Pilot Social Work and Radiology Partnership to Reduce Breast Imaging Missed Care Opportunities in a Safety-Net Hospital
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NO DISCLOSURES
Purpose:

• To address the high rate of missed care opportunities (MCO) for BI-RADS 0 and BI-RADS 3 appointments using a qualitative assessment of the barriers to patient attendance and breast imaging clinic workflow
Materials/Methods:

- In-person semi-structured interviews (n=11)
  - Technologists, administrators, managers, scheduling specialists and radiologists
  - Participants reflected on barriers to care at patient, provider, clinic, institutional, and community levels

- Process map developed to model current workflow and elicit feedback from staff regarding clinic level processes and potential strategies for improving work & patient flow

- Pre-intervention questionnaire to gather qualitative data regarding patient experience and areas of improvement based on process map
Pre-intervention Questionnaire

- In your experience what are the greatest barriers patients face when it comes to follow up appointment?

- If you could change one thing to make it easier for people to make it to their diagnostic mammogram appointment, what would it be?

- How does the current solution to MCO of overscheduling impact: 1. Workflow; 2. Work life balance; 3. Team dynamics

- As you think about the MCO rate and streamlining this process, are there responsibilities, big or small, within your role that you think would be helpful to change?
Pre-intervention Questionnaire

Process map based questions:

• What recommendation for improvement do you have?
  • For example, are there processes that can be removed or added?

• Do additional roles need to be embedded within this map?

• How might inserting a patient navigator impact the process?

• To what extent do you think a patient navigator could be helpful in reducing the MCO rate?

• Do you see any unintended consequences with adding a patient navigator?
## Results: Barriers Identified

<table>
<thead>
<tr>
<th>Patient Level Barriers</th>
<th>Provider Level Barriers</th>
<th>Institutional Level Barriers</th>
<th>Community Level Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception of health care</td>
<td>Interpersonal aspects of care as well as training</td>
<td>Policies and procedures</td>
<td>Transportation</td>
</tr>
<tr>
<td>Fear</td>
<td>Support systems</td>
<td>Telecommunications</td>
<td>Employment</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Understanding of clinical roles</td>
<td>Human resources</td>
<td>Healthcare</td>
</tr>
<tr>
<td>Health literacy</td>
<td></td>
<td>Institutional culture</td>
<td></td>
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<tr>
<td>Religion</td>
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</table>
# Recommendations: Post Questionnaire

<table>
<thead>
<tr>
<th>Provider Level</th>
<th>Institutional Level</th>
<th>Community Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team huddles as necessary</td>
<td>Fill and maintain Radiology Technician Aide position</td>
<td>Efficient transportation options</td>
</tr>
<tr>
<td>Live follow-up with patients (e.g. reminder calls)</td>
<td>Reliable telecommunication systems to reduce the amount of abandonment calls</td>
<td>Build and maintain fluid communication systems with outside PCPs</td>
</tr>
<tr>
<td>Provide user-friendly gowns for patients</td>
<td>Provide a contact or individual where all patients can access in real-time (e.g. Navigator)</td>
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<tr>
<td>Training spaces for staff</td>
<td>Provide accessible interpreter services</td>
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<td>Centralize registration process to reduce wait times</td>
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</tbody>
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Conclusion:

- There are many complex barriers to obtaining breast cancer diagnostic evaluation and quality healthcare.

- Interdisciplinary partnerships between radiology and social work are needed to improve patient care.

- Integration of social work methodology and radiology practices may identify barriers to care, reduce MCO rates, as well as decrease persistent racial and socioeconomic disparities of health.
Thank you

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