Implementation Protocol for the Physician-Oriented Intervention on Follow-Up in Colorectal Cancer

I. Recruitment of Primary Care Physicians (PCPs) and Practices

a. Primary care practices were identified for inclusion in the program based on the following criteria.
   i. Had 3 or more patients who had a screening Fecal Occult Blood Testing (FOBT) positive result during an 18-month baseline period.
   ii. The patients were identified in an established colorectal cancer screening program which entailed the following process listed below:
      - An FOBT kit was mailed annually to subscribers who were 50 or more years of age by a central screening office. The kits included an introductory letter, information about colorectal cancer, three FOBT slides with instructions, and a postage-paid return envelope. Printed instructions regarding diet and medication restrictions during the test period were also provided.
      - Individuals who did not return a completed FOBT within 60 days received a mailed reminder.
      - Returned FOBT cards were analyzed at a central clinical laboratory and the lab notifies the patient's primary care practice and the patient about the test results.

II. Physician Intervention- CDE Reminder-Feedback and CDE Educational Outreach

a. <u>CDE Reminder-Feedback</u>: The CDE reminder (based on an Internal Chart Audit (ICA) form) was mailed to a FOBT+ patient's primary care practice 60 days after the FOBT+ result date.
   i. PCPs were asked to provide the patient's CDE recommendation and performance status and also indicate whether CDE was recommended and performed, and when applicable, provide the examination dates and diagnosis reached. If the patient did not have a CDE, the PCP was asked to provide a reason.
   ii. PCPs that did not return the form within 30 days were mailed a second copy of the ICA form.
   iii. A practice-specific CDE feedback report was also produced every six months and was sent to each PCP, which listed patients in the practice with a screening FOBT+ result during the prior six months, patient's FOBT+ result date, and his/her CDE status.

b. CDE Educational Outreach: was comprised of the following two components: Two academic detailing visits and a tailored PCP letter and telephone call.
    i. First academic detailing visit:
        a. A nurse specialist narrated a color slide presentation on colorectal cancer screening and CDE as well as led a discussion on barriers to CDE.
        b. Following the presentation, the nurse specialist provided PCPs a copy of an initial educational brochure, which reviewed practice-specific CDE rates and summarized barriers to CDE that were reported by PCPs in the practice on ICA forms.
        c. A packet of print materials was provided for each participating PCP in the practice. It included a copy of the key slides and an evaluation form with a postage-paid return envelope.
    ii. Second academic detailing visit: (scheduled to take place 6 months after the first visit)
        a. At the beginning of the visit, contents of the original slide presentation were reviewed briefly.
        b. A second educational brochure, which summarized the practice-specific CDE rates and aggregated data from the ICA forms on diagnostic outcomes and reasons CDE was not performed, was distributed and discussed.

    iii. Tailored PCP letter and telephone call:
        a. PCPs received a tailored letter, which identified their specific barrier issues such as: physician uncertainty about recommending CDE, concern about CDE-related costs, concern about patient time involved in CDE, etc.
        b. Each PCP also received a follow-up telephone call to review the contents of the letter and address pertinent clinical concerns with the PCP regarding CDE and to discuss how the specific barriers could be overcome.