

# Cancer Prevention and Control, Provider-Oriented Screening Interventions: Provider Assessment and Feedback – Colorectal Cancer (2008 Archived Review)

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## Review Summary

### Intervention Definition

These interventions assess how often providers offer or deliver screening services to clients (assessment) and then give providers information about their performance (feedback). The feedback may describe the performance of an individual provider or of a group of providers (e.g., mean performance for a practice). The performance may be compared with a goal or standard.

### Summary of Task Force Finding

The Community Preventive Services Task Force finds insufficient evidence to determine the effectiveness of using provider assessment and feedback to increase colorectal cancer screening by flexible sigmoidoscopy, colonoscopy, or double contrast barium enema.

The Task Force has related findings for provider assessment and feedback specific to the following:

- [Breast cancer](#) (recommended)
- [Cervical cancer](#) (recommended)
- [Colorectal cancer screening by fecal occult blood test](#) (recommended)

### Results from the Systematic Reviews

Eight studies qualified for the systematic review.

#### Colorectal Cancer

- The single effect measure for flexible sigmoidoscopy indicated no substantial change.

These results were based on a systematic review of all available studies, conducted on behalf of the Task Force by a team of specialists in systematic review methods, and in research, practice and policy related to cancer prevention.

### Publications

Sabatino SA, Habarta N, Baron RC. [Interventions to increase recommendation and delivery of screening for breast, cervical, and colorectal cancers by healthcare providers: systematic reviews of provider assessment and feedback and provider incentives](#) [www.thecommunityguide.org/cancer/screening/client-oriented/Cancer2008\_SystematicReviews.pdf]. *Am J Prev Med* 2008;35(1S):67-74.

Task Force on Community Preventive Services. [Recommendations for client- and provider-directed interventions to increase breast, cervical, and colorectal cancer screening](#) [www.thecommunityguide.org/cancer/screening/client-oriented/Cancer2008\_TaskForceRecs.pdf]. *Am J Prev Med* 2008;35(1S):21-5.

The following Task Force finding and supporting materials are for provider assessment and feedback to increase breast, cervical, and colorectal cancer screening.

## **Task Force Finding**

### **Intervention Definition**

Provider assessment and feedback interventions are intended to evaluate provider performance in delivering or offering screening to clients (assessment) and then present providers with information about their performance in providing screening (feedback). Feedback can address the performance of a group of providers or an individual provider, and can include a comparison of that performance with a goal or standard.

### **Task Force Finding (July 2008)\***

On the basis of sufficient evidence of effectiveness in increasing screening for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT), the Task Force recommends the use of provider assessment and feedback interventions. Evidence was insufficient, however, to determine the effectiveness of this intervention in increasing colorectal cancer screening using methods other than FOBT.

\*From the following publication:

Task Force on Community Preventive Services. [Recommendations for client- and provider-directed interventions to increase breast, cervical, and colorectal cancer screening](http://www.thecommunityguide.org/cancer/screening/client-oriented/Cancer2008_TaskForceRecs.pdf) [www.thecommunityguide.org/cancer/screening/client-oriented/Cancer2008\_TaskForceRecs.pdf]. *Am J Prev Med* 2008;35(1S):21-5.

## Supporting Materials

### Analytic Framework

See Figure 1 on page S68 of Sabatino SA, Habarta N, Baron RC. [Interventions to increase recommendation and delivery of screening for breast, cervical, and colorectal cancers by healthcare providers: systematic reviews of provider assessment and feedback and provider incentives](#) [www.thecommunityguide.org/cancer/screening/client-oriented/Cancer2008\_SystematicReviews.pdf]. *Am J Prev Med* 2008;35(1S):67-74.

