mFOCUS Study Coordinator Program Procedures Manual

Massachusetts General Hospital

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mFOCUS patient contact

Study coordinator patient outreach schedule

1. Contact 1: Day 1-Day 30: PG Message/Letter
    a. If they get a PG message and don't open it, then they get a letter a week after
2. Contact 2: Day 31-Day 60: CRC Call

Review the patients in mFOCUS Side Car

Start your day by opening Side Car at: https://stage-mfocus.partners.org/index.html

To be done daily:

- Review the newly eligible patients in the Eligible tab or the Patient Outreach Tab
    - Filter off date and site to find your patients
    - Reassign patients to the proper CRC
    - Send PG messages/Letters to these patients in the next 30 days
- Review patient outreach tab for your outreach 2 patients
    - If patients have entered the window, perform a chart review and call them in the next 30 days if they are still eligible.

To be done 2-3 times a week:

- Review patients who are unknown.

Review the Unknown tab

From Study Status View, open the **"Unknown"** tab to review the patients who are missing pieces of data and are not yet assigned a study status.

- Check the "Reason Unknown" column to determine what piece of information is needed.
- Screening Test Result: The screening test result may be missing for several reasons. They include:
    - NLP failure: Open the patient's record, navigate to the Organ Info tab. The "Qualifying XXXXX Cancer Screening Test Result" will show the number 7. You will need to conduct a Chart Review to determine the test result.
    - The NLP extracted multiple results and we need to manually adjudicate them. Open the patient's record, navigate to the Organ Info tab. The "Qualifying XXXXX Cancer Screening Test Result" will read "Multiple_result: X,Y,Z". **Take the highest value of all present to determine what you should enter into the SideCar.** Ex: If the result reads "Multiple_result: 2,4" then we would enter 4 into the system.
- Vital Status: The system may not have a patient's vital status, and thus be unable to determine eligibility. You will need to conduct a Chart Review to determine their status.
- UC/Crohn's: CRC patients often come into the unknown tab with unknown UC/Crohn's status. You will need to conduct a review of the patient's problem list in Epic to see if either Ulcerative

Colitis or Crohn's disease is listed. If it is, they will be ineligible since this is an exclusionary criterion for CRC patients. If it's not, they will migrate to either the pending or eligible tab.

- Cancer Diagnosis Date: A patient flows into the unknown tab if it's suspected the patient has been diagnosed with the cancer associated with the organ they are being pulled in for. You will need to conduct a chart review to see the patient's problem list. Hover over the cancer, and a date should pop up for when the problem was added to their list. Enter this date into the relevant field in Sidecar

- (If needed) Perform a Chart Review to find the missing piece of information. See below for Chart Review details – follow steps for missing test results. Enter the missing information in the SideCar:
    - Double click a patient's name to open their record.
    - Navigate to the Activity Tracker tab, click "Chart Review", and "Add".
    - Enter ONLY the missing piece of information- the system should only show the one field to be edited.

The patient will disappear from the "Unknown" tab and move to the Eligible, Ineligible, or Pending tab, depending on the information entered.

Repeat until all patients have been removed from the "Unknown" tab.

Review the Pending tab

From Study Status View, open the **"Pending"** tab and review patients who are in Study Arms 3 and 4.
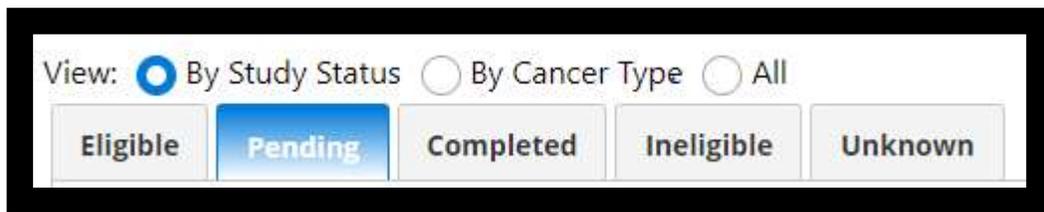
For your work-flow planning, record:

- Number of new patients and when they will become eligible
- Total number of patients in Arms 3 and 4

Identifying mFOCUS patients who need to be contacted

If no follow-up test has been ordered or scheduled: The patient must be contacted.

From the Patient Info View, document that you have done a Chart Review (see above) for the patient by selecting the Activity Tracker, then Chart Review. Click Add, fill in the prompts, and Save.

If the follow-up test has been **_ordered or scheduled_**: when you call/speak with the patient, please remind them of the appointment specifics. Note where they are scheduled to receive the test or where the provider has ordered the follow-up test/visit.

When to exclude patients

During chart review, you may find that a patient is not eligible for mFOCUS.

Patients may be excluded for the following reasons:
- Chart notes that the index test result was normal.
- Chart notes that the follow-up test was completed ***before*** mFOCUS eligibility.
- Chart notes that they do not speak English or Spanish.
- The patient died before mFOCUS eligibility.
- The patient had a prior target cancer diagnosis.
- The patient has transferred care from a Mass General Brigham facility.
- Patients who receive the CRC modifier SOLELY due to poor bowel prep: INELIGIBLE
- Patient is overdue, but the modifier was set due to the wrong procedure: INELIGIBLE
- For CRC patients: If the HMM and GI recommendation mismatch and there is no presence of an upcoming test, the RA's will make them ineligible.
- For CRC patients: the patient is ineligible if the colonoscopy (and all previous colonoscopies) only shows hyperplastic polyps or no polyps. If the patient has any history of an adenomatous polyp, then the patient is eligible
- Patients with an index test over 7 years from date of mFOCUS eligibility will be made ineligible

Patients may marked as an alternative care plan for the following reasons*:
- For CRC patients: the patient will be marked as an alternative care plan, or "Do Not Contact," if they are undergoing active chemotherapy treatment (for any cancer)
- If a patient is found in side car and not in the workbench, the study staff should verify that the proper HMM and timing is on their chart. If they find it has been postponed or removed they should indicate this in the side car and deem them as an alternative care plan. This will make this patient's contact status as "Do not contact"
- *See section "Patients with non-standard care paths" on the page below for how to make a patient "Do not contact"

When filling out the chart review form, you will be prompted to answer questions to confirm that the patient is still eligible. If you enter information that shows the patient is ineligible, the patient will be removed from the Eligible tab automatically and placed in the Ineligible list.

When patients should not be contacted (but are eligible for the study)

During chart review, you may find that a patient has a condition that does not make them ineligible, but would preclude the need to contact them for the intervention.

Patients should not be contacted for the following reasons:
- The patient has limited life expectancy (<12 months) or is receiving hospice care.
- The patient has been diagnosed with cancer related to the mFOCUS eligibility screening test.
- The patient died during the follow-up period.
- MGH Back Bay Cervical patients: CRCs will perform chart review cervical Back Bay patients before sending a PG message or letter. If they have been contacted

recently about overdue screening last two weeks, do not contact the patient and mark that in Sidecar. If they have not been contacted recently, proceed with standard protocol.

