Title of Intervention: Cancer Screening Office Systems

Intervention Website: http://www.annfammed.org/cgi/data/2/4/294/DC1/1 (Includes additional intervention information in online appendix)

Intervention Strategies: Provider Education

Purpose of the Intervention: To increase the ease of conducting colorectal cancer screening in busy clinics

Population: Health care providers and patients aged 50-75

Setting: Health care facilities serving underserved communities in Tampa, Florida and in the rural surrounding area of Hillsborough County, Florida; health care facility-based

Partners: None mentioned

Intervention Description:
- Provider Education: Health care providers reviewed patient’s self-reported screening status in order to determine if the individual was due for another screening. If a patient was up-to-date or a screening was completed by the provider during the visit, stickers were peeled off of a reminder sheet to reveal a green “OK” sticker. If they were not up to date, a red sticker showed. If a provider ordered a test for completion on another date, a yellow “Ordered” sticker showed, which reminded providers to follow up with the individual.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Health care facility staff
- Training: Not mentioned
- Technology: Not mentioned
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Screening checklist with stickers of various colors
- Evaluation: Access to medical records

Evaluation:
- Design: Clustered randomized experimental trial
- Methods and Measures: Chart reviews were used to assess colorectal screening rates.

Outcomes:
- Short Term Impact: Not measured
- Long Term Impact: The intervention significantly increased the amount of colorectal cancer screening completed and significantly doubled the odds of screening.

Maintenance: Intervention activities were reinforced at formal feedback sessions, where staff discussed problems and how to improve the intervention.

Lessons Learned: Interventions may be more successful in clinics with stable leadership and at least some motivation to improve colorectal cancer screening. Office system approaches may be one strategy to increase cancer screening among underserved populations who are at greater risk of late-stage disease and poor cancer outcomes.

Citation(s):