

VALUE ADDED

CVCR Newsletter

Fourth Quarter 2024

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Fourth Quarter News

Welcome to this quarter's issue of Value Added!

The Center for Value-Based Care Research (CVCR) conducts novel research on interventions that improve value in healthcare. With a mission of making quality healthcare possible for all Americans by conducting research to identify value in healthcare, CVCR seeks to deliver the right care, at the right time, to the right patients, at lower costs. [In this issue, we report on recent studies regarding cancer screening and clinician response.](#)

We hope you enjoy this quarter's updates!

CVCR in the News

Qualitative Analysis of Patients' and Physicians' Attitudes and Behaviors Toward Billing Patient Portal Messages

was reported on by [MSN](#) and [Physician's Weekly](#).

Effectiveness of Virtual Yoga for Chronic Low Back Pain: A Randomized Clinical Trial

was mentioned by [NPR](#), [US News](#), and [Yahoo!](#)

Featured Publication

Clinician response to the 2021 USPSTF recommendation for colorectal cancer screening in average risk adults aged 45-49 years

Q: What led you to study this topic?

A: Over the last decade, the US Preventive Services Task Force (USPSTF) has updated its screening recommendations for different preventive services, but few studies have assessed clinician responsiveness to these changes. In 2019, we assessed whether clinicians changed their screening practices in response to the USPSTF's updated mammography screening guideline, finding basically no change. In 2021, the USPSTF updated their colorectal cancer screening guideline, lowering the recommended age of initiation from 50 to 45 years. So, we were interested to see how clinicians responded to this change.

Q: What did you find?

A: To study this, we compared colorectal screening ordering rates from before the guideline change in May 2021 to after the guideline change, comparing screening eligible patients aged 45-49 years to screening-eligible patients aged 50 years. Within five months of the guideline change, screening ordering rates for patients aged 45-49 years and patients aged 50 years were virtually the same, indicating rapid responsiveness. Of the 244 clinicians who saw patients in both the pre- and the post-periods, all of them increased their colorectal cancer screening ordering rates for patients aged 45-49 in the period following the guideline change. Overall, our findings suggest clinicians were both universally and rapidly responsive to the updated USPSTF colorectal screening recommendations.



Kathryn Martinez, PhD

"Clinicians were both universally and rapidly responsive to the updated USPSTF colorectal screening recommendations."

-Dr. Kathryn Martinez

Q: Was there anything unexpected or novel about your findings?

A: We typically find a lot of variability at the clinician level in terms of practice style, including ordering of screening tests. In our similar study on mammography, we found some clinicians increased their ordering rates while others decreased them. In this study on colorectal cancer screening, some clinicians increased their rate by a lot and others by a little, but we found all clinicians were responsive to the guideline change, which to some degree, was definitely surprising.

Q: Overall, what was the biggest impact from your results and how could the results impact care of the affected population going forward?

A: Immediately after the guideline change, our electronic health record was updated to alert clinicians that their patients aged 45-49 years were eligible for screening. The quick and universal responsiveness we found is likely, at least in part, the result of that change. Yet, we know that clinicians vary widely in their responsiveness to similar alerts. I think our findings support the use of clinical decision support in driving the uptake of new screening guidelines. At the same time, there is likely something about the nature of this guideline change that compelled clinicians to be so responsive - it may be that instead of asking them to stop ordering routine screening, which was the case with the mammography guidelines, they were instead asked to start ordering it. The salience of younger colorectal cancer diagnoses also may have heightened their awareness and sensitivity to this particular screening guideline.

Q: How can this topic be studied further?

A: Observational studies like this one can only tell us what happened, not why. To better understand the rapid responsiveness we found to the guideline change, qualitative interviews with clinicians are needed. This will also help us to understand to what extent the clinical decision support alert drove our findings versus clinician engagement and agreement with the updated guidelines. This will help us to support the implementation of future USPSTF screening guidelines in primary care.

You can access this article [here](#). Be sure to look out for more publications related to this topic in the future!

Celebrations!

Abhishek Deshpande, MD, PhD, and Kathryn Martinez, PhD, were both promoted to Associate Professors at Cleveland Clinic Lerner College of Medicine!

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To visit our website, click [here](#). To remove yourself from our mailing list, email Victoria Criswell at criswev@ccf.org.

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