

Healthcare Providers' Knowledge and Recommendations

Melissa M. Farmer, PhD

Background: Despite a growing recognition of the importance of CRC screening in reducing cancer mortality, national screening rates are low indicating a critical need to explore CRC screening as a dynamic, multilevel relationship between patient, provider and the organization in which care is provided.

Objectives: The presentation will provide a synthesis of three different projects examining CRC screening from the perspective of patients, providers, and an organization (the Veterans Health Administration (VHA)).

Studies and Settings: The first two studies were components of a larger study that evaluated a quality improvement intervention for CRC screening within the setting of a California managed care health plan. This provided an opportunity to examine CRC screening rates and patient and provider attitudes in a setting in which access to care was not a barrier and in which screening in general was a priority. Two independent cross-sectional telephone surveys with patients age 50 and older were done in 2000 and 2003 to explore predictors of CRC screening from the patient perspective. A survey of primary care providers was also conducted to explore determinants of test use by primary care providers in the managed care setting. The final study comes from the 2007 VHA Clinical Practice Organizational Survey, VA Primary Care Director Module, which was conducted to further the understanding of the organizational influences on the quality of care veterans received in the VA health care settings. Directors were asked about practice arrangements, capacity and about specific methods utilized to promote adherence to clinical practice guidelines specifically for CRC screening.

Impact: The synthesis of these results provide an overall picture of the need for multilevel interventions that target the patient, provider and organization to improve CRC screening rates and ultimately save more lives.