

# **Implementing Screening in Primary Care Practice**

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# **What this Session is About**

## **Background**

- **Does an intervention increase screening rates under ideal circumstances?**
- **Does it increase screening rates under ordinary circumstances?**

## **This Session**

- **How can effective interventions be implemented?**

# **Screening Rates in the Office Depends in Part on the Larger Environment**

- **Insurance**
- **Malpractice**
- **Public belief in the value of screening**

# Colorectal Cancer Screening Begins (and Often Ends) as a Primary Care Activity

*Risk Assessment*  
(young adult)

*Screening*

*Diagnosis*

*Surveillance*

*Screening*

**Family history**  
**Personal history**

**FOBT**  
**Sigmoidoscopy**  
**CTC**

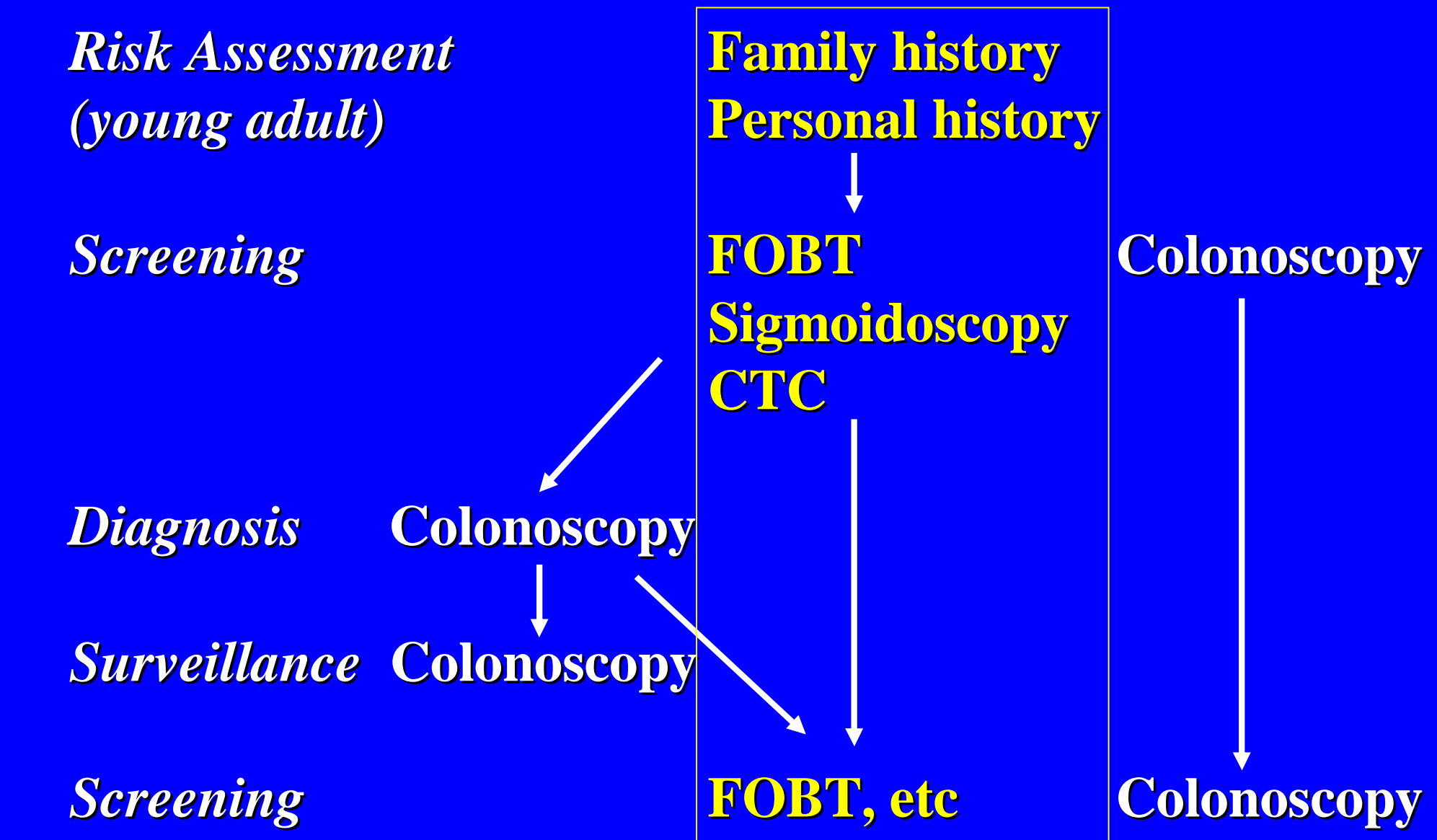
**Colonoscopy**

**Colonoscopy**

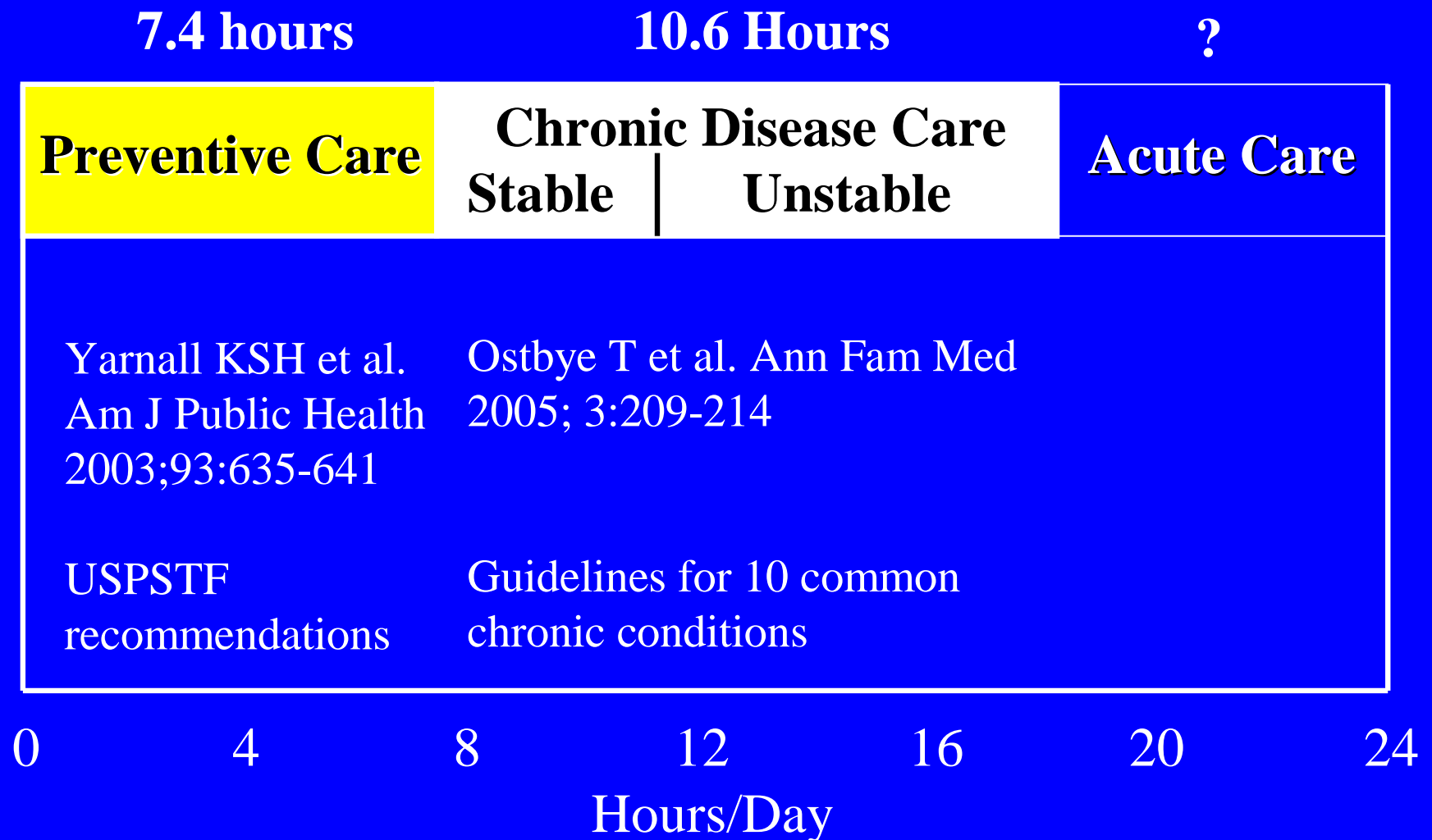
**Colonoscopy**

**FOBT, etc**

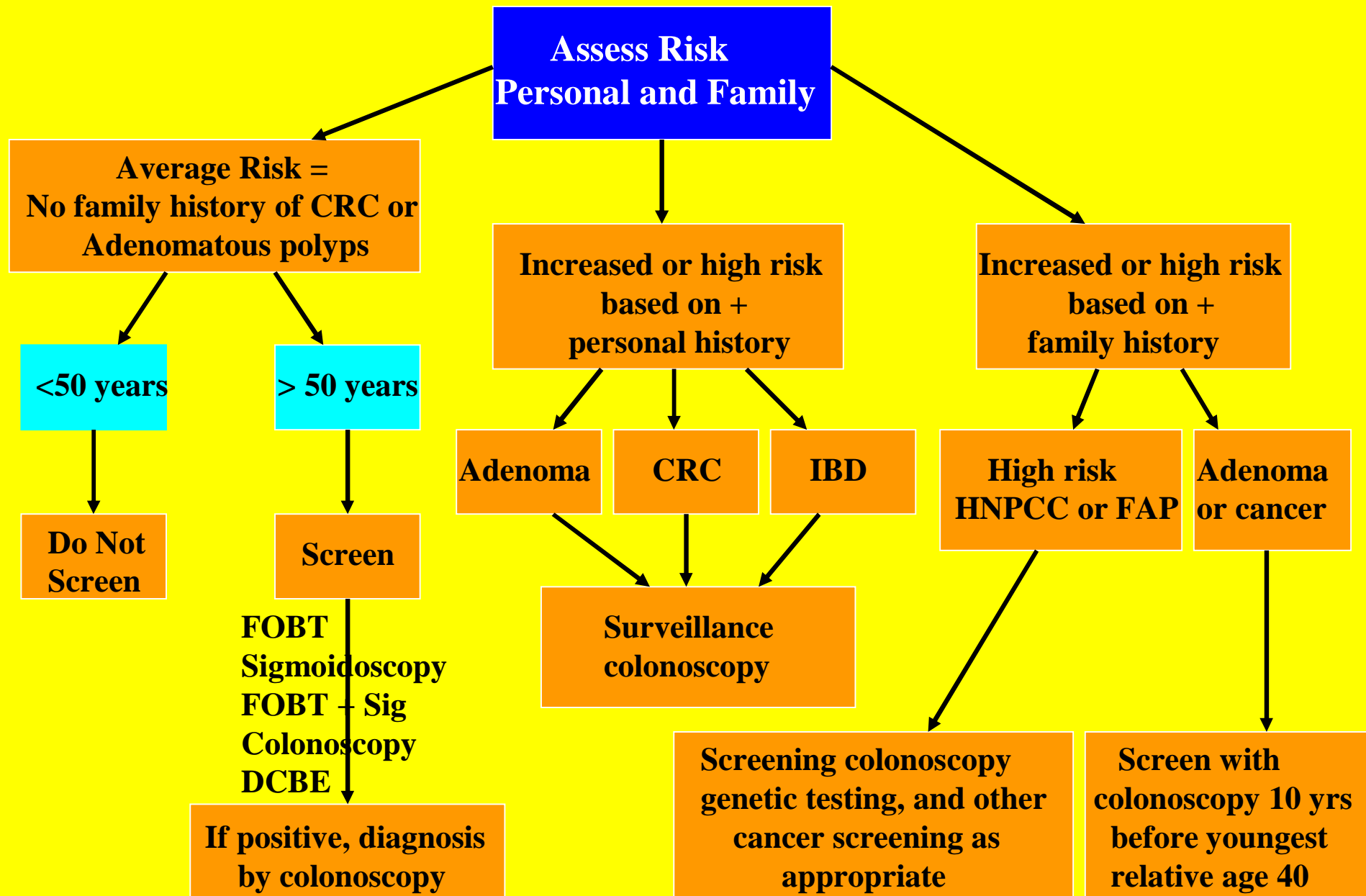
**Colonoscopy**



# Estimates of Time Needed for Preventive and Other Services In Primary Care



# A Screening Algorithm Illustrating Complexity (Sarfaty and Wender 