Using a novel instructional video on the fecal occult blood test to improve rates of colon cancer screening in low risk patients: a pilot study at the Toronto Western Hospital Family Health Team

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ABSTRACT

Introduction: Current recommendations from Cancer Care Ontario suggest that all average risk men and women between the ages of 50 to 74 be screened for colorectal cancer every two years using the Fecal Occult Blood Test (FOBT). The target screening rate established for 2011-2012 was 40% but this target is rarely met due to barriers including patient acceptability and understanding of how to perform the test. This study sought to increase FOBT screening rates in our Family Health Team to 40% or more over 6 months through the use of a unique health literacy tool in the form of an entertaining instructional video created at the Dalla Lana School of Public Health. **Methods:** Patients eligible for screening presenting for annual physical exams or routine visits were enrolled in the study. Patients provided verbal consent and were shown the video then sent home with an FOBT kit. Results were flagged upon return of kits to the laboratory. The percentage of kits returned were analyzed. **Results:** FOBT screening rates in two resident practices over two years were between 6 – 10%. After 4 months of implementing this study, screening rates average 6%. Data collection is still in progress until June 2013. **Conclusion:** Early detection has been showed to decrease mortality from colorectal cancer by 15-33% yet provincial targets are not met due to poor patient uptake and understanding of how to perform FOBT screening. This study used an unconventional health literacy tool to improve screening rates in our Family Health Team.

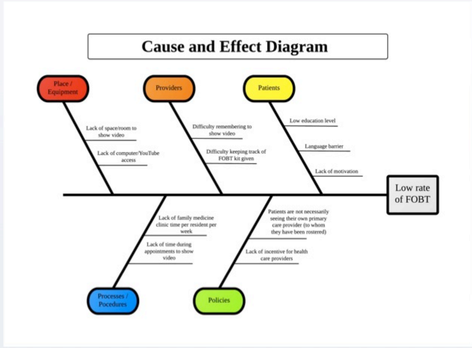
OBJECTIVES

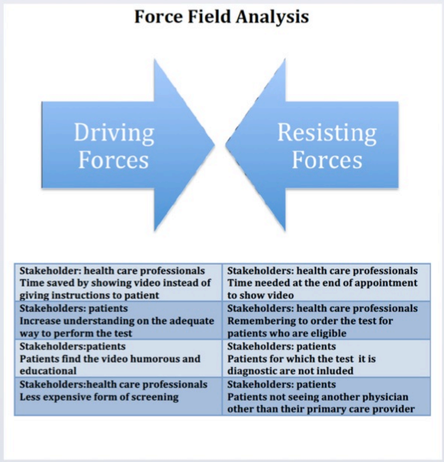
This study was a quality improvement pilot initiative for the Toronto Western Hospital Family Health Team aimed at improving rates of colon cancer screening. Patient acceptability and understanding of FOBT screening were identified as key barriers to achieving provincially established target screening rates. This study sought to identify if alternative health literacy tools, specifically an instructional YouTube video, increased rates of overall completed tests. In showing an instructional video rather than providing physician verbal or written instructions, we hope to increase patient uptake and overcome screening barriers in vulnerable patients groups limited by education and literacy.

EVIDENCE

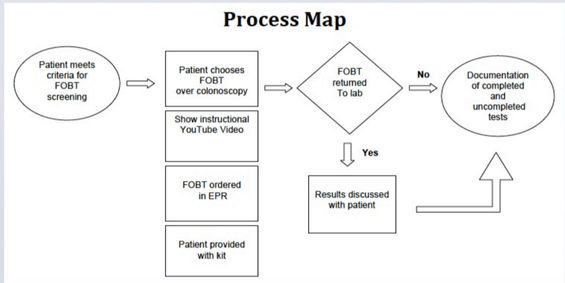
Early detection of colorectal cancer decreases mortality by 15-33%. Colon Cancer Check Ontario demonstrated an increase in FOBT screening with their program launched in 2008 achieving a rate of 27% in 2009-2010. Rates of colon cancer screening from 2011-2012 in two resident practices at our FHT averaged 8%. After four months of implementing our study, a screening rate of 6% has been achieved, however the study remains in its early stages and these results likely do not reflect final outcomes. By the end of the study period, it is expected that screening will increase from the current rates.

