

Increasing Colorectal Cancer Screening Rates: A Quality Improvement Project at Vidant Multispecialty Clinic-Tarboro



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BACKGROUND

- In the United States, colorectal cancer (CRC) is 3rd most common cancer diagnosed in men and women.¹
- CRC is the 2nd most common cause of cancer deaths in the US.¹
- CRC screening is an effective preventive tool, as seen by the decreased death rate for CRC over the last few decades.
- Despite widespread availability of CRC screening, it is still underused in rural primary care settings² like the Vidant Multispecialty Clinic-Tarboro.
- Since the start of the COVID-19 pandemic in April 2020, the clinic's CRC screening rate of eligible patients decreased from 79% to 72% when averaged over a six-month period.
- Accordingly, CRC screening rates are targeted as an area of quality improvement.

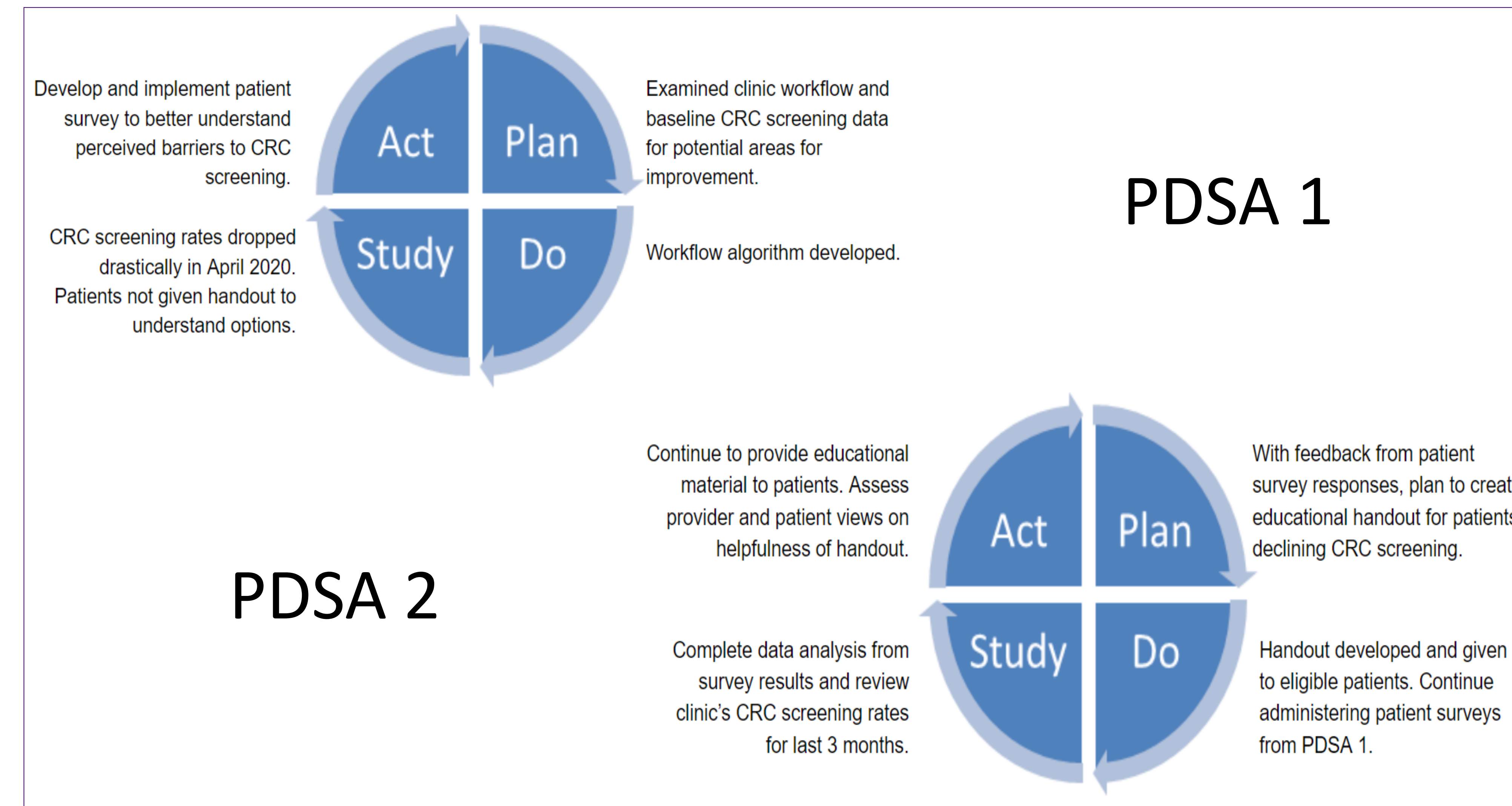
PROJECT AIM

To increase colorectal cancer screening rates to 80% for patients aged 50-75 years at the Vidant Multispecialty Clinic-Tarboro by May 2021.

