

# IMPLEMENTATION GUIDE

## Automated Telephone Calls Improve Completion of Fecal Occult Blood Testing

*Using an Evidence-Based Program to develop a process model for program delivery in the practice setting*

**Note:** Refer to “Using What Works: Adapting Evidence-based Programs to Fit Your Needs”. Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

“Using What Works” is available online at:

[http://cancercontrol.cancer.gov/use\\_what\\_works/start.htm](http://cancercontrol.cancer.gov/use_what_works/start.htm).

### I. Program Administration (Type of Staffing and Functions Needed)

#### Health Maintenance Organization (HMO) Staff Member

- Select participants based on medical history.
- Mail fecal occult blood testing (FOBT) kits to participants who have requested them.

#### Automated Telephone Call Company

- Provide automated calls to encourage screening and remind participants to return FOBT kits.

### II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Using What Works”.

#### A. Program Materials (*All listed materials can be viewed and/or downloaded from the Products Page*):

- **Mailed FOBT materials**  
The FOBT Kit; Hemoccult II Patient Kit are available commercially for colorectal cancer screening

- **Call Scripts for automated telephone calls:**

- Call Type 1: A general automated call lasting about 1 minute provides a brief overview and information about the benefits of CRC screening and encourages FOBT. Recipients may request FOBT cards by pressing a number via touch-tone telephone. If a person does not answer, the caller hears a detailed message with a telephone number to call to request cards.
- Call Type 2: A reminder call is targeted to intervention participants who have requested an FOBT kit but have not returned the cards within 4-5 weeks from the date requested. The call emphasizes the benefits of CRC screening and reminds patients to return the FOBT cards. Patients are given the opportunity to request additional FOBT cards if needed.

## **B. Program Implementation:**

The steps used to implement this program are as follows:

**Step 1:** HMO employee selects participants based on the following criteria:

- Aged 51–80
- At average risk for CRC and due for screening, including:
  - No completed FOBT screening within the past 12 months
  - No flexible sigmoidoscopy or double-contrast barium enema (DCBE) within the past 5 years
  - No colonoscopy within the past 10 years
  - No clinician order or referral for FOBT, DCBE, sigmoidoscopy, or colonoscopy in the past 3 months

**Step 2:** Obtain the commercially available FOBT kits (Hemoccult II kits).

**Step 3:** The general automated call (Type 1) is placed by working with an automated calling company. Patients who request FOBT kits are mailed cards and instructions.

**Step 4:** Patients who do not complete FOBT screening receive up to two reminder calls, 6 weeks apart, identical to the first automated call (Call Type 1).

**Step 5:** Using an automated calling company, an automated call (Type 2) is placed to participants who requested FOBT kits but did not return the completed cards within 4-5 weeks of the request.

### **III. Program Evaluation**

**For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Using What Works”.**

[http://cancercontrol.cancer.gov/use\\_what\\_works/start.htm](http://cancercontrol.cancer.gov/use_what_works/start.htm)

For further assistance in designing and conducting an evaluation, consider communicating with members from NCI’s Research to Reality (R2R) community of practice who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site:

<https://researchtoReality.cancer.gov/discussions>.