

Increasing Patient Awareness, Education and Access to Improve Completion Rates of Colorectal

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Increasing Patient Awareness, Education and Access to Improve Completion Rates of Colorectal Cancer Screenings in an Underserved Population

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Background

- Colorectal cancer (CRC) is the third most common cancer in both genders in the United States.¹
- Two screening modalities that have been widely studied were utilized in this Quality Improvement project.
 - Colonoscopy being the most accurate in early detection and prevention of CRC²
 - Fecal immunochemical test (FIT) which is less invasive and cost effective²
- Low income/underserved populations tend to have lower screening rates regardless of the modality (Table 1) and may be associated with certain risk factors making them a higher risk group (Table 2)

Table 1. Reasons Low Income/Underserved Populations are not Screened for CRC

| Literature Review | Our Specific Population* |
|---|--|
| <ul style="list-style-type: none"> Younger age individuals Lack of health insurance Low education level Lack of knowledge about testing Medical mistrust Low income Lack of knowledge about CRC, treatments and cure rates | <ul style="list-style-type: none"> Unaware of reason for screening Unaware of the screening process Do not want to have multiple doctor visits Transportation issues Unaware if they were screened in the past Nervous about a procedure On anticoagulation Language barrier No GI symptoms Never had discussion with a physician No show rates Patient not interested in preventative medicine Unsure where to go for procedure Unsure how to use FIT |

Table 2. Risk Factors for Development of CRC¹

| Obesity | Lack of physical activity |
|---------------------------------------|---------------------------|
| Alcohol consumption | Toacco usage |
| Large amount of red meat consumption | Low folic acid intake |
| Family history of colon rectal cancer | |
| Protective Factors ^{1,4} | |
| High vegetable intake | Aspirin use |

Quality Improvement Aims

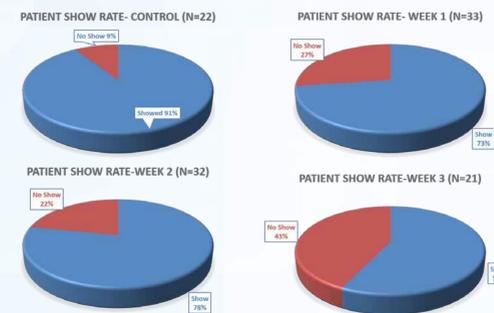
- Understand what barriers our population faced and how to alleviate them
- If increasing patient awareness and education would improve CRC screening completion rates
 - Increase referrals for colorectal screening by 15% with either FIT ordering or colonoscopy referrals
 - Increase completed colorectal screening by 10% with either FIT or colonoscopy
 - Goals to be completed in 3 months in patients between ages 50-75 due for screening
- Create a standard practice of asking or giving information about colorectal screening is not in place in our clinic
- Documentation of colorectal screening is not consistent or standardized in our clinic

| PLAN | |
|------------------|---|
| Week | Plan |
| Control (Week 0) | <ul style="list-style-type: none"> Record all patients due for screening Record all referrals and FIT during this week No additional information/education given except what each provider typically orders |
| Week 1 | <ul style="list-style-type: none"> Record all patients due for screening All patients due for screening to receive letter* (English or Spanish) mailed 1 week prior to appointment Record all referrals and FIT during this week Follow-up completion of screening during a 3 month period Update health maintenance tab in EPIC |
| Week 2 | <ul style="list-style-type: none"> Review week to see if physician awareness/staff awareness helps increase compliance. |
| Week 3 | <ul style="list-style-type: none"> Record all patients due for screening All patients due for screening to receive letter* (English or Spanish) mailed 1 week prior to appointment Record all referrals and FIT during this week Follow-up completion of screening during a 3 month period Update health maintenance tab in EPIC Reiterate to staff and residents to have discussions with patients about CRC |

