

Web-based video enhances patient compliance with cancer screening

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Patients who watch an online instructional video are more likely to keep their appointments and arrive prepared for a scheduled colonoscopy than those who do not, according to a study by gastroenterologists at the University of Chicago Medicine.

The study, presented at the 2012 annual Digestive Diseases Week meeting in San Diego, CA, found that among patients age 50 to 65 – the primary target for [colon cancer](#) screening – those who watched the video were 40 percent less likely to cancel an appointment. That suggests many more cancers could be prevented or detected and treated early if more thorough instruction were given.

"Although early detection of colon cancer can save lives, only about half of those who could benefit take advantage of this screening test," said Archita P. Desai, MD, fellow in the section of gastroenterology at the University of Chicago [Medicine](#). "Use of this video-preparation approach could increase the number of people who complete the process. Thanks to such screening, the death rate from colorectal cancer has been dropping for more than 20 years, but there is still plenty of room for improvement."

Colorectal cancer is the second leading cause of cancer-related deaths in the United States, responsible for nearly 50,000 deaths a year. The American Cancer Society recommends that men and women should have a colonoscopy every 10 years, beginning at age 50. When colon cancer is caught early, 90 percent of patients remain alive five years later, but

when the cancer has already spread, five-year survival falls to 12 percent.

In the United States, only 53 percent of those older than 50 follow the recommendations for colorectal [cancer screening](#). Far more people than that schedule a colonoscopy, but surveys show only 23 percent to 58 percent of patients who schedule a colonoscopy keep those appointments. This wastes resources, increases costs and extends the waiting time for those seeking an appointment.

The 30-minute web-based interactive program (watch a four-minute segment) produced by Chicago-based Emmi Solutions, walks the viewer through the entire process. It explains how colonoscopy is performed, why preparation is necessary, and how to weigh the risks and benefits. Viewers can pause the video, ask questions or review the information to make sure they understand it. Doctors can enable the viewer to type a question to them or their staff. The questions that patients ask can alert the doctor to address remaining concerns.

In this study, the researchers compared all 1,740 patients referred by their primary care physicians for a colonoscopy at the University of Chicago Medicine in the six months from Dec. 1, 2009, to June 1, 2010 – before the [colonoscopy](#) video was available – to all 1,415 patients referred Dec. 1, 2010, to June 1, 2011, half of whom were told to watch the video. More than three out of four patients with access to the video watched it all the way through.

The researchers looked for "preventable cancellations," patients who did not complete the test because they skipped the appointment, arrived unprepared, failed to follow instructions about taking or discontinuing certain medications, or faced transportation issues.

The preventable cancellation rate for those who watched the video was

significantly lower, falling from 11 percent for patients screened before the video was available to 8 percent for those who had access to the video. The biggest improvement was seen among those age 50 to 65, in which the no-show rate fell from 12 percent for those without access down to 7 percent for those who watched.

"This appears to be an effective and inexpensive way to improve compliance," Desai said. "Our next steps will be to track the outcomes of patients who did not watch the video after being assigned to do so as this group has the highest cancellation and poor-preparation rates. It will be important to identify how to successfully screen this group of [patients](#)."

Provided by University of Chicago Medical Center

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