PROCESS TOOLS





Stakeholder: health care professionals **Time saved by showing video instead of giving instructions to patient**	**Stakeholders: health care professionals** **Time needed at the end of appointment to show video**
Stakeholders: patients **Increase understanding on the adequate way to perform the test**	**Stakeholders: health care professionals** **Remembering to order the test for patients who are eligible**
Stakeholders:patients **Patients find the video humorous and educational**	**Stakeholders: patients** **Patients for which the test it is diagnostic are not inluded**
Stakeholders:health care professionals **Less expensive form of screening**	**Stakeholders: patients** **Patients not seeing another physician other than their primary care provider**



MEASURES

Process: Showing video created by Public Health in clinic to patients that are eligible for screening
Outcome: Increase FOBT screening in eligible population
Measure number of FOBT tests completed and returned to lab
Balance: Ensure that this does not increase time of appointments
Do not deter patients from getting colonoscopy when needed
Prevent comedic video from acting as a further deterrent to screening

DATA ANALYSIS

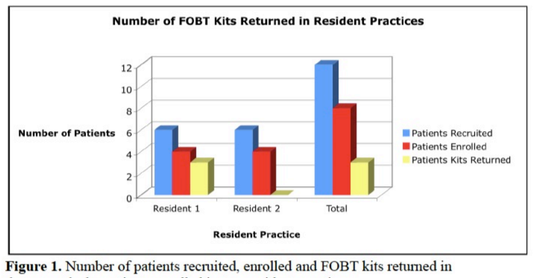


Figure 1. Number of patients recruited, enrolled and FOBT kits returned in three months by patients enrolled in two resident practices.

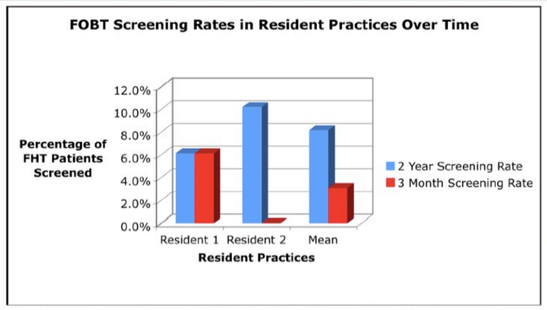


Figure 2. Rates of FOBT screening in two family medicine resident practices at Toronto Western Hospital.

Between two resident practices, a total of 98 patients (49 from each practice) met age criteria for FOBT screening. Of these, a total of 12 participants were recruited (6 from each practice). Of the 12, a total of 4 patients (2 from each practice) were excluded as study participants due to findings of anemia and the use of the FOBT for diagnostic rather than screening purposes or patients deciding to pursue colonoscopy. After appropriate exclusions, 8 participants (16.32%) were enrolled in the study. These patients were shown the instructional video and received an FOBT kit. After 3 months of implementing this study, 75% of FOBT kits distributed were returned in the first resident practice but 0% in the second resident practice, averaging 37.5%. The overall screening rates over 3 months for all age eligible patients, without considering exclusion criteria, averaged 3.06% compared to screening rates over a two year period in the same practices which were 6.12% and 10.20% respectively, averaging 8.16%. We did not compare the percentage of FOBT kits ordered and returned in patients over two years.

CONCLUSION

Early detection has been showed to decrease mortality from colorectal cancer by 15-33% yet provincial targets are not met due to poor patient uptake of FOBT screening. Colon Cancer Check Ontario demonstrated an increase in FOBT screening with their program launched in 2008 achieving a rate of 27% in 2009-2010. Rates of colon cancer screening from 2011-2012 in two resident practices at our FHT averaged 8.16%. After three months of implementing our study, 37.5% of kits were returned but the overall screening rate achieved was 3.06%. These results, however, do not reflect true outcomes due to the limited data collection period and these results likely do not reflect final outcomes.

NEXT COURSE OF ACTION

1. Lengthening the data collection period to facilitate inclusion of more patients in our study
2. Showing the video in an alternative setting such as the clinic waiting room to save time
3. Have our nurse show the video and distribute kits to save time
4. Increasing available clinic time to 1.5 days a week to facilitate data collection

REFERENCES

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