EVIDENCE-BASED STRATEGIES TO INCREASE COLORECTAL CANCER ADHERENCE

Resa M. Jones, MPH, PhD
Associate Professor
Division of Epidemiology, Department of Family Medicine and Population Health;
Massey Cancer Center; Virginia Commonwealth University

rmjones2@vcu.edu

Virginia Colorectal Cancer Roundtable
Richmond, VA

March 17, 2016

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

CRCS Options & Confusion

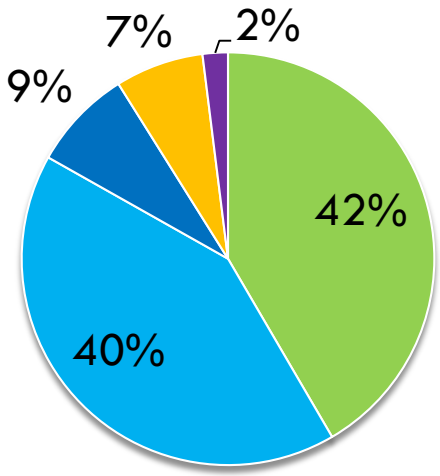
- Adults may be confused by multiplicity of options
  - 49% of adults agreed it was hard to know which recommendation to follow
  - Confused people are 1.8 times more likely to be non-adherent to CRCS than people who are not confused (Jones et al. CEBP, 2010)

Interventions: Patient Preferences & Barriers

- 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)

Opportunities

"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?"

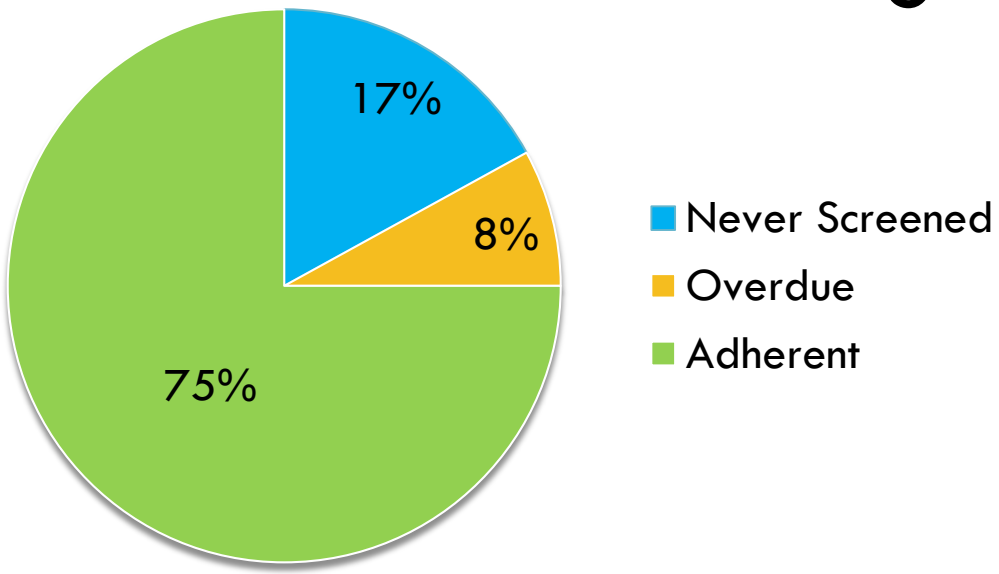


~91%

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

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

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

COLONOSCOPY

Because…	Mean (SE)
1. I do not want to do the preparation and take laxatives	2.94 (0.041)
2. I do not want a tube inserted into my rectum	2.31 (0.038)
3. I am worried that the test is uncomfortable or painful	2.24 (0.037)
4. I do not want to have anesthesia or be "put under"	2.17 (0.035)
5. This test costs too much	2.14 (0.036)

