

Evidence-Based Cancer Control Programs (EBCCP) Connection

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EBCCP Featured Profile



Steven J. Atlas, MD, MPH

Dr. Atlas is a practicing primary care physician at Massachusetts General Hospital (MGH) in Boston and a researcher in the MGH Division of General Internal Medicine, where he is the director of the Primary Care Practice-Based Research Network. He is also an associate professor of medicine at Harvard Medical School.

Dr. Atlas received his medical degree from Columbia College of Physicians and Surgeons and his master's degree from the Harvard School of Public Health. He completed residency

training in internal medicine at MGH and a research fellowship in general medicine at Harvard Medical School.

His innovative research broadly focuses on common clinical challenges, such as preventing cancer, and then translating the findings of his work into clinical practice. Specifically, he is interested in how health information technology and workflow redesign can support population-based, patient-centered care that improves quality and efficiency and decreases disparities in care. His research is supported by the National Institutes of Health and industry grants and includes pragmatic studies of population-based preventive cancer and cardiovascular screening in primary care networks.

Can you share a little about the evaluation of the mFOCUS program? Did you collaborate with community partners or stakeholders?

SJA: As part of our study, we sought feedback from stakeholders within our practice networks, including primary care and specialist clinicians, practice leaders, network administrators, and information technology experts. The goal was to identify what was currently being done to identify and manage individuals with abnormal cancer screening test results, and what steps could be taken to improve the timely completion of recommended follow-up. This feedback helped us in designing the information technology system and outreach interventions to identify, track, and intervene on primary care patients in participating practices with abnormal results. We also randomly surveyed study participants who completed recommended follow-up and those who did not to identify aspects of their care that may have affected their completion of follow-up.

What population was mFOCUS developed for?

SJA: Prior studies have shown that not all patients with abnormal cancer screening tests receive the recommended follow-up care. Maximizing the benefits of screening requires both population-based screening efforts and timely follow-up of abnormal test results. The study sought to identify individuals receiving primary care in one of three participating networks who were overdue for follow-up after an abnormal breast, cervical, colorectal, or lung cancer screening test result. The intervention was designed to supplement rather than replace usual care for those overdue for recommended follow-up.

Do you have any "lessons learned" that you would like to share?

SJA: The study showed that a combination of reminders in the electronic health record and patient outreach activities were needed to improve timely follow-up of overdue abnormal cancer screening test results. Reminders in the patient's health record alone did not improve

follow-up rates and highlighted the limited ability of passive reminders. The additive effort of direct patient outreach and support was necessary to show improved rates of timely completion of recommended follow-up. This finding supports the need for both information technology to identify and track patients at a population level and direct patient outreach activities—including mailed reminder letters and phone calls—to facilitate scheduling of overdue follow-up.

SJA: Much of health care is provided at office visits to patients by their clinicians. However, we know that to demonstrate high levels of preventive cancer screening and follow-up of abnormal results in larger populations of eligible individuals, systematic efforts are needed within large health care networks to identify, track, and facilitate recommended care. Electronic data systems are necessary to accomplish this, but outreach efforts to overdue individuals outside of routine office visits are also needed.

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