

Primary care reminder plus patient outreach intervention improves rates of follow-up after abnormal cancer test results

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When cancer screening in a patient reveals an abnormal test result, prompt follow-up is critical so that further tests can be conducted, and if needed, treatment can be initiated as soon as possible. Numerous barriers to such follow-up exist, however.

A recent clinical trial led by investigators at Massachusetts General Hospital (MGH), a founding member of Mass General Brigham (MGB), has demonstrated promising results for a multilevel intervention including an automated reminder in patients' electronic health records (EHRs) and patient outreach efforts to improve the rates of timely follow-up after abnormal [cancer](#) screening results.

The trial, which is published in [JAMA](#), involved 11,980 patients who were receiving care at 44 primary care practices and who had overdue abnormal breast, cervical, colorectal, or lung cancer screening results.

Practices and their eligible patients were randomly assigned among 4 different groups: 1) usual care, 2) EHR reminders, 3) EHR reminders and outreach (a patient letter followed by a [phone call](#)), and 4) EHR reminders and outreach plus a follow-up call by a patient navigator.

Patients in groups 3 and 4 were more likely than those in groups 1 and 2 to receive recommended follow-up care related to their abnormal test results within 120 days. The proportions of patients receiving such care in groups 1, 2, 3, and 4, respectively, were 22.9%, 22.7%, 31.0%, and 31.4%.

Similar trends were observed for completion of follow-up within 240 days and by subgroups of patients based on cancer type and by level of risk associated with their screening results.

"To maximize the benefit of cancer screening in eligible patients within health care organizations, systems that include EHR reminders and

patient outreach efforts are needed to ensure the timely follow-up of overdue abnormal breast, cervical, colorectal and lung cancer test results," says lead author Steven J. Atlas, MD, MPH, a physician in the Division of General Internal Medicine at MGH and an associate professor of Medicine at Harvard Medical School.

"We believe that such systems are best based in primary care because [primary care](#) clinicians take a 'whole person' approach and are responsible for a wide range of preventive health efforts including cancer screening and follow-up of test results."

Atlas notes that despite the success of the interventions, there continue to be large gaps in care that need to be addressed to gain the full benefits of preventive cancer [screening](#).

More information: Steven J. Atlas et al, A Multilevel Primary Care Intervention to Improve Follow-Up of Overdue Abnormal Cancer Screening Test Results, *JAMA* (2023). [DOI: 10.1001/jama.2023.18755](https://doi.org/10.1001/jama.2023.18755)

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