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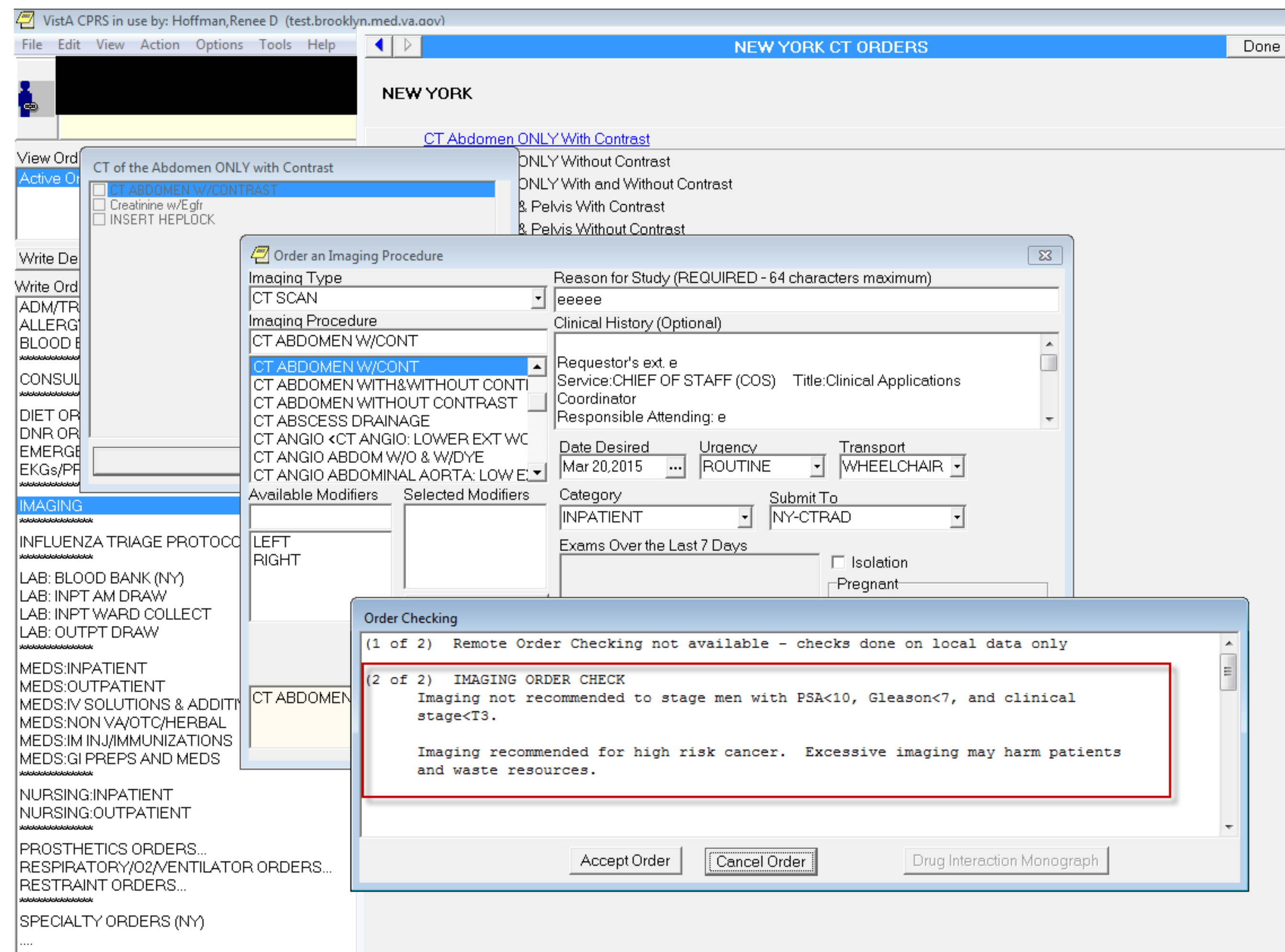
## BACKGROUND

- Nearly half of men with low-volume, low-stage, prostate cancer undergo inappropriate imaging.
- Professional societies recommend against imaging for low-risk prostate cancer staging.
- Providers are generally aware of and knowledgeable about guidelines but may not always image patients accordingly.
- In a qualitative study of urologists, a clinical order check was suggested as way to help this problem.

*There could be things embedded in CPRS to help guide the practitioner in making these decisions. That's unique to the VHA though because not every urology practice has access to electronic medical records that functions like CPRS.*

Makarov et al. 2016

## METHODS



**We implemented the CROC at VA New York Harbor Healthcare System (VANYHHS) from April 2, 2015 to November 15, 2017 in the local Electronic Medical Record (EMR) system.**

The notification appeared in a pop-up window when an imaging test was ordered for a patient with prostate cancer and PSA < 20 ng/ml.

The CROC allowed providers a free-form justification for overriding the pop-up.

## RESULTS

### Quantitative Results

- 65%** (203/313) of Veterans prior to CROC and **81%** (97/120) of Veterans post-intervention with low-risk prostate cancer were appropriately not imaged. (**p=.001**)
- Men with low-risk prostate cancer treated in the post-intervention period were 1.3 times as likely to avoid imaging compared to those treated prior.

### Qualitative Results

Free-Form Response Distribution

Justification	Percent
"Okay" category	51.3%
Vague or unclear Justification	15.6%
Imaging for "other", explicit	11.5%
Statement of high-risk	6.1%
Statement indicating appropriate order	3.9%
Post-Treatment/Advanced	3.7%
Pain	3.3%
Imaging for "other", non-explicit	2.8%
Assigning liability to another provider	1.1%
Radiation planning	0.4%
Monitoring/AS	0.2%

n = 1432 responses

## DISCUSSION

The EMR-based CROC intervention is associated with moderate improvement in guideline-concordant imaging practices for Veterans with low-risk prostate cancer.

Results of this pilot study have informed the development of intervention implementation across VA Medical Center systems in a national-level clinical trial.