

Identifying Characteristics of Primary Care Environments Associated with Higher Use of Breast Cancer Survivorship Care Flowsheets

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Background: Survival rates for breast cancer have increased with more patients managing late and long-term treatment effects. Primary care is positioned to play a significant role in long-term follow-up care but lacks organizational support. **Objective:** This study explores characteristics of primary care practices in a practice improvement study focused on implementing a breast cancer survivorship care intervention. **Methods:** Data come from a secondary analysis of cross-sectional survey and electronic medical record data from 26 practices. Providers were surveyed before and after intervention using the Organizational Readiness for Implementing Change (ORIC), a 14-question scale measuring organizational preparedness to adopt new interventions and a modified version of the Clinician Staff Questionnaire (CSQ), a 12-item scale that addresses learning culture, leadership, mindfulness, reflection, sense-making, teamwork and work environment. Summed scores for each measure were used in analyses. Epic Slicer Dicer and data from the Clinical Research Data Warehouse (CRDW) identified practice use of survivorship flowsheets. **Results:** Practices ranged in size (average=2.6 clinicians, 1-5 range) and team composition (e.g., MD, DO, NP, APN). Most practices reported either increased (n=5) or stable capacity (n=4) on their CSQ scores and n=2 decreased. Similarly, n=7 practices completed the ORIC with n= 5 increasing and n=2 decreasing their scores. Most practices showed evidence of patient flowsheet use (n=11) in Epic and shared similar patient demographics. Average patient ages per practice ranged from 62 to 70 years old. The majority of patients identified as White. **Conclusion and Discussion:** The CSQ and ORIC survey responses demonstrated that the intervention maintained or improved provider experience. Our next steps are to link these findings with patient use of health services outcomes in the CRDW data. Supported by NJ ACTS CREST Program funded by NIH R25TR004777 and R01CA257197.

