

## Selected Abstracts from the 15<sup>th</sup> Annual HMO Research Network Conference, April 26-29, 2009, Danville, Pennsylvania

### Behavioral Interventions

C-A3-01:

#### The Effect of an Automated Reminder Call Intervention on Completion of Fecal Occult Blood Testing (FOBT)

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**Background:** Colorectal cancer (CRC) is the third most common cancer in the United States and is associated with significant morbidity and mortality. Although CRC has a good prognosis if diagnosed early, screening rates remain low. Innovative, low cost intervention, such as the use of automated reminder calls, may increase CRC screening rates. The objective of this prospective study was to determine the effect of an automated telephone reminder message on completion of a fecal occult blood test (FOBT), an evidence-based screening method for populations with average risk for CRC. **Methods:** A prospective randomized clinical trial of 5,993 patients (intervention group = 2,993, usual care group = 3,000), between ages 51–80, due for CRC screening with average risk for CRC. The patient population received care in a not for profit HMO in the Pacific Northwest. The intervention group received a 1-minute automated telephone call, which provided a general description and health benefits of FOBT. Patients could request that an FOBT kit be mailed to their home on the call. Up to three calls were attempted for non respondents over a five month period. Multiple logistic regressions was used to examine the independent effect of automated reminder calls on completion of an FOBT test, after adjusting for age, gender and prior CRC screening. **Results:** Compared to usual care, those in the intervention group were significantly more likely to complete an FOBT (OR = 1.60, 95% CI = 1.39–1.84), five months post randomization. Two characteristics were also associated with completion of FOBT: 1) older age [age 61–70 (OR = 1.33, 95% CI = 1.14–1.56), age 71–80 (OR = 1.85, 95% CI = 1.52–2.25] vs. age 51–60, and 2) any prior CRC screening (OR = 3.13, 95% CI = 2.71–3.62) vs. no prior screening. **Conclusions:** Automated telephone calls increased completion of screening FOBT compared to usual care. Broad implementation may cost effectively increase community CRC screening rates. Further research is needed to better understand how the stage at CRC diagnosis and CRC related mortality are impacted and to evaluate cost effectiveness.

C-A3-02:

#### How Do the Best Physicians Get Diabetes Patients to Glycemic Goals?

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**Objective:** To examine the glucose control related practice patterns of primary care physicians (PCP) and ascertain if those who provide better quality diabetes care have lower rates of clinical inertia. **Methods:** Study

subjects included 80 PCPs at a large medial group in Minnesota, who were ranked on quality of diabetes care using a composite diabetes quality of care measure. Data on use of glucose lowering pharmacotherapy was combined with laboratory data indicating the level of glycated hemoglobin (A1c) at the time of each office visit to examine differences in patterns of glucose related treatment as a function of the physicians' quality of care. GLM statistical models were used to assess the relationship. **Results:** Optimal PCPs, defined as the top quartile of PCPs, had lower rates of clinical inertia than their less well performing peers. Optimal PCPs initiated ( $P=0.08$ ) and titrated ( $P=0.02$ ) glucose lowering therapy at lower A1c levels than their peers. Optimal practice PCPs exhibited a feed forward treatment strategy, while their less well performing peers exhibited a feedback treatment strategy. **Conclusions:** There was significant variation in rates of clinical inertia and in trigger levels of A1c at which different PCPs initiated or intensified glucose lowering therapy in their adult patients with diabetes. Optimal docs had lower rates of clinical inertia. Interventions to reduce clinical inertia have great potential to improve diabetes care.

C-A3-03:

#### Media Messages About Cancer: What Do People Understand?

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**Background:** The importance of print health literacy is widely recognized, but oral literacy has been largely ignored. Because much health information is conveyed via spoken word, an inaccurate or incomplete comprehension of spoken health messages may have important consequences. This study explored the extent to which listeners understood critical concepts in spoken messages about cancer prevention and screening. **Methods:** Forty-four adults from three health plans took part in a 1-hour interview. Participants viewed six brief media clips from TV or the Web about cancer prevention and screening. Each clip contained multiple messages. Participants paraphrased the clips' main points and key concepts. We coded the accuracy of participants' responses with respect to the message content. **Results:** Of 44 participants, aged 41 to 70, 52% were female; 48% were non-white; and 5% had a high school education or less. Messages were generally understood by most participants but some participants misunderstood critical cancer prevention concepts. Nine of 44 could not define the term "at risk." Others provided approximately accurate synonyms, such as "susceptible to," or "inclined to," or gave examples of risk factors (e.g. fair skin for skin cancer) that indicated a partial understanding of the concept. In response to a news report about a comprehensive cancer study synthesizing the results of 7,000 clinical trials, 10% of the participants viewed the study size as small, or mistook the number of trials for number of patients. Some participants had trouble distinguishing "screening" and "prevention," apparently believing that screening is inherently preventive. **Conclusions:** Most participants in this sample of moderately to well-educated adults understood the main points contained in spoken messages about cancer screening and prevention. However, important concepts such as "at risk" (applicable to conditions besides cancer), were sometimes misunderstood. Similarly, some participants had difficulty understanding the strength of research evidence and the value of multiple studies. Comprehension depends on foundational knowledge,