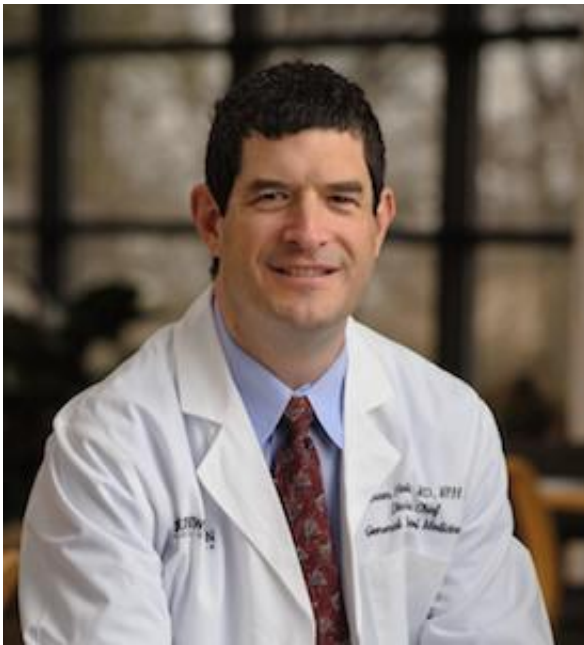


Primary care visits result in more colon cancer screening, better followups

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Dr. Ethan Halm is Director of UT Southwestern's Center for Patient-Centered Outcomes Research and a member of the Simmons Cancer Center. Credit: UT Southwestern

People who visit their primary care physicians are more likely to get potentially life-saving colon cancer screenings and follow up on abnormal stool blood test results - even in health systems that heavily promote mail-in home stool blood tests that don't require a doctor visit, a study involving UT Southwestern population health researchers shows.

The results are important because screening for colon [cancer](#) - the third most common cancer and the second leading cause of cancer deaths in the United States - is underutilized in the U.S. Given the growing interest in population health, many health systems are aggressively using outreach strategies that don't require a face-to-face doctor visit to initiate cancer screening.

"These findings help underscore the continued importance and effectiveness of visits with primary care physicians in a brave new world of virtual care and population health outreach," said Dr. Ethan Halm, Director of UT Southwestern's Center for Patient-Centered Outcomes Research, and a member of the Harold C. Simmons Comprehensive Cancer Center. "This result is important because screening for colon cancer can result in an early diagnosis and improved survival."

The study, which involved nearly 1 million people from four different health care systems in the U.S., found that people who had more primary care visits had more screenings and more follow-up colonoscopies when initial tests indicated potential problems than when primary physicians were not involved. The result held true even in mature, integrated health systems with well-insured patients and that do a lot of aggressive 'population health outreach.' These systems mail patients home stool blood test kits and have highly organized infrastructures for following up abnormal results. Individuals don't have to come in to see a doctor to get a cancer screening test done or followed up.

Many accountable care organizations are using 'population outreach' approaches to promote cancer screening without a primary care provider visit, while other groups have questioned whether patients need to have annual health checkup visits with their primary care provider if they are feeling well, said Dr. Halm, Professor of Internal Medicine and Clinical Sciences, and holder of the Walter Family Distinguished Chair in Internal Medicine in Honor of Albert D. Roberts, M.D.

Colon cancer screening rates remain suboptimal, despite decades of public health campaigns, public reporting on screening rates, and preventive service reminders in electronic health records, the researchers said, prompting a growing number of private and public health systems to promote options that do not require a face-to-face primary care visit.

National guidelines recommend periodic colorectal screening via colonoscopy, flexible sigmoidoscopy, fecal immunochemical tests known as FIT, or high-sensitivity guaiac occult blood tests called FOBT. The FIT and FOBT tests are inexpensive, easy to mail, and simple for patients to complete. However, their effectiveness requires that positive results be followed up by a diagnostic colonoscopy and this latest research suggests the primary care providers may play an important role in getting the follow-up diagnostic tests completed, said Dr. Halm, Chief of the William T. and Gay F. Solomon Division of General Internal Medicine. Researchers undertook the study to see whether that was the case.

Researchers examined records from 968,072 patients ages 50-74 years who were not up to date with CRC screening in four integrated health care systems in the NCI-funded Population-Based Research Optimizing Screening through Personalized Regimens (PROSPR) consortium. Three of the systems had screening outreach programs using FIT kits. The research team found that patients who saw their [primary care](#) providers an average of one or more times a year were twice as likely to be screened for CRC, and that these individuals were 30 percent more likely to undergo a colonoscopy after receiving a positive stool blood test.

The study, which appears in the *Journal of General Internal Medicine*, involved researchers from the UT Southwestern, UT School of Public Health, Kaiser Permanente Northern California, Kaiser Permanente Southern California, the Group Health Research Institute, Fred

Hutchinson Cancer Research Center, RAND Corporation, and Brigham and Women's Hospital. The study was conducted as part of the NCI-funded consortium Population-Based Research Optimizing Screening through Personalized Regiments (PROSPR), the Parkland-UT Southwestern PROSPR Colorectal Cancer Screening Center (funded by NCI), and the Agency for Healthcare Research and Quality (AHRQ)-funded UT Southwestern Center for Patient-Centered Outcomes Research.

The overall aim of PROSPR is to conduct multi-site, coordinated, transdisciplinary research to evaluate and improve cancer screening processes. The 10 PROSPR Research Centers reflect the diversity of U.S. delivery-system organizations. This study used data from four PROSPR colorectal [cancer screening](#) sites: Parkland Health & Hospital System-University of Texas Southwestern Medical Center (PHHS-UTSW), Kaiser Permanente Northern California, Kaiser Permanente Southern California, and Group Health.

UT Southwestern's Simmons Cancer Center is the only NCI-designated Comprehensive Cancer Center in North Texas and one of just 45 NCI-designated Comprehensive Cancer Centers in the nation. The Simmons Cancer Center includes 13 major cancer care programs and fosters groundbreaking basic research that has the potential to improve patient care and prevention of cancer worldwide. The Center's education and training programs support and develop the next generation of cancer researchers and clinicians. The Center also is among only 30 U.S. cancer research centers, and the only cancer center in North Texas to be named a National Clinical Trials Network Lead Academic Participating Site, providing patients access to NCI-sponsored cancer research trials, where promising new drugs often are tested.

More information: Ethan A. Halm et al. Association Between Primary Care Visits and Colorectal Cancer Screening Outcomes in the Era of

Population Health Outreach, *Journal of General Internal Medicine*
(2016). [DOI: 10.1007/s11606-016-3760-9](https://doi.org/10.1007/s11606-016-3760-9)

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