EVIDENCE-BASED STRATEGIES TO INCREASE COLORECTAL CANCER ADHERENCE

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What works to increase CRCS?

- Mailed stool test kits
- Mailed and Phone reminders
- Patient navigation
- Promotion of multiple screening options
- Shared decision making

Unfortunately, CRCS adherence is still sub-optimal
Adults may be confused by multiplicity of options

- 49% of adults agreed it was hard to know which recommendation to follow
- Confused people are 1.8 times more likely to be non-adherent to CRCS than people who are not confused (Jones et al. CEBP, 2010)
Few interventions take patient modality preferences into account
- 31-39% prefer stool test/FIT
- 37-49% prefer colonoscopy

Previously tested decision aid tools and educational materials have not been integrated into clinical practice

No interventions have systematically addressed test-specific patient-reported barriers
- Non-adherent adults have significantly higher barriers than adherent adults and they are test-specific (Jones et al., AJPM, 2010)
In terms of making decisions about your healthcare with your doctor, which ONE of the following best describes how you would like to make these decisions?

- My doctor and I share responsibility for deciding what is best: 42%
- I make final decision after seriously considering my doctor's opinion: 40%
- My doctor makes the final decision but considers my opinion: 9%
- I make the final decision about what I will receive: 7%
- Leave all decisions to my doctor: 2%

Approximately 91%
Challenges

Overall Colorectal Screening Status*

- 56% reported a healthcare provider didn’t discuss options for CRCS
- Colonoscopy offered as primary test by public health programs
  - >50% of CDC-funded CRC Control Program grantees
  - 67% of non-funded state public health departments

*Derived from responses to 4 questions about specific CRCS tests and time since last test
## Challenges & Opportunities

### Top 5 Test-Specific Barriers

“It would be difficult for me to have a [FOBT/Colonoscopy] because…(strongly agree, somewhat agree, neither somewhat disagree, strongly disagree)”

**FOBT**

<table>
<thead>
<tr>
<th>Because…</th>
<th>Mean (SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My healthcare provider has never suggested I get this test</td>
<td>2.81 (0.043)</td>
</tr>
<tr>
<td>2. I did not know if I should have this test</td>
<td>2.59 (0.039)</td>
</tr>
<tr>
<td>3. My health insurance does not cover this test</td>
<td>2.34 (0.033)</td>
</tr>
<tr>
<td>4. I do not need this test because I feel fine</td>
<td>2.33 (0.035)</td>
</tr>
<tr>
<td>5. I do not want to handle my stool</td>
<td>2.27 (0.038)</td>
</tr>
</tbody>
</table>

**COLONOSCOPY**

<table>
<thead>
<tr>
<th>Because…</th>
<th>Mean (SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I do not want to do the preparation and take laxatives</td>
<td>2.94 (0.041)</td>
</tr>
<tr>
<td>2. I do not want a tube inserted into my rectum</td>
<td>2.31 (0.038)</td>
</tr>
<tr>
<td>3. I am worried that the test is uncomfortable or painful</td>
<td>2.24 (0.037)</td>
</tr>
<tr>
<td>4. I do not want to have anesthesia or be “put under”</td>
<td>2.17 (0.035)</td>
</tr>
<tr>
<td>5. This test costs too much</td>
<td>2.14 (0.036)</td>
</tr>
</tbody>
</table>
WISDM Community: Decision Aid & Web Site

Colorectal Cancer Screening
Shared Decision Making: Your Story, Your Choice

What Everyone Should Know About Colorectal Cancer Screening

**Do I have to get screened?**
- Screening for colorectal cancer is recommended for women and men 50-75 years of age.
- You can always choose not to get screened.
- This brochure will help you understand your choices for colorectal cancer screening (defined on the next page) and what it means for your health.

**I don't know what my options are.**
- You are not alone. Many medical decisions are confusing; finding the right information can be difficult.
- This brochure will help you understand your options, and the advantages and disadvantages (pros and cons) for each option.

