

THE PROOF IS IN THE POOP

Colorectal Cancer Screening Outreach & Quality Improvement

Jayna Patel, DO; Selin Turgut, DO; Briena Heller, MD; Bianca Garcia, DO; Ji Sun Kim, DO; Ashkan Salamati, DO; Arkad Yousif, DO; Lindsay Merlotti, MD; Jessica Hyla, MD; Ariana Heiger, DO; Emily Temple-Wood, DO; Thomas Schmittiel, MD; May Kyaw Soliz, MD; Inna Gutman, MD; Aashima Ghai, DO; Erica Zak, MD; Bruce Perlow, MD

¹Department of Family Medicine, Advocate Lutheran General Nesses Pavilion, Park Ridge, IL

AIM STATEMENT

By March 2023, we will increase the percentage of patients aged 50-75 meeting the PHI (population health index) measure for colorectal cancer screening from 65% to 80%.

BACKGROUND

Colon cancer is the 3rd most common cancer in United States of America with increasing incidence in younger age populations, prompting earlier cancer screening in patients ages 45-75 per USPSTF guidelines (1)

Screening methods include:

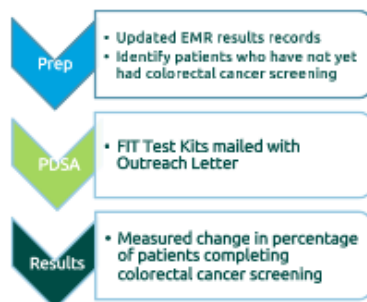
- Colonoscopy (gold standard)
- FIT testing
- Cologuard
- Flexible sigmoidoscopy

Multiple obstacles or screening with colonoscopy exist including:

- Difficulty tolerating bowel preparation
- Fear of anesthesia and risks of procedural complications
- Patient scheduling, including need for time off of work, transportation, etc.

FIT testing is a reasonable option and can be easily sent to patients via mail, which has been shown to increase compliance of screening recommendations to help reduce colon cancer related death (2,3).

METHODS



Preparation

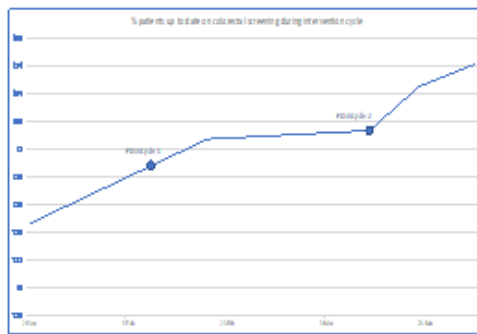
- Identified patients between age 50-75 who had not yet met colorectal cancer screening measure on EMR (electronic medical record) Health Maintenance Care Gap.
- Encouraged clinic providers to update past colorectal cancer screening results to ensure EMR Health Maintenance Care gap is accurate.

PDSA cycle 2/15/23-3/31/23

- On 2/15/23, FIT test kits with Colonoscopy Outreach Letters were mailed out to 100 patients identified on the list.
- On 3/15/23, FIT test kits with Colonoscopy Outreach Letters were mailed out to an additional 400 patients.
- During this time frame, we identified patients who were not up-to-date on their colon cancer screening during regular office visits (i.e. acute visits, chronic disease follow-up visits, and annual preventative visits) and provided them with a FIT test kit.

RESULTS

The percentage of patients aged 50-75 meeting the PHI measure for colorectal cancer screening increased from 65% to 74%, with an increase from 73% to 74% occurring after our interventions



DISCUSSION

- Starting this quality improvement project increased awareness and education regarding FIT Testing & colorectal cancer screening measures for physicians, clinical staff, and patients of our primary care clinic.
- Quality measures in our system utilize an age group 50-75 for colorectal cancer screening.
 - This does not align with the new USPSTF guidelines of recommending colorectal cancer screening to all patients aged 45-75.
 - We utilized a dynamic list of patients to monitor improvement. This list changed daily to include/exclude patients as their age changed. This affected the percentage measure we utilized to monitor improvement.
- Lag time in screening completion for already scheduled colonoscopies or ordered FIT Tests / Cologuard may have negatively affected the PDSA data.
- Would have benefited from longer PDSA cycle and additional interventions, but limited due to time constraints
 - Only 100 FIT test kits were available initially, with only an additional 400 FIT test kits being able to be ordered
 - Physician orders had to be placed prior to FIT test kits being mailed out
 - Delays with scheduling colonoscopies and returning FIT tests may increase screening rates outside of the PDSA data
- Balancing Measures
 - It took a significant amount of clinical staff's time to prepare envelopes and labels for each individual FIT test kit to be mailed out and residents' time to place physician orders for FIT test kits for each individual patient.
- Patient Barriers to completing FIT Testing
 - Lack of interest in completing due to patient knowledge gaps
 - Forgetting to complete the FIT test
 - Cost of colonoscopy if FIT test is positive.
- Further Interventions
 - Have clinical staff continue handing out FIT tests during regular office visits for those who have not yet "met the completion of colorectal cancer screening." This requires

providing training to educate regarding FIT tests, their utility, and educating patients when handing them out.

- Advocate Health continues to mail out FIT Test kits to patients, so this will continue after our PDSA cycle.

CONCLUSIONS

The goal of this project was to increase the percentage of patients meeting the PHI measure for colorectal cancer screening. A total increase was 65% to 74% throughout our project. Specifically, there was an increase from 73% to 74% during our intervention cycle.

Much of this increase in completion occurred as a result of updating colorectal cancer screening in patients' EMR, in addition to a concurrent clinic initiatives aimed at the same goal. There was a minimal increase during our intervention cycle, however, limitations included utilizing a dynamic patient panel, as well as a lag time in screening completion for already ordered tests.

This quality improvement project highlighted the importance of maintaining up-to-date information in patients' EMR to monitor screenings, as well as the importance of provider outreach to patient panels in a primary care setting. In the future, a longer intervention period with more expansive resources would likely increase colorectal cancer screening education and completion. This model can be applied to numerous other screening requirements in the primary care setting.

REFERENCES

- Colorectal Cancer Screening: Updated Guidelines From the American College of Gastroenterology | AAFP
- <https://acpinternist.org/archives/2019/01/increasing-colorectal-cancer-screening.htm>
- Mailed Outreach Is Superior to Usual Care Alone for Colorectal Cancer Screening in the USA: A Systematic Review and Meta-analysis | SpringerLink

IRB

IRB approval submitted & pending