2007)



# Colorectal Cancer Screening in the Context of Other Preventive Care

Smoking

Obesity

Hypertension

Dyslipidemia

Aortic aneurysm

Breast cancer

**Colorectal cancer**

Cervical cancer

Prostate cancer

Depression

Immunizations

Chemoprevention

Injury prevention

Physical activity

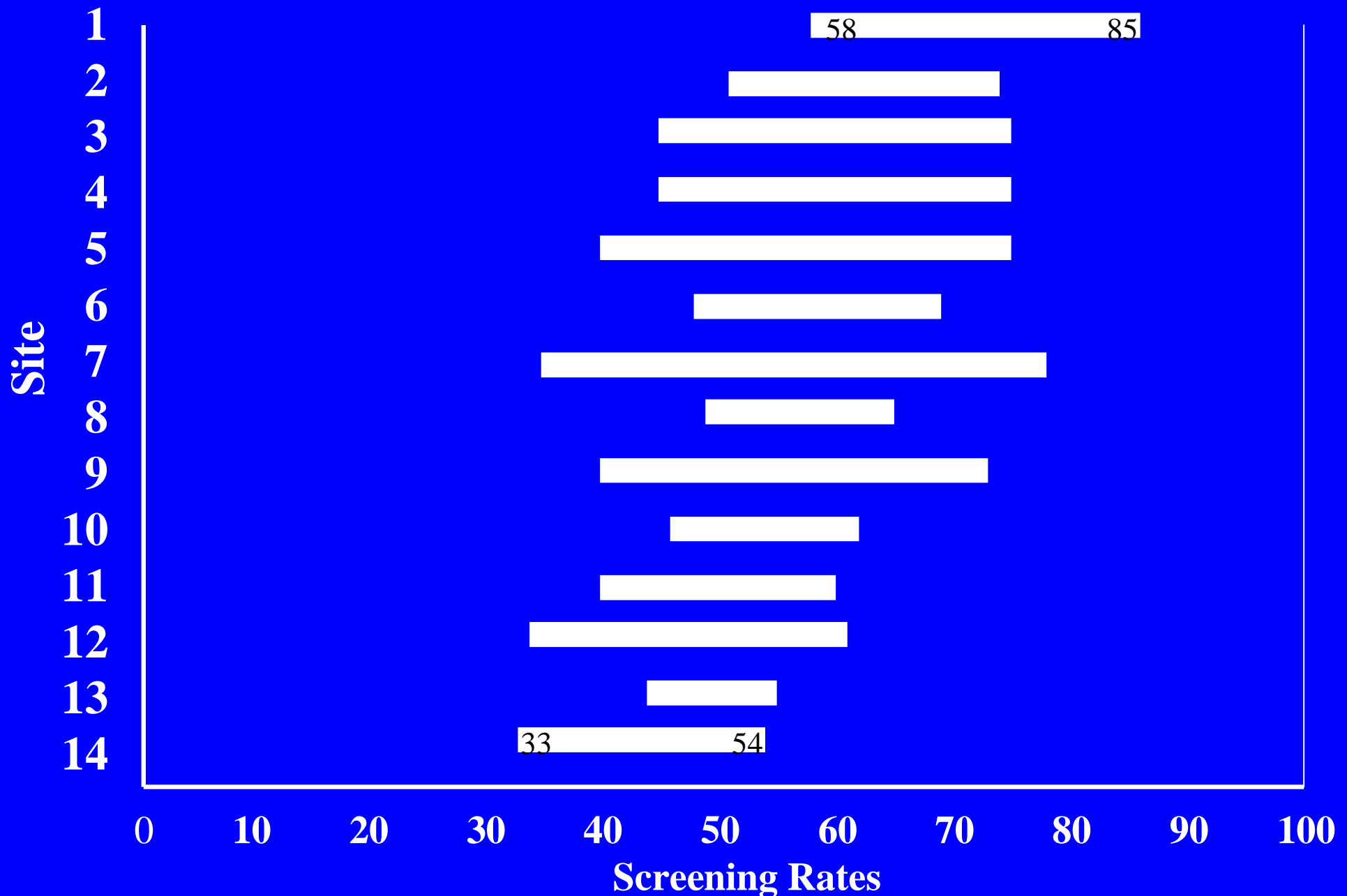
STDs

Substance abuse

HIV infection

Vision and hearing

# Screening Rates (%) Vary Widely But High Rates are Possible in Ordinary Settings. CRC Screening Rates at 14 Sites of HVMA





# **Opportunities for Improvement Inside the Current