

UCCP PROTOCOL FOR FOLLOW-UP OF ABNORMAL SCREENING OR DIAGNOSTIC MAMMOGRAM

These guidelines are tools designed to assist the UCCP clinical staff in providing appropriate follow-up care for patients. They are not inflexible rules or requirements of practice and are not intended, nor should they be used, to establish a legal standard of care. For these reasons and those set forth below, the Utah Cancer Control Program cautions against the use of these guidelines in litigation in which the clinical decisions of a practitioner are called into question.

The ultimate judgment regarding the propriety of any specific procedure or course of action must be made by the UCCP clinical team in conjunction with members of the medical advisory board in light of all the circumstances presented.

1. The completed UCCP Mammography voucher will be sent by mammography facilities to UCCP within two weeks if the results are:

BIRADS Category 1:

“Negative”

- No follow-up needed.

BIRADS Category 2:

“Benign finding”

- Recommendations for routine screening. No follow-up needed.

- Follow-up mammogram in 3-6 months
Please refer to the short-term follow-up policy.

- May still need a physician referral for further follow-up (clinical correlation needed, repeat clinical breast exam):
 - The follow up nurse/case manager must attempt to contact the client by phone within five working days of receiving her mammogram report
 - A UCCP Breast Referral (BR) is completed
 - An appointment is made for the client (conference call)
 - Explain to client that a breast referral will be send/fax to the referral physician
 - If BR is mailed to the physician send the white and pink copy of referral form and a copy of the mammogram results to the physician,
 - Some surgeons will require the client’s radiology films. If so, clients should be advised to pick up their imaging films and take them to the surgeon the date of their appointment,
 - If unable to contact the client after ten working days, a certified letter will be sent.
 - If the referral form has not been returned within four to six weeks following the client’s appointment, follow-up phone calls will be made to the physician and/or the woman to check for compliance and status of follow up.

BIRADS Category 3

"Probably benign, short term follow-up recommended"

- A certified letter is mailed to client one month before the due date (3-4-6 months follow up) indicating she is due for a short-term follow up"
 - A phone contact is attempted within four weeks of sending the letter to client to know the need for further studies and that she is eligible for another voucher. Please refer to "short term policy" for more details.
2. Mammography facilities will call/notify the UCCP (per contract) within three days and also send/fax/submit the completed voucher form and copy of the final report if the results are:

BIRADS Category 4 & BIRADS Category 5:

"Suspicious abnormality, biopsy should be considered"

"Highly suggestive of malignancy"

- The case manager/follow up nurse will contact the client immediately and will attempt to contact her each working day for seven working days until she is reached to assure a follow-up appointment with the surgeon.
- A letter indicating results of mammogram and the recommendations of the radiologist is sent to the client **immediately as soon as** the radiology report has been received.
- Client needing assistance are given instructions in the letter to contact UCCP at which time a breast referral form is completed, an appointment is made for the client (conference call).
- Send/fax a breast referral to the physician after making an appointment (conference call, if possible). If mailed, send white and pink copies of the breast referral form to the physician
- If the referral form has not been returned within two weeks following the appointment with the surgeon, follow up phone calls are made to the physician and/or the client to check for compliance and status of follow-up.
- If client has not complied with her initial appointment the case is handed to the case manager for coordination, resource utilization and monitoring of services.
- After (at least) two phone calls and client has not complied with making an appointment or has cancelled her appointment more than once a certified letter should be send to the client.
- After several attempts for compliance and the client indicates lack of interest or refuses to follow-up according to recommendations, a personal visit is done by the case manager or other (assigned by the case manager) in order to educate the client and encourage compliance.
- After all documented attempts and proof of certified letter the case manager request the client to sign the refusal form. A copy of this refusal is sent to the screener, radiologist and the surgeon (only if the surgeon has seen the client).

BIRADS Category 0:

"Assessment is incomplete, need additional imaging evaluation"

- The case manager takes this case to conduct a needs assessment, set up a plan with the client, provide and coordinate services, monitor them and reinforce compliance.

- Send the client a certified letter within three working days from receiving the report to inform that she needs to go back for additional studies, making sure to reinforce the concept that UCCP will reimburse for her additional radiology work up.
- If possible, the case manager/nurse assists the client in making her appointment through a conference call.
- If the radiologist calls the same day that a client has her mammogram and requests additional work-up such as ultrasound, mag. Views, diagnostic mammograms fax as many vouchers are needed, one for every procedure.
- Proceed to follow up as indicated per radiologist recommendations and initial clinical exam.