PROJECT DESIGN/STRATEGY

- Location:** Vidant Multispecialty Clinic-Tarboro
- Duration:** November 2020 – April 2021
- Interprofessional Team of ECU Students:** Medical Student, Physician Assistant Student, DNP Student, Health Psychology PhD Student
- Outcome Measure:** monthly average CRC screening documentation percentage in EPIC
- 6-item survey was developed and administered to patients aged 50 to 75 years who are due for a CRC screening but do not have one scheduled
 - Primary goal:** identify perceptions and limits regarding CRC screening to guide future education and interventions
 - 1 Multiple Choice Question: Reason(s) for not completing a CRC screening
 - 5 Yes/No Questions: Current employment/health insurance status; family history of CRC; Saturday scheduling option for colonoscopy; Desire to speak with provider about screening options; Provider explanation of importance of CRC screening
- Produced educational handout on importance of CRC screening and screening options

CHANGES MADE (PDSA CYCLES)



RESULTS/OUTCOMES

- 30 patient surveys administered and only 1 patient provided no response for all questions.
- 5 of 29 respondents reported that their provider has not explained the importance of a CRC screening.
- 19 out of 29 said they would NOT like to discuss screening options with their provider.

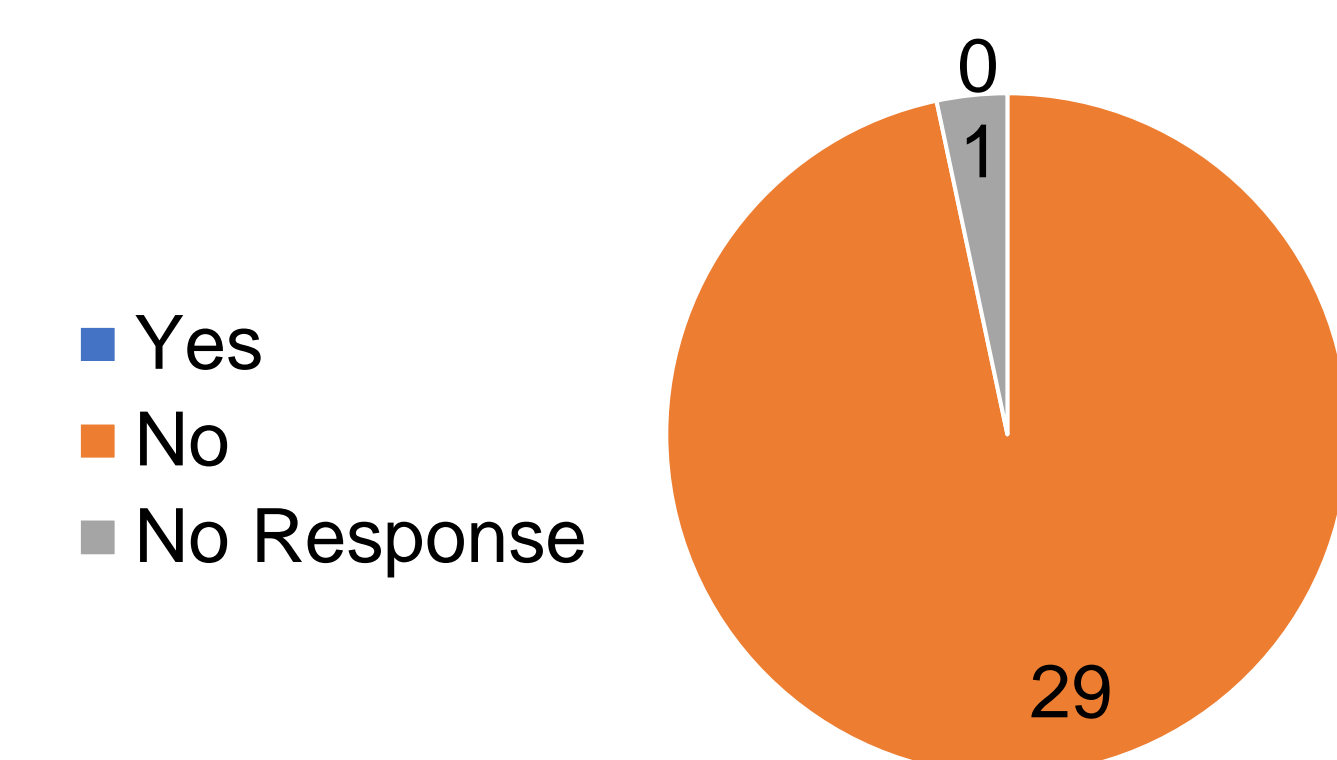


Figure 1. Responses to Question, "Have you lost health insurance and/or job due to pandemic or COVID?"

