**DISPARITIES IN COLORECTAL CANCER SCREENING**

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**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)
  - Our residency clinics face challenges associated with urban underserved populations
  - Clinics currently <goal for the CRC screening quality metric
- Studies have identified disparities in CRC screening with screening less prevalent among patients who are:
  - Uninsured and/or lower socioeconomic status
  - African American/Black, Asian;
  - Non-English speaking Hispanic patients
  - Local variations do exist/deviate from national experiences
- Age related disparities in CRC screening rates among eligible patients limited/no reporting in literature

**TEAM OBJECTIVES, PLAN & PROGRESS**

**OBJECTIVES & PROGRESS (RAPID PDSA CYCLE)**

- PLAN: ☐ 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
  - Patients 50-54 were 13-15% less likely to be screened vs ≥ 65
  - Race, ethnicity, and gender disparities were <10%
  - Equivalent results for resident/non resident Milwaukee clinics

**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

**GROUP FEEDBACK**

**DATA: CRC SCREENING Rates x Age**

- Nov 2014-Dec 2015

- **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