Care team call script – Breast Cancer HRA

This script is part of Unlock Health's care team script library, created to give care teams a consistent, compassionate framework for follow-up calls. Each script aligns with the corresponding HRA's clinical review and risk pathways, helping teams confidently guide participants toward the right next step.

These scripts are designed to be used **alongside your Engagement Queue CTA strategy**. For a full overview of how engagement queue CTAs work — including setup, SLAs, and best practices — see the *Call Engagement Queue CTA Playbook*.

Purpose

The Breast Cancer HRA provides personalized screening recommendations for mammography and genetic counseling, based on:

- Genetic risk factors (for example: family history, BRCA1/2, Ashkenazi Jewish ancestry)
- Personal history factors (for example: prior breast cancer, atypical hyperplasia, chest radiation, dense breast tissue)
- Lifestyle and reproductive risk factors (for example: age, menopause, alcohol use, obesity, hormone therapy, breastfeeding history)

Results help care teams recommend:

- Genetic counseling and cancer screening for participants with family history or known genetic risk factors
- Primary care or oncology follow-up for those with prior cancer, atypical hyperplasia, or chest radiation
- Mammogram scheduling for participants due for screening based on age and history
- Lifestyle and prevention counseling for younger or low-risk participants

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Pre-call checklist

Before calling, care teams can open the participant's risk report from the **Actions** column of the engagement queue dashboard.

Within the report, review:

- Primary result (for example: screening for genetic factors recommended, re-screening for genetic factors recommended, schedule screening now, follow your doctor's recommended screening schedule, ask your doctor when you should begin screening, continue annual screening, continue recommended screening schedule)
- Genetic risk indicators (for example: family history of breast/ovarian cancer, BRCA mutations, Ashkenazi Jewish ancestry)
- Personal history factors (for example: previous cancer, atypical hyperplasia, chest radiation, dense breast tissue)
- Lifestyle or reproductive risk factors (for example: alcohol use, obesity, hormone therapy, breastfeeding, reproductive history)

Combine this report review with a quick EMR lookup, if available, to ensure the call is informed, compassionate, and action-oriented.

Additional resources

- *Clinical Review Document – Breast Cancer HRA*
- *Follow-up Strategy Guide – Breast Cancer HRA*
- *Sample Breast Cancer HRA Report*
- *Logging Follow-up Calls with Engagement Queue CTAs*

CARE call flow

C – Connect

- "Hello, this is [Name] from [Health System]. Thank you for completing the Breast Cancer Health Risk Assessment. Who do I have the pleasure of speaking with today?"
- Verify identity using date of birth or another approved identifier.

A – Assess

- "I'd like to review your results with you. Based on your responses, here's what we found…"
- Highlight the screening recommendation, genetic or family history factors, or lifestyle risks. Then ask:
  "Can you tell me if you've ever had a mammogram or genetic test before?"

R – Recommend (based on result category)

- **Screening for genetic factors recommended** → “Your results suggest you may benefit from genetic counseling and breast cancer screening. Can I help you connect with a provider to discuss next steps?”
- **Re-screening for genetic factors recommended** → “Because your prior genetic test was more than five years ago, updated screening is recommended. Can I help you schedule a referral?”
- **Schedule screening now** (due or overdue for mammogram) → “You are due for a mammogram based on your age and history. Let’s schedule your breast cancer screening appointment.”
- **Follow your doctor’s recommended screening schedule** → “Your results show you already have known risk factors or prior genetic findings. It’s important to stay on your provider’s recommended screening schedule. Can I help you schedule your next check-in?”
- **Ask your doctor when you should begin screening** (under 40, no family history) → “You are not yet due for routine screening, but it’s important to discuss with your doctor when you should begin. Would you like resources to prepare for that discussion?”
- **Continue annual screening** (age 40–54, recent mammogram) → “Your results show you are on track. Please continue annual screening. Would you like us to help you schedule your next mammogram?”
- **Continue recommended screening schedule** (age 55+, screened within two years) → “You are following the recommended schedule. Continue staying in touch with your doctor about timing. Can I help confirm your next appointment?”

E – Enable

- Offer to schedule, transfer, or provide resources.
- “Can I help you book your next appointment now?”

Documentation guidance

Log each call attempt in the engagement queue dashboard:

- Date and time of call
- Disposition — scheduled appointment, voicemail, no answer, scheduled, callback later, not eligible, referral sent, etc.
- Notes — symptoms discussed, concerns, next steps

Why documentation matters
Consistency in documentation ensures reliable reporting and continuous improvement. It also guarantees that another care team member can seamlessly continue the conversation if needed.

For detailed steps, see: *How to Log a Call in Engagement Queue*

Voicemail example

“Hello, this is [Name] from [Health System], calling regarding your Breast Cancer Health Risk Assessment. We’d like to review your results and discuss next steps for your health. Please call us back at [Phone Number].”

Need help?

Your Client Success Director can help walk through engagement queue CTAs – from training to overall strategy.

Email: hrasupport@unlockhealthnow.com