

**Title of Intervention:** Prompting and Reminding at Encounters for Prevention (PREP)

**Website:** <http://sitemaker.umich.edu/prep/home>

**Intervention Strategies:** Provider Education

**Purpose of the Intervention:** To increase colorectal cancer screening through a computerized reminder system

**Population:** Health care providers and patients aged 50 and older

**Setting:** Health care practices throughout Michigan-mostly in rural settings; health care facility-based

**Partners:** Great Lakes Research into Practice Network, local universities

**Intervention Description:**

- Provider Education: ClinfoTracker, a computerized reminder system, was used to provide colorectal cancer screening reminders to health care providers. ClinfoTracker's screening reminders were set according to United States Preventive Services Task Force guidelines by age and history of prior screening services. ClinfoTracker was integrated with electronic appointment systems so that reminders were automatically printed in advance of patient appointments. In practices without electronic scheduling, reminder forms were placed in patient charts.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Staff to coordinate activities
- Training: Clinic staff training on the ClinfoTracker system
- Technology: Computer, printer
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: ClinfoTracker system, printouts,
- Evaluation: ClinfoTracker data logs, field notes, access to patient charts

**Evaluation:**

- Design: Randomized controlled trial
- Methods and Measures:
  - Pre- and post-study practice-level colorectal cancer screening rates among patients seen during the nine-month study period were measured through ClinfoTracker data about patient encounter dates, the clinician's response to prompting, prior screening history, current screening status and demographic information.
  - Ability to maintain the system was measured by days of reminder printing.
  - Field notes were used to examine each practice's cohesion and technology capabilities.

**Outcomes:**

- Short Term Impact: Technology capabilities significantly influenced printing days. High technology clinics had higher printing day rates, which indicated a higher ability to maintain the system. Clinics with high levels of internal cohesion had larger changes in screening rates than those with low levels of cohesion.
- Long Term Impact: All but one practice significantly increased screening rates.

**Maintenance:** During the intervention period, the research team stayed in contact with each clinic through check-in calls every two weeks.

**Lessons Learned:** Implementing a generalizable program in diverse primary care practices showed significant improvements in colorectal cancer screening rates.

**Citation(s):**

Nease DE, Jr., Ruffin MT, Klinkman MS, Jimbo M, Braun TM, Underwood JM. Impact of a generalizable reminder system on colorectal cancer screening in diverse primary care practices: a report from the prompting and reminding at encounters for prevention project. *Med Care*. Sep 2008;46(9 Suppl 1):S68-73.