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

Karliner L et al HSR 2019
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

Kenny J et al PEC under review
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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