

POSTER ABSTRACTS

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11:45 am – 2:00 pm
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PS2 – 01

A Multimodal Reminder Program Improves Routine Mammogram Screening Rates

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Background/Aims: This retrospective cohort study evaluated the effectiveness of implementation and maintenance phases of a multimodal reminder program to improve routine mammography screening.

Methods: The program used automated reminder calls and was conducted at Kaiser Permanente Northwest, a nonprofit group-model HMO with an electronic medical record. Study participants were women HMO members aged 42 or older who were 20 months past their last mammogram (index date) during three time periods: pre-reminder (2004), post-reminder implementation phase (2006), and post-reminder maintenance phase (Jan 1-July 1, 2007) (Total N=35,104). The program targeted women aged 50-69 with a mammogram due followed by post card, followed by up to 2 automated phone calls and 1 live call for non-responders. Women aged 42-49 (for whom clinical guidelines also recommend mammography) receiving no reminders constituted the primary comparison group (CG 1). The primary outcome was time until mammogram in the 10 months following the index date.

Results: Pre-reminder, 63.4% of targeted women completed a mammogram; this number increased to 75.4% in the post-reminder implementation; 80.6% completed a mammogram in the maintenance phases. After controlling for demographics and clinic visits, intervention women were 1.51 times more likely to complete a mammogram (CI 1.40-1.62) post-reminder implementation, compared to CG 1. The effect was maintained in 2007 (HR 1.81 [CI 1.65-1.99]). Women of other races (Asian, Pacific Island, or Native American) were less likely to complete a mammogram, as were those taking a greater number of medications. Women with a college education, who were married, or who had visited a primary care provider or gynecologist during follow-up were more likely to complete a mammogram.

Conclusions: We found that a multimodal reminder system could be effectively implemented and maintained in a large health system. If widely implemented, this intervention could substantially improve community mammography screening rates. Insured patients who are sicker, or who are of Asian, Pacific Island, or Native American descent may need more support to complete screening. Future studies should address practice-based factors that assist patients in completing mammograms, as well as other factors that affect the reach and cost-effectiveness of delivering the intervention to diverse patient groups.