

Increasing Colorectal and Cervical Cancer Screening Rates:

A Quality Improvement Project at the Craven County Community Health Center



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BACKGROUND

Craven County Community Health Center is a Federally Qualified Health Center in New Bern, North Carolina. Providers deliver primary and preventative care to patients from a variety of populations.

Cancer screenings are important and cost-effective tests in primary care. Colonoscopies and pap smears are both trusted tests to screen for colon cancer and cervical cancer, respectively. The United States Preventive Service Task Force (USPSTF) gives both guidelines a grade “A,” indicating “the USPSTF recommends the service. There is high certainty that the net benefit is substantial.”

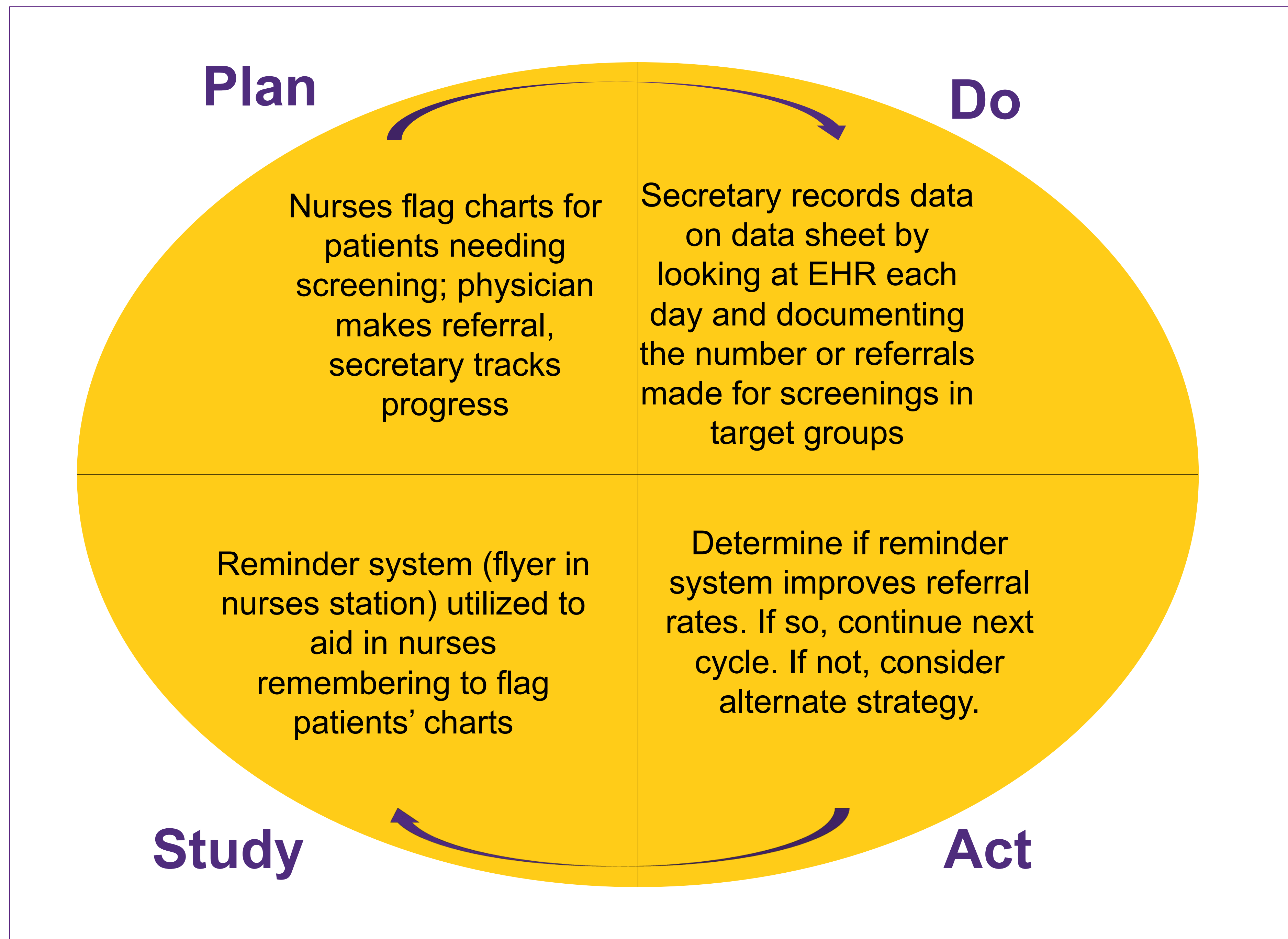
COLORECTAL CANCER SCREENING	
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.
CERVICAL CANCER SCREENING	
Women 21 to 65 (pap smear) or 30 to 65 (in combo with HPV testing)	The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.

