

# Pragmatic Trials of Behavioral Economic Interventions to Increase Colorectal Cancer Screening

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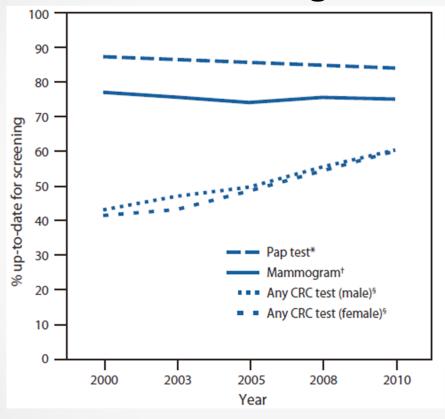
### Agenda



- Colorectal cancer (CRC) screening
- Application of behavioral economics to CRC screening
- Pragmatic trials of CRC screening interventions
  - Partnership with clinical operations
  - Waiver of informed consent
  - Leveraging existing clinical workflows and data sources

## **Limited CRC screening rates**





Screening can reduce mortality from CRC by 30-70%

<sup>&</sup>quot;Cancer Screening — United States, 2010" MMWR

### **Predictable biases**

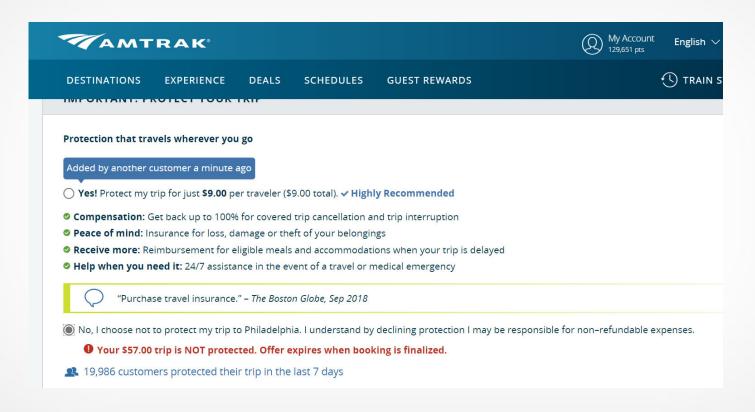


Bias	Description
Status quo bias	Preference to maintain defaults or status quo
Loss aversion	Weighing losses more heavily than gains
Present-time bias	Overestimate costs and benefits of decisions today as compared with future
Framing effects	Framing of messages can alter response

Mehta SJ et al. Clinical Gastroenterology and Hepatology, May 2014

### **Behavioral economics**





# **Clinical partners**





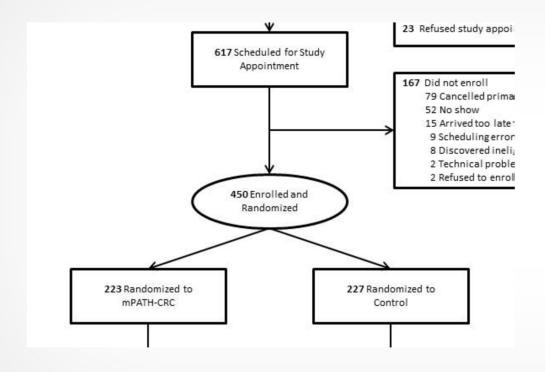
- Academic health system in Philadelphia region
- 43 primary care practices
- 63% CRC screening rate



- Community health center in Philadelphia
- 3 health clinics
- 19% CRC screening rate

### **Consent for screening intervention trials**





27% of eligible patients were unreachable or declined to participate

Miller DP et al. Annals of Internal Medicine, 2018; Mehta SJ et al. Annals of Internal Medicine, 2018.

### **Waiver of Informed Consent**



- 1. The research involves no more than minimal risk to subjects
- 2. The waiver or alteration will not adversely affect the rights and welfare of the subjects
- 3. The research could not practicably be carried out without the waiver

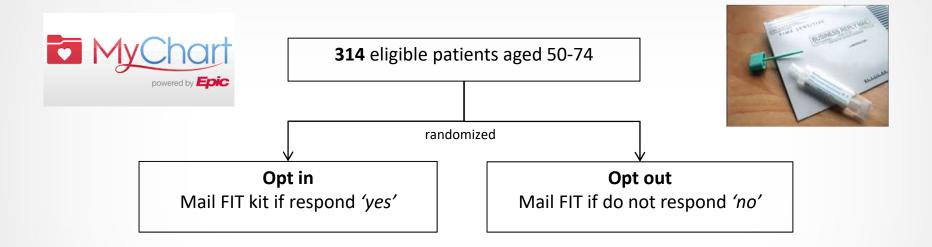
Misdirections in Informed Consent — Impediments to Health Care Innovation

David A. Asch, M.D., M.B.A., Tracy A. Ziolek, M.S., and Shivan J. Mehta, M.D., M.B.A., M.S.H.P.

