Colorectal Cancer Screening Project at the ECU Family Medicine Center

ECU BRODY SCHOOL OF MEDICINE
VIDANT HEALTH

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BACKGROUND

- Colorectal cancer (CRC) is 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 are 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

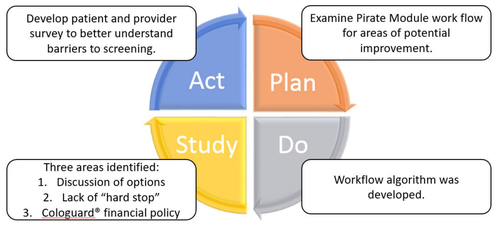
By May 2018, increase colorectal screenings for patients **over the age of 50 – 60 years of age, by 3% with providers on Pirate Module.**

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**

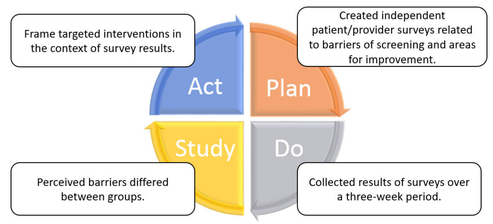
PROJECT DESIGN/STRATEGY

- Survey (Likert scale 7 questions) distribution to patients who met criteria for colorectal cancer screening
  - 7 patients completed survey (0.7% of patients who meet 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.

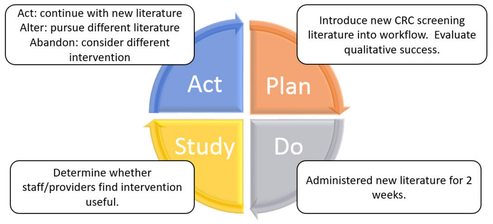
CHANGES MADE (PDSA CYCLES)



PDSA 1



PDSA 2



PDSA 3

RESULTS/OUTCOMES

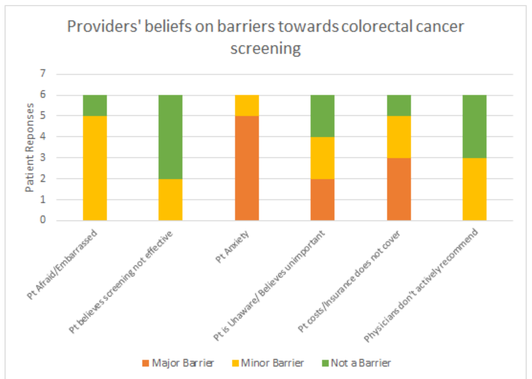


Figure 1. Providers' beliefs about patient barriers to colorectal cancer screening

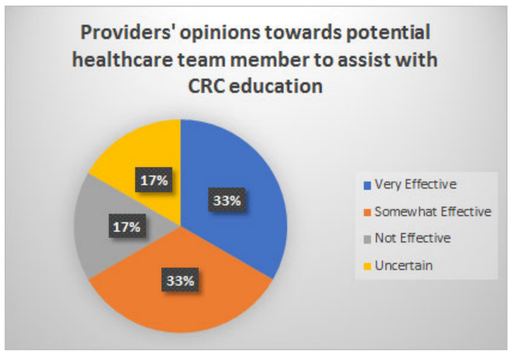


Figure 2. Provider beliefs on the effectiveness of a designated healthcare team member to assist with colorectal cancer screening education

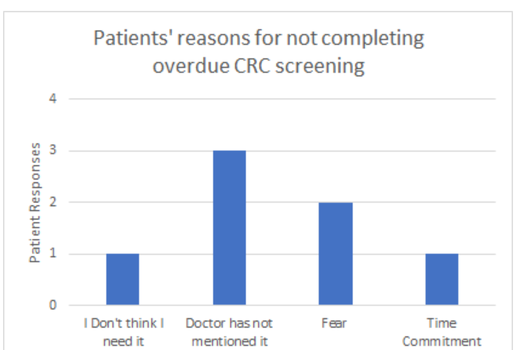


Figure 3. Patient self report of reasons for failing to undergo CRC screening

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

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