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 3. P15: Weak Implementation but Achieved Positive CRC Improvements

This practice struggled with many of the QI implementation characteristics and yet saw an increase in CRC screening rates, from 50% (preintervention) to 67% (postintervention). This was a family practice comprised of 11 members serving a middle/working-class suburban area, and was co-owned by the physician and his wife.

During MAP, the practice evidenced poor communication and difficult working relationships. It was reported that they had not had a staff meeting in years. These issues carried over into the QI intervention period. At the beginning of RAP, despite multiple attempts by the facilitator, team members refused to engage in setting ground rules, which contributed to an atmosphere lacking in open and safe conversations. The lead physician was often late to RAP meetings and did little to create an engaged or cohesive team. The RAP team met a total of 4 times despite determined efforts by the facilitator to have additional meetings. There was little to no communication about their CRC screening efforts with the second physician or NPs/PAs. After the first learning collaborative, there was some evidence of change as both the physician and office manager shared insights and information with the rest of the team, acknowledging the value of having practice meetings and getting input from everyone for practice improvement efforts. The remaining RAP meetings, however, were fraught with further disruption and disengagement.

At the 12-month follow-up visit, the physician reported that the practice had not held any meetings since the end of the SCOPE intervention. The physician indicated that he was more aware of CRC screening and made it a priority but, overall, the practice failed to incorporate a practice-wide effort to improve CRC screening rates. The primary physician's concerted efforts to screen better seemed sufficient to positively affect screening rates.

CRC = colorectal cancer; MAP = multimethod assessment process; NA = nurse practitioner; PA = physician assistant; RAP = reflective adaptive process; QI = quality improvement.