

Intervention to improve colon cancer screening ineffective

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(HealthDay)—An intervention designed to improve colon cancer screening rates in primary care practices has failed to have a significant impact on screening, according to a study published in the May/June issue of the *Annals of Family Medicine*.

Eric K. Shaw, Ph.D., from Mercer University in Savannah, Ga., and colleagues randomly assigned 23 New Jersey primary care practices to control or a six-month quality improvement intervention that used a multimethod assessment process, a reflective adaptive process, and learning collaboratives to improve colon cancer screening rates. Quantitative and qualitative data were collected at baseline and 12-month follow-up.



At the 12-month follow-up, the researchers found that there was a nonsignificant reduction in screening in the control practices (43 to 38 percent) and a nonsignificant increase in screening in the intervention practices (49 to 53 percent). Within the intervention group, there was significant heterogeneity in the change in the odds of screening across practices. Characteristics associated with intervention implementation were identified in qualitative analyses; low performing practices often experienced weak intercommunication, whereas high-performing practices had moderate to strong leadership and psychological safety. Successful implementation of the intervention was not necessarily associated with improved screening rates.

"Although single-target, incremental quality improvement interventions can be effective, practice transformation requires enhanced organizational learning and change capacities," Shaw and colleagues conclude. "Advancing the knowledge base of quality improvement interventions requires future reports to address how and why quality improvement interventions work rather than simply measuring whether they work."

More information: Abstract

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