

Increasing Rates of Colon Cancer Screening in an FQHC Population

Ruchi Mathur, MD, MPH, Mary Rose Puthiyamadam, MD,
Kyle Dannenberg, MD, Minah Ebrahim, MD, Erica Garcia, MD, Stacy Lugo, MD,
Zoe Quint, DO, Tshering Sherpa, DO, Kyle Yuen, DO, & Susan Zhang, DO
Phelps Family Medicine Residency Program

INTRODUCTION

- In the United States, colorectal cancer is the second most common cause of cancer-related deaths for men and women combined. One in 23 men and one in 25 women in the United States are estimated to be diagnosed with colon cancer in their lifetimes¹.
- With early detection through colon cancer screening and advanced treatment options, survival rates from colon cancer have improved significantly over the last few decades.
- Colon cancer screening with a colonoscopy or FIT test is now recommended for all adults ages 45 and older, as rates of cancer have been increasing among those 55 and younger. Uptake of colon cancer screening remains low. Nationally, 69% of U.S. adults ages 50-75 are up to date with colon cancer screening (BFRSS 2020). At community health centers, rates are significantly lower, with only 42.8% of FQHC patients ages 50-75 being up to date on colon cancer screening (UDS data)².
- Our project aimed to increase colon cancer screening rates among our FQHC patients ages 45-75 by 6% through Plan Do Study Act (PDSA) cycles and team-based efforts.

METHODS

- As seen in Figure 1, a fishbone diagram was utilized to identify potential barriers to meeting our colon cancer screening goals, such as patient education, provider bias, health care navigation, patient non-adherence and administrative barrier of lack of interoperability of EMRs to obtain results.
- Patients in our primary care practice who were not up to date with colon cancer screening by FIT or colonoscopy were identified using run charts.
- Chart review was completed for a subset of patients to identify reason for non-compliance with goal.
- Once gaps were identified, results of colon cancer screening were obtained through access to Phelps Hospital EMR and uploaded into outpatient EMR to meet quality measure.

