



# A qualitative study to identify methods for implementing a mammography decision aid for women 75+

Gianna M. Aliberti\*<sup>1</sup>; Alicia R. Jacobson\*<sup>1</sup>; Christine Kistler, MD, MAsc<sup>2</sup>; Michelle Hayes<sup>2</sup>; Mara A. Schonberg, MD, MPH<sup>1</sup>

1. Division of General Medicine and Primary Care, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA 2. Division of Geriatric Medicine and Department of Family Medicine, University of North Carolina at Chapel Hill, NC. This research was supported by the National Institutes of Health and the National Cancer Institute. The Investigators retained full independence in the conduct of this research. *\*these authors contributed equally to this work*

## Background

- The risk of breast cancer increases with age; however, none of the randomized trials of mammography screening included women 75+
- Guidelines recommend individualized decision-making around mammography screening for women 75+
- We previously developed a promising decision aid (DA) on mammography screening for women aged 75+
- In our pilot trial, receipt of the DA led to older women being more knowledgeable about the risks and benefits of mammography screening and led to fewer older women intending to be screened, especially for older women with short life expectancy
- However, implementing DAs in primary care is known to be challenging

## Objective

- To use qualitative methods to learn from primary care practice administrators, nurses, and staff how best to implement our DA in primary care practice

## Methods

- Using qualitative methods, we interviewed practice assistants, administrators, and nurses in primary care and geriatrics from a large academic medical center in Boston and in North Carolina and from 4 community primary care practices in Boston
- All interviews were audiotaped and transcribed verbatim.
- 4 investigators independently reviewed 6 of the first transcripts and identified important themes to develop a codebook
- The codebook was used to code the remaining interviews by at least 3 investigators
- Coding discrepancies were resolved by consensus
- We report major themes identified using thematic analyses

Table 1: Sample (n=32)	
Site	n (%)
Boston community	11 (34.375)
Boston academic	11 (34.375)
North Carolina academic	10 (31.25)
Role	n (%)
Supervisor/administrator	7 (21.875)
Clinical nurse	10 (31.25)
Medical assistant	5 (15.625)
Practice/administrative assistant	10 (31.25)
Age	n (%)
20-39 years	13 (40.625)
40+ years	19 (59.375)
Race	n (%)
Non-Hispanic White	19 (59.375)
Black/African American	10 (31.25)
Other	3 (9.375)
Gender	n (%)
Male	4 (12.5)
Female	28 (87.5)
Years at role	n (%)
<5 years	8 (25)
5 to 14 years	9 (28.125)
15+ years	15 (46.875)

Table 2: Major themes identified
<b>Pamphlet feedback</b> <ul style="list-style-type: none"> <li>Participants liked that the DA was a paper format with large font, color, and pictures</li> <li>While they felt the information was good, some felt the pamphlet was too long</li> </ul>
<b>Factors influencing mammography screening decisions</b> <ul style="list-style-type: none"> <li>Patient factors: experience with mammograms, family history, age, life expectancy, and health, family expectations</li> <li>Physician factors: fear of litigation and fear of missing an important diagnosis</li> <li>Institutional factors: payment incentives, mailed reminder cards</li> </ul>
<b>Facilitators</b> <ul style="list-style-type: none"> <li>Staff receptive to implementation</li> <li>Existing systems available to get health educational materials to patients</li> <li>Important information for patient decision making</li> <li>Very readable</li> </ul>
<b>Barriers</b> <ul style="list-style-type: none"> <li>Need for color printing and re-stocking</li> <li>Time to identify eligible patients and distribute adds to workload</li> <li>Staff require some training</li> <li>Pro-mammogram bias of clinicians and staff</li> <li>Form fatigue</li> </ul>
<b>Literacy of older adults (health, numeracy, graphs, computer) and health information for older adults</b> <ul style="list-style-type: none"> <li>Graphs difficult for older adults</li> <li>Do older adults read materials given?</li> </ul>
<b>De-adopting screening as a process</b> <ul style="list-style-type: none"> <li>Tapering or spacing interval vs stopping completely</li> </ul>

Table 3: Specific thoughts from participants (n=32)	
DA length just right	21 (65.625%)
DA a little too long	9 (28.125%)
DA much too long	1 (3.125%)
No response	1 (3.125%)
All info in DA clear	20 (62.5%)
Most info in DA clear	8 (25%)
Some info in DA clear	4 (12.5%)
DA is balanced	17 (53.125%)
DA slanted towards mammo	7 (21.875%)
DA slanted towards NO mammo	8 (25%)
Fully understood all of the DA	20 (62.5%)
Understood most of the DA	12 (37.5%)

Table 4: Main ideas for implementation
<b>Medical assistant approach:</b> <ul style="list-style-type: none"> <li>Medical assistant gives DA before a visit</li> <li>Distributes at Medicare Annual Wellness visit</li> </ul>
<b>Front desk staff approach:</b> <ul style="list-style-type: none"> <li>Gives at check-in with forms/medication list</li> <li>Gives at checkout after a visit to read</li> </ul>
<b>Clinician approach:</b> <ul style="list-style-type: none"> <li>MD/NP gives DA during or at end of visit</li> </ul>
<b>Population health approach:</b> <ul style="list-style-type: none"> <li>Mail to all women 75+</li> <li>Direct patient to online copy using patient portal</li> <li>Group health visits with a health educator</li> </ul>
<b>Breast imaging approach:</b> <ul style="list-style-type: none"> <li>Make available at mammography</li> </ul>
<ul style="list-style-type: none"> <li>Make widely available on the web</li> </ul>

## Conclusions

- Unlikely to have one size fits all approach for implementation in all practices
- The most practical way to implement the DA would be for patients to receive a paper version in waiting or exam room before a PCP visit
- In general, staff were open to using the DA and making sure patients receive it.
- Felt using DA was feasible in their practice
- May need a clinical champion at each site
- Existing supports likely can be accessed
- Testing implementation of the decision aid in primary care practice in a pragmatic trial
- Providing clinics with guidance on how to implement the decision aid in practice

## Next Steps

Table 5: Notable quotes
<ul style="list-style-type: none"> <li>"I like the decision aid. I think it's clear."</li> <li>"I think that it is easy to read and the questions seem to be easy for an older woman to answer."</li> <li>"I think for the age group that you're targeting, paper. For sure."</li> <li>"[Doctors] will know who to give this to and who they shouldn't be bothering to give it to."</li> <li>"I think the Medical Assistant [should] hand it to the patient or attach it to the [pre-visit] sheets."</li> <li>"Our biggest thing is time...timing would be the only thing that would make this difficult."</li> </ul>