When filling out the chart review form, you will be prompted to answer questions about the above information. If you enter information that shows the patient should not be contacted, the patient will be removed from the Eligible tab automatically and placed in the Completed list.

You may also find there may be some questionable care patterns or other clinical information that may make you question whether or not to contact the patient. In this case, please run it by your clinical lead, if they feel that the patient should be ineligible this person should be deemed Ineligible based Clinical Review.

You may also find that some patients have scans that have nothing to do with clinical care. At MGB, we have found that some patients have participated in research studies and there is no result for a scan. These patients would be deemed, Ineligible, non-clinical care.

Patients with non-standard care paths

Patients with nonstandard care paths should still be reached out to per protocol unless there is documentation stating that the physician has made a different care plan with them

1. Check if the patient has had an alternate follow-up procedure. Record your answer in the SideCar Chart Review section.
    a. For higher level breast abnormalities like a BIRADS 4 or 5, they may have a mammogram in place of a biopsy.
    b. For lung, they may have a repeat LDCT, or are sent to a nodule clinic.
    c. For cervical, they may have a repeat Pap smear in place of colposcopy or biopsy.
    d. For colorectal, they may have been recommended a FIT test instead of a repeat colonoscopy

Did the patient have an alternative follow-up test?

2. Check the result of the alternate follow-up. Record in Chart Review.

Was the test result normal?

3. If Prompted in SideCar: Check for documentation of the alternate care plan, i.e. a conversation with or letter from the provider verifying it was an intentional recommendation. Record in Chart Review.

Is there documentation of an alternate care plan?

4. If the patient had an alternative test with an ABNORMAL result that does NOT have documentation of an alternate care plan, send an InBasket message to the patient's PCP asking if they would like you to contact. Indicate that you have sent the message in SideCar.

Was an In Box Msg sent to PCP?

5. If you sent a PCP message: check for the response to determine if the patient should be contacted. Answer the prompt in SideCar. If yes, proceed with patient contact.

Should the patient still be contacted?

6. If the patient has not yet had an alternative follow-up test but has an alternative follow-up test scheduled, record this information in the chart review section of Sidecar.

Did the patient have an alternative follow-up test? ◯ Yes ⬤ No

Is an alternative follow-up test scheduled? ⬤ Yes ◯ No

   a) Check the encounters tab to see if there has been documentation with the patient's PCP about an alternate care plan. Be sure to check primary care appointment details, etc. If there is documentation, mark this in Sidecar and the patient will populate the "Do Not Contact" tab. If there is no documentation, proceed with patient contact.

   Is there documentation of an alternate care plan?

Pregnant patients

Pregnant cervical patients in their 1st trimester (weeks 1-12) are eligible to get a Pap. RA's should contact these patients to schedule/tell them to remind their doctor at next prenatal visit. Pregnant cervical patients in their 2nd trimester (weeks 13-26) cannot get a Pap, but RA's should contact them to remind them to get a Pap post-partum.

We will create a checkbox in Sidecar for pregnant cervical patients. If patients are in their 2nd trimester and due for a colpo, we will check that box.

Emily will not navigate pregnant cervical patients, with the exception of pregnant patients who are in the last 30 days of their pregnancy.

Study Coordinator Patient Outreach

Initial patient outreach, sending PG/DH messages and mailing letters, patients in arms 3 and 4

To be done weekly.

When patients enter Arms 3 and 4 of the mFOCUS study, they are sent a reminder message to inform them they are overdue for follow-up. These messages are only sent to eligible patients who appear in the Outreach Schedule.

For patients with a Patient Gateway account:

     i.   Navigate to the appropriate Epic report.
    ii.   Find the patient(s) needing messages.
   iii.   Follow the instructions below to send the letter template; it will automatically populate with the patient's information.
   iv.   To check if the message has been opened, run the Epic report, and find the column.
         i.   If message isn't opened in 1 week, proceed to step 2. (Note: patients will not be able to reply to messages)
    v.   Record that the message was sent in the SideCar. Open the Activity Tracker tab, click "Coordinator Outreach", and complete the form.

For patients without a Patient Gateway account OR patients who don't open their first mFOCUS Patient Gateway message within a week:

     i.   Navigate to the appropriate Epic report.
    ii.   Find the patient(s) needing letters.
   iii.   Click "Generate Letters" in the Communications tab.
   iv.   Search for the same letter template as above.
    v.   Send the letters to the street address associated with the patient.
   vi.   Record that the message was sent in the SideCar. Open the Activity Tracker tab, click "Coordinator Outreach", and complete the form.

Sending PG Messages in Patient Gateway from the Reporting Workbench

PG messages:

1. Select the patients you are sending a message to
2. In the subject line enter, "Patient Gateway Message"
3. Select the template for:

    Breast, "MGB RSH HAAS BREAST ENGLISH" (or "SPANISH" if they need an interpreter"

    Lung, "MGB RSH HAAS LUNG ENGLISH" (or "SPANISH" if they need an interpreter"

    Colorectal/FIT/FOBT, "MGB HAAS CRC ENGLISH" (or "SPANISH" if they need an interpreter)"

    Cervical-"MGB RSH HAAS CERVICAL ENGLISH" (or "SPANISH" if they need an interpreter"

4. In Message Type select, "User Message"
5. In the Patient Outreach Tracking section, under "Contacted about:"
    a.   For breast enter, "Breast Cancer Screening"
    b.   For lung enter, "Lung Cancer Screening"
    c.   For cervical enter, "Cervical Cancer Screening"
    d.   For colorectal/FIT/FOBT enter, "Colorectal Cancer Screening"
6. To send message click, Accept.
7. This message will now appear in the patient's chart under "MYCHART Messages"
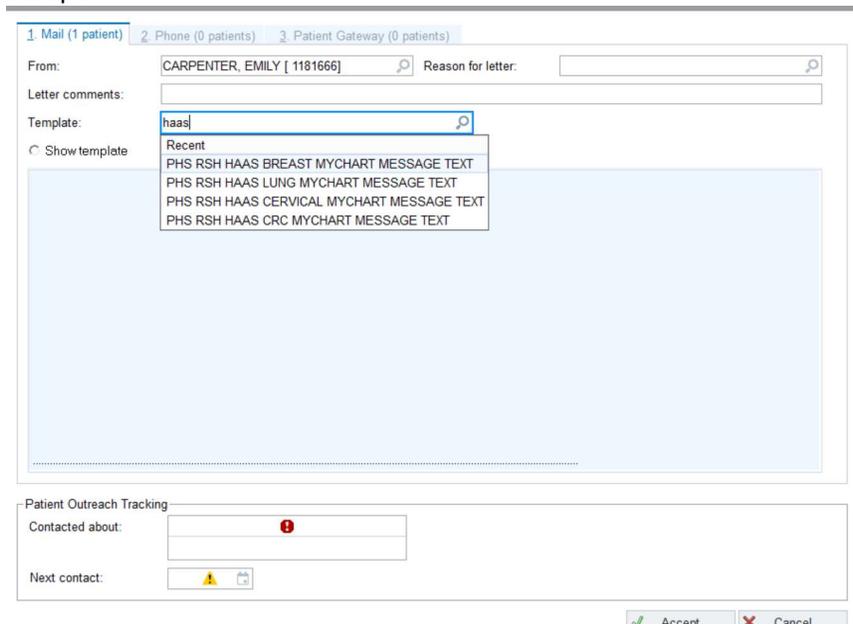
Printing letters and envelopes from Epic

