Impacting Cancer Screening using Different Strategies within Primary Care Settings.

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BACKGROUND & OBJECTIVES:

Research Evidence: Primary care based, individualized interactions result in a greater uptake of cancer screening.

Barriers: Resource constraints within the primary care offices.

Investigating an Innovative Cost-Effective Pilot Project: Erie St. Clair Regional Cancer Program in partnership with the University of Windsor – Faculty of Nursing and Primary Care Physician offices.

Target Population: All cancer screening eligible individuals within various Primary Care Practices including one Family Health Team (FHT). A second comparative strategy implemented at the FHT included a targeted FOBT kit mail out.

Primary objective: Improve cancer screening participation in the 3 Provincial organized cancer screening programs: Breast, Cervical and Colorectal.

Secondary objective: Strengthened relationships with Primary Care offices; enhanced community stakeholder relations; overall increase in knowledge and awareness surrounding cancer screening.

Acknowledgements:

University of Windsor: Dr. Maher El-Masri, Principal Investigator for the qualitative research; Natalie Bownes, Student placement coordinator.
Tilbury Family Health Team: Carol Gardiner, Senior Billing Clerk.

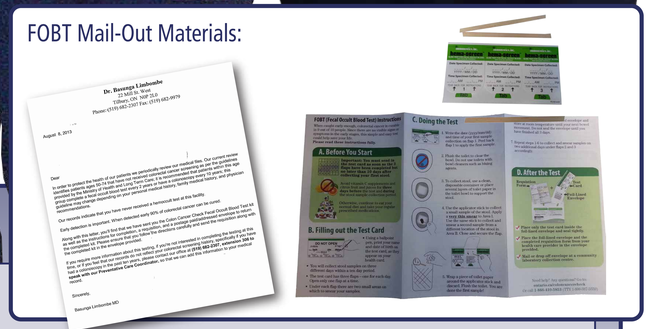
PROGRAM DESIGN

Nursing Student Design: 4th year nursing students' placement within various primary care settings. In 2013/14, 10 students placed in 3 primary care offices and 1 Family Health Team

Focus: cancer screening

FOBT Mail-Out Initiative: The FOBT mail out project involved the identification of all eligible patients from 6 Physician rosters. These patients were mailed a package containing the FOBT kit, completion instructions and a screening brochure. Completion results were tracked against the original list of patients to determine completion rate.

FOBT Mail-Out Materials:



Nursing Student Process Flow

1. Due/overdue patients identified.

2. Eligible patients already scheduled for an office visit are seen by the student Nurses, unscheduled patients are called.

3. The direct interventions involve education on the screening tests and completion/booking of appropriate tests.

4. Patient follow up at specified time intervals.

5. A qualitative research component to the pilot involved obtaining informed consent from patients willing to participate in the research study. Consenting patients were contacted by a member of the Research team to assess screening decisions pre- and post-intervention. University of Windsor REB approval obtained.

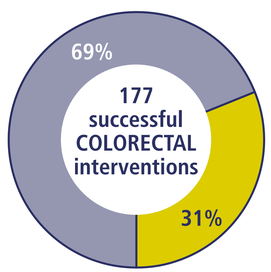
Outcomes:

Nursing Student Results: Given the dynamic nature of the patient tracker tool, as patient rosters are ever changing with new patients being added and existing ones excluded for various reasons, we were unable to determine pre- and post- pilot screening rates. However, the direct results of the interventions for each of the 3 screening interventions are described below.

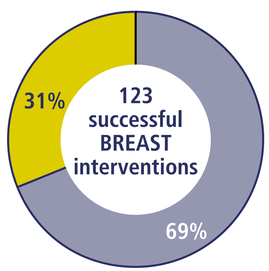
745 Total Interventions

434 Successful Interventions

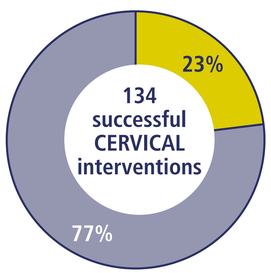
Unsuccessful interventions were due to Patient refusal or unsuccessful calls.



- 105 FOBT kits; and 17 colonoscopies with 7 abnormal FOBTs sent for follow up.
- 55 patients who are scheduled to either pick up a second kit or for another assessment appointment.



- 85 mammograms; with 14 abnormal results sent for follow up, 4 results pending.
- 32 mammograms currently booked. 6 patients who have either had their mammogram rebooked or received the OBSP site contact information again.



- 103 pap tests; with 2 abnormal results sent for follow up, 19 results pending and 2 completed with their respective Obstetrician/Gynecologist.
- 31 pap tests currently booked.

Qualitative Results:

A sample of 57 consenting research participants show that the program was associated with an increase of 20% in FOBT, 35% in colonoscopy, 3.2% in breast cancer, and 16% in cervical cancer screening rates.

FOBT Mail-Out Results:

THE FHT FOBT mail out project sent out 1,845 kits and achieved a completion rate of 27%.

Challenges & Next Steps:

1. Patient screening data is not 100% accurate with discrepancies in previous screening dates.
2. The Physician's dynamic patient roster does not allow for an accurate assessment of screening rate changes.

To further strengthen the project evaluation, the pilot will continue for another year with additional Primary Care offices and control groups for comparison.