### Evidence Gaps

#### What are Evidence Gaps?

Each Community Preventive Services Task Force (Task Force) review identifies critical evidence gaps—areas where information is lacking. Evidence gaps can exist whether or not a recommendation is made. In cases when the Task Force finds insufficient evidence to determine whether an intervention strategy works, evidence gaps encourage researchers and program evaluators to conduct more effectiveness studies. When the Task Force recommends an intervention, evidence gaps highlight missing information that would help users determine if the intervention could meet their particular needs. For example, evidence may be needed to determine where the intervention will work, with which populations, how much it will cost to implement, whether it will provide adequate return on investment, or how users should structure or deliver the intervention to ensure effectiveness. Finally, evidence may be missing for outcomes different from those on which the Task Force recommendation is based.

#### Identified Evidence Gaps

The effectiveness of provider assessment and feedback in promoting screening mammography, Pap tests, and FOBTs has been established. However, several key research issues remain or are in need of further corroborative evidence.

#### Effectiveness

- Are these interventions effective in increasing screening by more invasive methods, such as colorectal endoscopy or double-contrast barium enema?
- Can a single assessment and feedback program targeting all three cancer sites increase screening use for each site?
- Are some approaches more effective than others (e.g., group versus individual feedback)?

#### Applicability

- Does the magnitude of effect differ for (1) physicians in training versus trained physicians and (2) providers other than physicians?

#### Barriers to Implementation

- What is required to facilitate dissemination and implementation of provider assessment and feedback to healthcare system settings across the United States?

#### Economic Evidence

- How are the costs and cost effectiveness of these interventions related to the structural characteristics of the settings of interventions? In particular, can HMOs address logistical problems (e.g., contacting providers and

reducing administrative time) more readily than fee-for-service practices, thereby lowering costs and improving cost effectiveness?

### *Other Positive or Negative Effects*

- What is the impact of interventions on non–cancer related healthcare delivery? For example, does the effect of these interventions spill over into improved delivery of other clinical services?

## Search Strategy

*The following outlines the search strategy used for reviews of these interventions to increase breast, cervical, and colorectal cancer screening: Client Reminders (archived); Client Incentives (archived); Mass Media Targeting Clients (archived); Small Media Targeting Clients; Group Education for Clients (archived); One-on-One Education for Clients (archived); Reducing Structural Barriers for Clients (archived); Reducing Client Out-of-Pocket Costs (archived); Provider Assessment and Feedback (archived); Provider Incentives (archived).*

To establish the evidence base the team searched five computerized databases from the earliest entries in each through November 2004: MEDLINE, database of the National Library of Medicine (from 1966); the Cumulative Index to Nursing and Allied Health database (CINAHL, from 1982); the Chronic Disease Prevention database (CDP, Cancer Prevention and Control subfield, from 1988); PsycINFO (from 1967); and the Cochrane Library databases. Medical subject headings (MeSH) searched (including all subheadings) are shown below. The team also scanned bibliographies from key articles and solicited other citations from other team members and subject-matter experts. Conference abstracts were not included because, according to Community Guide criteria, they generally do not provide enough information to assess study validity and to address the research questions.

The search identified over 9000 citations whose titles and abstracts were screened for potential relevance to interventions and outcomes of interest; of these, 580 articles were retrieved for full-text review.

Search terms used in five electronic databases to find studies for inclusion in the systematic reviews of cancer screening. Searches were conducted to find all studies of cancer screening including those specific to screening for breast, cervical, or colorectal cancer.

### General

Neoplasms—combined with any of the following headings:

Early detection

Mass screening

Multiphasic screening

Preventive health services

Screening

### Breast cancer

Breast neoplasms

Mammography

### Cervical cancer

Cervical intraepithelial neoplasia

(Uterine) cervical neoplasms

Cervix dysplasia  
Vaginal smears

### **Colorectal cancer**

Colonic neoplasms  
Colorectal neoplasms  
Occult blood  
Sigmoid neoplasms  
Sigmoidoscopy

From: Baron RC, Rimer BK, Coates RJ, et al. Methods for conducting systematic reviews of evidence on effectiveness and economic efficiency of interventions to increase screening for breast, cervical, and colorectal cancers. *Am J Prev Med* 2008;35(1S):26-33.

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### **Disclaimer**

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

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