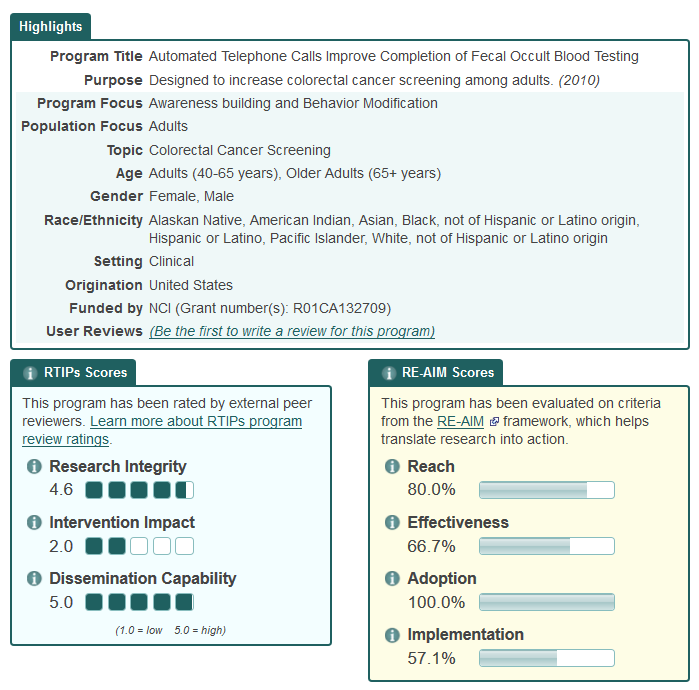
**EBI 1 Description: Automated Telephone Calls to Improve Completion of Fecal Occult Blood Testing**



### *Description*

Automated Telephone Calls Improve Completion of Fecal Occult Blood Testing is an automated telephone intervention to increase CRC screening using an FOBT home test kit. Staff at health maintenance organizations (HMOs) identify patients in an electronic database who will receive the automated calls.  The criteria used to define the need for routine screening are as follows: (1) no completed FOBT screening within the past 12 months; (2) no flexible sigmoidoscopy or double-contrast barium enema (DCBE) within the past 5 years; (3) no colonoscopy within the past 10 years; and (4) no clinician order or referral for FOBT, or colonoscopy in the past 3 months.  The intervention consists of a general reminder telephone call (type 1) that provides a brief overview of CRC, including the benefits of colorectal screening, and encourages use of a home FOBT kit as a relatively simple and low-risk method of CRC screening.  Recipients of reminder calls can request an FOBT kit with instructions for completion by pressing a number on a touch-tone telephone.  Patients who do not complete FOBT screening receive up to two additional reminder calls (type 1) at 6 and 12 weeks after the initial call. One additional FOBT return reminder call (type 2) targets patients who initially request an FOBT stool card kit but fail to return it within 4-5 weeks of the request.  Automated calls to FOBT non-returners reiterate the benefits of CRC screening and remind to return a completed FOBT card.  Non-returners are also given the opportunity to request an additional FOBT card if needed.

## Community Preventive Services Task Force Finding

This program is an example of client reminder interventions (Colorectal Cancer Screening), which is recommended by the Community Preventive Services Task Force, as found in the *Guide to Community Preventive Services*.

## Time Required

* Up to three, automated, type 1, general reminder calls, each 1 minute long - an initial call with follow-up calls at 6 and 12 weeks later if no FOBT has been completed
* One additional, automated, type 2, FOBT return call, approximately 1 minute long at 4-5 weeks following an initial patient request for an FOBT kit, if a completed FOBT has not been submitted

## Intended Audience

The intervention targets adults aged 51-80 years at average risk for CRC and due for routine screening.

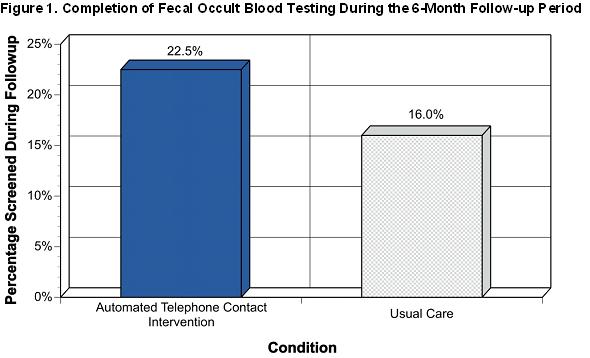
## Suitable Settings

The intervention can be delivered through a group-model HMO or other clinical settings.

## Required Resources

* Implementation guide
* Automated calling system
* Call scripts
* Mailed FOBT materials

## Key Findings from Study Six months after initiating study telephone contact, 22.5% of the intervention patients compared with 16.0% of the usual care patients had completed FOBT (p<.001); intervention patients were 1.31 times more likely than usual care patients to complete FOBT during the 6-month follow-up period after adjusting for age, gender, and prior receipt of CRC screening.



Source: Mosen DM, Feldstein AC, Perrin N, Rosales AG, Smith DH, Liles EG, Schneider JL, Lafata JE, Myers RE, Kositch M, Hickey T, Glasgow RE. (2010). Automated telephone calls improved completion of fecal occult blood testing. Medical Care, 48 (7), 604-610.

<https://rtips.cancer.gov/rtips/programDetails.do?programId=1561044#Program>