THE PROOF IS IN THE POOP
Colorectal Cancer Screening Outreach & Quality Improvement

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AIM STATEMENT
By March 2023, we will increase the percentage of patients aged 50-75 meeting the PMI (population health index) measure for colorectal cancer screening from 65% to 90%.

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

Screening methods include:
- Colonoscopy (gold standard)
- FIT testing
- Sigmoidoscopy
- Flexible sigmoidoscopy
- Multiple decimals or screening with colonoscopy existing
- Colorectal cancer screening recommendations
- Biennial colorectal cancer screening

RESULTS
The percentage of patients aged 50-75 meeting the PMI measure for colorectal cancer screening increased from 65% to 71%, with an increase from 73% to 74% occurring after our interventions.

DISCUSSION
I. Starting this quality improvement project increased awareness and education regarding FIT Testing & colorectal cancer screening measures for physicians, clinic staff, and patients of our primary care clinic.
II. 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 at age 45-75.
- We utilized a dynamic list of patients to monitor improvement. This list was used for tracking and monitoring patients at their age changed. This affected the percentage measure and resulted in improved outcomes.

III. Implementation of screening procedures for already scheduled colonoscopies or fecal FIT tests / Cologuard may have negatively affected the FOBT result.

IV. Patients who benefited from the FDAS cycle and additional interventions, but limited due to time constraints.

- Only 106 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.
- Duplex with a single colonoscopy and returning FIT tests may increase screening rates outside of the FDAS data.

V. Barriers to our project
- It took a significant amount of clerical staff time to prepare colonoscopies and lab tests for each individual FIT test kit to be mailed out and resident time to place phone calls for FIT test kits for each individual patient.

VI. Patients barriers to completing FIT Testing
- Lack of interest in completing due to patient lifestyle factors
- Forgetting to complete the FIT test
- Poorly understood if FIT test is positive.

VII. Further interventions:
- Have clinical staff continue to follow up FIT tests during weekly office visits for those who have not yet met the completion of colorectal cancer screening.

REFERENCES
1. colorectal cancer screening: updated guidelines from the American college of gastroenterology | ACG | AAP
3. MailFit Outreach is superior to usual care among patients with no CRC screening history. JAMA Oncology 2019;5(9):1293-1295

IRB
IRB approved, submitted & pending