ANNALS OF FAMILY MEDICINE

Online Supplementary Material

Shaw EK, Ohman-Strickland PA, Piasecki A, et al. Effects of facilitated team meetings and learning collaboratives on colorectal cancer screening rates in primary care practices: a cluster randomized trial. *Ann Fam Med*. 2013;11(3):220-228.

http://www.annfammed.org/content/11/3/220

Supplemental Appendix 1. Practice 2: Strong QI Implementation With Improved CRC Screening Rates

This practice evidenced strong QI implementation characteristics and had improved CRC screening rates, from 14% (pre-intervention) to 30% (12-month follow-up). The 3 physicians were relatively young and had opened this practice 2 years prior.

As a relatively small practice (n = 7), all staff members were invited to be on the RAP team. But early on, the team decided to rotate members as needed to accommodate schedules. The lead physician attended meetings regularly. In field notes, the facilitator described the team as very casual and cohesive. The lead physician was instrumental in their team development (eg, through cordial conversations, encouraging reflection). Although these qualities benefitted team dynamics, the facilitator often had difficulty keeping the team on task. During the intervention timeframe, the team worked well together and they were able to successfully implement a new history-taking process, chart preview process, and billing flow sheet.

At the second learning collaborative, the lead physician was visibly upset upon receiving the practice's baseline CRC screening rate (14%), which was the lowest in the cohort. Both representatives at the learning collaborative indicated that having such a low screening rate was distressing and also a powerful motivator to improve.

At the 6-month follow-up visit, the practice had recently purchased a second practice. Medical assistants continued to take detailed patient histories, including information about last colonoscopy, Papanicolaou smear, and mammogram. The practice also reported using insurance company feedback to keep up-to-date on screening and other preventive services. The practice continued to hold RAP meetings about once a month. The lead physician reported that the vast majority of patients were being screened appropriately after protocol changes made as a result of the SCOPE study. The practice also began using notebooks to track tasks in each area (front desk, billing, etc), which eliminated confusion about whether tasks had been completed.

At the 12-month follow-up visit, the team continued their monthly meetings. The practice had instituted a new bin system to track any paper reports and referrals and continued to monitor and improve their charting and communication processes. As a result of the increased screenings, the practice reportedly diagnosed more patients with cancer.

CRC = colorectal cancer; RAP = reflective adaptive process; QI = quality improvement.