There are a handful of options to print hard copies of letters to be sent to patients:

1. Option 1:
    a. Run the relevant workbench report in Epic.
    b. Select whichever patient you would like to send a letter to. From here, click the "communication" button, and select "send communication."

    c. When prompted to choose a template, select the relevant "Haas" template option. The letter will auto-fill in the window. Choose the correct "contacted about" reason and hit accept.

    d. This letter will then show up in "patient outreach history" below the workbench report for the selected patient. You can click on the blue hyperlink for the letter that you want to send out, scroll to the bottom of this, and click "print letter."

e. Note – this option only works for patients that <u>DO NOT</u> have a Patient Gateway account. If a patient <u>DOES</u> have a Patient Gateway account, even if they don't use it frequently, this option will not work to send them a letter.

f. This option can be used to generate a blue hyperlink for multiple patients at once. To do so, hit the "select all" option at the top right of the workbench, and deselect all patients with a Patient Gateway account before continuing.

2. Option 2:
a. Run the relevant workbench report in Epic.
b. Select whichever patient you would like to send a letter to. From here, click the "communication" button, and select "generate letters."

c. In the "match" search bar, type "Haas," and select the relevant letter template, and click "generate letters" at the bottom of the window.
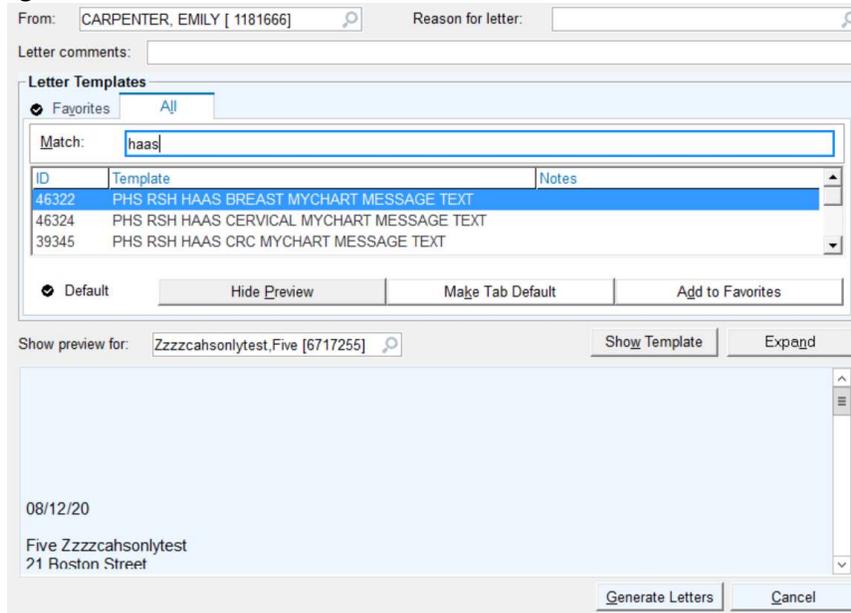
d. Then, go to the patient's chart and click "review," and select "chart review." In the top right corner of the patient's chart review window, the letter that was generated will be noted.

e. Click "letter (out)…". A copy of the letter will pop up in a separate window and can be printed from here.

Since Last MGH MEDICINE VIRTUAL DEPARTMENT Visit (Today)

Today — Letter (Out) with General Inte
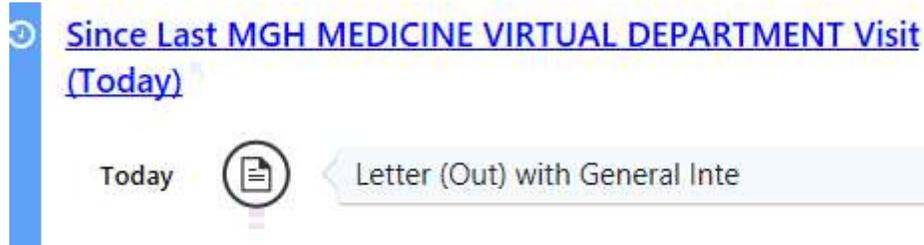
3. Option 3:
    a. Follow the same steps in Option 2.
    b. Instead of going to a patient's "chart review" tab, go to their "encounters" tab.
    c. Double click the relevant letter you want to print out (be sure to check the date to make sure it is the correct letter you are selecting.)

08/10/2020 — Letter (Out) — General Inte
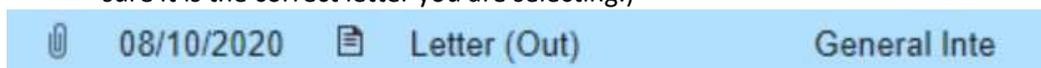
    d. The letter will pop up in a separate window and can be printed from here.

NOTE: Options 2 and 3 can both be used to generate letters for multiple patients at once (but not to print multiple letters at once). If using either of these options, hit the "select all" button at the top right of the workbench before proceeding to the "generate letters" step.

If you sent an incorrect Patient Gateway message, or sent it using the wrong subject line:

1) Call IS (617-724-5085). Press 2 to speak with the Epic team.
2) Explain that you sent a patient an incorrect PG message, and that you'd like to open a ticket with the CHART CORRECTIONS team for it to be retracted. Request that they should give it P1 status, per instructions of the chart corrections team.
3) If they ask about the "research" nature of the letter, tell them you need the ticket sent to the chart corrections team instead.
4) Hopefully your ticket will be routed to chart corrections (Leah Blackstone/Katie Siaki's team).

The general process is as follows:

1) You open the ticket
2) Ticket is sent to chart corrections
3) Chart corrections team reviews and determines if appropriate to have messaged removed (they may ask if you if there is any "egregious" content or incorrect PHI, just explain the letter indicates they have an abnormal result when they do not and that should suffice)
4) Chart corrections approves request for retraction, sends ticket to the MyChart team (Ashley Harrington's team)
5) MyChart team forwards the request to Epic HQ, who remove the message*
6) Ticket comes back to Chart Corrections to delete the empty encounter
7) Ticket is closed, you get an email saying it's all set

*Messages are only removed after 6PM EST Mon-Thurs by the main Epic team, so turnaround can be slow.

