Provider Perspectives of the Complexities of Follow-Up of Abnormal Mammographic Findings

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DESCRIPTION OF THE PROBLEM

Nationally representative estimates of failure to follow up after abnormal mammographic findings do not exist. Reported estimates in single populations and clinics vary from 9% to 50% [1-3]. The majority of follow-up studies after abnormal mammographic findings have been conducted within health-insured and income-eligible populations [4,5]. There is a lack of research examining follow-up of abnormal results on screening tests for medically underserved (under- or uninsured) populations [2,4,6,7].

According to the Mammography Quality Standards Act (MQSA), a mammography patient must receive a summary of results written in plain terms within 30 days of a mammographic examination. The facility must make reasonable attempts to ensure that the result "suspicious" or "highly suggestive of malignancy" is communicated to a patient as soon as possible [2,8-11]. One breast facility serving medically underserved women at a public hospital located in the southeastern United States was examined. Of 2,219 mammography patients who were seen at the breast center over 1 year (2014-2015), approximately 211 women (9.4%) had abnormal mammographic results. Despite the efforts of our breast center to reach patients in accordance with MQSA, 14.4% of those 211 women with abnormal mammographic screening results delayed follow-up testing, and 4.3% delayed diagnostic procedures. Delays >3 months between return for diagnostic mammographic resolution and breast cancer diagnosis have been associated with bigger tumor size, positive lymph nodes, high incidence of late clinical stages, and metastatic disease [12-15]. We examined breast health center providers' perspectives to further investigate follow-up of abnormal mammographic findings.

WHAT WAS DONE

We used a qualitative, single–case study approach to explore breast center health providers' perspectives on follow-up of abnormal mammographic results and recommended diagnostic resolution [16,17]. Institutional review board approval was granted from Meharry Medical College.

Consent was obtained before interview administration. The interview consisted of questions on diagnostic mammographic services, communication of abnormal results, and tracking of breast center patients. Data sources consisted of interview transcripts and summary notes. Data analysis was guided by Yin's five-phase cycle qualitative data analysis process [17,18], which was used to identify themes and categories that emerged from the data. Participants' words were disassembled line by line, determining patterns, concepts and key thoughts [17,18]. Themes were interpreted through the constant comparison technique [17,19-22].

OUTCOMES

Twelve eligible providers participated in the study and agreed to be interviewed. Providers included a radiologist, two surgical oncologists, a family nurse practitioner, a physician's assistant, two ultrasonographers, a mammography technician, a director of imaging, a lead mammography coordinator, and two administrative assistants. Sociodemographic data were available for all 12 providers (Table 1).

Three main provider perspectives emerged from the analysis: (1) approaches to patient follow-up, (2) patient barriers to follow-up, and (3) improving follow-up through technology.

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Table 1. Characteristics of the respondents (n = 12)

Characteristic	N (%)
Gender	
Male	4 (33.3)
Female	8 (66.6)
Role at center	
Physician	
Radiologist	1 (8.3)
Surgical oncologist	2 (16.7)
Intermediate care professional	
Physician assistant	1 (8.3)
Family nurse practitioner	1 (8.3)
Mammographer	1 (8.3)
Ultrasonographer	2 (16.7)
Administrative	
Director of imaging	1 (8.3)
Lead mammography coordinator	1 (8.3)
Administrative assistants	2 (16.7)
Years of training	
<10	8 (66.7)
10-24	2 (16.7)
>25	2 (16.7)
Race	
White	6 (50.0)
Black	3 (25.0)
Hispanic	3 (25.0)
Age (y)	
>40	4 (33.3)
40-50	8 (66.7)
Education	
High school	2 (16.7)
Associates degree	5 (41.7)
Master's degree	2 (16.7)
Medical degree	3 (25.0)

Provider Perspectives: Approaches to Patient Follow-Up

Providers expressed their thoughts on the process of contacting patients for follow-up after not receiving a response to the abnormal results letter. One of the surgical oncologists indicated that more nontraditional techniques are necessary to reach patients who are nonresponsive to diagnostic follow-up:

> I'll get feedback once three certified letters have been sent. It will be brought to my attention that the patient had an abnormal mammogram and has not followed up…after…the second or third attempt that a patient does not respond or come back…then maybe someone could visit their home or something like that.

Provider Perspectives: Information Barriers to Follow-Up

When asked about the adequacy of the breast center tracking systems, an ultrasonographer revealed issues during patient registration that affected matching patients' abnormal results to their contact information:

> We have a few problem[s] with Spanish people that have two different last names. Sometimes when they go to registration they've got a new patient's medical identification number and then when you look at the record in the computer it looks like two different people.

Provider Perspectives: Improving Follow-Up Care Through Technology

One of the surgical oncologists emphasized the lack of internal surveillance to contact patients once their screening mammographic results were flagged as abnormal:

> I wish we had a better tracking system. The current model is not ideal in that we need more flags and notices. The patients may come back to the hospital for another service and they don't come in here. I wish there was…a flag where it would flag their chart that this person has something that needs to be seen.

STRENGTHS, WEAKNESSES AND SUGGESTED IMPROVEMENTS

The strength of this study is the nature of the breast center setting. This is a public hospital, which creates unique challenges in delivering care to patients with poor health and limited economic resources. By conducting this single case study at our breast center, we uncovered some areas of improvement in the follow-up process for abnormal mammographic findings, which will allow us to better serve our patients.

There were several important limitations to this study. First, we

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