



Patient Engagement: Using POEMs



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Objectives

- 1) Define a POEM.
- 2) List features of POEMs that make them ideal tools for increased patient engagement.
- 3) List at least one POEM relevant to CRC screening.
- 4) List available resources for both active and passive acquisition of POEMs, including the advantages of the two types.



POEMs vs. DOEs

- Patient-Oriented Evidence that Matters

- **Metformin Associated with Less Need for a Second Medicine**

- Patients who initially took an oral hypoglycemic other than metformin were significantly more likely to require a second oral agent. If prescribed a sulfonylurea, they were more likely to experience a cardiovascular event over the following year; if prescribed a thiazolidinedione or a DPP-4 inhibitor (gliptin), they incurred significantly more out-of-pocket cost of treatment.

- [*Am Fam Physician. 2015 Feb 15;91\(4\):261-262*](#)

- Disease-Oriented Evidence

- **Metformin inhibits proliferation and migration of glioblastoma cells independently of TGF- β 2.**

- [*Cell Cycle. 2016 May 10:0. \[Epub ahead of print\] Seliger C, et al*](#)



What is a POEM

- Patient-Oriented:

- Morbidity
- Mortality
- Symptom reduction
- Quality of life
- (Cost)

- Evidence that Matters:

- Practice-changer
- Common (clinical question encountered by a typical family physician at least once every 6 months)





Why focus on POEMs?

- ▶ Limited time in clinical practice
 - ▶ Focus on the outcomes patients care about
 - ▶ Don't waste time merely confirming current practice patterns





CRC Screening Recommendations

USPSTF, AAFP

Patients 50 to 75 years of age should be screened with fecal occult blood testing, sigmoidoscopy, or colonoscopy (A). Routine screening in those 76 to 85 years of age is not recommended but may be considered in certain individuals (C). Persons older than 85 years should not be screened (D).

ACS

Screening should start at 50 years of age for those at average risk, with no age cutoff, using sigmoidoscopy, colonoscopy, double-contrast enema, computed tomography colonography, fecal occult blood testing, fecal immunochemical testing, or stool DNA testing.

AGS

Screening should not be performed in patients with a life expectancy of less than 10 years.



Choosing Wisely

- ▶ American College of Surgeons

- ▶ Avoid colorectal cancer screening tests on asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.

- ▶ American Gastroenterological Association

- ▶ Do not repeat colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy is negative in average-risk individuals.



Choosing Wisely

- Cancer Screening in Older Patients

Age (years)	Men (years)	Women (years)
Birth	76.3	81.1
65	17.8	20.3
70	14.3	16.5
75	11.1	12.9
80	8.2	9.6
85	5.9	6.9
90	4.1	4.8
95	2.9	3.3
100	2.1	2.3

Am Fam Physician. 2016 Apr 15;93(8):659-667





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CRC POEMs

- **Immunochemical FOBTs Moderately Sensitive and Highly Specific for Colorectal Cancer**
 - Immunochemical FOBTs, [...] are moderately sensitive (73% to 89%) and highly specific (92% to 95%) for identifying colorectal cancer. In comparison, Hemoccult Sensa has a lower sensitivity (64% to 80%) and specificity (87% to 90%). Immunochemical FOBTs also have the advantage of requiring only one sample. (Level of Evidence = 1c)
 - [Am Fam Physician. 2014 Aug 15;90\(4\):online](#)





Levels of Evidence

▶ OCEBM Levels of Evidence

- 1a: Systematic reviews (with homogeneity) of randomized controlled trials
- 1b: Individual randomized controlled trials (with narrow confidence interval)
- 1c: All or none randomized controlled trials
- 2a: Systematic reviews (with homogeneity) of cohort studies
- 2b: Individual cohort study or low quality randomized controlled trials (e.g. <80% follow-up)
- 2c: "Outcomes" Research; ecological studies
- 3a: Systematic review (with homogeneity) of case-control studies
- 3b: Individual case-control study
- 4: Case-series (and poor quality cohort and case-control studies)
- 5: Expert opinion without explicit critical appraisal, etc

OCEBM Levels of Evidence Working Group*. "The Oxford 2011 Levels of Evidence".
Oxford Centre for Evidence-Based Medicine. <http://www.cebm.net/index.aspx?o=5653>



Levels of Evidence

Strength-of-Recommendation Taxonomy (SORT)

<u>Code</u>	<u>Definition</u>
A	Consistent, good-quality patient-oriented evidence
B	Inconsistent or limited-quality patient-oriented evidence
C	Consensus, disease-oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening



CRC POEMs

- **No Increased Survival Benefit to Intensive Follow-Up After Colorectal Cancer Surgery**
 - Compared with minimal follow-up after surgery for colorectal cancer, intensive follow-up with regular computed tomography (CT), carcinoembryonic antigen (CEA) testing, or both results in more patients undergoing repeat surgery but no reduction in overall mortality or disease-specific mortality. Overall deaths were actually higher, but not significantly so, in the more intensive follow-up groups compared with the minimal follow-up group (18.2% vs. 15.9%). Serial testing of CEA was as effective as serial CT. (Level of Evidence = 1b)
 - [*Am Fam Physician. 2014 May 1;89\(9\):752*](#)



Information Mastery: Hunting vs. Gathering

- ▶ **Hunting:**
 - ▶ Finding an answer to a clinical question in real time
- ▶ **Gathering:**
 - ▶ New evidence delivered to you: alerts



Hunting Tools*

- ▶ UpToDate
- ▶ Cochrane Database
- ▶ DynaMed

- ▶ National Guidelines
- ▶ Specialty-specific journals (i.e. *American Family Physician*)

*Not comprehensive nor recommendation for specific product



Gathering Tools*

- ▶ Why? Evidence can change!
- ▶ Journal Watch
- ▶ Essential Evidence Plus
- ▶ DynaMed
- ▶ Cochrane Pearls
- ▶ BMJ Updates

*Not comprehensive nor recommendation for specific product



References / Resources

- **AFP EBM Articles:**

- **Keeping Up with the Medical Literature: How to Set Up a System**
(http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_KeepingUp.pdf)
- **How to Find Answers to Clinical Questions**
(http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_HowToFindAnswers.pdf)
- **Finding High-Quality Review Articles**
(http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_FindingReviewArticles.pdf)
- **Identifying and Using Good Practice Guidelines**
(http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_PracticeGuidelines.pdf)

- **AFP POEMs Collection:**

<http://www.aafp.org/afp/viewRelatedDepartmentsByDepartment.htm?departmentId=111>

- **AFP Top POEMs:**

<http://www.aafp.org/journals/afp/authors/ebm-toolkit/resources/top-poems.html>

- **ChoosingWisely.org:** <http://www.choosingwisely.org/clinician-lists/>



Thank You!

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