

Title of Intervention: A Colorectal Cancer Intervention to Increase Screening Compliance among Israelis using Patient and Provider Reminders

Intervention Strategies: Provider Education, Individual Education, Supportive Relationships

Purpose of the Intervention: To increase colorectal cancer screening in primary care clinics

Population: Health care providers and their patients aged 50 to 75 years old

Setting: Two health care facilities in Israel; home-based, health care facility-based

Partners: Universities

Intervention Description:

- Provider Education: Providers in the intervention group received a reminder note placed in the patient's chart. The note advised providers to direct patients be screened according to current recommendations.
- Individual Education: Patients who were assigned to intervention group 1 received a reminder letter regarding screening. After one month, patients who failed to be screened received a follow-up reminder.
- Supportive Relationships: Patients who were assigned to intervention group 2 received a phone call regarding screening.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Staff to conduct activities
- Training: Not mentioned
- Technology: Not mentioned
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Physician reminder notes, patient reminder letters, phone call protocol
- Evaluation: Access to patient charts

Evaluation:

- Design: Prospective randomized controlled trial
- Methods and Measures: The percentage of patients undergoing screenings was measured through a chart review.

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: The rate of colorectal cancer screening increased for all intervention groups. The most effective intervention strategy involved placing reminder notes for the provider in patients' files. Phone contact achieved higher patient compliance rates than did mailed reminders.

Maintenance: Not mentioned

Lessons Learned: Using more sophisticated provider reminders and computerized file-based systems, together with providing continuous performance feedback to physicians about the level of screening coverage among patients, should be explored.

Citation(s):

Vinker S, Nakar S, Rosenberg E, Kitai E. The role of family physicians in increasing annual fecal occult blood test screening coverage: a prospective intervention study. *Isr Med Assoc J.* Jun 2002;4(6):424-425.