Increasing Colorectal Cancer Screening Among Hispanic Primary Care Patients: RE-AIM Analysis.

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Increasing Colorectal Cancer Screening Among Hispanic Primary Care Patients: RE-AIM Analysis

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BACKGROUND / INTRODUCTION
• Hispanic adults experience disparities in rates of colorectal cancer (CRC) screening and are more likely to be diagnosed with advanced CRC.1
• The RE-AIM framework is being applied to a Randomized Controlled Trial including a multilevel Decision Support and Navigation Intervention (DSNI) as compared to a standard mailed intervention (SI) for CRC screening in Hispanic primary care patients.

METHODS
• Application of the RE-AIM framework for the final evaluation of a RCT of a CRC screening intervention for Hispanic patients (n = 400) as follows:

Table 1. RE-AIM Framework for CRC RCT

<table>
<thead>
<tr>
<th>RE-AIM</th>
<th>OUTCOME MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>Characteristics of study participants as compared to sampling frame within 5 primary care practices</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Screening adherence</td>
</tr>
<tr>
<td>Adoption</td>
<td>Number of practices enrolled Health system leader interviews</td>
</tr>
<tr>
<td>Implementation</td>
<td>Quantitative data pertaining to patient contacts Study team staff satisfaction Patient and Stakeholder Advisory Committee (PASAC) recommendations</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Rates of rescreening for participants electing stool blood test (SBT) *System level maintenance not measured due to study characteristics</td>
</tr>
</tbody>
</table>

RESULTS
• 14% of sampling frame enrolled in the study
• Participation rates were higher for younger individuals (ages 50-59)
• No differences in enrollment were observed based on race, gender, or language

• All 6 months, screening adherence was significantly increased in the DSNI group (73%) as compared to the SI group (44%) (OR=3.48, CI:2.29-4.29, p<0.001)

• 100% of invited practices (n = 5) participated
• Health system leaders noted the following: 1) bilingual navigators addressed barriers including language and health literacy and 2) work flows established were successful and could likely be continued

• Participants received an average of 3.6 (SD= 2.3) navigation calls requiring an average of 34.7 (SD= 16.4) min per participant
• Most were recruited and enrolled during business hours (See Table 2)
• Study team staff noted literacy and conceptual challenges with decision support
• PASAC assisted with the development of materials and procedures for patient contact

• DSNI repeat screening= 34% (n= 36); SI repeat screening rate= 42% (n= 30)

CONCLUSIONS
• RE-AIM framework allowed for evaluation of population-level impact of intervention and will be utilized to inform health system dissemination.
• DSNI was effective, required modest time and effort to deliver, and was accepted by participant practices.
• Further study is needed to explore health system maintenance.

References:

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Table 2. Contacts and Outcomes for Patients in the Sampling Frame by Contact Strategy

<table>
<thead>
<tr>
<th>Contact Strategy</th>
<th>Sampling Frame</th>
<th>Patients Contacted</th>
<th>Patients Enrolled</th>
<th>Recruited Cell Contact Rate</th>
<th>Study Enrollment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Contacts during Business Hours</td>
<td>2509</td>
<td>1347</td>
<td>381</td>
<td>24.0</td>
<td>15.2</td>
</tr>
<tr>
<td>Contacts Outside of Business Hours</td>
<td>120</td>
<td>62</td>
<td>19</td>
<td>16.6</td>
<td>15.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2629</td>
<td>1409</td>
<td>400</td>
<td>23.5</td>
<td>15.2</td>
</tr>
</tbody>
</table>

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