Mail merge instructions for printing envelopes

1) In an Excel sheet with the format below, enter the name and address of the patients needing mail. **Verify the information in Epic.** Save the file.
[insert image here]
2) Open the Microsoft Publisher file titled "Envelope template" from the Study Coordinator folder.
3) From the Mailings tab, Select "Select Recipients", and choose "Use an existing list". Select the file you saved the patient addresses to. Select the sheet you entered the addresses on, and verify that each element (i.e. first name, last name, street, city, state, zip) are pulled into the correct columns in the correct order. Click OK.
4) From the Mailings tab, select "Address Block". A sample will appear using one of the patient entries from your file. Verify that it looks correct, and click OK.
5) From the Mailings tab, click "Preview Results". If necessary, enlarge the address block to make sure all parts of the patients' names and addresses are visible.
6) Load the printer with the number of envelopes needed, FACE DOWN (opening up).
7) From your computer, click "print" and specify the number of envelopes you are printing (as to not waste additional papers).
8) Retrieve the envelopes and verify no addresses were cut off or mistaken.

# Second patient outreach, patients in arms 3 and 4

To be done weekly.

Prior to contacting the patient, check the provider's last few notes to familiarize yourself with the patient's current health status and potential barriers, i.e. recently hospitalized, vital status, cancer diagnosis, etc.

One month/30 days after the date that the patient enters mFOCUS, patients will be contacted by phone. Check the Outreach Schedule to determine who should receive a call. Refer to the telephone scripts in this manual.

Document the phone call in the SideCar. Open the patient's record, click the Activity Tracker Tab, click "Coordinator Outreach", and complete the form.

Review the Eligible tab and performing a chart review before a study coordinator phone call

From Study Status View, open the **"Eligible"** tab and review patient information for patients who are in Study Arms 3 and 4.
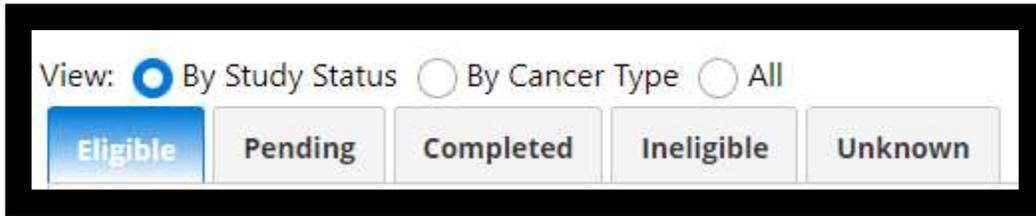
1. Click on a patient name and view the "Organ Info" tab.
2. Confirm a value for "Qualifying [XXX] cancer screening test" and a value for "Qualifying [XXX] cancer screening test result" matches what is in the reporting workbench in Epic.
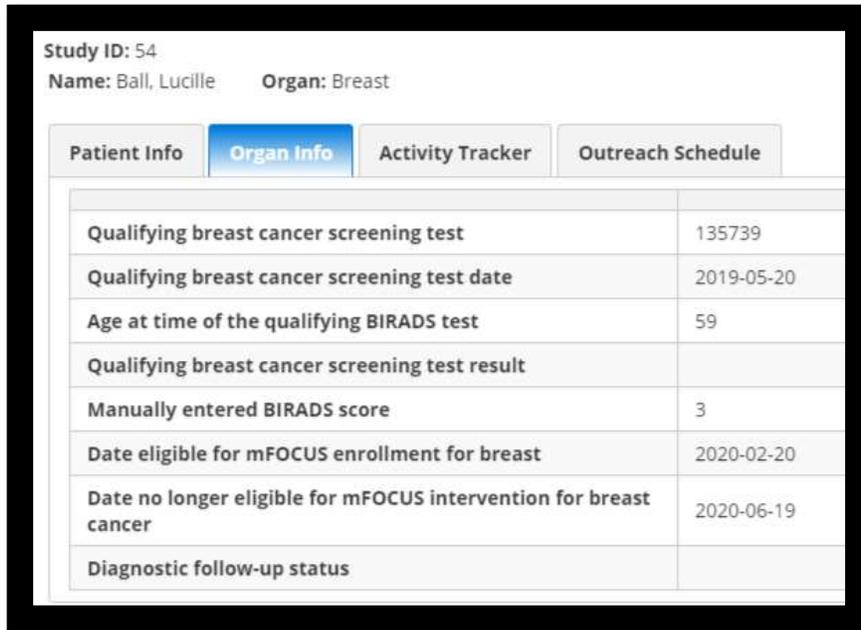
3. Perform a **Manual Review** in Epic to verify that the abnormal test and test result noted in the Side Car are correct.
  a. Go to Epic and open the patient chart by searching on the patient's MRN. Verify that the name and date of birth match before entering the record. Click "review," which will take you to the patient's chart review.

  b. Find the procedure corresponding to the order number listed in the Side Car under "Organ Info."

  For **mammograms and LDCTs**, navigate to the "Imaging" tab:
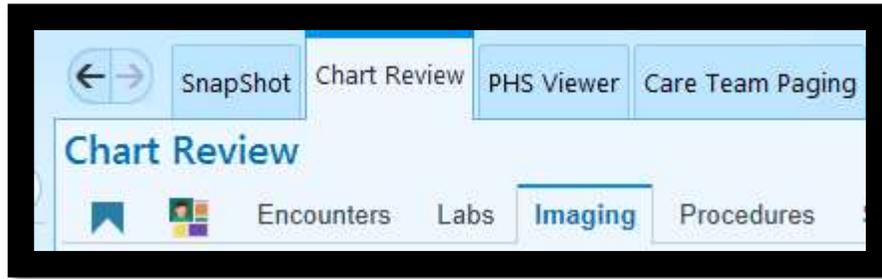
For **Pap smears, FITs, and FOBTs**, navigate to "Labs" tab:
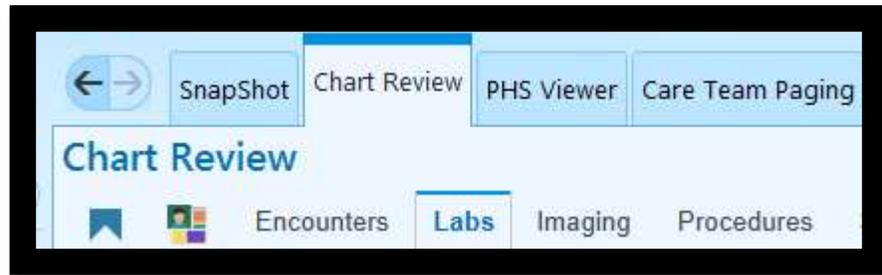
NOTE: For **colonoscopies**, we are checking for a Health Maintenance Modifier, not a specific procedure. Check the Health Maintenance Window from the main Chart Review page.
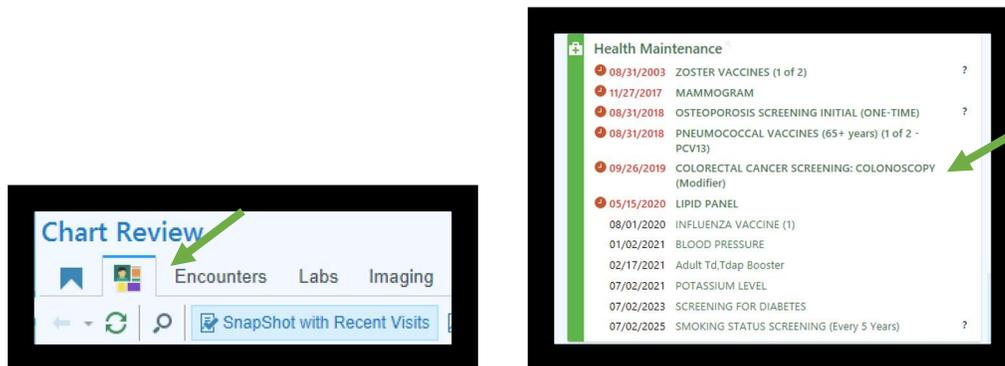
Click the relevant Colorectal Cancer Screening: Colonoscopy item to open more details.
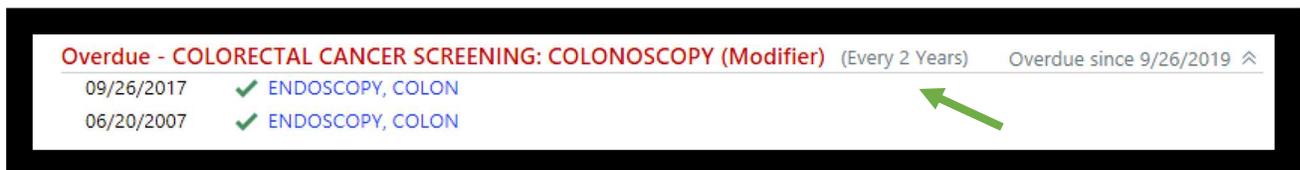
Make note of whether the HM Modifier present matches what is in the SideCar. Proceed to result review below.

