Increasing Colorectal Cancer Screening in Rural Kentucky
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Hypothesis: Using an academic detailing intervention administered by trained community professionals, rural primary care practices can increase their referrals of patients for colorectal cancer screening, and over time have an impact on colorectal cancer rates in rural Kentucky.

Background: Colorectal cancer is the second leading cause of cancer death in Kentucky. Screening for colorectal cancer in Kentucky lags behind national rates, and is even lower in Appalachian counties. Data from the Behavioral Risk Factor Surveillance System indicate that 36% of respondents in Appalachian Kentucky reported screening for colorectal cancer (FOBT, sigmoidoscopy, or colonoscopy) compared to 43.5% in Kentucky and 53% nationwide. To address this issue, the University of Kentucky Prevention Research Center (UK PRC) was awarded a five-year research grant in 2005 from the National Cancer Institute. The UK PRC developed a randomized trial to test the efficacy of a face-to-face intervention provided by community-based academic detailers to rural primary care practices.

Methods: To implement the project, the UK PRC developed a community-based research partnership with three regional Area Health Education Centers (AHEC). Academic detailers recruited and enrolled 66 practices for the study (22 from each AHEC region). All practices consented to completing a health care provider survey, a readiness to change assessment, and a series of three medical chart reviews (baseline, six months, and 18 months) to determine changes in practice referrals and patient screening rates. The practices were randomized to an intervention (experimental) group or delayed intervention (control) group. For the intervention group, academic detailers provided a lunch & learn program and up to four instructional modules on screening efficacy, clinical performance measures, patient education, and creating a screening-friendly practice environment. The delayed intervention group was offered the intervention after six-month medical chart reviews were completed. Key informant interviews will be conducted with practices in the future to learn more about how the intervention was received and implemented.

Preliminary Results: Two practices closed during the study, leaving 31 intervention practices and 33 delayed intervention practices. Baseline and six-month medical chart reviews have been completed and 18-month follow-up data collection is in process. Of the 6424 records reviewed at baseline, 29% showed evidence of appropriate screening in both groups. At the six-month follow-up, appropriate screening increased to 40% in intervention practices compared to 32% in control practices ($p<.05$).