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Impact of a physician-oriented intervention on follow-up in colorectal cancer screening.

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BACKGROUND: Complete diagnostic evaluation or CDE (i.e., colonoscopy or combined flexible sigmoidoscopy plus barium enema X-ray) is often not performed for persons with an abnormal screening fecal occult blood test (FOBT+) result. **METHOD:** This study evaluated the impact of a reminder-feedback and educational outreach intervention on primary care practice CDE recommendation and performance rates. Four hundred seventy primary care physicians (PCPs) in 318 practices participated in the study. Patients were mailed an FOBT kit annually as part of a screening program. Practices were randomly assigned to a Control Group (N = 198) or an Intervention Group (N = 120). During an 18-month pre-randomization period and a 9-month post-randomization period, 2992 screening FOBT+ patients were identified. Intervention practices received the screening program and the intervention. Control practices received only the screening program. Study outcomes were baseline-adjusted CDE recommendation and performance rates. **RESULTS:** At baseline, about two-thirds of FOBT+ patients received a CDE recommendation, and about half had a CDE performed. At endpoint, CDE recommendation and performance rates were both significantly higher for the Intervention as compared to the Control practices (OR = 2.28; 95% CI: 1.37, 3.78, and OR = 1.63; 95% CI: 1.06, 2.50, respectively). **CONCLUSIONS:** The reminder-feedback plus educational outreach intervention significantly increased CDE recommendation and performance.