Increasing Colorectal Cancer Screening Rates: Steps to Success

Theresa Knowles, FNP, VP of QI
Penobscot Community Health Center
Jessica Reed, MSN, GNP
QI Manager, Maine Quality Counts
Maine Colorectal Cancer Learning Collaboratives

American Cancer Society-WellPoint Foundation Change Grant

• Maine Cancer Screening Initiative 12/2/2013-11/28/2015
• In collaboration with Maine Primary Care Association
• 5 Federally Qualified Health Centers (FQHC’s) participated Year 1 and 6 FQHC’s Year 2; including Penobscot Community Health Center
Maine Colorectal Cancer Learning Collaboratives

American Cancer Society New England Colorectal Cancer Learning Collaborative

• June 2015 thru June 2016
• Maine: 3 FQHC’s, including Penobscot Community Health Center
• Total of 11 Community Health Centers (CHC) across New England
• Aggregate Colorectal Cancer (CRC) screening rate increased 6.3%; highest increase at one CHC=25%
The First Step:

Encourage a positive quality improvement culture in your organization!

• Part of what you do every day - not just one more thing on your plate
• Improved quality of patient care is the reason and focus of this QI work
Build the Quality Improvement Foundation

- **Increase Knowledge**: On-Site Education for Providers and Clinical Staff – CRC screening/Fecal Immunochemical Test (FIT Test)

- **Baseline Assessment**: review current processes and identify both strengths and opportunities to improve

- **Electronic Health Record (EHR) Capabilities**:
  - Panel Management
  - Patient lists for outreach, provider prompts (“Pop-ups”), can EHR pull baseline data, practice and provider level data
Build the Quality Improvement Foundation

• **Data**: Use of data in quality improvement is important

• **Evidence-based interventions**: patient and provider/clinical team focused
  • Patient Reminders – practice outreach
  • Provider/Clinical Team Reminder/Recall (prompts)
  • Provider/Clinical Team Assessment and Feedback
Build the Quality Improvement Foundation

• **Process Mapping** (current state – time well spent)
  • Brainstorm together around the process of each new intervention (engage staff in this process)
  • Workflows create responsibility = accountability
  • Make sure people are working to the highest level of their licensure - Who is the most appropriate for the task?
• Minimizing redundancy = improves efficiency
Build the Quality Improvement Foundation

• **PDSA Cycles**: The Plan-Do-Study-Act (PDSA) cycle is part of the Institute for Healthcare Improvement’s Model for Improvement (developed by Associates in Process Improvement)
  - Plan
  - Do
  - Study
  - Act
• Not every change is an improvement!
Increasing Colorectal Cancer Screening Rates: Steps to Success

• Important to have a structured timeline in a QI Project
• Monthly Coaching Calls with Peers – Now use videoconferencing (Zoom, Skype Platforms)
• At least one in-person Peer to Peer Learning Session
• QI Support with Practice Facilitator with monthly on-site meetings
Increasing Colorectal Cancer Screening Rates: Steps to Success

Once you have built the Quality Improvement Foundation, implementing new interventions (processes) is next...
Practice Outreach: Patient Reminders

• Hired outreach medical assistants (3 for the organization)
  • Maine Cancer Foundation Grant
• Types of outreach
  • Postcards for those turning 50 in 3 months
  • Letters/phone calls to patients overdue for colorectal cancer screening (focus on those that have had CRC screening in past)
Practice Outreach: Patient Reminders (cont.)

