

Title of Intervention: Using Learning Teams for Reflective Adaptation (ULTRA)

Intervention Strategies: Provider Education, Supportive Relationships

Purpose of the Intervention: To improve adherence to colorectal screening guidelines in primary care practices

Population: Health care providers and patients aged 50 to 70

Setting: Health care providers in suburban New Jersey and Pennsylvania; health care facility-based

Partners: None mentioned

Intervention Description: Each health care facility chose which activities to participate in and which activates not to use.

- **Provider Education:** Several health care facilities used a health risk assessment protocol or questionnaire to identify individuals who would benefit from counseling or interventions to improve diet, physical activity, screening compliance or tobacco cessation. Various patient reminder systems were available for use, such as reminder cards, computerized patient recall system or telephone recall by providers or office staff.
- **Supportive Relationships:** Several primary care practices used nurses or health educators to provide individual counseling to patients on screening, diet, physical activity or tobacco use.

Theory: Not mentioned

Resources Required:

- **Staff/Volunteers:** Health care facility staff
- **Training:** Training for computerized recall system; counseling training
- **Technology:** Computer, printer
- **Space:** Not mentioned
- **Budget:** Not mentioned
- **Intervention:** Reminder cards, health risk assessment forms or questionnaires, telephone, counseling protocol
- **Evaluation:** Surveys, access to patient charts

Evaluation:

- **Design:** Cross-sectional study
- **Methods and Measures:** A survey was used to determine which strategies were used in each practice. Chart reviews determined screening rates.

Outcomes:

- **Short Term Impact:** Not measured
- **Long Term Impact:** Practices using nursing or health educator staff to provide behavioral counseling to patients were significantly more likely to have higher colorectal cancer screening rates than those who did not. Practices that used reminder systems had a significant increase in colorectal cancer screening rates compared to those who did not.

Maintenance: Not mentioned

Lessons Learned: Effective screening requires a system within the practice that facilitates the translation of recommendations into everyday care delivery. The use of multidisciplinary teams and support systems effectively increases colorectal cancer screening. In addition, the level of active support to introduce colorectal cancer screening to patients before, during and after visits may affect the success or failure of such an intervention.

Citation(s):

Hudson SV, Ohman-Strickland P, Cunningham R, Ferrante JM, Hahn K, Crabtree BF. The effects of teamwork and system support on colorectal cancer screening in primary care practices. *Cancer Detect Prev.* 2007;31(5):417-423.