

Research Centers for Excellence in Clinical Preventive Services

Working to get the right services, to the right people, at the right time

The Center for Advancing Equity in Clinical Preventive Services

<http://prevention-for-all.org/>

Center Location

Feinberg School of Medicine,
Northwestern University

Center Focus

Reduce Disparities

We work to expand and accelerate the development, testing, and dissemination of innovative, practical, effective, generalizable interventions to increase equity of access to and use of clinical preventive services.

Center Director

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Improving Rates of Repeat Colorectal Cancer Screening in Community Health Centers

Principal Investigator: David Baker, MD MPH

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Screening for colorectal cancer is recommended for all adults age 50-75, but screening rates remain low, especially in Black and Hispanic populations and in areas with higher poverty rates. The goal of this study was to improve colorectal cancer (CRC) screening rates by developing a comprehensive outreach program to educate and encourage people to complete a Fecal Occult Blood Test (FOBT) annually using a home collection method. In particular, the study aimed to learn about the effectiveness of a program to maximize the number of poor, predominantly Latino patients cared for at community health centers who complete *repeat* FOBT.

We concentrated on the FOBT because it is the screening test most often used by community health centers due to its low cost and ease of use, but it needs to be repeated every year to be effective.

What Was Done in the Intervention

- Identified patients who were due for their annual FOBT
- Sent automated calls and/or text messages to inform patients they were due for repeat CRC screening and would be receiving a mailed, home-collection FOBT kit
- Mailed kits to patients along with plain language instructions for using and returning it in a pre-paid envelope
- Contacted patients reminding them to complete and return the kit
- Provided a feedback loop to patients: If the FOBT was negative, the patient was informed and reminded that the test should be repeated in one year; if the FOBT was positive, a follow-up colonoscopy was arranged

Big Questions

1. Can a comprehensive program help to increase the number of patients who complete a repeat FOBT?
2. If patients did not complete their repeat test, what were the reasons? What are the perceived barriers to completing repeat FOBT?
3. How much will the intervention cost compared to patients who received usual care?

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What Did We Learn?

The study was extremely successful. 82.2% of the patients who received the intervention completed the repeat FOBT within six months of the screening due date compared to 37.3% of the patients who received usual care (a referral for a colonoscopy). Even though most patients in the study were poor, uninsured, and had limited English proficiency and low understanding of health information, they were able to successfully follow the instructions, complete the test, and return it.

The success rate was so high the intervention was ended early so participants receiving usual care could receive the intervention as well.

What Does This Mean?

Comprehensive outreach programs can improve rates of colorectal cancer screening among vulnerable populations. This study was successful because it addressed multiple barriers simultaneously, including the use of health information technology to identify when annual screening was due, overcoming transportation and financial barriers by mailing the FOBT to patients at home with free return postage, overcoming literacy and language barriers with plain-language materials and pictorial instructions, and automated reminders to “nudge” patients who did not return the FOBT promptly. Most community health centers now use electronic health records, and the study has made all outreach materials publicly available. So, others should be able to use this approach to improve CRC screening at their centers.

These findings provide valuable information to providers and policy makers about the rate of repeat CRC screening with FOBT among vulnerable patients. While the intervention relies on technology that is increasingly available and declining in cost, achieving broad dissemination and implementation of this type of care will require a concerted effort across public and private organizations.

Where to Learn More

Baker DW, Brown T, Buchanan DR, et al. Comparative effectiveness of a multifaceted intervention to improve adherence to annual colorectal cancer screening in community health centers: A randomized clinical trial. *JAMA Intern Med.* 2014 June 16; [Epub ahead of print].

For more information on this project please visit <http://prevention-for-all.org/>

