

# Automated colonoscopy reminder system is effective, especially in minority populations

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The simple practice of letters and a telephone call to patients who are due for a colonoscopy significantly improves adherence to endoscopic follow-up recommendations, according to a new study in *Gastroenterology*, the official journal of the American Gastroenterological Association (AGA) Institute. This work provides justification for the creation of reminder systems to improve colorectal cancer screening rates.

"Our automated, patient-dependent colonoscopy follow-up reminder system significantly improved adherence with recommended surveillance colonoscopy and [patient satisfaction](#)," said Daniel A. Leffler, MD, MS, of Harvard Medical School. "Although this study focused only on colonoscopy, it is expected that this approach would be widely applicable across different procedures and medical specialties."

In this study, patients were assigned to groups that received the standard of care or a newly developed follow-up system that included a letter to the [primary care](#) provider, two letters to the patient and a telephone call to patients who had not yet scheduled an examination by the procedure due date. Doctors created and tested an electronic medical record-based system that reminds patients and providers when follow-up examinations — in this case, colonoscopies — are due and provides documentation in the medical record of this communication.

The low-cost intervention almost doubled the rate of recommended exams during the time period of the study. Also, the intervention was

well received by patients and even more effective in minority populations who typically receive lower quality care. This could lead to improvements in disparities in care for those needing repeat colonoscopies.

Although evidence-based guidelines for colon cancer screening and surveillance exist, there are significant issues with patient adherence to recommendations regarding colonoscopy. In fact, colonoscopy presents particular difficulty for both patients and providers because of variability in the recommended follow-up interval and long length of time between examinations. After an initial [colonoscopy](#) is performed, appropriate follow-up testing often is neglected with potentially serious consequences. Few institutions or practices, however, have implemented systems to monitor and improve compliance with suggested follow-up tests.

"Regardless of whether information is transmitted on paper, in e-mails, texts or other media, we anticipate that the need for integrated systems to assist in prompting patients to obtain recommended care will increase," added Dr. Leffler. "As [electronic medical record](#) systems are adopted and refined, protocols for notifying and documenting communication regarding recommended follow-up screening and diagnostic procedures should be strongly considered."

Although there are some upfront costs associated with the adoption of a follow-up system, once running, well-designed systems can function with little additional burden to the physician or administrative staff. This finding suggests that use of similar solutions can reduce the disparities seen in medical care across the U.S. medical system.

Provided by American Gastroenterological Association

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