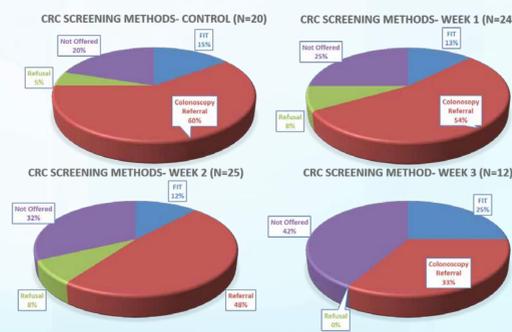
*Letter included general information about CRC, the types of screening and how to perform each at a 2nd - 3rd grade reading level

| ACT | | |
|--|---|--|
| Barrier Identified | Why? | Action to Improve |
| Access to colonoscopy | <ul style="list-style-type: none"> Long wait lists for both GI and CR surgery clinics Limited spaces Limited providers | <ul style="list-style-type: none"> New GI fellowship Staff to review insurance options for patients to go private FIT offered in patient without CRC risk factors |
| CRC screening not offered by physician | <ul style="list-style-type: none"> Preventive health can be overlooked Limited time with patients | <ul style="list-style-type: none"> "dot phrase" added to follow-up appointments |
| No show rate | <ul style="list-style-type: none"> Transportation, neglect, social/family issues | <ul style="list-style-type: none"> Phone/mail reminders Case manager on staff |

Data Analysis Show Rates

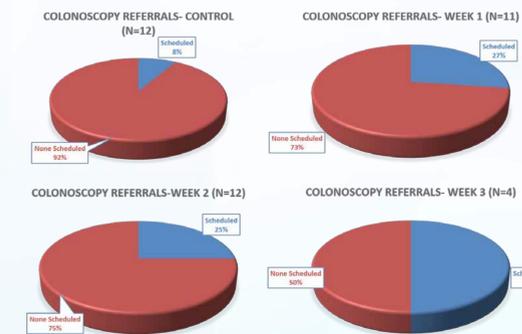


Data Analysis CRC Screening Methods Offered

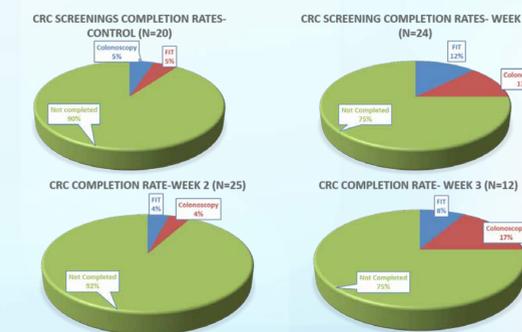


Results

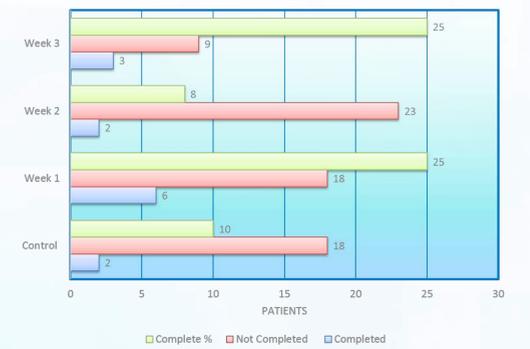
Data Analysis Referrals Scheduled



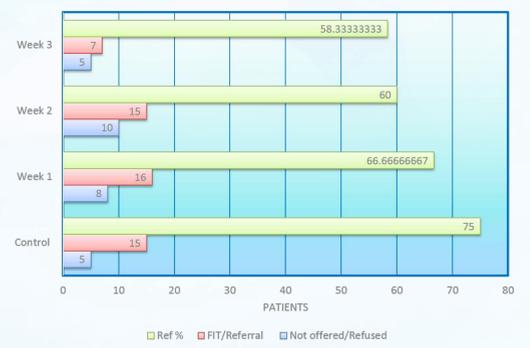
Data Analysis CRC Screening Completion Rates



CRC Screening Completion Rates



CRC Screening Referrals



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