c. Open the procedure report and verify that the test information matches what is in the Side Car.

First verify that the OrderID on the report matches the one listed in the SideCar. Select the test matching the procedure description and date performed and click "Review Selected" to open the report.
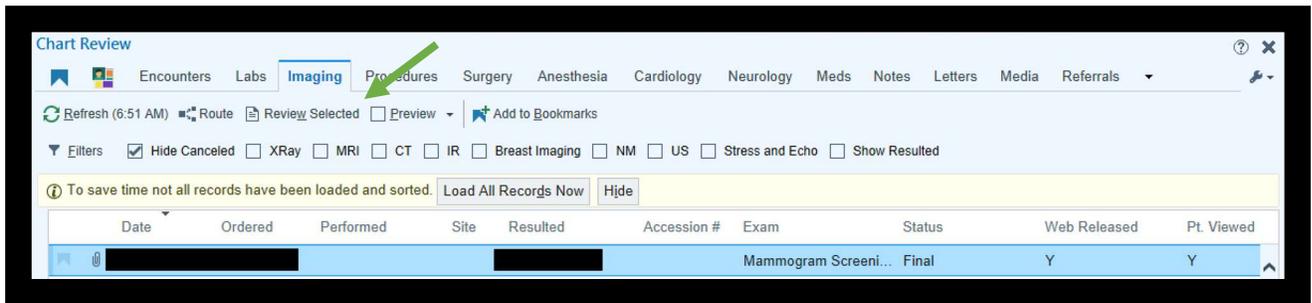
For mammograms and LDCTs:

Scroll to the bottom of the report, and click the link under "Order Details"
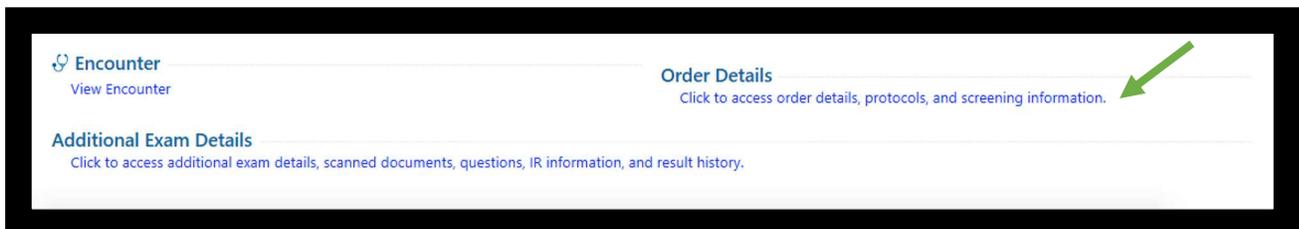
At the top of the page, the CHILDORDERID will follow the procedure name

At the bottom of the page, the PARENTORDERID will be in the "Order History" section

If NO ordered is present in the "Order History" section, the CHILDORDERID is the same as the PARENTORDERID

For FIT/FOBTs and Pap Smears:

The OrderID will be present in the top right corner of the report.
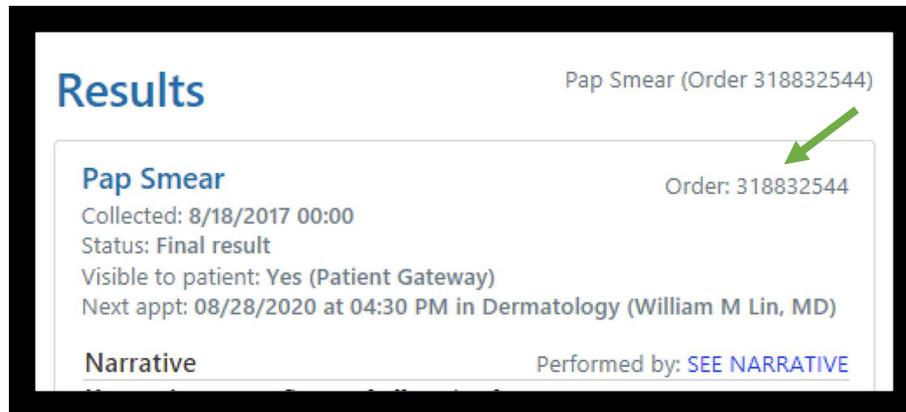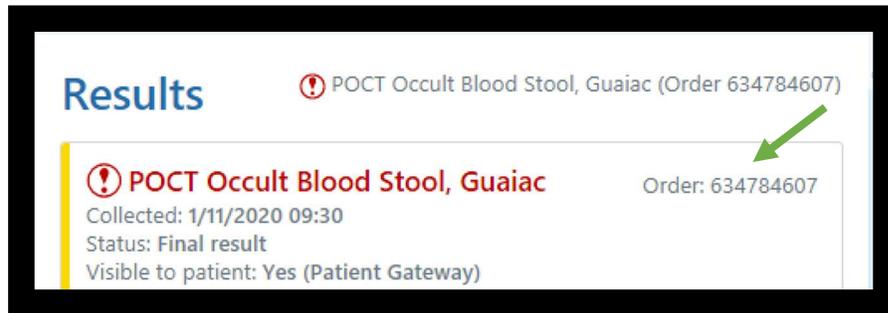
For breast, lung, and cervical procedures: next, verify that the test result matches what is present in the SideCar.

