DISPARITIES IN COLORECTAL CANCER SCREENING

Jasmine Wiley MD, Jonathan Blaza MD, Wilhelm Lehmann MD, Jeffrey Stearns MD, Deborah Simpson PhD
Aurora Family Medicine Residency Program, Milwaukee, Wisconsin

BACKGROUND & CONTEXT

ni-v project focus:

colorectal cancer (crc) screening
• crc is an aurora health care (AHC) quality metric and a care gap per AHC’s community health needs assessment (CHNA)
  o our residency clinics face challenges associated with urban underserved populations
  o clinics currently < goal for the CRC screening quality metric
• studies have identified disparities in crc screening with screening less prevalent among patients who are:
  o uninsured and/or lower socioeconomic status
  o African American/Black, Asian;
  o Non-English speaking Hispanic patients
  o local variations do exist / deviate from national experiences
• age related disparities in CRC screening rates among eligible patients limited/no reporting in literature

VISIO & MISSION STATEMENTS

Vision
• To improve the health and equality of our community by identifying and addressing disparities in colorectal cancer screening rates

Mission
• To identify disparities in CRC screening that may exist in our resident clinics based on real* data (race, ethnicity, age, language plus gender, interpreter, insurance data) and develop a targeted intervention to successfully decrease this disparity

TEAM OBJECTIVES, PLAN & PROGRESS

objectives & progress (rapid PDSA cycle)
planning
• identify disparities in clinic CRC screening rates using real*
• obtain provider/patient perceptions re: CRC screening barriers
• identify intervention(s) to address targeted disparity

Do/Study/Act:
• Implement invention(s), monitor progress using AHC metrics, revise intervention(s) as needed

Outcome measures – march 2016
• 5% decrease in CRC screening age disparity in residency clinics

DATA: AGE DISPARITY CRC SCREENING

• Largest CRC screening real* disparity was age
  o patients 50-54 were 13-15% less likely to be screened vs ≥ 65
  o race, ethnicity, and gender disparities were < 10%
  o equivalent results for resident/non resident Milwaukee clinics

Next steps

Plan:
(A) Gather 50-54 patients perceptions re CRC screening
(B) Evaluate and choose intervention methodology
  • Considering recommending use of DNA-CRC screening test
  • Evaluating efficacy, cost, feasibility

Do/Study/Act:
(A) May-June 2016 initial cycle with selected providers
(B) July 2016-March 2017 implement and revise as needed

GROUP FEEDBACK

BARRIERS TO CRC SCREENING

1. resident/faculty schedules conflicts and duty hours
2. limited clinic level data sets / errors for some real* categories

VISION & MISSION STATEMENTS

Vision
• To improve the health and equality of our community by identifying and addressing disparities in colorectal cancer screening rates

Mission
• To identify disparities in CRC screening that may exist in our resident clinics based on real* data (race, ethnicity, age, language plus gender, interpreter, insurance data) and develop a targeted intervention to successfully decrease this disparity

Barriers to CRC screening

1. Resident/faculty schedules conflicts and duty hours
2. Limited clinic level data sets/errors for some REAL* categories

CRC SCREENING (Caregiver Fishbone)