- Types of outreach (continued)
  - Letters to patients who have had CRC screening in the past and will be due in 3 months
  - Calls to patients who have cancelled or no showed for colonoscopy
  - Follow-up with patients 1wk after sending out FIT kits to answer questions/identify barriers or concerns
  - Permission to schedule
Increase Knowledge

• Developed most common “reasons for not screening”
  - Developed scripts to combat these concerns/myths
  - Development of scripting for outreach medical assistants
• Adoption of standing orders
• Enhanced training on FIT for medical assistants
• Lab staff orienting new providers on difference between occult stool cards and FIT testing
• Continuing Medical Education (CME) for medical providers for CRC/FIT Educational Training
• Use of pooh-doh for training for FIT kits
• Simplifying instructions for staff and patients
Including Other Members of the Team

• Reports from data team looking for colonoscopy documents in the EMR and data not put in discrete field
• Ask that medical records staff begin “flow-sheeting” colonoscopy data in discrete fields
• Ensure medical records staff enter discrete data into report fields for new patients
• Empaneled medical assistants identify pts due through pre-visit planning
Use of Data

Dashboards with CRC screening rates

<table>
<thead>
<tr>
<th>SUSAN CHEFF, MD</th>
<th>Flu</th>
<th>BP Control</th>
<th>Colorectal</th>
<th>Mamm</th>
<th>A1C&lt;9</th>
<th>PAPS</th>
<th>Depression Screening</th>
<th>IVD with Antithrombotic</th>
<th>CAD with Lipid Lowering Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUR RESULT</td>
<td>N/A</td>
<td>90%</td>
<td>78%</td>
<td>70%</td>
<td>88%</td>
<td>80%</td>
<td>N/A</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>GOAL</td>
<td>90%</td>
<td>80%</td>
<td>70%</td>
<td>70%</td>
<td>84%</td>
<td>75%</td>
<td>0%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Number of Pts to Reach Goal</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>N/A</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PRACTICE AVERAGE</td>
<td>N/A</td>
<td>90%</td>
<td>70%</td>
<td>71%</td>
<td>80%</td>
<td>72%</td>
<td>N/A</td>
<td>94%</td>
<td>83%</td>
</tr>
<tr>
<td>Organisational Average</td>
<td>N/A</td>
<td>85%</td>
<td>65%</td>
<td>67%</td>
<td>78%</td>
<td>61%</td>
<td>N/A</td>
<td>90%</td>
<td>81%</td>
</tr>
</tbody>
</table>

COLORECTAL

Goal 70%

- 77.61%
- 78.41%
- 77.67%
- 78.13%

335
Sep-17

315
Mar-18

318
May-18

320
Sep-18

Maine Quality Counts
Use of Data (Continued)

Testing Accuracy of FIT

Out of 114 patients that had a positive FIT and went on to have a colonoscopy...

- 58/114 (50.9%): Adenomatous Polyp(s)
- 14/114 (12.3%): Hemorrhoids
- 12/114 (10.5%): Diverticulosis
- 8/114 (7%): Hyperplastic polyp
- 4/114 (3.5%): Cryptitis/Colitis
- 3/114 (2.6%): Adenocarcinoma
- 9/114 (7.9%): Normal
- 6/114 (5.3%): Colonoscopy not performed

Addressing Provider Concerns: Need for scheduling colonoscopy if only one FIT test (of 2 samples) is positive. Out of 59 patients with an adenoma/carcinoma found on colonoscopy, 27 patients had only 1 positive FIT (45.7%).
Collaboration with Other Organizations

• Maine Cancer Foundation, American Cancer Society, Maine Primary Care Association, St. Joseph’s Hospital, HealthInfoNet, other FQHC’s

• Use of another anesthetic for patients without someone to accompany them home after procedure

• No longer requesting a consult prior to the colonoscopy
Collaboration with Other Organizations (Continued)

• Switching of prep back to one that is more tolerated

• Re-instituting calls prior to the procedure

• Encourage local pathologist to send all pathology to HIE
Most Helpful in the CRC Learning Collaboratives:

Most Useful:

**Collaboration**
- To learn what other practices are doing to improve CRC screening rates
- To share barriers and work on solutions/work arounds as a group
- Identifying best practices
- In-person learning sessions most useful

Least Useful:

The learning calls were difficult to engage in but the content was helpful

38.85% → 57.69% → 65%  Provider Range 43%-82%