For colonoscopy: verify if the HM modifier and GI recommendation on the patient's chart matches what is listed in SideCar.

- **If the HM Modifier matches SideCar:**
  - Open the results of the latest colonoscopy. Verify the GI recommended follow-up interval matches the HM modifier. To find the GI recommendation, open the "Encounters" tab and scroll to the date of the procedure. There should be a letter sent out by gastro with a time interval recommendation for the patient's next follow-up.
  - If the GI recommendation and HM Modifier match: proceed with patient contact.
  - If the GI recommendation and HM modifier DO NOT MATCH:
    - If the GI recommendation is SHORTER INTERVAL than the HM modifier/SideCar: the patient is still overdue, but they are too far overdue for our study. These patients should be made INELIGIBLE in SideCar in Chart Review. Add the patient's information to the "HM Mismatch" list for tracking purposes.

- If the GI recommendation is LONGER INTERVAL than the HM modifier/SideCar: verify that the patient is NOT overdue based on the colonoscopy date and recommendation. They should be made INELIGIBLE in SideCar based on chart review. Add the patient's information to the "HM Mismatch" list for tracking purposes.
- **If the patient has MULTIPLE HM Modifiers on their chart:**
  - Identify which is overdue, and assess if it matches the latest GI recommendation. Follow instructions described above.
- **If the HM modifier does NOT match SideCar:**
  - The PCP or another provider has recently changed the modifier on the patient's chart. Use discretion to determine if this patient is now on an alternate care plan, or is no longer eligible for the study.
- Colonoscopy patients also need to have the pathology of their colonoscopies checked. This is because if a patient only has a history of hyperplastic polyps, then the patient will not be eligible for our study.
  - First, check the date of the most recent colonoscopy under the "Procedures" tab in Epic. The colonoscopy will be listed as "Endoscopy, Colon"
  - Scroll down on this report until you see "Findings." The findings should include notes of the size of the polyps. Sometimes, it will note right there whether the polyp is hyperplastic or adenomatous. However, sometimes it's a bit harder to find.
  - If it is not there, then navigate to the "Labs" tab and check the box filter for "Path/Cyto." Find the date that corresponds to the colonoscopy you are looking at. It should be listed as an "Anatomic Pathology" Test. Scroll through this report, and see whether the polyp found was sessile serrated, an adenoma, or hyperplastic.
    - Note: Sessile serrated polyps will be treated as adenomas for our study.
  - If the polyp was hyperplastic, you will need to follow the same process for the patient's previous colonoscopies (if any) and see if there is any history of adenomas. **If there is any history of an adenoma, even if it's not the latest colonoscopy, then the patient is ELIGIBLE**
  - **If all colonoscopies in the patient's chart only show hyperplastic or no polyps, then the patient is INELIGIBLE.**

Colonoscopy follow-up recommendations are messy and errors can occur at many places in the process. If you have a novel scenario or any questions, bring to the clinical team for discussion.

d. Confirm the recommended follow-up procedure(s) for the given test result and check to see if the patient has already had the necessary follow-up procedure.

Most follow-up procedures will be documented in either the "Procedures" or "Labs" tabs, but some may be found in the "Imaging" tab (ex: LDCT, mammogram), as shown above. Check the "other orders" tab to see if something was ordered. Also check

"procedures". Also for some cervical colpos, will just be an encounter in the Encounters tab.Be sure to check CareEverywhere for tests done outside of Mass General Brigham.
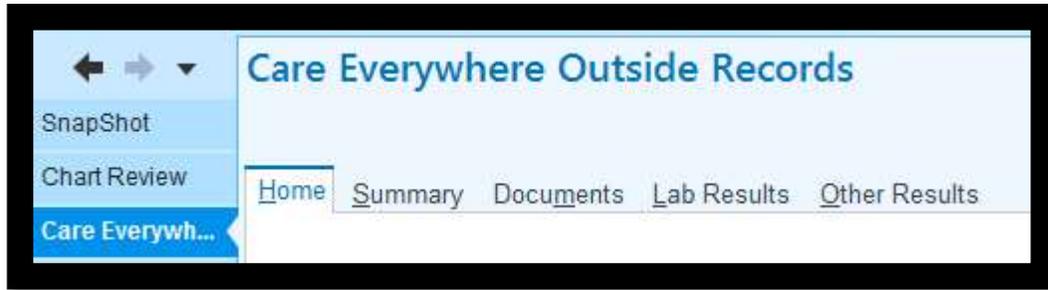
Verify that the date of the follow-up procedure is AFTER the index screening test date, then make note of the status of the follow-up procedure: ordered, scheduled, or already completed

Telephone scripts and guideline for outgoing calls
Document the date and outcome of the phone call.

Answering machine script

Good morning/afternoon. This message is for Ms/Mr [patient's name] and I'm calling from Mass General Hospital/ Brigham Health/ Dartmouth Hitchcock Medical Center on behalf of your primary care team. Our records suggest that you may have had a cancer screening test that requires follow-up. Please call your Dr. X's office at (insert telephone number below) to schedule a follow up. Thank you!

NOTE: For CRC patients, check to see if the patient is from BWH or MGH. Refer the patient to the GI scheduling clinic of their respective hospital to schedule their follow-up colonoscopy.
BWH GI Clinic: 617-732-7426
Faulkner GI Clinic: 617-983-7120
MGH GI Clinic: 617-726-7663

Answering machine script (Spanish)

"Buenos días / Buenas tardes. Este es un mensaje para el señor / la señora [patient's name]. Llamo de(l) hospital Mass General/Brigham Health en nombre del equipo de atención primaria que le atiende. Nuestros registros indican que es posible que usted se haya hecho una prueba de detección temprana del cáncer que requiere seguimiento".

> If follow-up is not already scheduled: *"Llame al consultorio del (de la) Dr(a). [Name], al [insert telephone number] para programar el seguimiento. Muchas gracias".*

> If follow-up is already scheduled: *"Queríamos llamarle para recordarle que tiene un seguimiento programado para el [DATE] a la(s) [TIME] en [LOCATION].*

Esperamos verle ese día. Si no puede cumplir la cita, llame al consultorio de su profesional médico de atención primaria para pedir otra".

Good morning/afternoon. My name is _____ and I'm calling from Mass General Hospital/ Brigham Health/ Dartmouth Hitchcock Medical Center, may I please speak with Mr/Ms [patient's name]?
"Buenos días / Buenas tardes. Me llamo _____ y estoy llamando de(l) hospital Mass General/Brigham Health. ¿Podría hablar con el señor / la señora [patient's name]?"

