LETTERS

Fecal Occult Blood Test (FOBT) Overuse

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To the Editors: It was with great interest that I read the study by Partin and colleagues¹ in the December 2012 issue of the Journal of General Internal Medicine (JGIM), wherein they address the overuse of colon cancer screening within the Veterans Health Administration (VHA). As someone who just received a 25-year service pin from the Department of Veterans Affairs (VA) and has seen the wonderful transformation of care within the system, I was intrigued by their findings. I clearly remember a time many years ago where the VA often didn't do much to improve upon its poor reputation, one painfully depicted in the movie *Born on the Fourth of July*. I find it fascinating that now in the VHA, not only do we have chronic disease scores that surpass that of Healthcare Effectiveness Data and Information Set (HEDIS) commercial and Medicare rates, but these authors have found that we actually overuse fecal occult blood test (FOBT) and colonoscopy by their criteria. As someone who has toiled in the primary care trenches for two decades, I certainly understand several factors that are perhaps partially responsible for their findings. While I don't support overuse, I feel it can be best explained by:

- 1) Overburdened providers may have become acolytes to quality measures of the VHA. Providers are often given feedback about their performance regarding these measures. Higher screening rates are equated

with better performance. This not only reflects on individual providers, but also on their managers and their directors.

- 2) While one of the most advanced electronic medical record (EMR) systems in the world, presently the VHA's EMR is not set up for panel management with respect to colorectal cancer screening. While I can easily check my entire panel of patients to find out who is above goal with respect to low-density lipoprotein (LDL), hemoglobinA1c, and blood pressure, I cannot see who will be coming due for colorectal cancer (CRC) screening. That is only possible when in an individual patient chart.
- 3) At an encounter, providers are often urged to take care of clinical reminders that will become due before they are seen again. This is in part responsible for high chronic disease management vaccination rates, and screening scores.

The authors conclude that system-level solutions are needed. While I concur, understanding potential causes can help devise system-level solutions.

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REFERENCES

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