Office Paradigm**

## **PRIMARY CARE OFFICE**

**Doctor Recommendation**

**Reminders**

**Patients**

**Doctors**

**Office Policy**

**Distributed Tasks**

**Communication**

**Stage of Change**

**Shared Decision-Making**

**Decision tools**

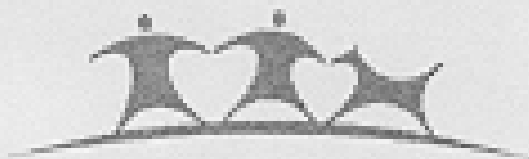
**Periodic Preventive  
Health Examinations**

Smith and Wender. CA 2004

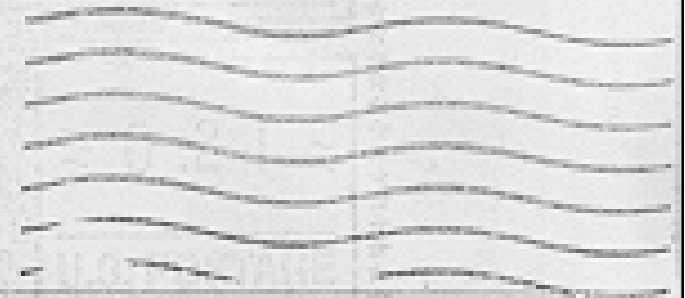
# **Provider Recommendation is Strongly Associated with Being Screened Regardless of Risk**

<i><b>Family History of CRC</b></i>	<i><b>OR (95% CI)</b></i>
<b>No</b>	<b>4.8 (1.4, 13.3)</b>
<b>Weak</b>	<b>12.0 (2.7, 43.0)</b>
<b>Intermediate/strong</b>	<b>6.7 (1.9, 21.0)</b>
<b>Any</b>	<b>8.8 (2.6, 26.5)</b>

# If We Have Prevention Reminders for Dogs, Why Not For People?



The Animal Care Center  
678 Brookline Avenue  
Brookline, MA 02445  
617-277-2030



Robert Fletcher  
249 Dudley Rd.  
Newton Ctr, MA 02159

## IMPORTANT MEDICAL NOTICE FOR RUSTY

	Due Date
DA2PPCL Booster	8/25/2001
Heartworm Test	8/25/2001

Rusty it is time that you come and visit us for the following services. Please have Robert call for an appointment at 617-277-2030.