RESULTS

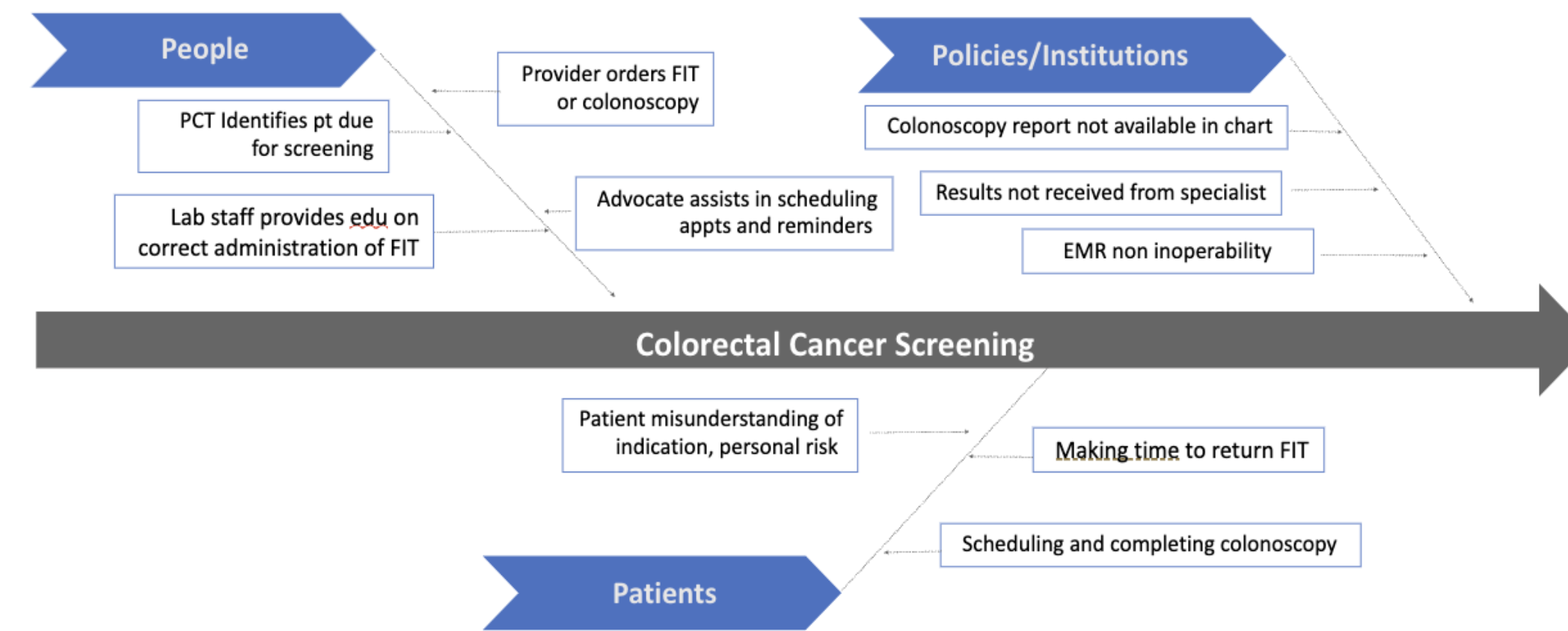


Figure 1. Fishbone diagram of Colon Cancer Screening

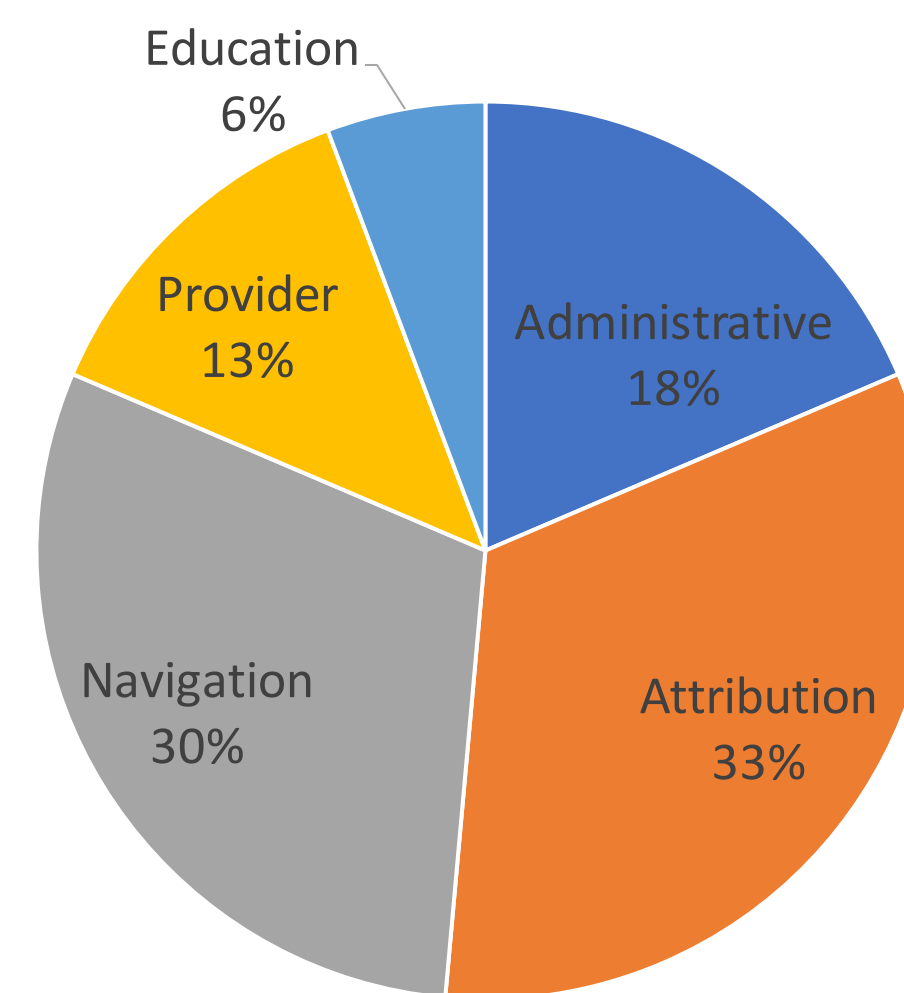


Figure 2. Barriers to Colorectal Cancer Screening

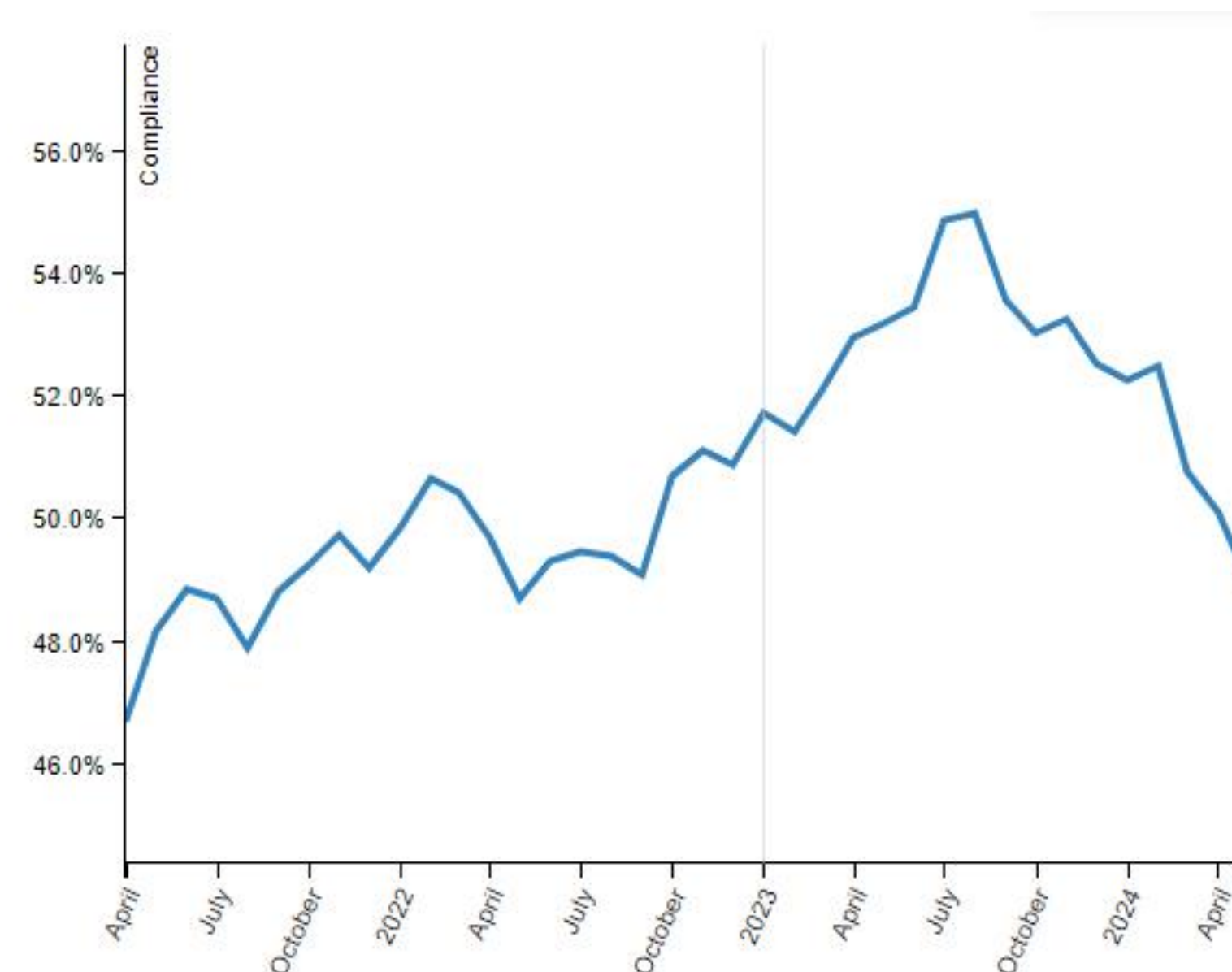


Figure 3. Rates of Colorectal Cancer screening over course of PDSA

CONCLUSIONS

- Chart review revealed that among patients who were not up to date with colon cancer screening, 33.6% were due to attribution error, i.e. Inclusion of patients not actually receiving primary care at our practice, followed by 30% due to navigation barriers, i.e. tests being ordered but not completed, followed by 18% due to administrative barriers, i.e, results of screening test not available in our EMR due to EMR non interoperability. Additional but less common reasons for non-completion of screening included providers not ordering test and patient education, as shown in Figure 2.
- Existing efforts to intervene on navigation barriers include team members who remind patient to return FITs and schedule colonoscopies, but perhaps additional support needs to be explored.
- When measures were obtained to manually import screening test results into the EMR addressing administrative barriers, rates of colon cancer screening increased by 5% as demonstrated in Figure 3.
- After completion of this PDSA, rates again fell to suboptimal levels as seen in Figure 3.
- This demonstrates that the lack of interoperability between EMRs and one way communication between primary care physicians and specialists is a surmountable barrier to accomplishing our colon cancer screening goals if communication and interoperability of EMRs is improved.

REFERENCES

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