Shared decision making in colorectal cancer screening in primary care: a cluster randomized controlled trial

Promoting participatory medicine in colorectal cancer screening

Collaboration

Institute of Primary Health Care (BIHAM), University of Bern
- Prof. Dr. med. Reto Auer, MD, MAS — Principal investigator
- Pract. med. Alexander Leo Braun, MA — Doctoral student — Development and analyses Sentinella Data and pilot intervention in QZ
- Cand. med Emanuele Prati, BA — Doctoral student — Development and analyses Sentinella Data
- Beatrice Metry, MSc — Scientific collaborator — Project leader participatory group of citizens/patients (PGCP)
- TBN: 8 simulated patients — Participants to the PGCP — Expertise in experience of care

Policlinique Médicale Universitaire (PMU), University of Lausanne
- Prof Dr. med Jacques Cornuz, MD, MPH — Co-investigator — Expertise in SDM and clinical epidemiology
- Dr. Kevin Selby, MD — Partner — Expertise in SDM and clinical epidemiology

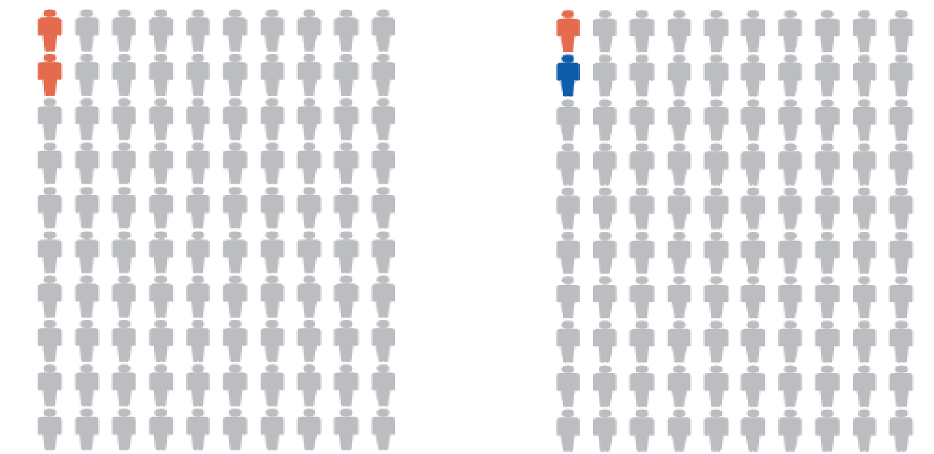
Institut Universitaire de Médecine Sociale et Préventive (IUMSP), University of Lausanne
- PD & MER Dr. Jean-Luc Bulliard, PhD — Co-investigator — Expertise in clinical epidemiology, cancer registries and organised screening programs

Institute for Biomedical Ethics and History of Medicine, University of Zürich
- Prof. Dr. med Nikola Biller-Andorno, MD, PhD — Co-investigator — Expertise in medical ethics and integration of experience of care

Department of Primary Care Health Sciences, University of Oxford, UK and Medbase Network, Wil
- Dr. Adrian Rohrbasser, MD — Partner — Expertise in quality circles and participatory engagement of physicians in quality circles

Département de médecine familiale, Université Laval, Québec, CA
- Prof. Dr. med France Légaré, MD, PhD — Partner — Expertise in SDM

Background:
- Each year 1600 people die of CRC in Switzerland. Screening could prevent most of these deaths.
- Without screening, 2 out of 100 patients will die before the age of 80 due to CRC in Switzerland. 1/100 with screening. (Figure)
- The test that most accurately detects cancers is colonoscopy. However, fecal blood tests offer fewer disadvantages.



Challenges:
- Underuse of screening: Primary care physicians (PCPs) do not offer the choice of CRC screening to all eligible patients
- Overuse of screening: Quality indicators for CRC screening do not recognize patient's refusal as a valid option
- Overuse of colonoscopy, underuse of FIT: Many PCP only offer colonoscopy and not FIT, instead of offering choices of FIT and colonoscopy

Overarching aim:
- To increase the proportion of patients who meet with their PCPs to make a shared, informed decision about (a) colorectal cancer screening (counting refusal of screening as a choice) and, (b) CRC screening method (FIT or colonoscopy)

Program Goals:
- **Goal 1**: Develop and validate a method for continuously monitoring CRC screening in PCP practices
- **Goal 2**: Develop and test a multi-component training intervention within QCs of PCPs to train PCPs to offer patients an informed choice on (a) be screened for CRC, and (b) choose between FIT or colonoscopy