Heartworm, Flea, & Tick season are quickly approaching,  
call us for more details.

02455+2531



### III. Audit and Tracking Sheets

## Chart Audit SAMPLE Template

Safarty M, Wender R. How to increase colorectal cancer screening rates in practice. CA A Cancer Journal for Clinicians 2007;57:354-366

# Example of a Screening Reminder in the Electronic Medical Record at Harvard Vanguard Medical Associates

The screenshot shows a software window with a title bar. Inside, there is a section titled "Action(s)" with a light gray background. Below this title, there are two main areas. The first is a yellow rectangular box containing black text that reads: "▼ Patient Overdue for Colorectal Cancer Screening based on absence of: 1) Colonoscopy within 10 years & 2) Combination of flexible sigmoidoscopy within 5 years and FOBT within 1 year. TO REVIEW PRIOR SCREENING DATES PROCEED TO SMARTSET." The second area is a white rectangular box containing a checked checkbox followed by the text "Open SmartSet: ZBEST ALERT COLON CANCER SCREENING". At the bottom right of the window, there are two buttons: "Accept" and "Cancel".

**Action(s)**

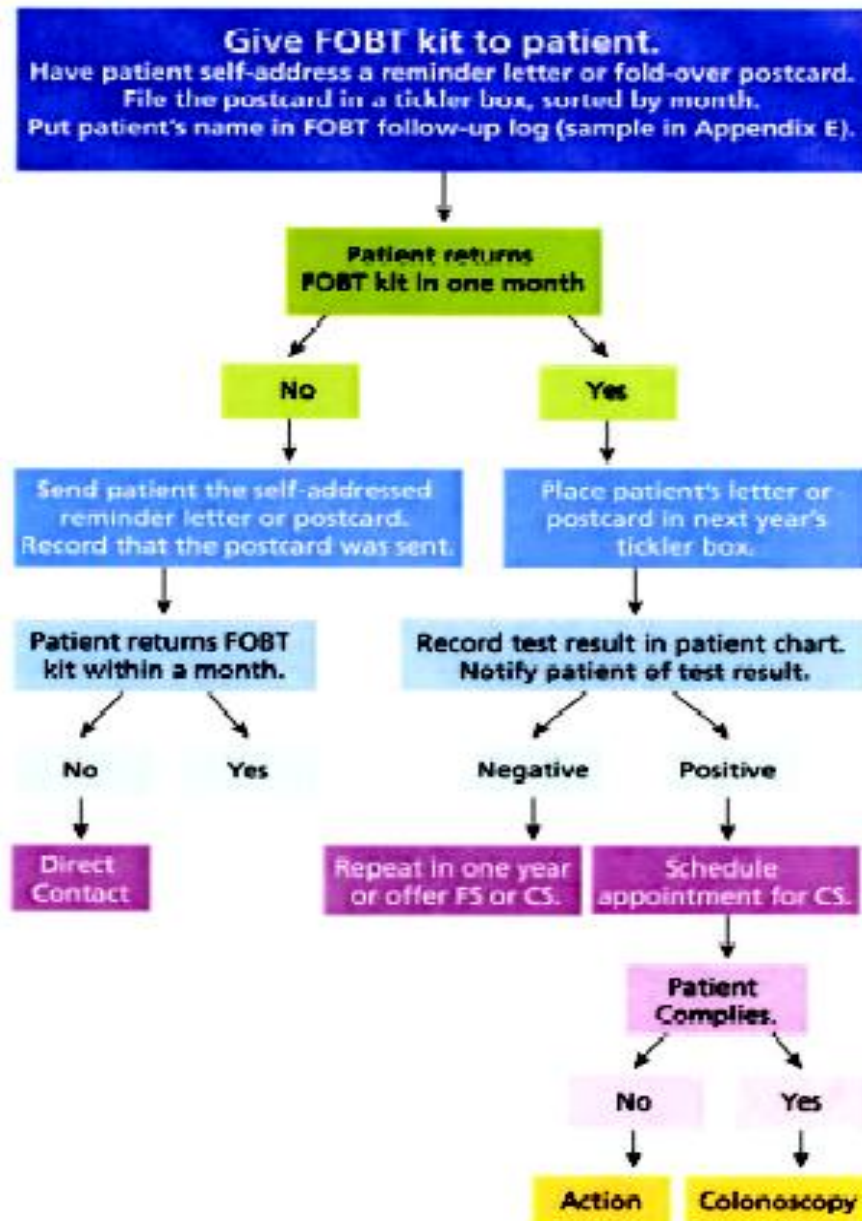
▼ Patient Overdue for Colorectal Cancer Screening based on absence of: 1) Colonoscopy within 10 years & 2) Combination of flexible sigmoidoscopy within 5 years and FOBT within 1 year. TO REVIEW PRIOR SCREENING DATES PROCEED TO SMARTSET.

