IDENTIFYING EVIDENCE-BASED INTERVENTIONS TO FACILITATE SCREENING ADHERENCE IN INCREASED RISK PATIENTS

Increase CRC screening through interventions tailored to the patient’s health beliefs and barriers.

In addition to establishing a system for family history collection and risk assessment, primary care practices can consider interventions to promote cancer screening in the increased and high risk populations. Like other areas of medicine, a proportion of patients will not follow through with appropriate screening despite a clinician’s recommendation. Studies have shown that more intensive, personalized interventions, which are built on an awareness of patient barriers and motivators, are most likely to have a positive impact on CRC screening adherence in individuals with a family history of cancer.

PARTICIPANTS
Implementation lead, staff involved in family history processes

BARRIERS
Time, infrastructure, funding, limited patient-focused educational and decision support resources

LEARN MORE
NCCRT How to Increase Preventive CRC Screening Rates in Practice
NCCRT Messages to Reach the Unscreened

STEPS
1 Review recommended interventions for individuals with a family history of CRC. Select programs that have been shown to increase screening rates are listed on the next page.
2 Review recommended interventions for general population screening. See the How to Increase Preventative CRC Screening Rates in Practice Clinician’s Guide from NCCRT for recommendations.
3 Work through the implementation process to integrate interventions into practice: Set goals, select interventions, develop or adapt workflows, launch, and evaluate.
Recommended interventions for individuals with a family history of CRC. Select programs that have been shown to increase screening rates are listed below.

Combination of a culturally sensitive face-to-face health counseling intervention, print materials, and follow-up phone calls.\textsuperscript{30}

Print and telephone interventions tailored to patient response on a baseline survey and also to demographics of marital status, gender, and ethnicity.\textsuperscript{31}

Telephone and in-person consults for noncompliant individuals.\textsuperscript{32}

Combination of letters, face-to-face counseling and phone calls.\textsuperscript{33}

Telephone interventions tailored to patient response on a baseline survey.\textsuperscript{34,35}

A remote, tailored-risk communication and motivational interviewing intervention delivered by a genetic counselor. The program also included an arm with free or low-cost colonoscopy to individuals who were noncompliant and had previously reported that cost was a barrier (Tele-Cancer Risk Assessment and Evaluation; TeleCARE).\textsuperscript{36,37,38}

A printed booklet with personalized risk assessment, ethnically targeted to African American, Latino, White and Asian patients and tailored to patient response on a baseline survey, followed by a tailored telephone intervention to unscreened individuals.\textsuperscript{39}

A tailored intervention in which patients fill out a health behaviors self-questionnaire and then received personalized printed materials to share with their primary care clinicians.\textsuperscript{40}