

Improving Colorectal Cancer Screening in the UIM Resident Clinic

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BACKGROUND & AIM STATEMENT

Colorectal cancer (CRC) is the 3rd leading cause of cancer deaths in US citizens. Racial and ethnic minorities and low-income patients, which constitute a large portion of our patient population, are at increased risk of morbidity and mortality from CRC. These patient groups also have CRC screening rates below the national average of 65%.

Early detection improves outcomes and screening that results in adenomatous polyp removal can prevent the development of CRC.

We aim to improve the CRC screening rate in our population from 58% to 63% by March 30, 2022.

BARRIERS

During Clinic Visit

- Patient reluctance regarding colonoscopy
- CRC screening lower on providers' priority list

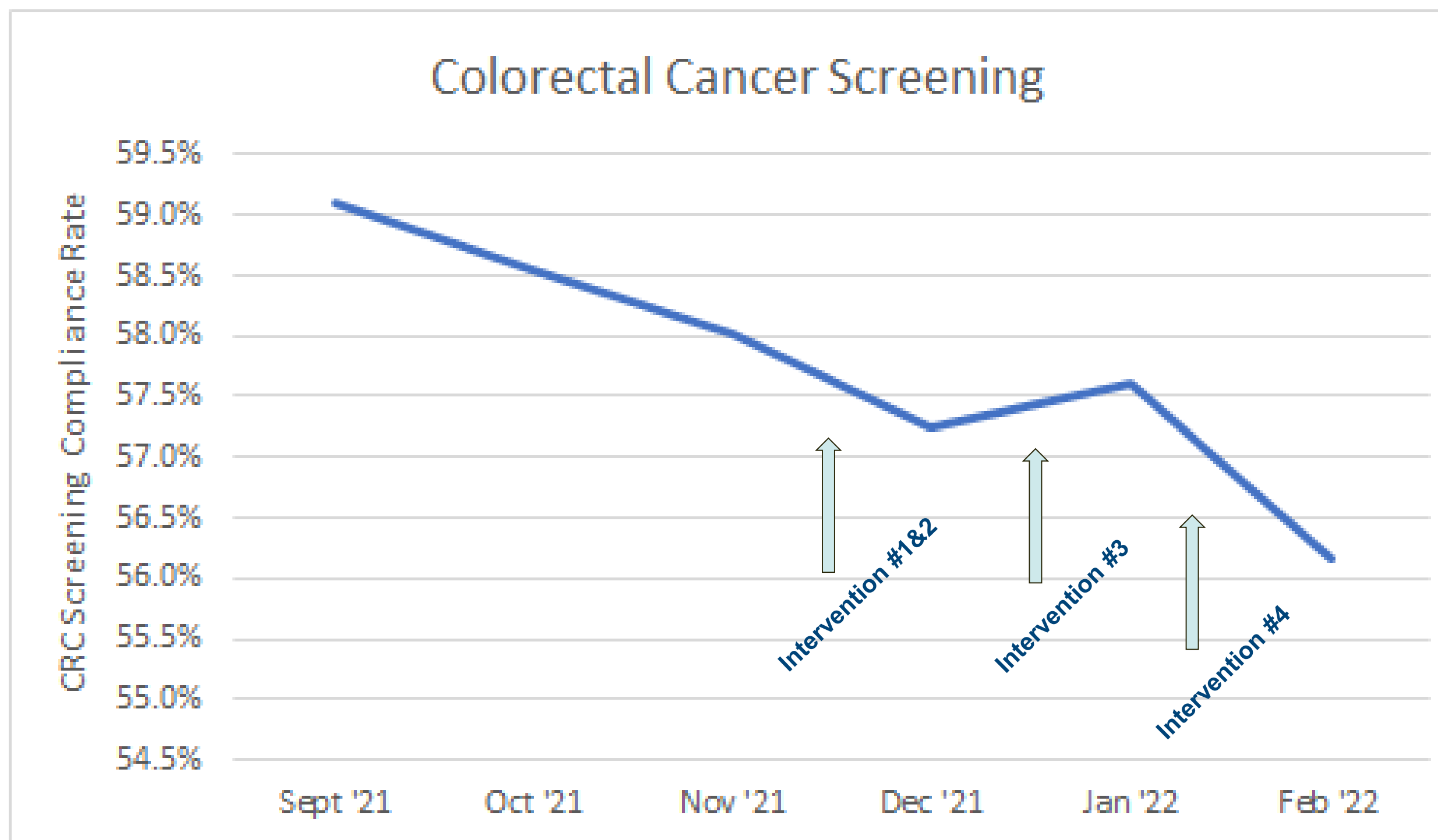
After Clinic Visit

- Scheduling colonoscopy
- Transportation, prep, and other logistics
- Patient confusion with FIT/Cologuard use
- Reliable and timely data acquisition
- Difficulty obtaining outside colonoscopy documentation

METHODS/INTERVENTIONS

1. Development of resident tip sheet for CRC screening options
2. Creation of colonoscopy "dot phrase" in Epic which includes GI scheduling phone number to include in After Visit Summary
3. Hosting UIM Morning Report sessions to educate residents on how to order various CRC screening options
4. Incorporation of colonoscopy discussion into panel management calls with UIM patient navigator, Bill Barry

RESULTS



CONCLUSIONS

- Colorectal cancer screening remains difficult in low-income and minority populations
- Basic Epic reports for CRC screening compliance were unreliable and difficult to interpret
- The "behind the scenes" steps between the ordering and completion of screening colonoscopy are not well understood by internists
- While non-invasive CRC screening options are good for some patients, the steps to completion are too complicated for many patients
- Enhancing patient outreach and identifying patient-specific barriers to completion of ordered CRC screening tests may increase screening rates, especially in low-income and minority populations

NEXT STEPS

- Improve the ease of data acquisition and reliability of aggregate patient data related to CRC screening
- Explore the colonoscopy referral and scheduling process to identify specific barriers to completion
- Notify ordering providers of delay or lapse in colonoscopy scheduling or completion
- Improve reliability of FIT/Cologuard results in Epic
- Expand use of panel management and patient navigator(s)