WISDM Community: Decision Aid & Web Site

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

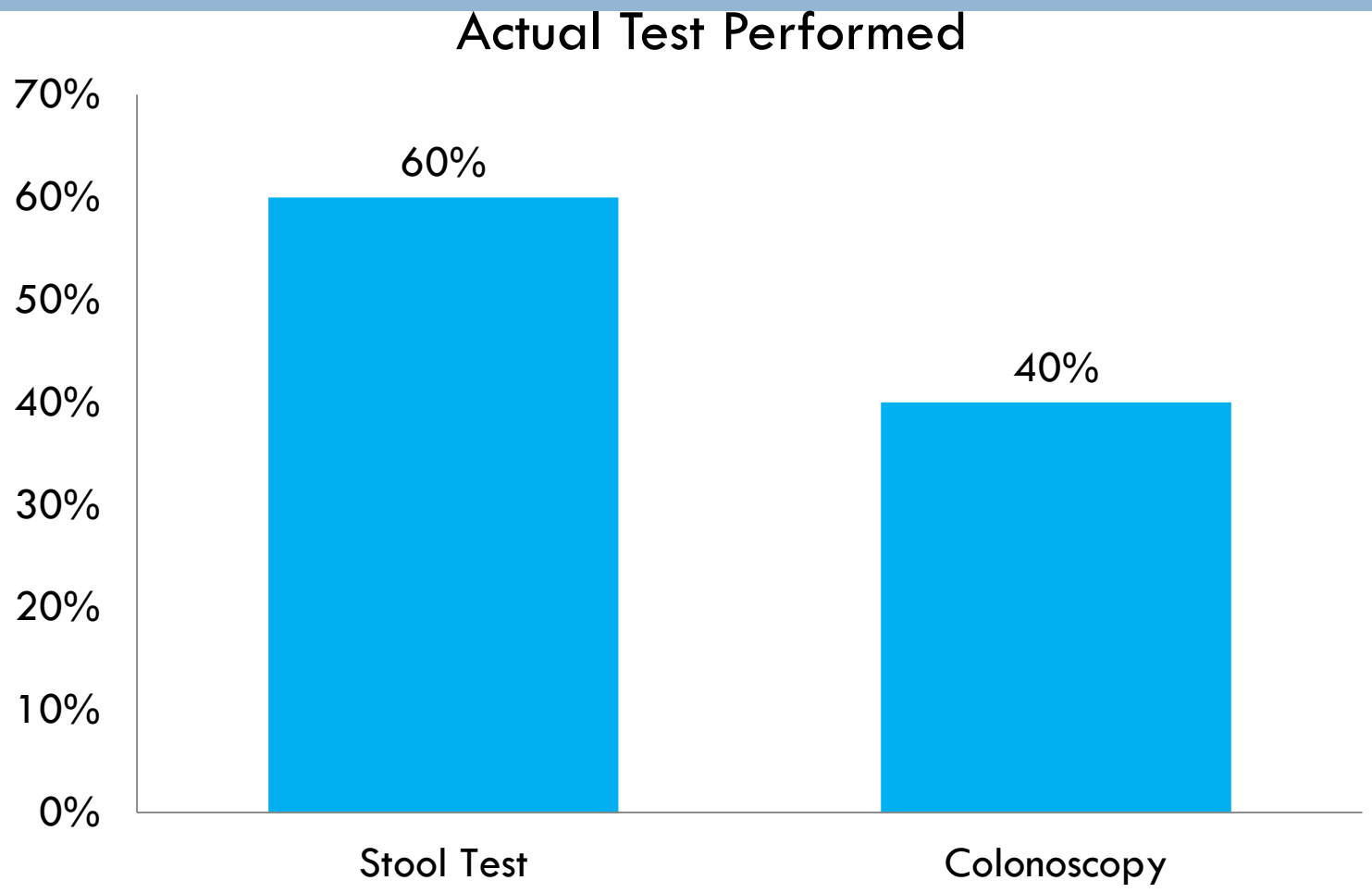
Odds of CRCS adherence by intervention condition – Intention to treat analyses (N=1,537)

	Adjusted OR (95% CI)	
	Intervention	**Comparison**
	Baseline (n=687)	Baseline (n=681)
	Year 1 (n=581)	Year 1 (n=585)
	Year 2 (n=580)	Year 2 (n=599)
Baseline		
Stool test	0.693 (0.368-1.531)	1.00 (reference)
Colonoscopy	0.955 (0.742-1.23)	1.00 (reference)
Overall CRCS	0.894 (0.690-1.16)	1.00 (reference)
Year 1		
Stool test [a]	**1.98 (1.01-3.88)**	1.00 (reference)
Colonoscopy [a]	0.782 (0.486-1.26)	1.00 (reference)
Overall CRCS [a]	0.813 (0.495-1.34)	1.00 (reference)
Year 2		
Stool test [a]	1.36 (0.741-2.54)	1.00 (reference)
Colonoscopy [a]	1.11 (0.693-1.64)	1.00 (reference)
Overall CRCS [a]	1.23 (0.785-1.91)	1.00 (reference)

[a] Adjusted for respective baseline test adherence measure and model-specific confounders

Clinic SDM-related Results

- 64% became CRCS adherent after SDM visit



MyCRCS
Screen to prevent colorectal cancer.

Click the play button to see a short video on colorectal cancer screening and why it is important for you.

Acknowledgments

- Research Participants
- Funders:
  - Barriers: NCI grant: R21 CA100517
  - WISDM: Blue Cross Blue Shield – Minnesota, Allina Health & Virginia Commonwealth University
  - MyCRCS: NCI grant 5 R01 CA166375
- Research staff and colleagues
  - WISDM: Allina Health, VCU, Clinic & Community Design Teams, and Statewide Advisory Group
  - ACORN: VCU and 12 practices in urban, suburban, and rural Virginia