

## **Physician: First Place**

### **“A Randomized Controlled Trial of Enhanced Care Coordination with Colon Cancer Screening using iFOBT Compared to Usual Care in an Uninsured and Medicaid Population”**

**CATEGORY:** Research

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**ABSTRACT:** Background: colon cancer is a major cause of mortality but is often preventable with appropriate screening. While colonoscopy is considered the gold standard, stool testing for blood using immunochemical fecal occult blood testing (iFOBT) done on a yearly basis is considered acceptable screening. An advantage of iFOBT in an uninsured and Medicaid population is that the screening can be completed in the primary care setting when access to colonoscopy may be limited. One downside of iFOBT is the need for stool collection at home and return of the kit for processing. Unreturned iFOBT kits result in lost value and a missed opportunity for screening. Our hypothesis was that an enhanced care coordination program would increase the rate of return of iFOBT. Methods: participants who were eligible for colon cancer screening and were uninsured or had Medicaid who wanted an iFOBT for colon cancer screening were randomly assigned to either usual care or enhanced care coordination. Participants in the enhanced care coordination group received additional education at the point of care, were given the telephone number of the care coordinator (with 24 hour voicemail) to call with questions, and were contacted by the care coordinator by telephone on days 3 and 7 after obtaining the iFOBT kit if not returned. We collected return rates after 30 days and demographic data. Results: in the intervention group (enhanced care coordination), 27 of 37 (73%) iFOBT were returned within 30 days. In the control group, 28 of 42 (67%) returned the iFOBT within 30 days. There was no significant difference between the groups. Among participants who reported Spanish as their preferred language, regardless of group, 84% returned the iFOBT within 30 days, while only 54% of the participants who reported English as their preferred language returned the iFOBT. Conclusions: while the enhanced care coordination did not show a significant effect on return rates of iFOBT, the results of this study can provide effect sizes to be used for future, larger studies. Future research may also focus on different strategies of care coordination to see if alternative methods will be more effective in increasing return rates of iFOBT. A notable finding was a high rate of return, regardless of group, in participants who preferred Spanish as their language of choice. The use of iFOBT for colon cancer screening in this demographic group may be an effective way to achieve a relatively high rate of screening.