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Role of hospitalists in breast cancer prevention: Perspective of hospitalized women about inpatient screening mammography

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Abstract

Over the last 15 years after the inception of hospitalist movement, hospitalist roles have evolved as leaders in inpatient care, research, and medical education. However, these roles are expanding in public health practice and cancer prevention. Breast cancer is the most commonly diagnosed cancer among women in US and the second leading cause of cancer death. Efforts to increase mammographic screening for early detection of breast cancer among socioeconomic class and uninsured women need more attention. We evaluated the receptivity of the hospitalized women to inpatient screening mammography as a novel approach to increase breast cancer screening. A cross sectional study was conducted among 210 hospitalized women age 50-75 years, admitted to medicine service at Johns Hopkins Bayview Medical Center in early 2012. Unpaired t-test and Chi square tests were used to compare personal characteristic, perceived barriers, and receptivity to inpatient mammography among women adherent and non-adherent (or overdue for the test) to screening guidelines. One-third of women enrolled were African American, and 60% of the study population reported an annual household income of < $20,000. Thirty nine percent were overdue for screening, of which, 13% never had a mammogram. Twenty-eight percent of the women were at high risk for breast cancer (Gail score ≥1.7%). The most commonly reported barriers to screening mammograms were failure to remember appointments, and lack of transportation. Most women (91%) believed that it is important for healthcare providers to discuss breast cancer screening while patients are in the hospital. Sixty eight percent of non-adherent women would agree to have an inpatient screening mammogram if it was due and offered.

Conclusions: A significant number of hospitalized women from lower socioeconomic class are at high risk of developing breast cancer and many are overdue for mammographic screening. Inpatient hospital stay may be a feasible time for education to ensure adequate breast care and promote screening among these women. Over the course of several days as hospitalists forge trusting relationships with patients, these physicians can prompt and inspire patients' to consider, if not undergo, cancer screening that is overdue.

Biography

Dr.Waseem Khaliq M.D, M.P.H is faculty at Johns Hopkins University School of Medicine, Baltimore. He earned his medical degree at King Edward Medical College, Pakistan and Master's in Public Health (MPH) from University of Minnesota, Minneapolis. He completed his medical training in medicine at University of Illinois, Urbana. His research interest includes breast cancer screening and treatment disparities, breast cancer risk stratification, and breast cancer chemoprevention. He has published several manuscripts and serves as an editorial board member of Journal of Pharmaceutical and Biomedical Sciences and The Journal of medical research and practice and is a reviewer for many medical journals.

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