
Primary Care Intervention Improves Rates of Follow-Up After Abnormal Cancer Screening Results



A recent study looked at whether interventions can improve timely follow-up of overdue abnormal cancer screening results.

The primary care intervention was multi-level comprising electronic health record reminders, patient outreach and navigation.

Scientists evaluated this innovation through a randomised clinical trial conducted across 44 primary care practices within three hospital networks in the U.S. A total of approximately 12,000 patients were enrolled and treated between 2020 and 2021. The study covered a range of cancer types, including breast, lung, cervical, and colorectal. It closely monitored follow-up procedures within 120 days following an abnormal screening test.

Automated algorithms, developed using data from electronic health records (EHRs), provided recommendations for follow-up actions and the timing of abnormal screening results. They randomly assigned patients to 1 of 4 groups:

1. Usual care provided after an abnormal screening
2. EHR reminders, whereby patients and primary care physicians received reminders specifying the type of abnormal test
3. EHR reminders with outreach (including a patient letter sent at week 2 and a phone call at week 4)
4. EHR reminders with outreach and navigation (comprising a patient letter sent at week 2 and a navigator outreach phone call at week 4)

Across all cancer types, patients had a median age of 60, with nearly 65% being women. About 83% of patients were of white ethnicity, and 15% were insured through Medicaid.

Among those in group 1 (usual care), approximately 22.9% followed up on their results within 120 days. In group 2 (EHR reminders only), this percentage was similar at 22.7%. However, in group 3 (reminders and outreach), the follow-up rate increased to 31%, and in group 4 (reminders, outreach, and navigation), it further increased slightly to 31.4%. Further analysis demonstrated that the primary benefit was most evident among patients with abnormal findings related to cervical and colorectal cancers.

Overall, this intervention, which encompassed EHR reminders and patient outreach, with or without patient navigation, significantly improved the timely follow-up of overdue abnormal cancer screening test results.

Source: [JAMA](#)

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