IMPROVEMENT OF QUALITY OF THE NATIONAL CANCER SCREENING PROGRAMMES IMPLEMENTATION (CRO SCREENING)

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PROPOSED PROTOCOLS IMPLEMENTED AT PHC LEVEL TO INVOLVE NON-RESPONDERS IN CRC PROGRAM

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National CRC screening program

- Croatia's population ~ 4,3 million;
- > 1,3 million - 50-74 years = 31 %
- National CRC Screening Programme of Croatia was adopted by Government in 2007.
- improves health of the population by detecting CRC in early and confined state, (premalignant lesions of the colon or early carcinoma – better chances of treatment and the significantly higher QoL)

The Program

- total target population - men and women aged 50-74 with average risk of developing colorectal cancer
- all citizens must have equal opportunities of taking part in the Program (socially most deprived groups and persons without health insurance)
- According to EU guidelines, the screening interval is 2 years, but it is expected that the entire target population will be covered in the second round within 3 years
- Coverage of target population within one year ~500.000 persons.

The Program

- focused toward persons with moderate risk
- no signs or diagnosis of bowel disease

- persons with heightened risk → family medicine practitioners should recognize them and start screening at an earlier age and apply shorter screening intervals

The Program

- By the end of 2012, the first cycle was completed with the response of 21%. The second cycle started in November 2013 and is currently on-going.

Where are we stuck?

- Lack of legal background and definition of the program in different acts, regulations, rules of procedures
- No stable financial support, no financial mid-term plan
- Low response rate without any systematic approach to increase the response rate
- The quality of the data sources for final list of target population is not adequate (we assume that 10 % of population is not invited to the Program because of bad/missing address list, bad/missing identification numbers, bad/missing name and surname…)
- Exclusion criteria are not clearly defined and respected in the process of compilation of the list of the target population
- Unclear governance of CRC screening register
- Bad management model of IT system; no responsiveness to necessary upgrades of the system
- Public procurement system presents threads to smooth implementation of the program

Family doctor

- Complete, continuous health care
- From prevention through treatment and rehabilitation to palliation
- Whole life – from birth to death
- Whole families – knows all the risks
- Practicing holistic medicine
- Person-oriented medicine
- . . . . . .

Family doctors – vital information – software solutions

- Non-responders and their reasons
- Patients who responded to the invitations
- Responders' test results
- Patients with positive result that didn't undergo colonoscopy

- Role of family doctors: active enticement of the target population
- Solution: enable monitoring and record keeping of persons whom general/family medicine physician alone or with the help of district nurse/technician succeeds in motivating to response.

Family doctors - aims

- It is necessary to achieve a minimum of 30% of response in those who didn’t respond to the first invitation
- preparing persons with a positive test result for colonoscopy giving them all the information they need
- Special care and instructions for patients with comorbidity (diabetics)

Recognition of high-risk patients group

- Obesity
- Age > 50 years
- Physical inactivity
- Positive family history
- Polyposis in personal history
- Low fiber diet
- . . . . .

Oportunistic screening

- At every visit scans his patient
- Although it is not recommended for malignant disease screening in population – still it is the strongest tool in family medicine
- With National program the family physician can achieve higher response rate

Oportunistic screening - Our proposal

- From January 1. till september 30. stimulate responsivness of individual patients in target group that come to our practices for different problems
- From october 1. till december 31. scanning of NPP register for our patients (with the help of IT)
- Active calls or visits of district nurse to non-responders
- Estimated response rate with this action only is more than 30%

Phone calls

- The idea of phone calls to non-responders is not so good because:
  - Cost-benefit ineffective
  - Time-consuming
  - Phone service is not mandatory for everyone
- Should be used occasionally in specific circumstances

IT solutions

- Better utilization of IT system at the primary health care level (GPs, district nurses)
- Connection with the Cancer Registry could significantly improve the data.
- E-health possibility of contacting our patients

Using all resources

- Communication with district nurses
- Groups of patients – in local communities
- Celebrities talking about importance of early detection
- Smaller groups of eldery – helping them in understanding the procedure and in sending materials

Postulates of good screening

- 1. On time treatment is more benefitial for patients
- 2. Interval between testing and intervention should be as short as possible
- 3. Patients’ free will must be respected (wheather they want to do it or not)
- 4. All participants should be informed about positive and negative aspects of tests
- 5. Care givers should be well informed about benefits and risks
- 6. Public education should promote availability of the program without moral pressure
- 7. Quality assesement (QA) and quality control (QC) are neccessary for complete screening program
- 8. Multidisciplinary approach to screening program is sine-qua-non: organization, implementation and management

Key to success

- Available complete evidence-based guidelines ensuring quality of screening program:
  - Information
  - Early detection
  - Diagnostic assessment of lesions
  - Treatment
  - Follow-up
  - Etc.
- International exchange of information and experiences – continuous quality improvement

Communication - consultation

- Consultation with target population given by family doctor – higher response rate for CRC screening
- 8 studies assessed effect of direct interaction between patients/non-responders and other care givers = higher response rate

Education

- Face-to-face intervention and education provided by family doctor and his nurse – better understanding of screening program
- Educated experts providing information and tests at patient’s home enhance participation in program
- Bihevioral consulting on diet, physical activity, smoking provided by nurses or health educators help in achieving higher response rate in CRC screening