

GE-NMF PRIMARY CARE LEADERSHIP PROGRAM

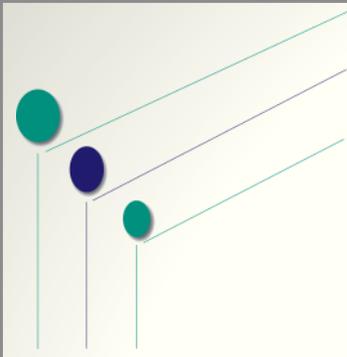


Improving Compliance with Fecal Occult Blood Tests, a Colorectal Cancer Screening Tool

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Introduction

- National avg rate of CRC screening for 0-138% poverty line= **49.8%**
(USDHHS, 2010)
- Rate of CRC screening at MWCHC in 2012 = **31%**
(MWCHC UDS Report, 2012)
- This pilot study focused on improving the rate of CRC screening at MWCHC with specific focus on Fecal Occult Blood Tests (FOBT)



Background

- CRC is 2nd leading cancer killer in U.S.
- TN has high CRC death rate (17.1-21.5%) and low screening rate (59.3-63.5%)¹
- If everybody 50 or older had regular screening tests, 60% of deaths from CRC could be prevented
- Current guidelines for screening: ages 50-75
 - FOBT 1x/year,
 - Sigmoidoscopy every 5 years with FOBT every 3 years, OR
 - Colonoscopy every 10 years
- FOBT is less expensive and non-invasive
- Many studies have been done to increase FOBT compliance – some have succeeded, others have not^{2,3,4,5}
- Multiple studies link higher FOBT compliance with self-efficacy, CRC knowledge, and physician recommendation^{3,4}

1. Centers for Disease Control and Prevention. Colorectal (Colon) Cancer. Retrieved from www.cdc.gov/cancer/colorectal on July 28, 2013.

2. Vernon SW. Participation in colorectal cancer screening: a review. *J Natl Cancer Inst.* 1997;89:1406-22.

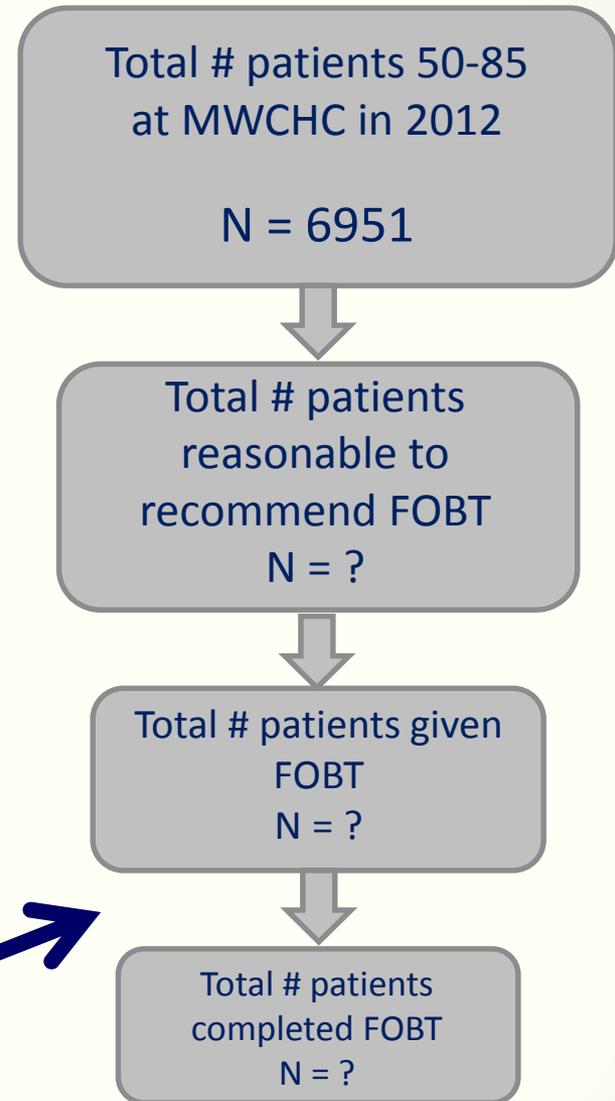
3. Friedman LC, Everett TE, Peterson L, Ogbonnaya KI, & Mendizabal V (2001). Compliance with fecal occult blood test screening among low-income medical outpatients: A randomized controlled trial using a videotaped intervention. *Journal of Cancer Education*, 16(2), 85-8.

