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Improving Colon Cancer Screening in a Resident Ambulatory Clinic

Newton Mei, MD
Thomas Jefferson University Hospital

Grace Yang, MD
Thomas Jefferson University Hospital

Mital Shah, MD
Thomas Jefferson University Hospital

Albert Lee, MD
Thomas Jefferson University Hospital

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Newton Mei MD*, Grace Yang MD*, Mital Shah MD*, Albert Lee MD
Internal Medicine, Thomas Jefferson University Hospital

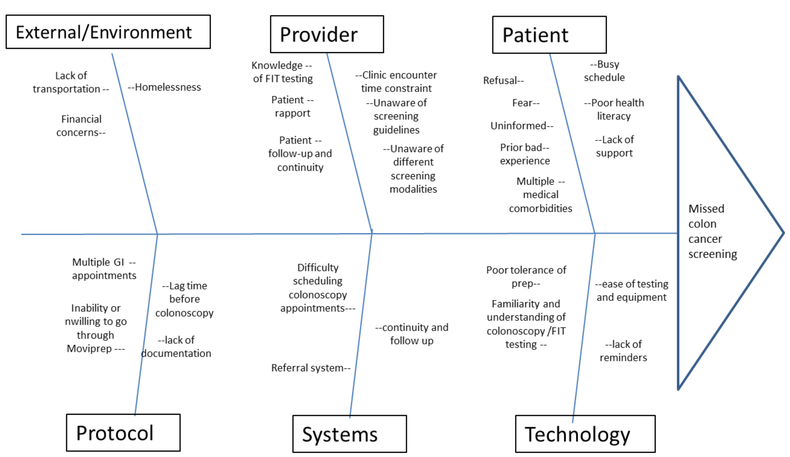
The above authors all contributed equally to the project

BACKGROUND

- Colorectal cancer (CRC) screening has been proven to be a feasible, cost-effective way to reduce incidence of and mortality from CRC.
- CRC is the second-leading cause of cancer-related death in the United States.
- As early CRC is asymptomatic, it is imperative that we detect it early to reduce mortality.
- Despite the widespread availability of CRC screening, CRC screening rates in our ambulatory sites have been below average.
- The Wednesday Jefferson Hospital Ambulatory Practice (JHAP) resident clinic's CRC screening rate was 44.3% in September 2016 as compared to an average of 57% at other ambulatory sites in the Greater Philadelphia region. Therefore, CRC screening was targeted as an area of quality improvement.
- Our goals were to implement an intervention to improve CRC screening rates in our practice as well as identify site-specific obstacles to CRC screening that could be intervened on in the future.
- Fecal Immunochemical Test (FIT) is a FDA approved CRC screening modality for one year.

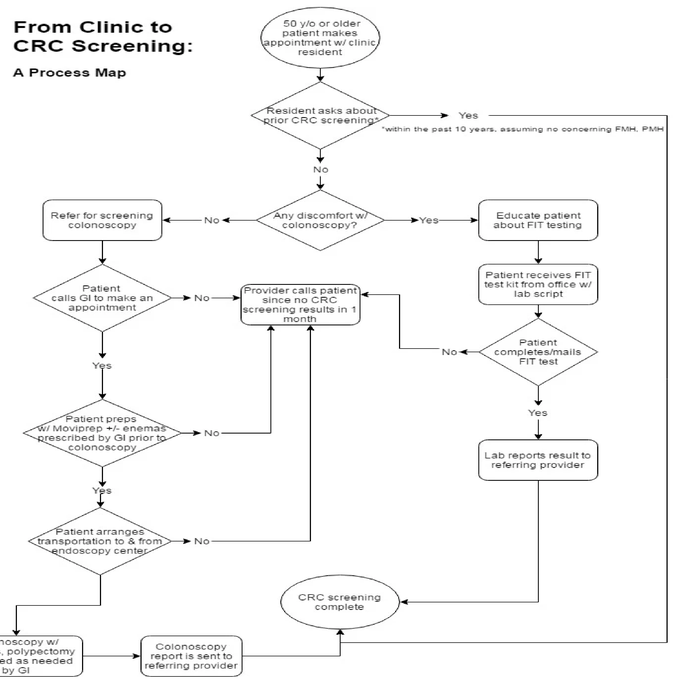
AIM STATEMENT

Our aim at Wednesday JHAP was to increase the rate of colorectal cancer screenings from 44.3% to 60% from September 2016 to May 2017 (9 months)

