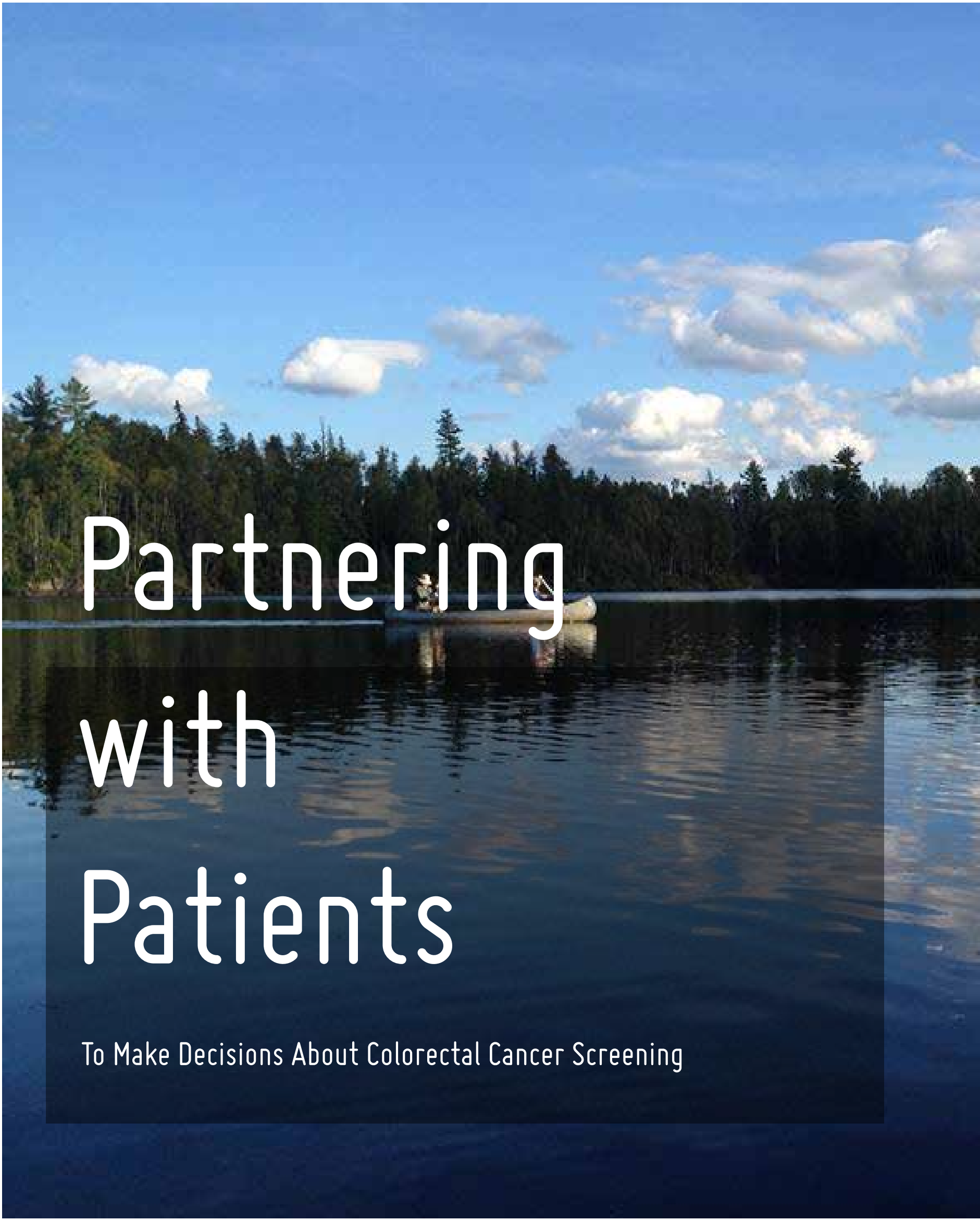

Partnering with Patients

To Make Decisions About Colorectal Cancer Screening

Colorectal cancer is the second leading cause of cancer-related deaths in the United States and the leading cause of cancer deaths among nonsmokers, according to the Centers for Disease Control and Prevention. But in Minnesota, MN Community Measurement has found that only 64 percent of people are getting appropriate colorectal cancer screenings.

