

Understanding the Patient Journey to Cervical, Lung, and Colorectal Cancer Screening

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BACKGROUND

Patient journey mapping is a methodology that seeks to understand the patient experience. Goals of patient journey mapping include identifying unmet patient needs and improved provision of quality patient care. The methodology acknowledges that the patient experience is not limited to a single health care provider/visit, but includes the events before and after a medical encounter as well as the feelings or emotions surrounding a medical event.

This study uses patient journey mapping methodology to gain a deeper understanding of the barriers that patients face in accessing recommended screening for cervical, lung, and colorectal cancer after initial intervention in the ED and subsequent text messaging.

OBJECTIVES

- Identify barriers to care encountered by patients in the ED in need of cervical, lung, and colorectal cancer screenings
- Characterize impediments to scheduling and obtaining screening, as well as identifying experiences that promote adherence to screening guidelines

METHODOLOGY

- Semi-structured interviews are conducted via phone (Zoom was offered but declined by all participants)
- Interview transcripts are qualitatively coded for themes, subthemes, and idiosyncrasies.

RESULTS

A total of 15 interviews have been conducted to date: 7 among patients enrolled in a cervical cancer screening R01 through NCI (Adler PI); 4 among patients enrolled in a colorectal cancer screening pilot study (Abar PI); and 4 among patients enrolled in a lung cancer screening pilot study (Adler PI)

Of the study participant interviews thus far, the following themes have become salient:

COVID-19

Many participants spoke on how the pandemic negatively impacted their ability to get screened.

- Unable to make appointment due to influx of COVID-19 testing appointments
- Inability to find nursing care for family member causing schedule restriction
- Afraid to go into medical care establishments
- Working as a first responder during the pandemic and not having time for their own health

Technology

Participants who were older had difficulty with receiving or responding to the text message reminders. Lack of access to the internet was also an impediment.

- “I have a habit of deleting numbers that are not recognizable”
- “I am not a technocrat”
- "I have internet but I do not know how to use it"

RESULTS cont'd

Medical System

Participants expressed how navigating the medical system and communication between provider and patient either encouraged discouraged screening

- “I lost contact with my prior provider because I moved states.”
- “I was waiting for them to contact me, but they never did.”

Hospitalization and Illness

Many of the participants were either just returning from their own long term hospitalizations or that of loved ones. They expressed desire to get screening but were unable to do so because of time limitations.

- “My son had surgery...and things took a turn where my concern was solely focused on him. I didn’t really have the time to focus on me. I had to focus on him.”
- “I think they [hospital] are going to keep me a day, but then they keep me for a week”
- “That’s the only thing [preventing from screening], being in the hospital”

Motivation

Regardless of getting successfully screened or not, some participants stated just being in the study reminded them to get screened. Others noted additional factors that could have motivated them.

- “This call encourages me to get one”
- “It was something that probably needed to be done anyways but the study definitely pushed me there”
- "Give me a statistic...this percentage of women can develop cancer...I think that would have made me do it sooner"

RESULTS cont'd

Fear

Some participants, even with other obstacles, stated that their biggest impediment to overcome was the fear surrounding a diagnosis or the procedure itself.

- “It has been extremely busy [laughter] and it is a little bit of fear, I don’t want to know to be honest” (lung cancer)
- "I don't think people do it because of everything that has to be done"

CONCLUSIONS

Findings thus far have shown that participants are facing barriers to screening associated of the COVID-19 pandemic (likely waning over time), technological difficulties, hospitalization and illness, navigating the medical system, and fear.

Several of these barriers have been addressed in the ongoing intervention trial to some degree, but these findings (a) alert Pis to the need to expand mitigation efforts and (b) identify issues that we did not sufficiently consider when designing our trials (particularly issues with intervention timing and hospitalization).

Despite these barriers, it was heartening to find that many of the participants stated that just being a part of the study has led them to successful screening or motivation to get one in the future.