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

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

Effectiveness

 At 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)

Adoption

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

Implementation

- 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

Maintenance

- DSNI repeat screening= 34% (n= 36); SI repeat screening rate= 42% (n= 30)
- Further study is needed to determine system level maintenance

RESULTS, cont.

Table 2. Contacts and Outcomes for Patients in the Sampling Frame by Contact Strategy							
Contact Strategies	Sampling Frame	Patients Contacted	Patients Enrolled	Recruitment Call Contact Rate	Study Enrollment Rate		
	N	N	N	%	%		
Contacts during Business Hours	2509	1347	381	24.0	15.2		
Contacts Outside of Business Hours	120	62	19	16.6	15.8		
TOTAL	2629	1409	400	23.5	15.2		

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.

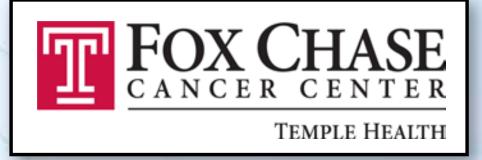
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