☒ Open SmartSet: ZBEST ALERT COLON CANCER SCREENING

Accept Cancel

# The office team needs to commit to what it wants to do before it can do it

## Sample FOBT Policy in Flow Chart Form<sup>\*\*\*\*</sup>



Sarfaty and Wender. CA 2007;57:354

# **Brief Questionnaire to Identify Decision Stage ([www.nccrt.org](http://www.nccrt.org))**

- 1. Have you ever heard of X? (X = screening tests)**  
Yes – Go on  
No – Stage 1
- 2. Are you thinking about doing a X?**  
Yes – Go on  
No – Stop (Stage 2)
- 3. Which of the following statements best describes your thoughts About doing a X?**
  - a. I have decided against doing a (tests) (Stage 0)**
  - b. I am thinking about whether or not to do a X (Stage 2 or 3)**
  - c. I have decided to do a (test) (Stage 4)**

**Stage 0: Decided Against**

**Stage 1: Never heard of**

**Stage 2: Heard of – Not Considering**

**Stage 3: Heard of - Considering**

**Stage 4: Heard of – Decided to do**

# Personalized Screening

- According to risk – family history, personal history
- According to preferences – shared decision making



# **What does personalized screening accomplish?**

- **Higher screening rates? – don't know**
- **Satisfaction? - maybe**
- **Doing the right thing? – yes, if it doesn't displace something even more important (opportunity costs)**

# **Competing Messages About Colorectal Cancer Screening**

**All recommended screening tests are effective  
You should be screened with the one you prefer**

**VERSUS**

**Colonoscopy is the best screening test and  
you should have it**

# **Tool Kits are Available**

- **National Colorectal Cancer Roundtable. Best Practices. ([www.nccrt.org](http://www.nccrt.org))**
- **Sarfaty M, Wender R. How to increase colorectal cancer screening rates in practice. CA A Cancer Journal for Clinicians. 2007;57:354-366)**

# Opportunities for Improvement Inside and Outside the Current Office Paradigm

## PRIMARY CARE OFFICE

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Reminders

Patients

Doctors

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Periodic Preventive  
Health Examinations

Separate  
Prevention Clinics

CRC Screening  
by Colonoscopists

# Summary

- Screening is mainly a primary care activity
- Context: competing responsibilities, limited time
- Nevertheless, high screening rates are possible
- Personalized screening is an additional challenge
- Elements of successful screening have been defined
- Tool kits are available
- Interventions to increase CRC screening rates should support other preventive care