Delivery Science Grants ProgramA comparison of outreach approaches to de-implement outdated colonoscopy surveillance recommendations among patients with low-risk adenomas **Jeffrey K. Lee, MD, MPH;1,2\*** Pradeep C. Koripella, MD;2\* Christopher D. Jensen, PhD, MPH;1 Sophie A. Merchant, MPH;1 Jeffrey M. Fox, MD, MPH;3 Suyi X. Chang, MD;4 Christian H. Dang, MD;5 Fernando S. Velayos, MD, MPH;2 Eshandeep S. Boparai, MD;4 Nicole S. Evans, MD;2 Lawrence J. Leung, MD,2 MPH; Jessica M. Badalov, MS, RD;1 Charles P. Quesenberry, PhD;1 Douglas A. Corley, MD, PhD;1,2 Theodore R. Levin, MD.1,4

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| Challenge | Guidelines now recommend patients with low-risk adenomas receive colonoscopy surveillance in 7-10 years rather than 5-10, and that low-risk patients with a 5-year surveillance interval be reevaluated to provide an updated surveillance interval recommendation. A challenge to healthcare systems is how to effectively de-implement outdated surveillance recommendations and transition patients to the 10-year interval. |
| Existing Evidence | The effectiveness of implemented outreach methods (mailed letter, secure messaging, telephone call) for informing patients about new guideline recommendations, particularly related to extending surveillance intervals, is unknown.  |
| Target Population | Adults 54-70 years of age (from San Rafael, San Francisco, San Leandro, Oakland, and Walnut Creek medical centers) who underwent a baseline colonoscopy in 2017-1018 with 1-2 small (i.e., <10 mm in size) tubular adenomas detected, were at average risk for CRC (i.e., defined as without a family history or personal history of CRC, inflammatory bowel disease, or hereditary cancer syndrome), were coming due for their 5-year surveillance procedure in 2022 or 2023, and had a valid mailing address, kp.org account (i.e., KPNC’s secure messaging portal), and telephone number at time of study enrollment.  |
| Intervention or Exposure | Three outreach approaches (i.e., mailed letter, secure messaging, and telephone call),conducted in English and identical in describing the latest surveillance guideline changes and explaining the option to extend their surveillance interval from 5 to 10 years. At outreach, patients were offered the following response options: 1) adopt the 10-year surveillance interval recommendation, 2) continue with the prior 5-year surveillance recommendation, or 3) request an appointment (e.g., virtual or clinic visit) with their gastroenterologist for shared decision making. Patients who did not respond within 4 weeks from the initial outreach received a second and final outreach attempt per their assigned arm (i.e., a person assigned to the secure messaging arm received a reminder via secure message).  |
| **Outcomes/Key Findings** | **Overall, there was a significantly higher response (p<0.001) to telephone and secure messaging compared to mailed letter**. The overall response rates were 64.5% (129 of 200) for telephone outreach and 51.7% (105 out of 203) for secure messaging, versus 31.3% (63 of 201) for mailed letter. A similar pattern was seen for the response to the initial outreach attempt, with significantly higher (p<0.001) response rates of 49.5% (99 of 200) for telephone outreach and 31.5% (64 of 203) for secure messaging, versus 11.9% (24 of 201) for mailed letter.**Among the entire study population, we found that telephone and secure messaging outreach yielded significantly higher rates of adopting the 10-year surveillance interval compared to mailed letter outreach.** Specifically, 37.0% (74 of 200) of those in the telephone arm (p<0.001) and 32.0% (70 of 203) of those in the secure message arm (p=0.002) opted for a 10-year surveillance interval, compared to 18.9% (38 of 201) in the mailed letter arm.  |
| **Resulting Action/Change** | The study findings supported decision by GI chiefs and departments to consider de-implementing outdated surveillance intervals as one of several approaches to deal with the colonoscopy backlog for low-risk patients.  |
| Additional Recommendations | Telephone and secure messaging are preferred methods of outreach, over mailing. |
| Implementation Tools  | N/A |
| Implementation Measurement | N/A |
| Reference | <https://pubmed.ncbi.nlm.nih.gov/38191014/> |