Even though highly recommended, many physicians struggle to implement these guidelines in patient cancer screening. At Craven County Community Health Center, a large proportion of patients were not receiving recommended screenings, due to a lack of referrals by providers. It is our hope that by changing the system in which eligible patients are identified as needing referrals for cancer screenings, we will see an increase in the number of screening tests completed.

PROJECT AIM

- ❖ By May 2018, increase the rate of referrals of African American male patients between the ages of 50 and 60 years for colorectal cancer screening by 2%.
- ❖ By May 2018, increase the rate of referrals of African American female patients between the ages of 30 and 40 years to the North Carolina Breast and Cervical Cancer Control Program for cervical cancer screening.

CHANGES MADE (PDSA CYCLES)



RESULTS/OUTCOMES

Colonoscopy Referrals For 50+ Years-old African American Male

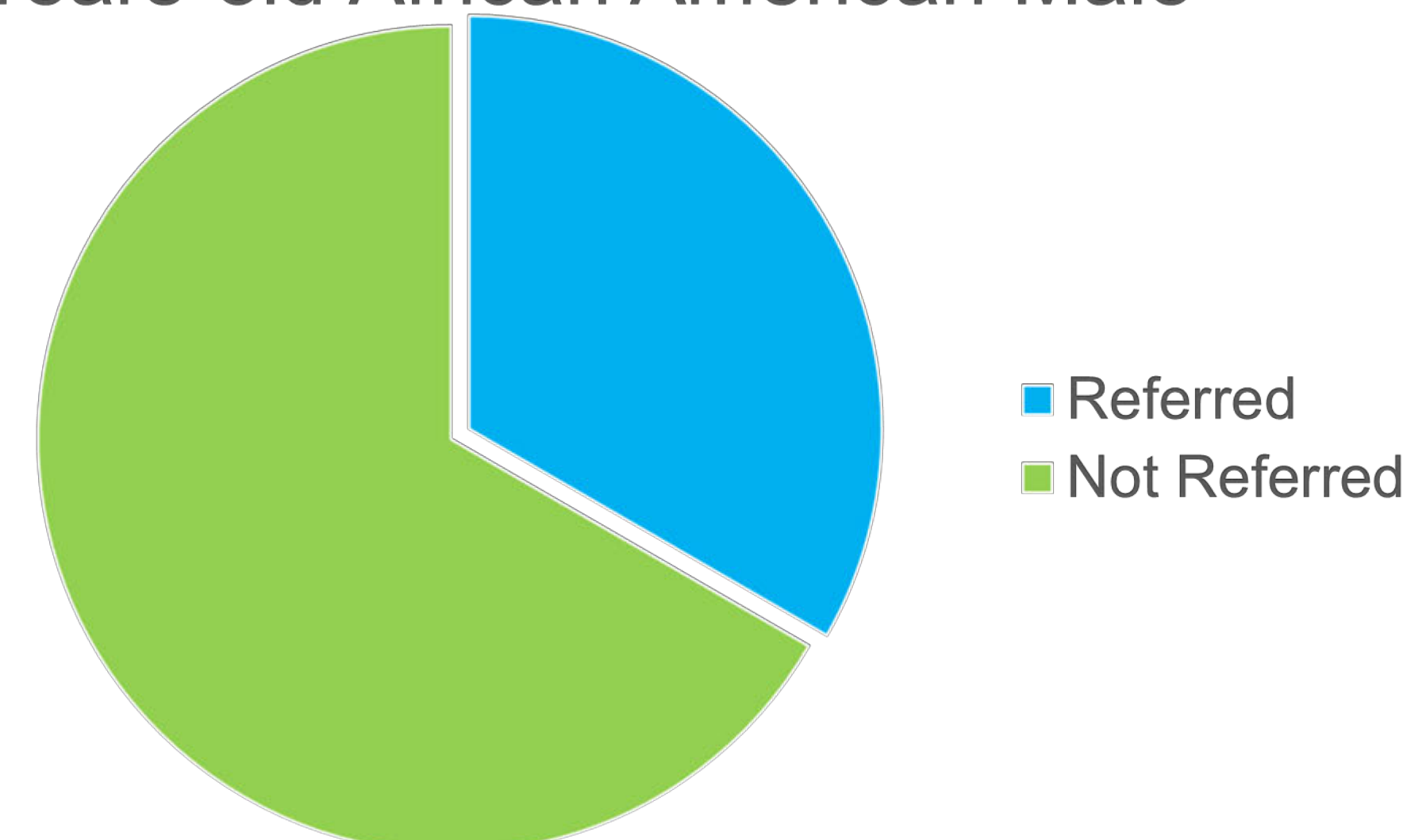


Figure 1

- Within 1 week of the implementation of the reminder system, the clinic saw 3 African American males who are 50 year-old and older and 1 patient was set for referral (Figure 1).