4. Friedman LC, Webb JA, Everett TE (2004). Psychosocial and medical predictors of colorectal cancer screening among low-income medical outpatients. *Journal of Cancer Education*. 19: 180-186.

5. Wolf RL, Zybert P, Brouse CH, et al. (2001). Knowledge, beliefs, and barriers relevant to colorectal cancer screening in an urban population: a pilot study. *Fam Community Health*. 24(3): 34-47.

Methodology

Barrier	Intervention
1) Patient difficulty to successfully complete and return the screening test	Development and distribution of simple instruction sheet for the screening test
2) Lack of physician reminders to recommend CRC screening when appropriate	Strategic placement of reminder cards urging physicians to offer a CRC screening if necessary
3) Lack of patient awareness of CRC screening recommendations and options	Distribution of educational posters as part of a CRC screening awareness campaign



Where is the largest drop-off?

?

Methodology (cont.)

FOBT (Fecal Occult Blood Test) Instructions

When caught early enough, colorectal cancer is curable in 9 out of 10 people. Since there are no visible signs or symptoms in the early stages, this simple and easy test could help save your life.

Please read these instructions fully.

A. Before You Start

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

Important: You must return the test cards as soon as all 3 have been completed but no later than 10 days after collecting your first stool.



Avoid Vitamin C supplements and citrus fruit and juices for 2 days. Ask your doctor for anything else to avoid before collecting your samples.



Otherwise, continue to eat your normal diet and take your regular prescribed medications.

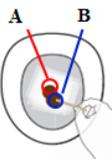
B. Filling out the Test Card



- Using a pen, print your name, age, and contact information on all 3 test cards
- You will collect stool samples on 3 different days within a 10 day period

- Under each flap there are two small areas on which to smear your samples.

C. Doing the Test



1. Write the date of your first sample collection on one of the test cards. Open the tab and peel back the flap to apply the first sample.

2. To collect stool, use a clean, disposable container or place several layers of toilet paper in the toilet bowl to support the stool.

3. Use the applicator stick to collect a small sample of stool. Apply a very thin smear to Box A. Use the same stick to collect and smear a second sample from a different location of the stool in Box B. Close and secure the flap.



4. Wrap a piece of toilet paper around the applicator stick and discard. Flush the toilet. You are done with the first sample!

5. Place the test card in a safe, dry place at room temperature.

6. Repeat steps 1-5 to collect and smear samples on two additional days under the flaps of the second and third test cards.

D. After the Test

Once all 3 samples have been collected, make sure to return all 3 test cards to the clinic before 10 days from your first sample!

If you would like to watch a video that demonstrates these instructions, visit:

<https://www.youtube.com/watch?v=Wl8zaZlQXDg>



Need help? Have questions?
Please call (615)-327-9400

Are you 50 or older?

You can save your life with regular colon cancer screening!



Just a simple test for blood in your stool may detect colon cancer before it becomes too severe

**ASK YOUR DOCTOR
ABOUT SCREENING
TESTS TODAY!**

**Remember to offer
an FOBT and other
screening options
to each patient age
50 or older**



Results

- 10/10 patients who read the FOBT instructions sheet agreed that it was easy to understand and that it would help them perform and complete the FOBT screening
- Final results on CRC compliance will not be available until the 2013 UDS Report is completed



Discussion

- FOBT instructions are at appropriate reading level
- Reminders are helpful to providers
- IT is currently working on creating a pop-up reminder in patient charts for preventive screenings due
- Effect on CRC compliance is TBD
- Some obstacles identified were excluded from intervention due to time and resources
- There are several other obstacles that could be targeted in future studies (Ex. – returning FOBT samples)



Recommendations

- Keep using the FOBT instructions!
 - Help patient navigate the resources
 - Make sure exam rooms are stocked with bags of materials
 - Print/copy instructions as necessary
- Develop a system to help patients return FOBT samples in a convenient and timely manner
 - Get envelopes for patients to mail them back, or
 - Remind patients a week before their next appointment to collect the samples
- Increase patient awareness about screening via closed circuit television if possible, or through educational seminars
- Consider demonstrating the screening test with the patient



Conclusion

- Increasing facility of completing FOBT screening for the patient and increasing facility of recommending FOBT screenings for providers could dramatically increase the number of low-income and uninsured patients who are adequately screened for CRC – could save many lives.
- The effect of the three-pronged approach used in this study on CRC screening rate is still pending
- Many future directions and recommendations have been borne out of this study
- Many other avenues can be explored to increase CRC compliance



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