

A Resident-Led Pilot Project to Improve Colorectal Cancer Screening Rates in an Academic Family Medicine Clinic

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Background

- Colorectal Cancer (CRC) is the third leading cause of cancer death in the United States.
- Though CRC is often preventable through screening, CRC screening rates remain below national goals with disparities along lines of race, socioeconomic status, and rurality.
- Family Medicine providers are well positioned to increase CRC screening rates, especially at academic safety net health systems where under screened populations are highly represented.
- Stool based tests are being utilized more to improve screening rates given their low cost, noninvasive nature, and efficacy.
- The purpose of this study is to increase CRC screening rates at the University of Virginia Family Medicine (UVA FM) clinic through implementation of evidence-based initiatives aimed to increase stool-based testing.

Methods

The first Plan-Do-Study-Act Cycle consisted of:

- **Process Mapping:** Nurses, patient care assistants, and the Quality Improvement team were engaged in CRC screening process mapping for the Family Medicine clinic to determine opportunities for CRC screening interventions.
- **Provider Survey:** A survey was performed to determine provider knowledge and practice at baseline.
- **Group Education:** Education related to CRC screening modalities, guidelines, barriers, disparities, and shared decision making was provided at a Grand Rounds session and an All Practice Clinic meeting.
- **Conversation Card intervention:** Screening decision aids in English and Spanish were placed in each exam room at the Family Medicine Primary Care Center clinic.

UNDERSTANDING COLORECTAL CANCER SCREENING **STOOL TESTS**

What is this test called?
Fecal Immunochemical Test (FIT)

What type of test is this?
This is a test that checks for blood in your stool. It is done at home using a kit your doctor will give you.

How is the test done?
You will do this test at home. **You do not have to change your diet for this test.** You will place a little stool on cards or in vials. The kit will come with instructions for how to mail your sample to the lab.

Will I have to take time off work?
No. You do not need to take time off work. You do this test at home at your convenience.

How often should I do this test?
ONCE A YEAR

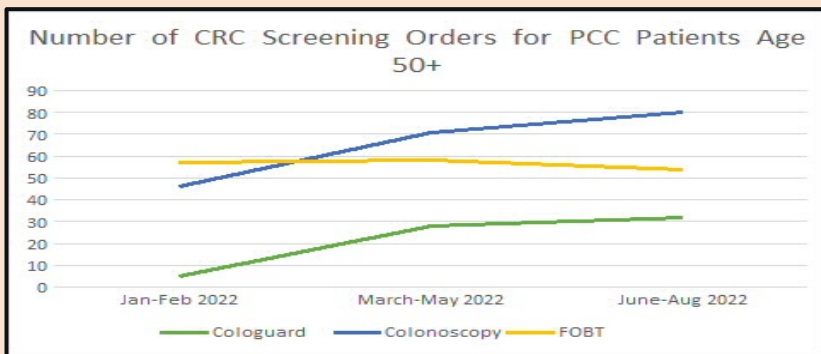
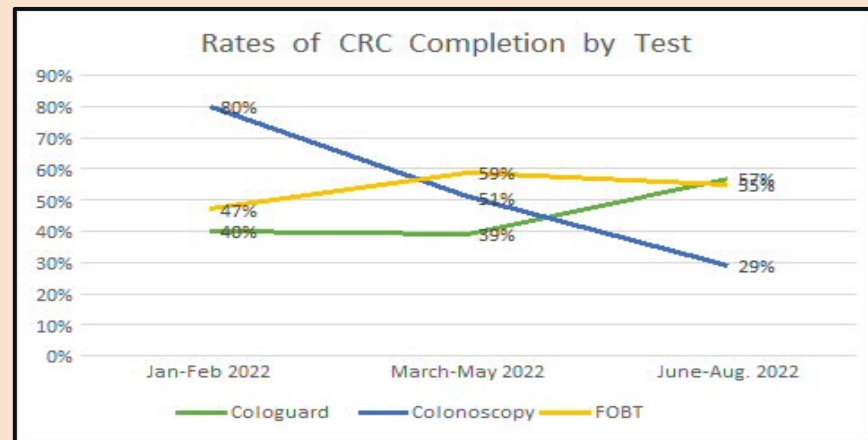
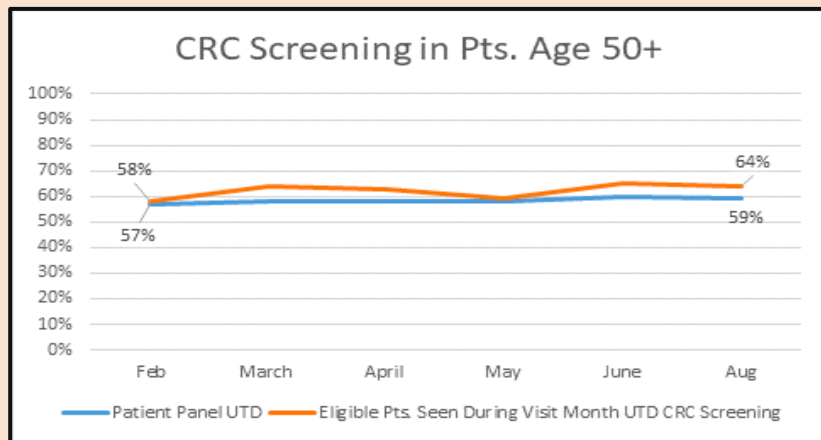
What happens if the test is positive?
If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer.

How much does it cost?
Most insurance plans, including Medicare, cover this test. Check with your insurance company about your coverage.

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Results



Colorectal Cancer Screening Outcomes

After implementation of the evidence based interventions:

- Stool test orders increased 24 to 31 per month
- Stool tests returned 46.5% for FOBT and 65% for Cologuard



Discussion

- Next Plan-Do-Study-Act cycle will focus on: Patient outreach for individuals who have a FIT ordered but not completed.
- Implementation of evidence-based initiatives (EBIs) can increase utilization of non-invasive stool-based CRC screening tests and improve CRC screening rates at a safety net health system clinic.
- Strong multi-disciplinary involvement and buy in to EBIs at all levels throughout the clinic is important for success.

References

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