

DGIM Project Summary

Name of Project: Passport to Health: Improving decision support to encourage individualized cancer screening decisions in older adults

Investigator(s). (Include phone numbers and email address, indicate PI and primary contact)

- Grace Lin, MD, MAS grace.lin@ucsf.edu
- Judith Walsh MD, MPH judith.walsh@ucsf.edu

Research question(s):

Is a guide “Passport to Health” that targets older patients about preventive activities that are and are not recommended and that addresses areas where shared decision-making is encouraged (e.g. breast and colorectal cancer screening) useful to older primary care patients?

Brief Background/Significance:

We are developing Passport to Health, a guide for older patients to preventive services to be considered at their current life phase. Passport includes interventions that should be done (e.g. immunizations), those that should not be done (e.g. cervical cancer screening) and those that should be discussed (breast and colorectal cancer screening). One component of Passport to Health focuses on decision making about breast and colorectal cancer (CRC) screening and includes ePrognosis and patient preferences. We have conducted physician focus groups and would now like to conduct patient focus groups to get patients’ input on the draft of the booklet.

Inclusion/exclusion criteria (list)

Inclusion

1. Patient at UCSF DGIM or UCSF Women’s Health Primary Care practices
2. Aged ≥ 75 OR Aged 65-74 with two chronic conditions (diabetes or high blood sugar, congestive heart failure, COPD)
3. Have no prior history of cancer
4. Be English-speaking

Exclusion

1. Non-English speaking
2. Unable to consent or complete study tasks
3. Are under current medical care of either the study PI, Dr. Grace Lin or Co-I, Dr. Judith Walsh.

Method of contact/recruitment (be specific)

1. For patients aged ≥ 75 , we will post flyers in the clinic and will also obtain a list of age eligible patients from the DGIM Analytic team. We will mail them a letter telling them about the study and allowing them to opt out of participation. Except for those who choose to have no additional contact, potentially eligible patients will then receive a phone call asking if they would be willing to participate.
2. For patients aged 65-74 with at least two chronic condition, obtain a list of age eligible patients from the DGIM Analytic team. We will mail them a letter telling them about the study and allowing them to opt out of participation. Except for those who choose to have no additional contact, potentially eligible

patients will then receive a phone call asking if they would be willing to participate.

Benefits/burden for participants (clearly identify potential for harm):

Main burden for patient is time. The focus group would take about 90 minutes. Patients will receive a \$50 gift card for participating. The participants would not receive a direct benefit from participating but would receive an indirect benefit of contributing to the development of the booklet

Any benefits or burden to DGIM practitioners?

None

Timeline for recruitment (projected start and stop dates)

August 2019 - October 2019

Funding source

UCSF RAP

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular)

There might be potential for collaboration if a DGIM resident or fellow was interested.

Do you agree to notify us when recruitment is completed?

Yes

Date form completed:

July 3, 2019