Asch DA, Mehta SJ. NEJM, 2017

# **Opt-in vs. Opt-out Mailed FIT**



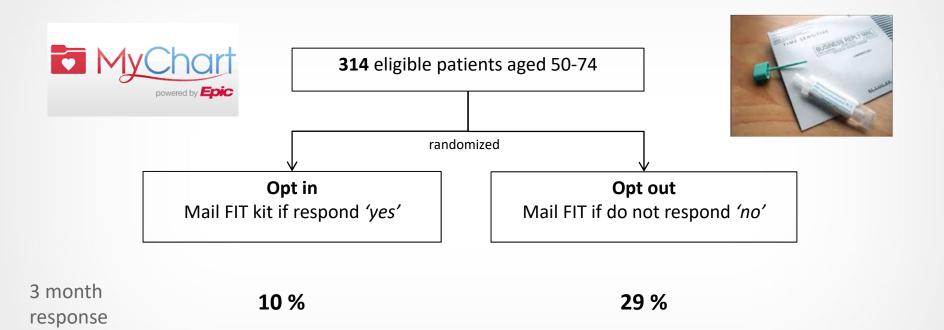


3 month response

Mehta SJ et al. American Journal of Gastroenterology, 2018

## **Opt-in vs. Opt-out Mailed FIT**





Mehta SJ et al. American Journal of Gastroenterology, 2018

### Text messaging and choice architecture







#### Clinic

You are overdue for colon cancer screening.
To discuss your screening options call us at 215xxx-xxxx.

#### Opt-in

Health Annex: You are due for colon cancer screening. Please text back Yes to receive a simple home test kit

#### **Opt-out**

Health Annex: You are due for colon cancer screening. We will mail you a free home test, unless you reply 'No'

CTER/ Patient-Centered Outcomes Research Pilot

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3%

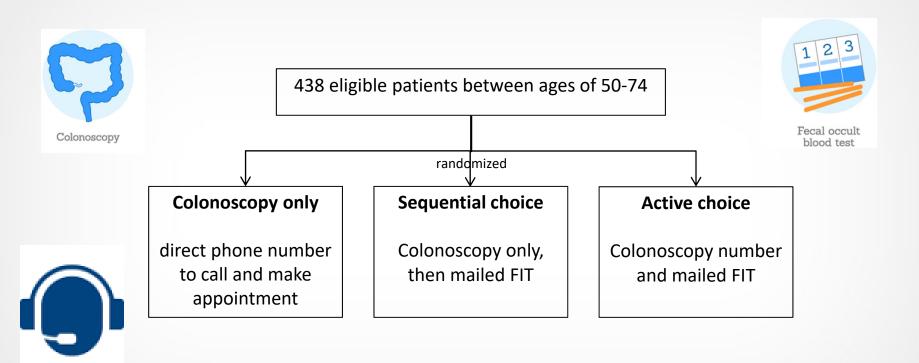
**12%** 

20%

CTER/ Patient-Centered Outcomes Research Pilot

### **Choice of Colonoscopy or FIT**



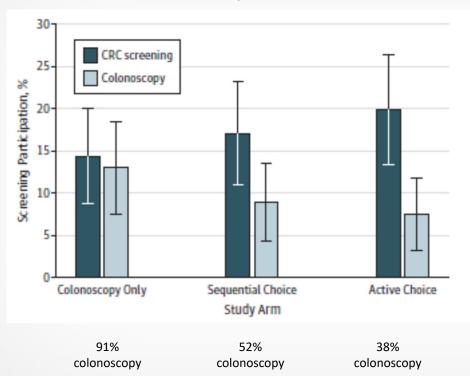


Mehta SJ et al. JAMA Network Open, 2019

# **Choice of Colonoscopy or FIT**







Concurrent mailed FIT **29.1%** at 3 months and **28.9%** at 6 months

Mehta SJ et al. JAMA Network Open, 2019

### **Conclusion**



- Behavioral economics offers suggestions for how to increase CRC screening rates, but need to evaluate effectiveness in different contexts
- Pragmatic trials can help evaluate effectiveness in naturalized settings through close partnership with clinical operations

### **Collaborators**



- Catherine Reitz, MPH
- Vikranth Induru, MD
- Tanya Khan, MD
- Timothy McAuliffe, BA
- Jordyn Feingold, BA
- Tess Niewood, BA
- Sarah Huf, MD
- Chyke Doubeni, MD, MPH
- Kevin Volpp, MD, PhD
- David Asch, MD, MBA

- Abramson Cancer Center/ Breakthrough Bike Challenge
- National Cancer Institute (K08CA234326)
- National Institute of Aging (Penn Roybal Center, P30AG034546)
- Patient-Centered Outcomes Research
   Pilot/ Center for Therapeutic
   Effectiveness Research

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