
IDENTIFYING EVIDENCE-BASED INTERVENTIONS TO FACILITATE SCREENING ADHERENCE IN INCREASED RISK PATIENTS

Increase CRC screening through interventions tailored to the patient's health beliefs and barriers.

In addition to establishing a system for family history collection and risk assessment, primary care practices can consider interventions to promote cancer screening in the increased and high risk populations. Like other areas of medicine, a proportion of patients will not follow through with appropriate screening despite a clinician's recommendation. Studies have shown that more intensive, personalized interventions, which are built on an awareness of patient barriers and motivators, are most likely to have a positive impact on CRC screening adherence in individuals with a family history of cancer.

PARTICIPANTS

Implementation lead, staff involved in family history processes

BARRIERS

Time, infrastructure, funding, limited patient-focused educational and decision support resources

LEARN MORE

[NCCRT How to Increase Preventive CRC Screening Rates in Practice](#)

[NCCRT Messages to Reach the Unscreened](#)

STEPS

- 1** Review recommended interventions for individuals with a family history of CRC. Select programs that have been shown to increase screening rates are listed on the next page.
- 2** Review recommended interventions for general population screening. See the [How to Increase Preventative CRC Screening Rates in Practice Clinician's Guide](#) from NCCRT for recommendations.
- 3** Work through the implementation process to integrate interventions into practice: Set goals, select interventions, develop or adapt workflows, launch, and evaluate.

RECOMMENDED INTERVENTIONS

Recommended interventions for individuals with a family history of CRC. Select programs that have been shown to increase screening rates are listed below.

Combination of a culturally sensitive face-to-face health counseling intervention, print materials, and follow-up phone calls.³⁰

Print and telephone interventions tailored to patient response on a baseline survey and also to demographics of marital status, gender, and ethnicity.³¹

Telephone and in-person consults for noncompliant individuals.³²

Combination of letters, face-to-face counseling and phone calls.³³

Telephone interventions tailored to patient response on a baseline survey.^{34,35}

A remote, tailored-risk communication and motivational interviewing intervention delivered by a genetic counselor. The program also included an arm with free or low-cost colonoscopy to individuals who were noncompliant and had previously reported that cost was a barrier (Tele-Cancer Risk Assessment and Evaluation; TeleCARE).^{36,37,38}

A printed booklet with personalized risk assessment, ethnically targeted to African American, Latino, White and Asian patients and tailored to patient response on a baseline survey, followed by a tailored telephone intervention to unscreened individuals.³⁹

A tailored intervention in which patients fill out a health behaviors self-questionnaire and then received personalized printed materials to share with their primary care clinicians.⁴⁰