Identifying & Targeting Age-Related CRC Screening Rate Disparities in Family Medicine Residency Clinics

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43rd Annual
Scientific Day 2017

PROBLEM

- CRC is a national health care priority
- 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
  - These clinics are currently x< for the CRC screening quality metric
- Addressing clinical care gaps without identifying specific at risk populations limits the ability to identify and implement targeted improvements
- AHC does not routinely provide data on at risk and/or disparities within a clinical quality metric

BACKGROUND

- Nationally studies have identified disparities in CRC screening with screening less prevalent among patients who are A.K.C
  - Uninsured and/or lower socioeconomic status
  - African American/Black, Asian; Non-English speaking Hispanic patients
  - Local variations do exist/depend from national experiences
- Age related disparities in CRC screening rates among eligible patients is limited/not reported in literature

OBJECTIVES

- To identify REAL-GI disparities (race, ethnicity, age, preferred language, gender and insurance) in care to patients 50-50 who are eligible for colorectal cancer (CRC) screening in two family medicine residency clinics
- To develop, implement, and evaluate progress towards increasing CRC screening targeted disparity gap population

METHODS

IHI IMPROVEMENT MODEL

- A team of residents/faculty framed our approach using the IHI Model’s for Improvement
- Providers at 2 family medicine clinics identified barriers to CRC screening using a fishbone approach to engage them in the improvement process

POPULATION DATA

- A retrospective analysis of all patients eligible for CRC screening at 2 targeted sites, a control clinic (residency clinic in same zip code), and our care region during a 12 month period (Dec-Nov 2015) was completed in collaboration with AHC quality improvement specialists
- N patients achieving CRC screening metric was reported by REAL-G & insurance
- Categories with an N < 25 were omitted
- Criterion for disparity within a category was identified as > 10%
- Analysis was repeated in Jan 2017 for intervention period (Jan-Dec 2016)

RESULTS

IDENTIFIED DISPARITY GAP FOR CRC SCREENING

- The largest CRC screening disparity was associated with age
- Screening gaps ranging from 13-15% between populations aged 50-59
- CRC Screening Rate disparities by race, ethnicity, and gender were <10%

BASELINE CRC SCREENING X AGE DISPARITY

CONCLUSIONS

- Identifying a specific disparity group provided a focus for improvement (beyond the monthly quality metrics received by each clinic)
- Increased CRC screening rates appears to be influenced by:
  - Improved CRC ordering workflows
  - Clinic provider/staff education
  - Staff champions who are CRC advocates and implement changes
- Project created dialogue about CRC screening rates in several Aurora-wide groups, which may have encouraged change in our care region

BARRIERS/LIMITATIONS

- Age 50-54 as a disparity group was an atypical “framed” potentially limiting provider/staff engagement and buy in
- CRC screening rates may be influenced by clinic size
- Need to investigate differences in insurers’ coverage of CRC and clinic specific perceptions re: coverage; identify/implement strategies to address

REFERENCES