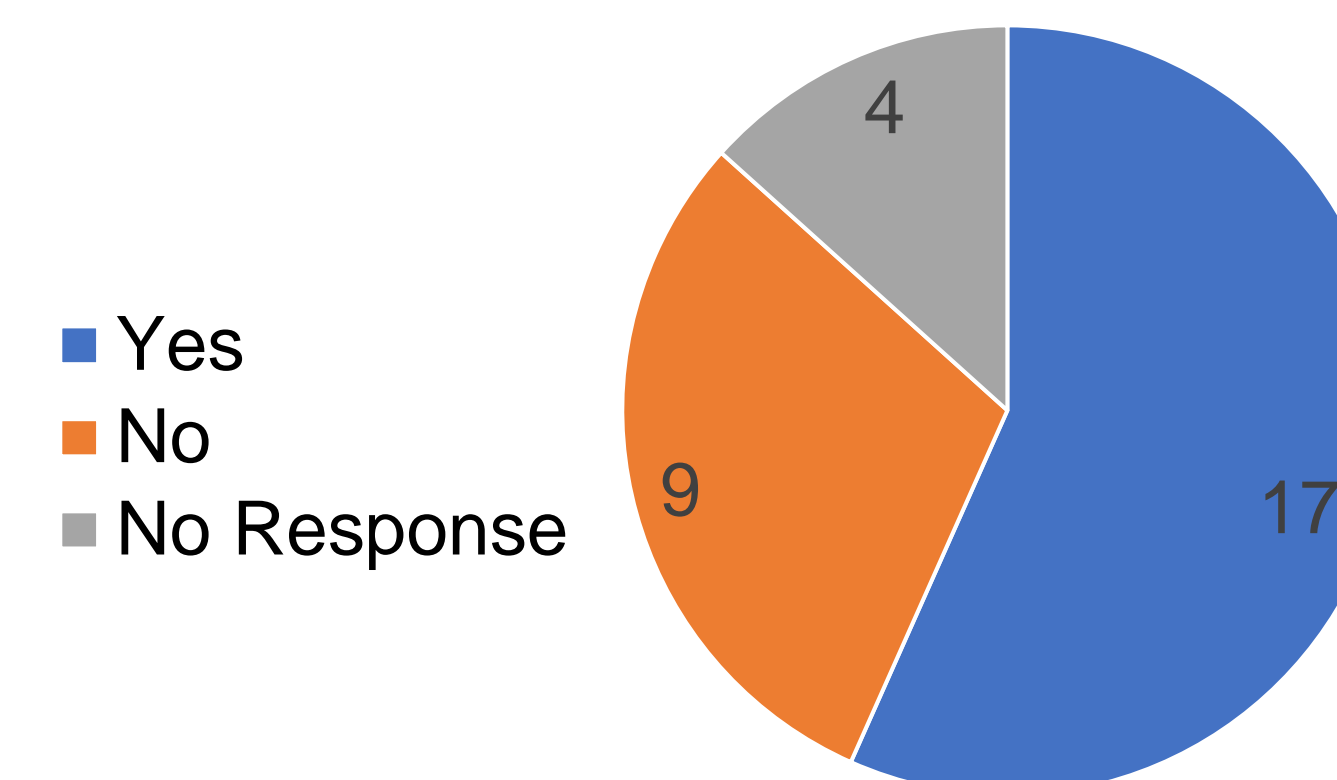


Figure 2. Responses to Question, "If Saturday was an option to schedule a colonoscopy, would you be more likely to consider the screening?"