To help health care providers talk with patients about the benefits and risks of all their colorectal cancer screening options, the Institute for Clinical Systems Improvement (ICSI) developed an innovative pilot project. It set out to train the staff of two primary care clinics to use shared decision-making techniques in discussions with patients about colorectal cancer screening options.

“Our philosophical approach is that clinicians should engage with the patient as a partner in making shared decisions about care, and that should be woven into everyday practice,” said Jan Schuerman, MBA, team director for ICSI, which is a partner in the Minnesota AF4Q Alliance.

With funding from Aligning Forces for Quality (AF4Q), ICSI developed curriculum materials and began the training sessions in July 2011. The two primary care practices that participated are part of a physician-owned family practice group in Saint Paul, MN, called Entira Family Clinics.

“We chose to join the pilot because these two clinics—our White Bear Lake/Banning Avenue location and our White Bear Lake/Bellaire Avenue location—are becoming certified by the Minnesota Department of Health as health care homes,” explained Kathleen Conboy, director of clinical practice and quality for Entira Family Clinics. “Shared decision making has to be introduced as part of the certification process, and we realized this is a great opportunity to get educated about it.”

At each clinic, the staffers who received the training were part of the “health care home

team." This team consists of three providers, a care manager, a clinic manager, and a certified medical assistant. Through three individualized, face-to-face training sessions and one webinar, they learned how to work collaboratively with patients to make informed decisions about colorectal cancer screening. In a shared decision-making conversation, the provider describes the benefits and risks of all the relevant screening options, and the patient expresses his or her preferences and values. Ultimately, they arrive at a decision together.

The clinics use evidence-based guidelines developed by ICSI to help determine appropriate treatment methodology for patients at average and increased risk for developing colorectal cancer. These guidelines also include resources such as a description of the set of skills needed to engage the patient in a "collaborative conversation."

"Involving the patients in the training was instrumental to the success of the project."

ICSI's Patient Advisory Council reviewed all of the materials that were incorporated in the training sessions in advance to ensure they were easy for patients to understand. Some patients on the council also volunteered to participate in a webinar and share their experiences with colorectal cancer screening and patient- and family-centered care in Minnesota.

"The patients talked about the logistics of making an appointment for a screening, filling out the required forms in person or via email, which information they received prior to the appointment and at other stages of the process—they showed the clinicians how things look through the patients' eyes," said Schuerman.

"Involving the patients in the training was instrumental to the success of the project," she added. "The training sessions that included patients were the ones that most engaged the physicians."

After the training sessions, the health care home team members at both clinics began implementing shared decision making with appropriate patients. David C. Thorson, MD, a physician at Entira Family Clinics' White Bear Lake/Banning Avenue location who participated in the pilot, said the staff wound up spending more time discussing the full range of screening options. Rather than focusing mainly on the pros and cons of colonoscopies, staff devoted more attention to talking about options like a fecal occult blood test (FOBT) and flexible sigmoidoscopy.

"The providers had a pretty good handle on who should be screened, but the thing we didn't necessarily do as well in the past was to talk with the patients who said no to a colonoscopy and find out what the barrier was for them," Thorson said.

He noted providers often view colonoscopy as the gold standard for colorectal cancer screening, but for lower-risk patients, a number of other methods are adequate and should be discussed. One option is for patients to be screened initially using a less-invasive test like an FOBT. If that comes back positive, they can get a colonoscopy. By talking more about the different screening options, the team at the Banning Avenue clinic increased the number of patients who chose to get screened for colorectal cancer. In many cases, those patients chose an FOBT rather than a colonoscopy.

Before the pilot began in 2011, 67 percent of eligible patients at the Banning Avenue clinic were screened for colorectal cancer using one of three methods. In 2012, after shared decision making was implemented, 71 percent of eligible patients were screened. At the Bellaire Avenue clinic, the screening rate rose from 66 percent in 2011 to 74 percent in 2012.