answering the “how much” and “why” questions of utilization at both the institutional and patient levels. **Results:** Preliminary results indicate consistent offering of CHES by multiple providers, and utilization of the CHES tool by 50% of all newly diagnosed breast cancer patients. Of those accessing CHES, most are currently using the tool at least once and visiting multiple pages. Based on interview and survey data conducted two months post-diagnosis, we will also present preliminary data on why some women use CHES and some do not. Through provider surveys, we will show how staff perceptions and actions affect patient perceptions and use, and how organizational strategies affect CHES adoption and use. **Conclusions:** Conclusions from this study provide information on logistics, challenges and successes of the dissemination of a new standard of care for breast cancer patient support, and why patients choose to utilize this tool or not. This will provide evidence of how much reach an intervention like CHES can achieve in two real-world settings, and be relevant to decisions about whether and how to disseminate CHES more broadly.

Keywords: Implementation; Breast Cancer; e-Health

doi:10.3121/cmr.2013.1176.ps2-30

PS2-31:

Implementation of Universal Lynch Syndrome Screening in an Integrated Health Care Delivery System

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Background/Aims: Lynch syndrome (LS) is a hereditary form of colon cancer that is present in about 3% of colon cancer patients. Seventy-one percent (71%) of the NCI Comprehensive Cancer Centers conduct universal LS screening, while only 15% of the community hospital cancer programs regularly screen for LS. A previous 7 site HMORN study found that none of those sites were performing universal LS screening, and fewer than 4% of colon cancer patients were tested for LS. Currently, fewer than 5% of patients diagnosed with colorectal cancer (CRC) at Kaiser Permanente Northwest (KPNW) receive Lynch syndrome screening. KPNW relies on provider or self-referrals to Medical Genetics for appropriate LS screening. How do we improve access to LS screening? **Methods:** Through a randomized controlled trial, we are evaluating the effectiveness of universal LS screening compared to usual care. We began recruitment in February 2012. We will determine the types and impacts of system barriers on effective LS screening implementation. **Results:** Stakeholder engagement was challenging to obtain due to variation in knowledge of LS but has proven crucial to success. Cultivating relationships generated willingness and interest among stakeholders in solving issues. The pathology procedure required extensive coordination for appropriate specimen handling and timely testing. The algorithm to identify eligible patients among those scheduled for bowel surgery daily from the EMRs required revisions to locate patients correctly. We will share the lessons we have learned in implementing a universal screening program in the health plan. **Conclusions:** So far, universal LS screening implementation has yielded both successes and hurdles. Developing strong relationships with stakeholders has led to their active participation in problem-solving. The pathology procedure required extensive coordination for specimen handling and testing. Developing methods to quickly identify issues with sample processing and testing improved turnaround time. Patients had to be identified quickly in the EMR given the often short time from surgery scheduling to surgery completion. Evaluation of the implementation steps will help determine best strategies for successful universal LS screening. Since LS screening rates are low at many HMORN sites, we hope that the lessons we learned will inform future implementation efforts.

Keywords: Implementation Research; Lynch Syndrome

doi:10.3121/cmr.2013.1176.ps2-31

PS2-33:

Seniors' Uptake of Online Survey Completion - Experience of the 2011 KPNC Member Health Survey

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Background/Aims: The aim was to describe the percentages and characteristics of seniors eligible to receive an emailed link to an online health survey and that chose to respond online vs. by hardcopy. **Methods:** We analyzed the response (69%) to a health survey mailed to 9796 seniors with contact letter containing url for online version; 5064 of these also were sent emails with a link to their personalized online survey. Response data was linked with age (65-69, 70-74, 75-79, ≥80), gender, race/ethnicity, and education from other sources. **Results:** We found: (1) Eligibility to receive the emailed link declined with age (65-69, 62.5%; 70-74, 53.5%; 75-79, 47.7%; ≥80, 40.1%); increased with education (<12 yrs, 33.4%; high school graduate, 44.0%; some college, 55.9%; college grad, 64.8%), and was lower among African-Americans, Latinos, and Filipinos compared to nonHispanic Whites, Chinese, and Japanese ethnicities (33.9%, 37.8%, and 43.8% vs. 56.6%, 57.0%, and 53.4%, respectively); (2) Only 8.2% of respondents completed the survey online. Respondent online participation declined with age (13.6%, 10.2%, 5.8%, and 3.5%, respectively), was higher among those with some college or college degree (1.5%, 4.6% vs. 9.2%, 11.3%, respectively), and was higher among those sent emails (approximately 18% of 65-74 and 9% of ≥75 vs. <1% of those not sent an email; by education: 4.1%, 9.8%, 15.6%, and 16.5% vs. 0.2%, 0.4%, 0.9%, and 1.4%); (3) Of those who received the email and completed the survey online, approximately 61% reached the survey using the hyperlink. Seniors aged >75 were more likely to use the hyperlink than those aged 65-74 (68.1% vs. 56.7%); and (4) Due to relatively small differences in response by age, the age distribution of the initial and final samples are essentially the same. However, had the survey only been conducted online, the resultant sample, in addition to being significantly smaller, would have been significantly younger, better educated, and less representative of the race-ethnic distribution of the population. **Conclusions:** Results suggest that most seniors still prefer print over online questionnaires, even when emailed a link to the online survey. Without an emailed link, online participation will be hard to achieve.

Keywords: Survey Research; Seniors; Online Data Collection

doi:10.3121/cmr.2013.1176.ps2-33

PS2-34:

Communication Barriers and Preferences of Limited English Proficient Chinese Speaking Members in Kaiser Permanente

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Background/Aims: Our aim was to learn about the literacy and communication difficulties and preferences of Limited English Proficient Chinese speakers. **Methods:** This was a self-administered waiting room survey of KP Bilingual Chinese module patients. The study sample includes 1672 patients aged 35+ (775 aged 35-59, 897 aged 60+) classified from self-report as Very Limited English Proficient (VLEPs, n = 1242, speaks English not at all or not well) or Limited English Proficient (LEPs, n = 430, speaks English well, but not very well). **Results:** We found: 1) Educational attainment was low overall (approximately 36% had not completed the equivalent of high school, 37% were high school graduates, 15% had some college, and 12% were college graduates), and significantly lower among older patients and within age groups, VLEP versus LEP; (2) 97% of VLEPs and 13% of LEPs do not read English well, 13% of both VLEPs and LEPs do not read Chinese well, and 13% of VLEPs do not read either language well, with older VLEPs having the lowest literacy; (3) 88% of VLEPs and 55% of LEPs usually have trouble understanding letters in English and 43% of VLEPs and 35% of LEPs usually have trouble understanding letters in Chinese; (4) Among VLEPs, 43% preferred print instructions in Chinese, 2% in English, and 55% in both languages; among LEPs: 8% preferred Chinese, 28% English, and 64% both languages; (5) 76% of VLEPs and 42% of LEPs usually have trouble interacting with the KP Call Center on their own; Chinese Call Center agents were desired by 96% of VLEPs and 74% of