

## Public Health Detailing Program – Increasing CRC Screening Referrals



**Department of  
Health & Mental  
Hygiene**  
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Commissioner*

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Bureau of Chronic Disease Prevention & Control  
presented by  
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## Public Health Detailing



- Program began in 2003, approach modeled after pharmaceutical sales industry
- “Selling” good health and promoting public health interventions, such as colonoscopy and DERS
- Brief, one-on-one interactions with health care providers and staff - total office call
- Bridge between NYC DOHMH and provider community.



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## CRC Screening PHD Campaign

- **Train** knowledgeable and persuasive DOHMH PHD Representatives
  - Disease content knowledge – Cancer Prevention Program Expertise
  - Selling and communications skills
- **Deliver** 10 week campaigns; target is 2 visits per contact per campaign
- **Assess** current practice; tailor presentation to each contact
- **“Sell” or promote** key recommendations and offer supporting campaign-specific materials
- **Gain Commitment** – “Close” the call.



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## Take Care New York: 10 steps to live longer, healthier lives

1. Have a Regular Doctor or Other Health Care Provider
2. Be Tobacco Free
3. Keep Your Heart Healthy
4. Know Your HIV Status
5. Get Help for Depression
6. Live Free of Dependence on Alcohol and Drugs
7. **Get Checked for Cancer**
8. Get the Immunizations You Need
9. Make Your Home Safe and Healthy
10. Have a Healthy Baby




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[www.nyc.gov/health/publichealthdetailing](http://www.nyc.gov/health/publichealthdetailing)

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## Campaigns 2004 and 2008/9

- 2004 – DPHO Neighborhoods
- 2008 – DPHO Neighborhoods
- 2009 – Short, 3-week campaign in areas with high percentage Asian populations:
  - » Chinatown, Lower Manhattan
  - » Flushing, Queens
  - » Sunset Park, Brooklyn




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## Target Neighborhoods

- 1 Team Leader
- 5 Health Department Representatives
  - 2 Central Brooklyn
  - 1 East & Central Harlem
  - 2 South Bronx
- ~236 Primary Care Practices
  - 80 Central Brooklyn
  - 43 East & Central Harlem
  - 113 South Bronx




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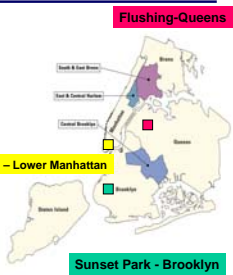
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## Asian Communities Targeted

- 4 Contract Representatives
  - 2 Lower Manhattan
  - 1.5 Flushing Queens
  - 0.5 Sunset Park Brooklyn
- 256 Primary Care Practices
  - 105 Lower Manhattan
  - 133 Flushing Queens
  - 18 Sunset Park Brooklyn




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## Goals: Key Recommendations

- No more than 3 - Action-oriented - Clear and concise

Refer patients age 50 and older or patients age 40 and older with a family history of colon cancer for a colonoscopy. If a colonoscopy is not possible, a high sensitivity FOBT (Fecal Occult Blood Test) is recommended.

Simplify the referral process by directly referring appropriate patients for colonoscopy, rather than first sending patients to a GI consultation.




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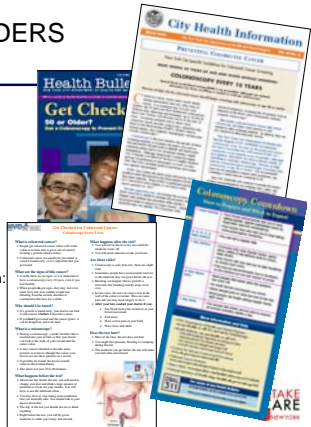
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## CRC Screening & DERS Action Kit

- Clinical Tools:
  - DERS
- Provider Resources:
  - Low-Cost Colonoscopy
  - City Health Information
  - Exam Room Posters
- Patient Education and Information:
  - Navigator Information
  - Low Cost Colonoscopy
  - Bowel Prep Instructions
  - Health Bulletin – multi-lingual




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## CRC Screening – DERS Campaign Characteristics 2008 / 2009

STATISTIC:	DPHO	ASIAN COMMUNITIES
Average time per interaction	15 minutes	8 minutes
% of Contacts with MDs, PAs or NPs	29.7% (439/1476)	50.9% (308/604)
% of offices contacted during the campaign	81% of sites	97.3% of sites
Number of 1:1 contacts per day	8.6 contacts	10.1 contacts




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## Comparison of Campaigns Colonoscopy is first choice for screening:

2004	2008 / 2009
26% of providers <i>Initial visit n = 184</i>	90% of providers <i>Initial visit n=270</i>
46% of providers <i>Follow-up visit n = 96</i>	81% of providers <i>Follow-up visit n=141</i>
	76% of providers <i>Asian Communities</i> <i>One visit n=310</i>




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## Direct Referral for Colonoscopy Form

- Introduction of form during campaigns
- Overall: accepted but not widely used
- Many physicians want to streamline
- Most PCPs have established referrals- did not want to initiate form
- Time and other forms (PAs)



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## Reasons GI Consult Preferred

- Many PC physicians felt GI consult was good for:
  - Building rapport between patient and Endoscopist
  - Explaining procedure thoroughly, including prep
  - Medical History reviewed prior to procedure
- Time, lack of reimbursement and other forms sited most commonly as obstacles



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## Obstacle in Asian Communities

- Fear of *gastric cancer* in Asian communities
- PCPs stated that patients are very concerned about gastric cancer, hearing stories from family and friends
- Gastric cancer concerns may diminish patients motivation for colonoscopy / CRC screening



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## Recommendations from Campaigns

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- Continue multi-pronged awareness activities in PCP community, including initiatives like PH Detailing
- Continue to work towards simplifying colonoscopy process
- Continue access to free or low-cost colonoscopies
- Continue bowel – prep form distribution
- GIs promote DERS form to PCPs for colonoscopies



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## Thank You!

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