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NATIONAL Colorectal Cancer ROUNDTABLE

Colorectal Cancer Summit: High Quality Stool Blood Screening

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Issue Summit

The NCCRT Quality Assurance Task Group convened a national summit.

- **Five months of work by planning committee**
- **Qualitative research study by Aeffect**
- **Pre-meeting survey of participants**
- **27 experts gathered in Washington D.C. on September 11, 2009 to address summit goals**

Issue Summit

Many Thanks to the Planning Committee!

- Mary Barton, MD
- Maureen Killackey, MD, FACOG
- Thomas F. Koinis, MD, FAAFP
- Dorothy S. Lane, MD, MPH
- Mary F. Mitchell
- Marion Nadel, PhD
- Mark Pochapin, MD
- Michael Potter, MD
- Robert A. Smith, PhD
- Judith Walsh, MD, MPH
- Richard Wender, MD - CHAIR

Summit Goals

1. Examine the critical role of high quality stool testing in population-based colon screening.
2. Analyze the factors that influence physicians' use of stool blood testing including poor quality practices.
3. Examine the barriers and opportunities related to high quality stool testing, including test performance, adherence, and follow-up.
4. Begin to identify strategies that will promote the uptake of high quality stool based strategies

Issue Summit

Aeffect Qualitative Research Study

- **Aeffect conducted 40 in-depth phone interviews during June and July, 2009.**
- **Physicians (n=35) who participated in the study varied by:**
  - Specialty (family medicine, internal medicine, OB/GYN)
  - Region of the U.S., and community setting (rural, urban, and suburban)
  - Practice size, and years in practice
  - Gender
  - Belief in the effectiveness of in-office FOBT
  - Use or non-use of in-office FOBT

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Aeffect Qualitative Research Study

- **Medical directors (n=5) who participated in the study:**
  - Represent two community health centers, two managed care organizations, and one physician group
  - Three serve Medically Underserved Areas
- **A short, national online survey was also conducted among n=1,002 adults over age 50 to understand their experience with FOBT.**

Issue Summit

Pre-Meeting Survey

- Survey Objectives:
  - Gather participant comments regarding factors that influence physician/practice choices about stool blood testing.
  - Gather information about issues that need to be addressed and challenges related to stool blood testing.
  - Begin to gather information on strategies to improve the quality of stool blood testing.
- Fifteen Responses

Issue Summit

Presentations on Current Practices

- **Dr. Marion Nadel:** Findings regarding the 2000 and 2007 primary care physicians' surveys regarding methods for screening for fecal occult blood.
- **Dr. Len Lichtenfeld**: Presentation regarding coding changes and the impact(s) of these changes.
- **Dr. Jim Allison**: FOBT and FIT testing options and their performance parameters.
- **Jed Lam, Aeffect**: Findings from the qualitative research interviews with physicians and medical directors.

The Critical Role of High Quality Stool Testing in Population-Based Screening

(Goal #1)

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High Quality Stool Blood Screening

With shift to colonoscopy as predominant screening modality, shouldn't all rates be going up?

- **Few practices have mechanisms to assure that every eligible patient receives a screening recommendation.**
- **Hard to reach everyone with colonoscopy.**

High Quality Stool Blood Screening

Stool Blood Screening is a Vital Component of a High Quality Screening Program

- **Abandonment of FOBT is negatively impacting screening rates.**
- **Poor quality FOBT and FIT screening practices may be affecting mortality rates.**
  - *A National Survey of Primary Care Physicians' Methods for Screening for Fecal Occult Blood*. Ann of Intern Medicine. 2005. 142: 86:94

Factors that Influence Physicians' Use of Stool Blood Testing

(Goal #2)

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Factors Influencing Use of FOBT/FIT

- Colonoscopy is seen as the gold standard and annual FOBT is seen as a supplement or fallback test.
- Physicians lack a clear and consistent understanding of the role FOBT should play in quality screening program.
- FOBTs/FITs are being distributed sporadically and always in the context of a visit. A system or program of screening is not being used.

Barriers Related to High Quality Stool Testing

(Goal #3)

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Barriers to Quality Improvements

High Quality Practice/Behavior	Likelihood of Adoption	Key Barriers to Adoption
Never repeat positive FOBT/always refer for colonoscopy	Moderate-High	▪Willingness to allow exceptions ▪Low income, under-insured patient populations
Utilize high-quality FOBT/FIT products	Moderate-High	▪Lack of awareness of quality differences ▪Lack of perceived need to re-evaluate ▪Lack of prompting
Cease in-office FOBT testing	Moderate	▪Habit, routine ▪Lack of awareness of guidelines ▪Desire to do <u>something</u> rather than nothing; lack of alternative back-up
Track and follow-up on distributed FOBT kits	Low	▪Cost and staff time ▪Low perceived value of FOBT

* Aeffect Qualitative Research Study

Strategies that Might Promote Uptake of High Quality Stool Testing

(Goal #4)

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Potential Strategies

Payments/Incentives

- Stop payments for single in-office FOBTs.
- Reward physicians for using FOBTs/FITs correctly.

Practice Redesign

- Develop better and easier tracking systems, keeping in mind the variability of practices.
- Partner with major EMR companies.
- Create more effective partnerships between primary care and GI physicians.

Potential Strategies

Education

- Target academic physicians and residents.
- Offer an online CME opportunity for FITs.
- Communicate the limits of colonoscopy.
- Develop clearer kit instructions for patients

Social Marketing

- Develop a social marketing campaign. Include information for physicians.
- Target outreach to women.

Examples of Health Systems that Modified Stool Blood Testing Practices

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Practice Modifications

- **Emphasized FIT Testing:** Kaiser Permanente switched to recommending FIT testing over flexible sigmoidoscopy. The primary reason was the inability to meet HEDIS standards. (CA)
- **Made it Easier for the Patient:** As part of an organized gFOBT screening program, introduced a program "branded" kit that patients complete at home and can bring back or mail in to the lab. (Canada)

Practice Modifications

- **Made it Easier for the Physician/Practice:** Streamlined the process of getting patients with positive FOBT cards in for colonoscopy. This included changes in the way the requests are handled and an explicit target completion date being noted on the request to follow up positives. (VA System)

Next Steps

- Review and prioritize suggested strategies for increasing the use of high quality stool blood testing as part of a colorectal cancer screening program.
- Develop a manuscript or white paper regarding the qualitative research findings and the outcomes of the meeting.
- Follow up meeting in 2010.

Key Conclusions of the Summit

- If a practice only recommends colonoscopy and does not confidently recommend a stool based strategy, very high screening rates will not be achieved

Key Conclusions

- **If a practice gives out or mails FOBT or FIT kits but does not utilize a systematic approach to remind patients and track returns, opportunities for effective screening will be missed.**

Key Conclusions

- **Relying on opportunistic screening only, without reaching out to patients who are not coming to the office, will not allow a practice to achieve very high screening rates**

Key Conclusions

- **Consistent messaging should be used to remind clinicians to stop performing in-office FOBTs; however this should be delivered as part of a larger quality message.**

Key Conclusions

- **Recognition of the superiority of FITs and higher sensitivity guaiac based tests as an option for screening can re-energize stool based screening. Having something new and something better can garner interest in an area where interest has faded.**

Key Conclusions

- **In-office processing and interpretation of stool blood test results can significantly diminish the accuracy of these screening tests. Lab processing gives superior results.**

The National Colorectal Cancer Roundtable would like to thank everyone who participated and contributed to making the meeting a great success.