Patient already on the line
If test is unscheduled:

Hello Mr/Ms [patient's name], I am calling on behalf of your primary care team. We are reviewing our records to make sure all patients are up to date on cancer screening tests. Our records suggest that you had a [mammogram/pap smear/colon cancer/lung cancer] screening test on DATE and it was recommended that you have follow-up testing that is due now.

Please call your PCP's office to schedule your follow-up (Mammography/Pap smear/colonoscopy/Chest CT).

"Hola, señor / señora [patient's name]: Lo(a) estoy llamando en nombre del equipo de atención médica primaria que le atiende. Estamos revisando nuestros registros para asegurarnos de que todos los pacientes estén al día en las pruebas de detección temprana del cáncer. Esos registros indican que usted se hizo una [mamografía/ prueba de Papanicoláu / prueba de detección del cáncer de colon / prueba de detección del cáncer de pulmón] el [DATE] y que le recomendaron una prueba de seguimiento que tiene que hacerse ahora. Llame al consultorio del profesional de atención primaria que le atiende a programar la [mamografía / prueba de Papanicoláu / colonoscopia / tomografía computarizada de tórax] de seguimiento."

If the patient does not have an order placed: for their follow-up exam or if the order is expired, send an InBasket message to their provider:

Dear Dr. X, I am working with Dr. (Jennifer Haas for BWH/Steve Atlas for MGH) on the mFOCUS research project. I spoke with [NAME] about her/he overdue [TEST TYPE] result from [Date x] and noticed that there is no order for a [specify test, i.e. diagnostic mammogram]. Could you please create the order so I can assist [NAME] with scheduling? Thank you!

> *Hello Mr/Ms [patient's name], I am calling on behalf of your primary care team. We are reviewing our records to make sure all patients are up to date on cancer screening tests. Our records suggest that you have a scheduled [mammogram/pap smear/colon cancer/lung cancer] screening test on DATE.*
>
> *Are you able to keep this appointment?*
>
> > IF YES: *That's wonderful. Getting these tests done on time is one of the best things that you can do to stay healthy.*
> >
> > IF NO: *Please call your PCP's office to reschedule. Getting these tests done on time is one of the best things that you can do to stay healthy.*
>
> *"Hola, señor / señora [patient's name]: Lo(a) estoy llamando en nombre del equipo de atención médica primaria que le atiende. Estamos revisando nuestros registros para asegurarnos de que todos los pacientes estén al día en las pruebas de detección temprana del cáncer. Nuestros registros indican que tiene una [mamografía / prueba de Papanicoláu / colonoscopia / tomografía computarizada de tórax] de seguimiento el [DATE].*
>
> *¿Puede cumplir esta cita?"*
>
> > IF YES: *"Excelente. Hacerse estas pruebas a tiempo es una de las mejores cosas que puede hacer para mantenerse sano(a)".*
> >
> > IF NO: *"Llame al consultorio del profesional de atención primaria que le atiende para pedir una nueva cita. Hacerse estas pruebas a tiempo es una de las mejores cosas que puede hacer para mantenerse sano(a)".*

Ask when/where the follow-up testing was completed. Record the test type and the date that the test was done in the side car.

Ask the patient if they know the results of the test, if yes, what was done after that result? Ask for a copy of the report and notify PCP through in-basket messaging.

If the patient has a copy of report, let them know that we will update their medical record if they mail or fax it to study coordinator. If the result is abnormal, coordinator will notify PCP office. Provide the fax number or mailing address for the coordinator.

If the patient does not have a copy of the report, tell the patient to contact the office where it took place and ask for a copy of the report to be sent to their PCP's office and to you.

"¿Cuándo / Dónde se hizo estas pruebas de seguimiento? ¿Qué tipo de prueba se hizo?"

"¿Sabe el resultado de esta prueba? ¿Qué se hizo después de este resultado? ¿Puede enviarnos una copia del informe correspondiente?"

> IF YES: *"Excelente. Cuando nos envíe por correo o fax el informe, actualizaremos su historia clínica para reflejar los resultados de esta prueba. El número de fax / la dirección postal es…"*

> IF NO: *"Comuníquese con el consultorio en que le hicieron la prueba y pida que me envíen a mí y al consultorio del profesional de atención primaria que le atiende una copia del informe correspondiente".*

If the patient declines follow-up testing

I will let your doctor know that we spoke and that you didn't want to have this follow-up test done. Please feel free to contact your PCP if you change your mind in the future.

"Voy a comunicarle a su médico que hablamos y que usted no quería hacerse esta prueba de seguimiento. Comuníquese de nuevo con el profesional de atención primaria que lo(a) atiende si cambia de parecer más adelante".

Document in the SideCar that the patient is currently not interested in scheduling this follow-up test now.

If the patient is in Arm 4, they will still be reviewed by the navigator even if they decline the follow up.
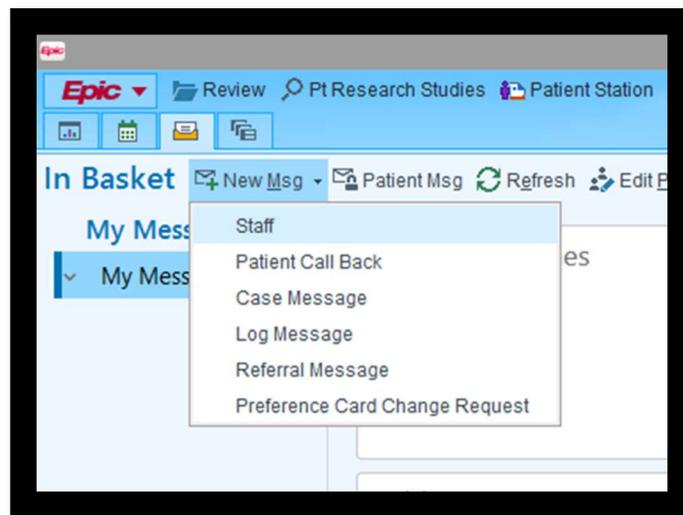
Send an InBasket message to their provider: "I spoke with your patient [NAME] today to remind him/her that he/she need follow-up for X. [NAME] indicated to me that they are not interested in scheduling a follow-up test at this time. Please let me know if you have any questions."

If patient voices concerns related to COVID-19

Q: I do not feel comfortable travelling to this appointment/test due to the COVID-19 outbreak/I do not think that this appointment is urgent enough for me to risk exposure to COVID-19.

A: We understand your concerns. Our number one priority is maintaining your safety, which is why we also want to stress to you the importance of this follow-up appointment/test. You are [xx amount of time] overdue the evaluation of your abnormal [lung/breast/cervical/colorectal] screening, and we want to ensure that you are properly taken care of. While COVID-19 is certainly a valid health concern, so is this aspect of your health. By following up on your last screening test result, you may be preventing/detecting a more serious health concern down the line.

Q: Why does this appointment have to happen now? Can it be postponed?

