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Improving Colon Cancer Screening in Jefferson Hospital Ambulatory Practice

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Improving Colon Cancer Screening in Jefferson Hospital Ambulatory Practice
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BACKGROUND

• Colon cancer is the 3rd most common cause of cancer-related deaths.
• The CRC screening rate for Pennsylvania for 2012 was 67.2%
• Our clinic’s CRC screening rate was 15.8%
• This was the worst cancer screening in our clinic

AIM

• We want to improve our colorectal screening rates for Tuesday JHAP patients to 40% by March 2016.
• We will assess monthly rates of the % of patients who received CRC screening over the past 10 years.
• This will improve overall health maintenance, and find/prevent pre-cancerous lesions. This potentially improves the life expectancy of our population.

INTERVENTION

First Intervention

Problem Identified - Transitioning from paper charts to electronic medical records (EMR) left our CRC screening performed before EMR; these patients, on statistical analysis, were labeled as “CRC screening not ordered”.

Intervention – We taught residents how to manually enter colonoscopy results into our EMR to accurately report statistics

INTERVENTION continued

Second Intervention

Problem Identified – procuring CRC screening is often a secondary priority to the patient’s chief reason for clinic visit. Both the provider and patient might forget about this during an encounter.

Intervention – place a visual that is simple, reproducible, and easily visible for patients/providers to see in the room. Medical assistants gave the patients a copy of this visual in a "flyer" format while waiting for the provider.

RESULTS

Eligible patients who received CRC screening within the past 10 years increased from 17.8% to 33.3%

DISCUSSION

• The rate of Tuesday JHAP CRC screening rate (CRC screening within last 10 years) increased from 17.8 to 33.1 after the 1st intervention. This was expected as transition to EMR left out documentation for screening already performed.
• After 2nd intervention, rates remained around 33%, although this intervention went into effect only two months before data was compiled.
• We did not achieve our primary AIM of reaching 40% CRC screening rate. It takes more time for patients to acquire CRC screening. This data should be followed for the remainder of the year to truly assess whether our second intervention had an impact on our patient population.
• This study showed that a cheap, time-efficient visual reminder can potentially improve CRC screening. It should not replace detailed discussions between the provider and patient over risks/benefits, but should serve as an adjunct in all primary clinics for screening reminder.