INPUTS	ACTIVITIES	ACTORS	OUTPUTS	OUTCOMES	
What we have done	*What we will do*	*Who will do it*	*What we will produce*	*Intermediate (<5 years)*	*Long term (5-10 years)*
•We **developed the decision aid** for patients in the first organized CRC screening program in Switzerland •We **integrated citizen into the development** of the communication tools of the screening program •We **developed clinical evidence summaries** for PCPs in an inter-professional team of clinicians and stakeholders •We have **pilot-tested a multi-component training program** in 104 PCPs, based on a before-after observational design	**PHASE 1: Participatory development and adaptation**			1.Patient preferences for screening and method of screening are **accurately captured in administrative data.** 2. A higher proportion of patients **can choose to be screened for CRC, and choose between screening methods** (FIT vs. colonoscopy) 3. **Variations in care decrease *between*** PCP practices, while variation **increases *within*** practices.	**Larger** proportion of the population is screened according to their preferences. **Fewer Swiss patients die of CRC** in the in the long term: offering the choice to more patients will increase the rate of screening overall.
	Goal 1: We will develop and adapt data collection forms in multiple quality improvement cycles	Research team, PCPs, stakeholders, and patient advisory group	A data collection form and questionnaires for use in Goal 1 and 2		
	Goal 2: We will develop a multi-component training in 2 QC using a participatory approach	Research team, 2 QC of 8 PCPs and patient groups of 7-10 citizens / patients	A protocol for the multi-component training for use in Goal 2		
	PHASE 2: Data collection and intervention				
	Goal 1: Monitoring CRC screening practices of PCPs on a national level	100-150 PCPs in the Sentinella Network	Data from a large network of PCPs		
	Goal 2: Cluster randomized trial of a multi-component training program in QCs of PCPs	96 FP in 12 QC recruited in 3 regions (Vaud, Bern, St-Gallen)	Data on the change in CRC screening practices and on implementation of the training program		

Activities done so far and preliminary results

Goal 1: Data collection in Sentinella

Phase 1: Test data collection forms among 12 PCPS and academics

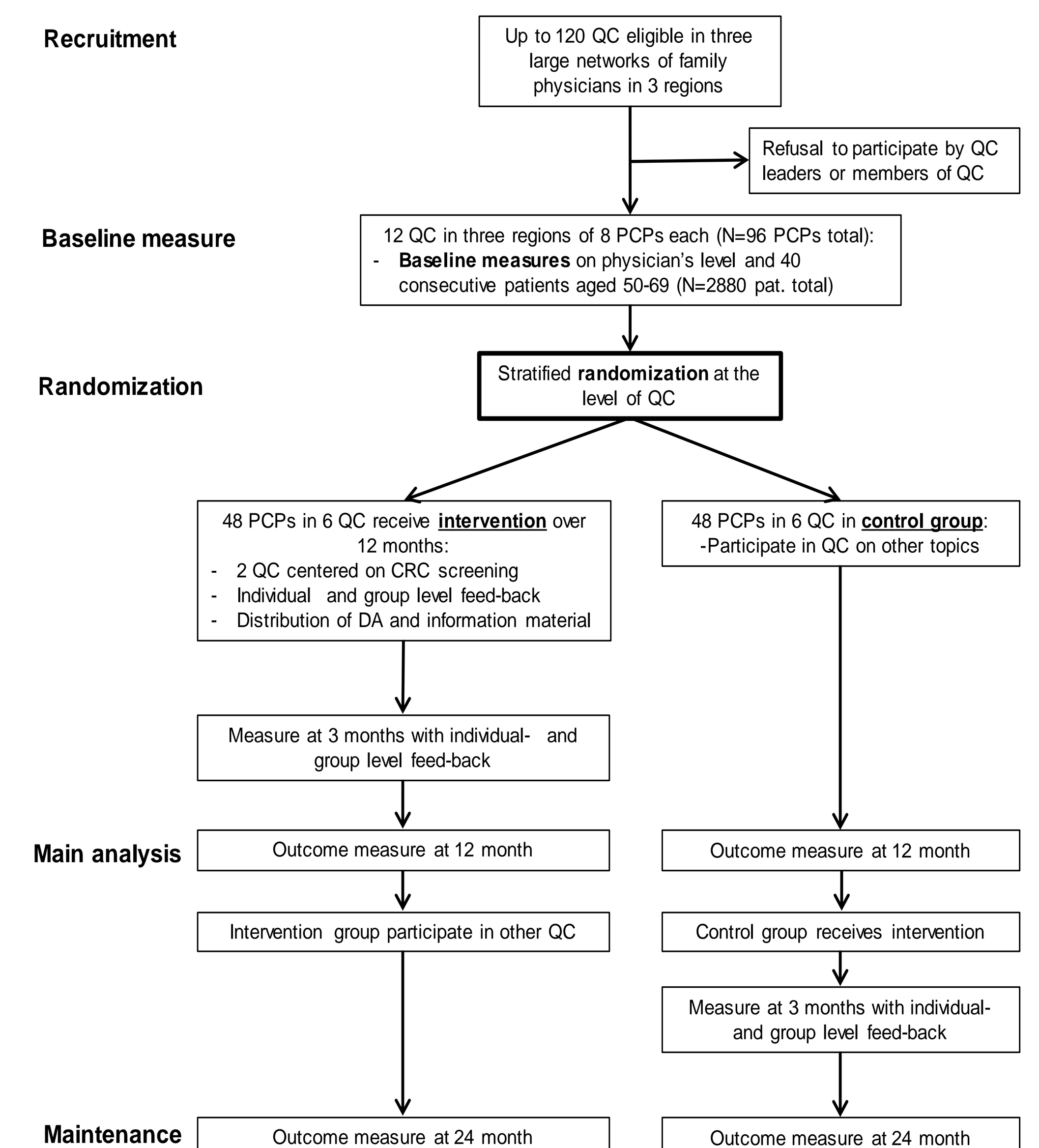
Phase 2: Monitor CRC screening practices in Sentinella

Goal 2: Participatory activities to prepare a cluster RCT

Phase 1: Develop and test intervention in pilot in QC:

Goal 1 and 2: Participatory engagement with community and group of citizens/patients
- Involvement stakeholders, PBRN, networks of PCPs, NGOs in CRC screening
- Participation in workshops of moderators of QC
- Set up of protocol PGCP

Planned RCT in Summer 2018



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