Cervical Cancer Screenings For African American Female

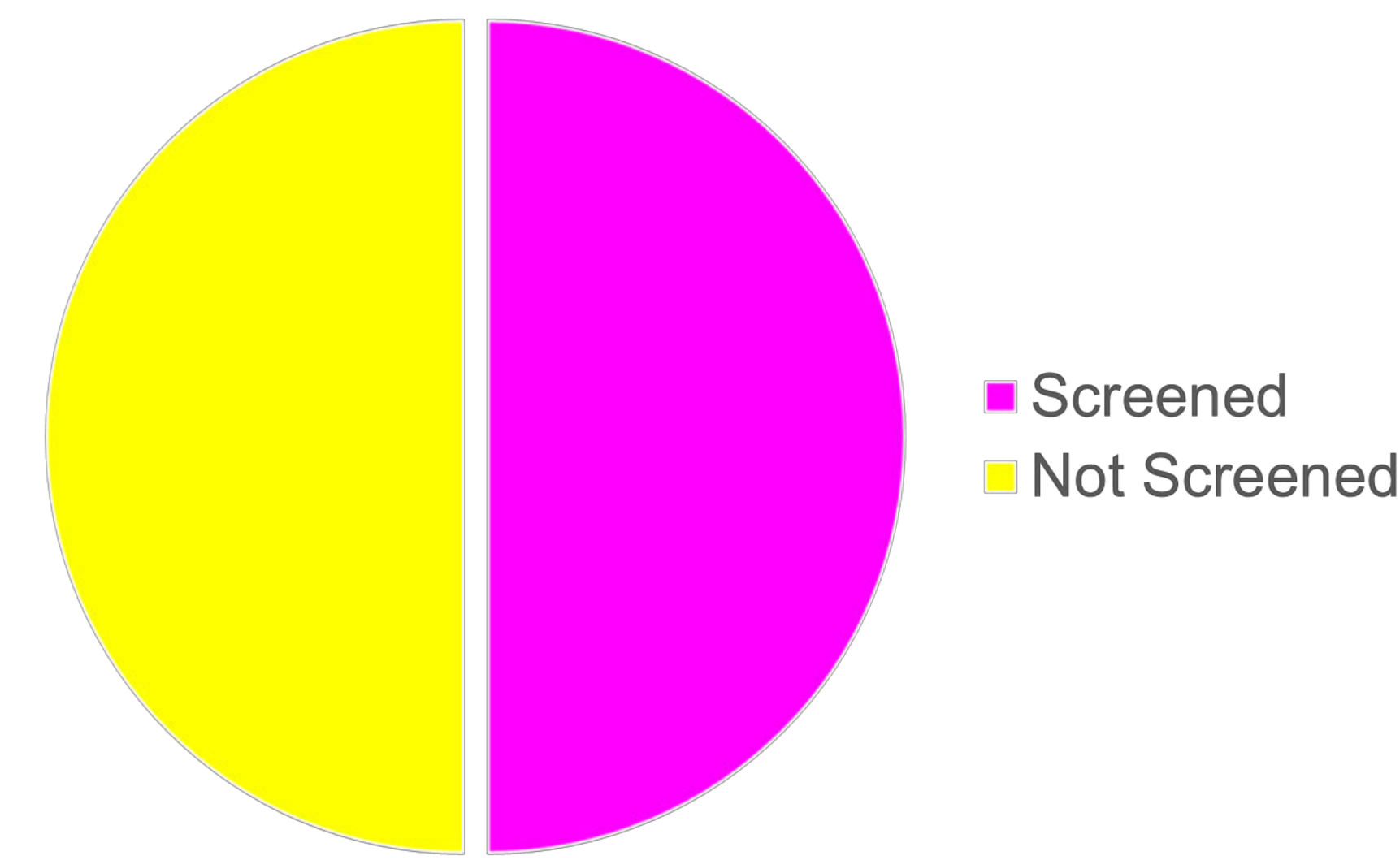


Figure 2

- In the same week, the clinic saw 10 African American females and 5 of them were screened for cervical cancer. This is a 50% improving from compared prior to the implementation of the reminder system. (Figure 2)

LESSONS LEARNED

- ❖ Value of quality improvement projects and utilization of PDSA cycles.
- ❖ Value of interdisciplinary team work to conduct quality improvement projects.
- ❖ Appreciation for the challenges of implementing quality improvement projects.

NEXT STEPS

- ❖ Increase our goals from a 2% increase to a 5% increase in referral rates.
- ❖ Identify limitations and create solutions to improve screening rates.
- ❖ Do nurses have difficulty remembering to check for patient eligibility?
- ❖ Do providers lack the time to question about and place referrals?
- ❖ Are patients who are referred actually receiving screenings?

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