Documentation Minimum requirements

Nurses and case manager should have at least five of the following evidence documented in a client's chart:

Refused to follow-up

- Record of at least two phone calls with an interval of one to two weeks (a must)
- A record of a certified letter sent to client with mail slip signed by client. If the person speaks another language have a copy of the letter in the client's own language (a must)
- Client desiring not to pursue according to recommendations and state the reason (a must)
- Education given to client to ensure compliance (a must)
- Personal visit from the case manager (if possible) extra attempts should be done for clients with BIRADS 5 (a must)
- Refusal form signed by client.

Lost to follow up

- Record of at least two phone calls with an interval of one to two weeks (a must)
- A record of a certified letter sent to client with mail slip not signed or signed by other person than the client. If the person speaks another language have a copy of the letter in the client's own language (a must).
- Documentation of not being able to contact the client (a must)
- Documentation of initial contact with client and not being able to localize the client for further follow up (a must).
- Documentation of telephone disconnected (a must)
- Documentation of efforts done to localize client.

Important note

A case is not considered as a refusal for breast cancer screening, if the client has already complied with at least with two visits (this includes a biopsy) with the surgeon and is clear that she has not a diagnosis of breast cancer. This also includes post op visits and other treatments such as infections, nipple discharge and treatment for mastodynia/mastalgia.

UCCP PROTOCOL FOR BREAST REFERRAL FOLLOW-UP

- The white copy of the referrals should be completed and returned from the physician's office after two weeks from the client initial visit to the physician.
- If MD wants to see client for a follow up visit in less than two months, MD still retains the old referral form in order to complete it until the client's case is finished. Otherwise, if the physician wants to see the client in a period longer than two months, the client's case is closed as completed with "breast cancer not diagnosed". Consequently, the client is required to return to the original screening clinic to initiate a new screening cycle (please refer to short-term policy).
- If a report from the physician is not obtained within two weeks after the client's initial appointment; a call should be made to MD for final reports and/or to check if client has complied with appointment.
- If client has not complied with her appointment, her case should be handed to the case manager to initiate case management.
- It is legitimate to receive actual doctor's notes instead of a referral form. In this case, doctor's notes should be attached to a copy or the original BR with data entered by the follow-up nurse.
- A pathology report should always be attached to a BR when a client has had a breast biopsy.
- The referral radiologist should receive a memo from the follow up nurse indicating the results of a breast biopsy. The only exception is when a client has had a biopsy done by the radiologist.
- The UCCP should inform clients of their pathology results when a biopsy is performed by the radiologist.
- The surgeon is responsible of reporting biopsy report to the client not the UCCP.

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- Personal visit from the case manager (if possible) extra attempts should be done for clients with BIRADS 5 (a must)
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Weber-Morgan follow-up

- ◆ Yellow forms along with the registration forms are sent to UCCP for data entry. Forms need to be postmarked within 24 hours from the clinical date.
- ◆ The results of the Pap test are received seven to ten days following the screening clinic.
- ◆ Midwest Lab sends the original Pap report to the UCCP and a copy to Weber-Morgan.
- ◆ Completed Cervical and Breast Referrals are sent to LHD who in turn sends the original reports to UCCP. If reports are sent to UCCP first, UCCP faxes the report to LHD.
- ◆ The RN follow up coordinator will send a monthly report of unfinished cases to Weber Morgan for an up-to-date information.
- ◆ Closed referrals should be sent to UCCP as soon as case are closed.

Paper work notes:

- ◆ Mammography Voucher: White and pink forms: white is the original copy, and the pink form is one of the copies, the original form is eventually returned to UCCP all completed by the physician, the pink copy remains with MD for his/her records.
- ◆ Yellow forms are sent to UCCP along with the registration list for data processing.
- ◆ Breast referral: The original white copy of the breast referral should be completed and returned to UCCP, the following information should be completed:
- ◆ A diagnostic procedure must have been done. Therefore, items in the breast referral should be completed: 7, 10 and 11.
- ◆ Question 10 should be marked #1 with at least a month and a year in question 11
- ◆ If question 12 is marked then question 13 must have at least month and year completed.
- ◆ If physician recommends a breast biopsy, Weber Morgan will call the UCCP **and let** the follow up coordinator know also fax the client completed information. The follow up coordinator **will follow up client from then on.**