A: This follow-up appointment/test is so important because it has the potential to play an important preventative role in your health and wellbeing. We are contacting you as a way to ensure that the abnormal findings found on your most recent [lung/breast/cervical/colorectal] cancer screening performed on [xx date] are taken care of as recommended. While this may seem like a simple appointment that can be completed at another time, a vital aspect of this appointment is its timeliness.

Per the American Cancer Society's website, it is important for patients to continue to receive cancer screening and evaluation as their care team deems necessary, even in the midst of COVID. We are reaching out to you now with this appointment, because your health care team feels that a follow-up is the best course of action, and the best way to advocate for your long-term health.

Q: If this leads to a more serious diagnosis, what can I do to protect myself from COVID-19?

A: If, after you are brought in for evaluation of your [lung/breast/cervical/colorectal] screening result, and you receive some sort of cancer diagnosis, there are extra measures you can and should take in order to protect yourself from COVID-19, in addition to the practices that everyone should follow such as wearing a mask, frequent handwashing, and social distancing. These can/should be discussed with your care team upon diagnosis. Per the American Cancer Society's website these include: staying home as much as possible; ensuring that you have several weeks' worth of medications/medical supplies, should you have to be at home for prolonged periods of time; staying in touch with your health care provider(s)/team in regards to your treatment schedule.

Q: What can I do to ensure my safety when travelling to my appointment? What are the public health/CDC recommendations for being out in the public at this time?

A: Per the CDC, social distancing (aka maintaining a distance of 6 feet from person to person) is encouraged whenever possible. To further ensure your own personal safety, we recommend only using public transit (if necessary) outside of peak travel time.

Boston has mandated face masks be worn in public. There are guidelines you can find on the internet for making your own masks at home, and the type of materials you can use to do so. You should thoroughly wash your hands frequently for at least 20 seconds – especially after touching surfaces that others use. If this is not possible, hand sanitizer (with at least 60% alcohol content) is an acceptable substitute to use.

On the official CDC website, you can find in-depth instructions and recommendations for how to protect yourself in the face of the coronavirus, symptoms of the virus, and what to do if you think you are sick. The website recommends maintaining an appropriate social distance, wearing a homemade mask when out in public, practicing frequent handwashing, covering coughs and sneezes appropriately, avoiding touching your face whenever possible, and using disinfectant at home and on surfaces you may touch.

Q: What safety and sanitary measures is the institution taking in light of the COVID-19 outbreak?

A: The institution is mandating that all patients being seen onsite make an appointment ahead of time. Walk-in appointments are currently not available. This decreases the risk of exposure, as less people will be onsite. Visitors are not permitted to attend appointments with patients at this time for the same reason. Before a visit, every patient will be called to screen for symptoms of COVID and if any symptoms are reported, the visit will be postponed. A surgical mask will be provided to you at the hospital or clinic, and it must be worn for the duration of your visit. Hand sanitization will also be made available to you. Entrances at each of our buildings have been restricted to monitor traffic in and out of the institution. There are guidelines about particular entrances to use for different buildings on our website.

The department of infection control has created careful cleaning procedures/protocols that have been put in place by the institution. Appointments are being booked less frequently to allow for cleaning of all rooms and equipment between patients.

If patient expresses feelings of sadness/distress/being overwhelmed related to their situation and/or COVID-19:

A: We understand that this is a stressful time for many people right now, and we want to be a resource for you in the best way possible. Our team is here to help you take care of yourself, even in these unprecedented times. I want to be respectful of how you are feeling. If you are not comfortable answering my questions (for the mFOCUS assessment) right now, is there another time we can plan on speaking to each other? Great, let's plan on speaking at/on [xxx time or date] so that we can move forward with finding you the resources you need.

The circumstances surrounding COVID-19 are overwhelming and ever-changing. The CDC recommends taking breaks from social media and reading/watching the news regarding the pandemic. Maintaining physical and social well-being (through virtual resources in particular) at

this time is another way to keep up with your mental/overall well-being. There are resources at your disposal if you are struggling at this time, and we are here to help and make you feel at ease as best we can (Appendix C).

When a patient does not speak your language

1. If appropriate, call:
   a. MGH Interpreter Services at 617-726-6966
      https://www.massgeneral.org/interpreters/contact
   b. BWH Interpreter services at (617) 732-6639
      https://www.brighamandwomens.org/patients-and-families/patient-resources/interpreter-services
   c. DH interpreter services:
      https://www.dartmouth-hitchcock.org/supportive-services/interpreting.html
      Lebanon, Heater Road, Lyme (603) 650-5792
      Keene (603) 354-6656
      Manchester / Bedford, Concord, Nashua area patients, and other D-H locations
      To request interpreter services, please inform the scheduling secretary when you schedule your appointment or call the department directly.
2. For MGH and BWH, if no on-site interpreter is available, you will be connected to an outside vendor. Use PIN #1010.
3. You should be with the interpreter at the time of the call to assess for any barriers and answer any questions the patient may have
4. If a family member offers to interpret the call, or if a patient asks you to coordinate the appointment with a family member, ensure that the patient has been educated about the follow-up testing and has agreed to it before booking the appointment

Appendix A: Primary Care Practices

MGH Practices

Ambulatory Practice of the Future (APF)	(617) 724-1100
Assembly Row	(857) 282-0777
Back Bay	(617) 585-7403
Beacon Hill	(617) 726-4900
Bulfinch Medical Group (BMG)	(617) 724-6610
Charlestown	(617) 724-8168
Chelsea 100	(617) 887-4600
Chelsea 151	(617) 889-8580
Everett	(617) 394-7500
Internal Medicine Associates (IMA1)	(617) 726-2374
IMA 2	(617) 724-6200
IMA 3	(617) 726-2368
MGH Downtown	(617) 728-6000
Mass General Medical Group (MGMG)	(617) 726-3558
MGH West (Waltham)	(781) 487-4346
North End Waterfront	(617) 643-8000
Primary Care Associates, Waltham	(781) 487-4040
Revere Adult	(781) 485-6000
Revere Broadway	(781) 485-6441
Women's Health	(617) 724-6700

BWH Practices

800 Huntington	(857) 307-2200
Brigham Circle	(617) 983-7003
Brigham Physician's Group (BPG)	(617) 732-9900
Brigham Primary Physicians -Faulkner	(617) 983-7300
Brookside Community Health Center	(617) 522-4700
Family Care Associates	(617) 983-7025
Faulkner Community Physicians	(617) 469-4000
Fish Center	(617) 732-9300
Foxborough	(508) 718-4010
Jen Center	(617) 732-6040
Newton Corner	(617) 796-7100
Norwood	(857) 307-3900
Primary Care Associates of Brookline	(857) 307-4400
South Huntington	(857) 307-3300
Southern Jamaica Plain Health Center	(617) 983-4100

Appendix B: Education Materials

Educational materials can be found on the U01 Abnormal SFA in the Patient Outreach folder.

Appendix D: Miscellaneous situations

Appendix E: Running Reports in Side Car