormal mammogram results in**
 - Delay in breast cancer diagnosis & more advanced cancer
 - Anxiety and stress
- **Based on our previous data from the San Francisco Mammography Registry (SFMR)**
 - Facilities serving higher proportions of women with limited English proficiency (LEP), women with low educational attainment, and minority women have longer follow-up times
 - Long-follow-up facilities had
 - longer biopsy wait times
 - less direct communication with women, and were
 - more likely to expect referring MD to be responsible for ensuring follow-up

Background

- **Women's perspective about communication & systems needs for timely follow-up**
- **61 women, 4 race-ethnicity groups, 3 languages, 3 health systems in SF**
 - direct, verbal communication (not just written/mailed)
 - explanation of diagnostic processes and terminology avoiding jargon
 - ability to ask questions
 - professional interpretation services for women with LEP

Research Question

- Investigate primary care provider (PCP) perspectives on communication and care coordination of abnormal mammogram results and diagnostic follow-up

Methods

- **PCPs practicing in San Francisco**
 - Family Practitioners and General Internists
 - Current ambulatory practice
 - Refer women for mammograms
 - Academic, Public Safety Net, Private Practice, and Staff Model HMO
 - Local lists
 - Publicly available health plan websites
- **Survey sent electronically and mailed paper surveys**
 - Responsibility for ensuring follow-up
 - Tracking system/barriers to tracking
 - Communication about biopsy and biopsy results
 - Difficulty communicating across language, education, culture differences

Results

- Participation: 588 eligible; 300 completed survey (51%)
- *Years since med school graduation* 21.9 ± 11.8
- *Women* 187 (62%)
- *PCP Specialty*
 - General Internal Medicine 64%
 - Family Medicine 36%
- *Practice Setting:*
 - Academic Practice 26%
 - Public Safety Net 25%
 - Private Practice 33%
 - Staff Model HMO 16%

Results: Responsibility

Who is primarily responsible for notifying a woman of her abnormal mammogram result and need for follow-up?

- PCP 24%
- Radiology team 20%
- PCP & Radiology share responsibility equally 56%

Who is primarily responsible for notifying a woman of her radiology-guided biopsy result?

- PCP 33%
- Radiology team 20%
- PCP & Radiology share responsibility equally 47%

Results: Tracking

- 44% reported having no formal system for tracking diagnostic testing after an abnormal mammogram
- Major barriers to tracking
 - No tracking system 33%
 - Competing time demands 34%
 - No dedicated staff to support tracking 26%
- Difficulty communicating across difference
 - Language 47%
 - Education 23%
 - Culture 31%

Results: Biopsy communication

- 75% felt *unequipped to explain what to expect from a core biopsy*
 - Internists **aOR 2.3** (95% CI 1.19-4.59) compared to FP
 - Radiology primary responsible for ensuring follow-up **aOR 2.99** (95% CI 1.21-7.42) compared to PCP responsible
- 60% often *lacked the expertise to answer questions about biopsy results*
 - Difficulty discussing results across cultural difference **aOR 3.51** (95% CI 1.58-7.78)

Conclusion & Implications

To ensure timely and equitable follow-up of abnormal mammograms, PCPs need to overcome systems and communication barriers

- Systems-based needs
 - Formal tracking systems & dedicated support for tracking
 - Clear delineation of responsibility for ensuring follow-up (PCP vs. Radiology)
- Communication-based needs
 - Training & support for communication across differences
 - Education on biopsy processes and clinical implications of results (particularly for internists)

Thank you

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