**I don't know what to do.**
- Life experiences make the decisions we make every day.
- No one has the same experiences or makes decisions in the same way.
- Deciding what screening options are right can be confusing, especially when there is no evidence to prove one method is best.
- Shared decision making can help you make the decision that is best for you.

Recipe for Shared Decision Making

**Ingredients**
- A member of your healthcare team (doctor, nurse, etc.)
- Friends, family or other important people in your life

**Directions**
1. Know your options
2. Take time to learn and understand the facts
3. Understand the pros and cons of each screening option
4. Make a decision with a member of your healthcare team and friends
5. Decide what matters most to you
6. When you are ready, make a decision that is right for you

Talking to the Healthcare Provider

Talking to Important People in Your Life

You don't have to make a screening decision alone. Talk to your healthcare provider and with other important people in your life. Their experience matters, and so do your preferences.

Getting screened is an important health decision. Before making a decision, you should:
- Know your options
- Take time to learn and understand the facts
- Understand the pros and cons of each screening option
- Have a conversation with a member of your healthcare team and/or family and friends
- Decide what matters most to you
- When you are ready, make a decision that is right for you

Need more information to help make a decision?
Visit our website: www.ScreenToPrevent.com or call the colorectal cancer screening community line at: (761) 684-7129 or (651) 438-1699.

Colorectal cancer screening is covered by Medicare. You may also have coverage under your insurance plan.

Here are some questions you may ask your healthcare provider:
- What colorectal cancer screening plan cover?
- What is not covered or only partially covered under my insurance plan?
- Does it matter where I get screened?
WISDM: Clinical Components

Pre-Visit
- Identify patients due for screening
- Pre-visit letters & insert (DA or flyer)

Clinic Visit
- Identify patients due for screening (BPA)
- Provider talking points (options)
- Referral to SDM if decisional conflict

SDM Visit
- Either during clinic visit or scheduled
- Phone or in person

Follow-Up
- Reminder letter, follow-up phone calls
- BPA re-fires at recommended intervals
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (n=687)</td>
<td>Baseline (n=681)</td>
</tr>
<tr>
<td>Year 1 (n=581)</td>
<td>Year 1 (n=585)</td>
</tr>
<tr>
<td>Year 2 (n=580)</td>
<td>Year 2 (n=599)</td>
</tr>
</tbody>
</table>

### Baseline

<table>
<thead>
<tr>
<th>Test</th>
<th>Intervention Adjusted OR (95% CI)</th>
<th>Comparison 1.00 (reference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stool test</td>
<td>0.693 (0.368-1.531)</td>
<td>1.00 (reference)</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>0.955 (0.742-1.23)</td>
<td>1.00 (reference)</td>
</tr>
<tr>
<td>Overall CRCS</td>
<td>0.894 (0.690-1.16)</td>
<td>1.00 (reference)</td>
</tr>
</tbody>
</table>

### Year 1

<table>
<thead>
<tr>
<th>Test</th>
<th>Intervention Adjusted OR (95% CI)</th>
<th>Comparison 1.00 (reference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stool test</td>
<td>1.98 (1.01-3.88)</td>
<td>1.00 (reference)</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>0.782 (0.486-1.26)</td>
<td>1.00 (reference)</td>
</tr>
<tr>
<td>Overall CRCS</td>
<td>0.813 (0.495-1.34)</td>
<td>1.00 (reference)</td>
</tr>
</tbody>
</table>

### Year 2

<table>
<thead>
<tr>
<th>Test</th>
<th>Intervention Adjusted OR (95% CI)</th>
<th>Comparison 1.00 (reference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stool test</td>
<td>1.36 (0.741-2.54)</td>
<td>1.00 (reference)</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>1.11 (0.693-1.64)</td>
<td>1.00 (reference)</td>
</tr>
<tr>
<td>Overall CRCS</td>
<td>1.23 (0.785-1.91)</td>
<td>1.00 (reference)</td>
</tr>
</tbody>
</table>

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* Adjusted for respective baseline test adherence measure and model-specific confounders
Clinic SDM-related Results

• 64% became CRCS adherent after SDM visit
Click the play button to see a short video on colorectal cancer screening and why it is important for you.
Acknowledgments

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