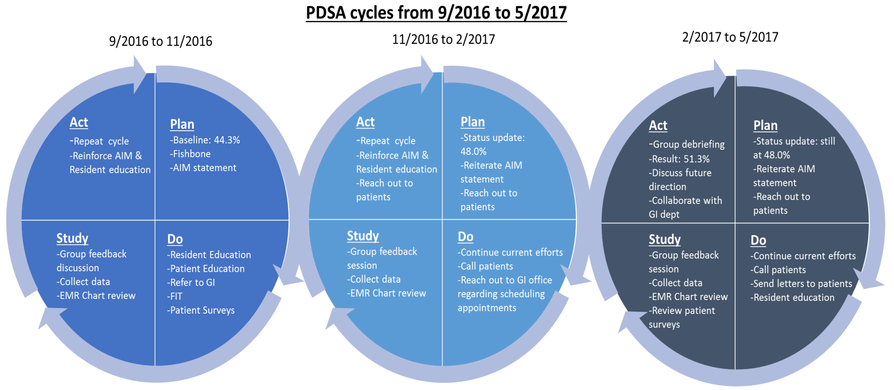


INTERVENTION

- Our primary intervention was to offer GI referral for colonoscopy, and for patients who refused screening colonoscopy, FIT was offered as an alternative.
- A secondary intervention was educating residents about the importance of colon cancer screening, how to discuss colon cancer screening options with their patients, and how to teach their patients to properly use FIT kits.
- In November 2016, resident physicians started calling patients who were due for CRC screening to arrange CRC screening. Reasons for patient noncompliance or nonadherence were documented.
- Then, since February 2017, patients who still required CRC screening were again contacted via phone and/or mail to set up CRC screening.

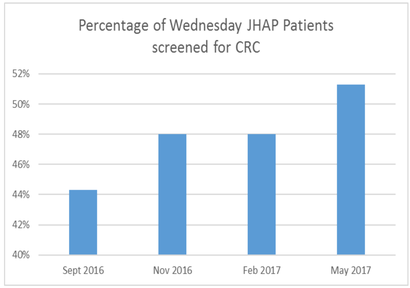


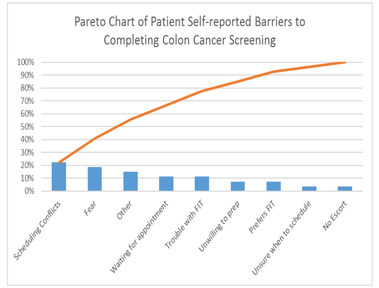
PDSA cycles from 9/2016 to 5/2017



RESULTS

Final Results May 2017							
		Baseline 44.3%		Obtained between 9/2016-5/2017			
Wed JHAP	**Scope: 67 FIT: 8**	**76/148**	**51.3%**	**Scope: 17 FIT: 8**		**25/67**	**37.3%**
PGY1 (n=8)	Scope: 21 FIT: 1	22/49	44.9%	Scope: 10 FIT: 1		11/22	50.0%
PGY2 (n=4)	Scope: 21 FIT: 2	23/45	51.1%	Scope: 1 FIT: 2		3/23	13.0%
PGY3 (n=5)	Scope: 25 FIT: 5	30/54	55.6%	Scope: 6 FIT: 5		11/30	36.7%





Number of patients who are still overdue for CRC screening as of May 2017	Number of which who did not have a clinic visit within QI timeframe
72	12 (17%)

DISCUSSION

- Despite not reaching our AIM, we were able to increase our colon cancer screening rate by **16%** from 9/2016 to 5/2017
- The most common barrier to colon cancer screening reported was difficulty scheduling a colonoscopy. Future steps include collaborating with GI to develop a more efficient and effective colonoscopy scheduling system and having multiple resident education sessions to train residents on how to effectively educate patients about FIT as an alternative CRC screening option.
- The second most common barrier identified by patients was fear of colonoscopy. We hoped that offering FIT testing would be a suitable alternative for these patients. A future direction is a handout for patients addressing common patient concerns regarding colonoscopy and providing further information to allow for greater patient education and reassurance.

Rreferences:
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2. Imperiale TF, Ransohoff DE, Itzkowitz SH, et al, Colorectal Cancer Study Group. Fecal DNA vs. fecal occult blood for colorectal cancer screening in an average-risk population. N Engl J Med 2004; 351:2704-2714.
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