



Colorectal Cancer Screening in Vulnerable Patients

Promoting Informed and Shared Decisions

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Introduction: Low-income, low-literacy, limited English–proficient populations have low colorectal cancer (CRC) screening rates and experience poor patient–provider communication and decision-making processes around screening. The purpose of this study was to test the effect of a CRC screening decision aid on screening-related communication and decision making in primary care visits.

Study design: RCT with data collected from patients at baseline and immediately after the provider encounter.

Setting/participants: Patients aged 50–75 years, due for CRC screening, were recruited from two safety net clinics in North Carolina and New Mexico (data collection, January 2014–September 2015; analysis, 2015).

Intervention: Participants viewed a CRC screening decision aid or a food safety (control) video immediately before their provider encounter.

Main outcome measures: CRC screening-related knowledge, discussion, intent, test preferences, and test ordering.

Results: The study population (N=262) had a mean age of 58.3 years and was 66% female, 61% Latino, 17% non-Latino black, and 16% non-Latino white. Among Latino participants, 71% preferred Spanish. Compared with controls, intervention participants had greater screening-related knowledge (on average 4.6 vs 2.8 of six knowledge items correct, adjusted difference [AD]=1.8, 95% CI=1.5, 2.1) and were more likely to report screening discussion (71.0% vs 45.0%, AD=26.1%, 95% CI=14.3%, 38.0%) and high screening intent (93.1% vs 84.7%, AD=9.0%, 95% CI=2.0%, 16.0%). Intervention participants were more likely to indicate a specific screening test preference (93.1% vs 68.0%, AD=26.5%, 95% CI=17.2%, 35.8%) and to report having a test ordered (56.5% vs 32.1%, AD=25.8%, 95% CI=14.4%, 37.2%).

Conclusions: Viewing a CRC screening decision aid before a primary care encounter improves knowledge and shared decision making around screening in a racially, ethnically, and linguistically diverse safety net clinic population.

Trial registration: This study is registered at www.clinicaltrials.gov NCT02054598.

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Introduction

Colorectal cancer (CRC) is the third leading cause of cancer death in men and women in the U.S.¹ CRC screening is effective at reducing CRC mortality. Expert groups, such as the U.S. Preventive Services Task Force, recommend a variety of tests for initial CRC screening, including fecal occult blood testing or fecal immunochemical testing (FOBT/FIT), with either guaiac-based or immunochemical tests, and endoscopic tests, typically with colonoscopy.^{2,3} Unfortunately, screening is underutilized, especially among vulnerable populations, including those with low income, low educational attainment, and limited English proficiency.^{4–10}

Among the many barriers to screening in these populations are lack of patient awareness of screening options and not having a doctor recommend or discuss screening options during primary care visits.^{8,11–14} Studies also suggest that the way in which CRC screening is discussed and offered in clinical settings is important. When appropriately informed, primary care patients have distinct preferences for screening tests and are more likely to complete screening when their provider recommends a screening test that they prefer.^{15,16} However, studies also show that patients and physicians often have different screening test preferences, physicians are more likely than patients to prefer colonoscopy over stool-based tests, and physicians often misperceive or fail to acknowledge patients' screening preferences, especially when they differ from their own.^{17–20} This suggests that improving *informed decision making*, through improved patient knowledge about CRC screening options, as well as *shared decision making*, through physician offering of a choice of tests and incorporation of patient test preference into the recommendation, may be effective at overcoming some barriers to screening.

Studies also suggest that improving screening-related communication by offering patients a choice of screening tests that includes FOBT/FIT may be especially important for vulnerable population subgroups such as Latinos and others served in safety net care settings. Hawley et al.¹⁷ showed that Latinos and those with lower educational attainment were more likely to prefer FOBT/FIT than non-Latino whites and those with more education. Inadomi and colleagues²¹ found that in a diverse, low-income population, participants for whom colonoscopy only was recommended were less likely to complete screening (38%) than participants receiving a recommendation for FOBT/FIT only (67%) or a choice between FOBT/FIT or colonoscopy (69%). They also found that Latino participants completed FOBT/FIT more often, whereas white participants completed colonoscopy more

often. This demonstrated preference for FOBT/FIT among Latinos and those with lower educational attainment, juxtaposed with typical provider preference for colonoscopy, may contribute to lower screening completion rates. Based on these findings, experts in the field have emphasized the need to promote informed and shared decision making about CRC screening, which includes communication between patient and provider about screening and screening test options.^{22,23} However, this may be especially challenging in safety net care settings, where provider-level barriers, such as limited visit time and competing demands, are compounded by patient-level barriers that include language and literacy differences.^{24–29}

Decision aids are useful in healthcare decisions where more than one reasonable option exists. They can improve the decision-making process and can lead to more informed, values-based choices.²² When delivered in a multimedia format before a primary care encounter, decision aids can mitigate literacy barriers and permit providers to use limited clinical time to clarify and act more specifically on informed patient preferences. CRC screening decision aids have been shown to increase screening knowledge, test ordering, intent to complete screening, discussion of screening, and (in some studies) test completion.^{30–33} However, no prior studies were found that have demonstrated that a CRC screening decision aid or educational video meaningfully increases discussion of more than one screening test option (a proxy for shared decision making).³⁴ Further, although a few CRC decision aid studies have enrolled diverse, vulnerable patient populations,^{33,35} there is a need to identify screening interventions that are effective in Latino populations, who have substantially lower screening rates than the general U.S. population.³⁶ However, no U.S. clinical trials of CRC screening decision aids conducted in Spanish-speaking populations were found.

The primary objective of this study was to test the effect of a CRC screening decision aid, available in English^{31,37} and Spanish,³⁸ and viewed before a primary care encounter, on patient-reported communication and decision-making outcomes in a racially and ethnically diverse safety net clinic population. To improve generalizability, study sites, described below, were selected in locations representative of new and established socio-historic immigration contexts.^{39,40} The hypothesis was that the decision aid would lead to improvements in outcomes relevant for informed and shared decision making, including screening-related knowledge, communication about CRC screening and test options, preference formation, and test ordering among the overall study population as well as the Latino subgroup.

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