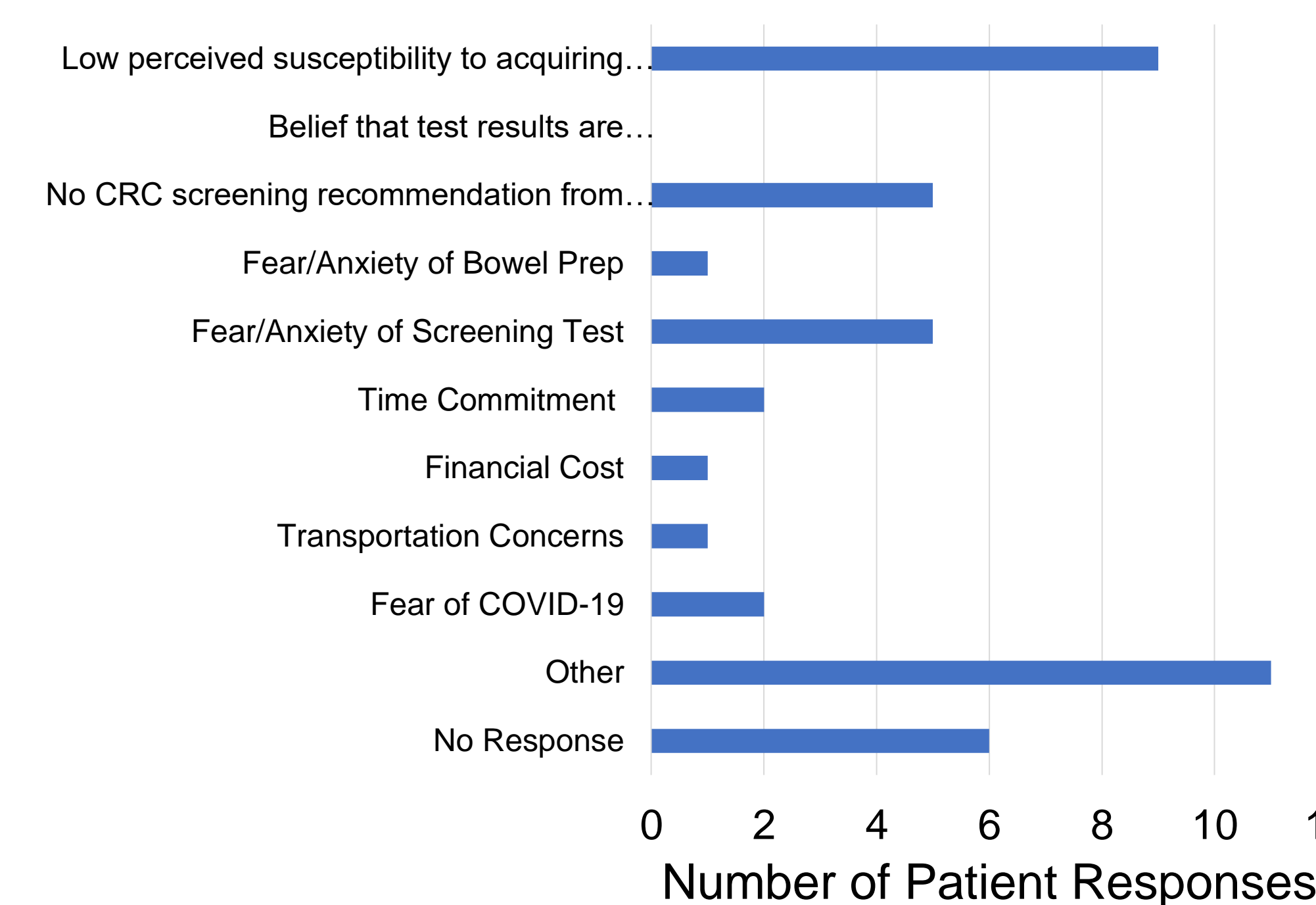


Figure 3. Patients' Self-Reported Reasons for Not Completing Missing or Overdue CRC Screening

- Patients' other reasons for a missed CRC screening:
 - "Going to wait a while."
 - "I have had a colonoscopy and due for another one next year."
 - "Patient has down syndrome and father declined."
 - "I don't think my body could handle the procedure."
 - "In process of making an appointment."
 - "My next colonoscopy is now due."
 - "I have had it before. I don't know if it is time again."
 - "Do not like colonoscopies."
 - "Up until now I have not been of age for it."
 - "I had one taken."
 - "I need time and don't have anyone to go with me."

DISCUSSION/ LESSONS LEARNED

- Most common barrier: low perceived risk for colon cancer.
- Second most common barrier: fear/anxiety of screening test and no CRC screening recommendation from provider.
- COVID is not a major concern for most patients.
- Most respondents said they would not like to discuss screening options with their provider, which means they might even be avoiding the conversation. This shows the importance of providers initiating these talks with patients.
- This interprofessional team learned the following:
 - Patients are sometimes hesitant to submit reasons for not completing CRC screening.
 - To achieve higher rates of screening for CRC, an individualized, interprofessional assessment of solutions to overcome barriers for patients may be needed.

NEXT STEPS

- Encourage providers to initiate conversations about CRC screening with patients and remind them to be sensitive to patients' discomfort and concerns with screening.
- Discuss with providers about their views on how to increase education that is needed from provider to patient.
- Continue to brainstorm ways to ensure consistent follow-up with patients to help them overcome barriers to screening and/or to find out if they are ready to complete the CRC screening.

REFERENCES

- Key Statistics for Colorectal Cancer. American Cancer Society. <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>. Published August 31, 2020. Accessed January 3, 2021.
- Joseph DA, King JB, Dowling NF, Thomas CC, Richardson LC. *Vital Signs: Colorectal Cancer Screening Test Use — United States, 2018*. MMWR Morb Mortal Wkly Rep 2020;69:253–259. DOI: <http://dx.doi.org/10.15585/mmwr.mm6910a1external icon>

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