Colorectal Cancer Screening Project at the ECU Family Medicine Center

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BACKGROUND

- Colorectal cancer (CRC) is the third leading cause of cancer-related death in US with 50,630 deaths expected in 2018.
- Due to new detection methods for CRC, the rate of death has been dropping annually and there are 1M+ CRC survivors in the US.
- CRC Testing Methods: colonoscopy, sigmoidoscopy, serial fecal occult blood testing, CT colonography, and stool DNA testing.
- Early detection is critical in prevention and treatment, responsibility of primary care providers and team to “initiate the conversation” about screening/educate patients and family.
- ECU Family Medicine- Pirate Module: CRC 2017 screening average -- 52% with a positive trend throughout the year

PROJECT AIM

By May 2018, increase colorectal screenings for patients over the age of 50 – 60 years of age, by 3% with providers on Pirate Module.

By February 15th, 2018, 1) conduct a survey to find out why overdue patients are not having a colorectal screening and 2) survey providers to discover the barriers

PROJECT DESIGN/STRATEGY

- Survey (Likert scale 7 questions) distribution to patients who met criteria for colorectal cancer screening
  - 7 patients completed survey (0.7% of patients who met criteria for screening seen from January-March)
- Survey (Likert scale, 4 questions) distribution to providers to obtain perceived barriers to colorectal cancer screening.
  - 6 providers completed (35% of providers)
- Compile survey results to analyze providers perceived barriers vs patient reported barriers to screening.
- Post analysis, produced educational handout on methods of screening for patients
- In addition to the supplemental handout, improvement team proposed an additional “hard stop” to help identify patients who have missed multiple screenings.
- “Hard stop” included the addition of a health care team member to follow up with patients to help them overcome barriers to screening.

RESULTS/OUTCOMES

- By February 15th, 2018, 1) conduct a survey to find out why overdue patients are not having a colorectal screening
- Survey (Likert scale, 7 questions) distribution to patients
  - 7 patients completed survey (0.7% of patients who met criteria for screening)
- Survey (Likert scale, 4 questions) distribution to providers
  - 6 providers completed (35% of providers)

CHANGES MADE (PDSA CYCLES)

- PDSA 1: Develop patient and provider survey to better understand barriers to screening.
- PDSA 2: Frame suggested interventions in the context of PCORI priorities.
- PDSA 3: Administer health literacy and colorectal cancer education to the patient and healthcare team.

LESSONS LEARNED

- Based on the survey results, there is a disparity between the physician beliefs on barriers to CRC screening and the patient reported barriers.
- Main reason provided by patients for not undergoing screening is that it has not been mentioned by the provider, followed by fear.
- Providers believe that patient anxiety and cost are the biggest barriers to screening.
- 58.8% of patients seen from January 1st 2018- March 28th 2018 have who met criteria for CRC screening have undergone screening with the rate being 70% by August of 2018 (65% in June and 69% in July).
- This interprofessional collaborative team learned the following:
  - A team based approach is critical to establishing barriers for patients to undergo CRC screening
  - The vast majority of patients are hesitant to submit reasons for possibly missing CRC screenings
  - To achieve higher rates of screening for CRC, an individualized, interprofessional assessment of solutions to overcome barriers for patients may be needed

NEXT STEPS

- Re-assess provider views on the effectiveness of supplemental material to patients/their ideas on how to improve screening rates
- Discuss possibly ways to increase the number of survey results for both patients and providers
- Continue to brainstorm as an interprofessional team ways to improve screening rates for CRC and methods to assess effectiveness of changes made

ACKNOWLEDGEMENTS

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant no.: T04HP23993, Innovative Training to Transform Rural Primary Care. This information is from the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

*Printed with non-state funds.

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