IDENTIFYING & TARGETING AGE-RELATED CRC SCREENING RATE DISPARITIES IN FAMILY MEDICINE RESIDENCY CLINICS

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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 a goal 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/deviate 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 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 10
• 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 clinics, 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
• 11% 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 ≥ 65 vs age 50-54
• 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 “frame” 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/implment strategies to address

REFERENCES

C. May FP, Almeida CV, Ponsor N, Spiegel BM. Racial minorities are more likely than whites to report lack of provider recommendation for colon cancer screening. American Journal of Gastroenterology 2015; 110(10):1380-84