

INTRODUCTION

- Colorectal cancer remains a highly prevalent cause of death in the United States (Coronado et al., 2019)
- In 2016, approximately 134,000 people were diagnosed with colorectal cancer with 49,000 deaths making colorectal cancer the second-leading cause of death from cancer in the United States (USPSTF, 2016). While the incidence and prevalence remain high, the USPSTF (2016) estimated that approximately one third of individuals eligible for colorectal cancer screening have not completed it
- Kiran et al. (2018) explained that screening for colorectal cancer is recognized as valid clinical practice to decrease morbidity and mortality rates
- Colonoscopy, fecal immunochemical testing (FIT), and Cologuard are screening methods recognized by the USPSTF (2016) as appropriate screening methods for colorectal cancer screening in men and women 50-75 years of age

Purpose Statement

- The purpose of this quality improvement project was to evaluate the current colorectal cancer screening outreach program utilized in the Ascension Wisconsin Medical Group
- The current program consists of targeted patient outreach calls by medical clinic associates to patients aged 51-75 that are eligible for screening but have not completed the recommended screening per the electronic health record

PIOT

- In patients eligible for colorectal cancer screening (P), how has patient outreach (I) affected patient compliance with colorectal cancer screening (O) from January to March 2021 (T1) and April to June 2021 (T2)?

Objectives

- A 4% increase in colorectal cancer screening completion for the total population of patients aged 51-75 eligible for colorectal cancer screening in the Ascension Wisconsin Medical Group sample from T1 to T2
- A 2% increase in colorectal cancer screening completion for the Medicaid population of patients aged 51-75 eligible for colorectal cancer screening in the Ascension Wisconsin Medical Group sample from T1 to T2

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Jan Sherman, PhD, RN, NNP-BC. DNP Committee Chair
Stefanie Birk, DNP, MBA, RN. Committee Member
Patricia Golden, DO. Committee Member
Ascension Medical Group – Wisconsin

MATERIALS AND METHODS



- Family practice primary care clinic in Milwaukee Wisconsin
- Serves approximately 2500 patients eligible for colorectal cancer screening each year
- Approximately 460 of these patients attributed to the physician whose patient population was utilized for evaluation in this project



- Adult men and women aged 51-75 years of age that had a designated encounter type with the selected primary care family practice clinician at the clinic in the calendar years of 2019 and 2020
- Electronic health record (EHR) encounter types used to identify primary care office visits including: 1000 initial consult, 1003 procedure visit, 101 office visit, 2100 surgical consult, 2102 procedural consult, and 2502 follow up
- Exclusion criteria include patients who do not meet age or encounter type criteria, patients who have had a total colectomy, and those in hospice.



- Evaluation of an existing outreach program initiated in 2017 aimed to improve colorectal cancer screening compliance
- Patient unmet screening list for all eligible patients for one family care physician at the Rawson G30 clinic was utilized to complete chart audits to review the completion of either a colonoscopy, FIT, or Cologuard by each patient in the sample

RESULTS

Outreach and Screening Completion

- There was no statistically significant difference between interventions designed to increase the screening, including sending a letter (7.7%, $n = 13$, $p = .16$), calling the patient (23%, $n = 22$, $p = .42$), or having a primary care visit (25.6%, $n = 39$, $p = .28$)

Type of Screening

- Of the 12 patients total that completed screening, one completed screening in T1 (8.33%), using a FIT test. The remaining 11 were completed in T2 (91.67%), with eight Cologuards (66.67%) and three colonoscopies (25.00%)

Outreach Letter

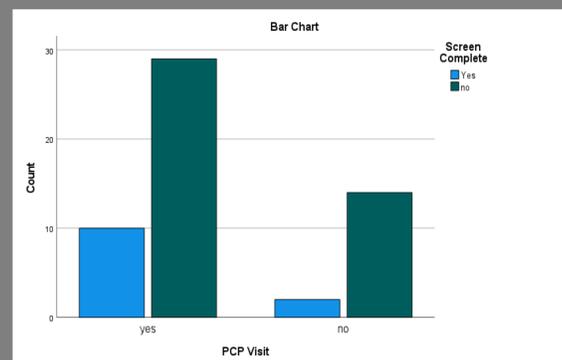
- No statistically significant difference in patients that received a letter through the electronic health record (EHR), 7.69% ($n = 13$) completed screening, while 26.19% ($n = 42$) of patients that did not receive a letter proceeded to complete screening ($n = 11$), $p = .16$

Outreach Phone Call

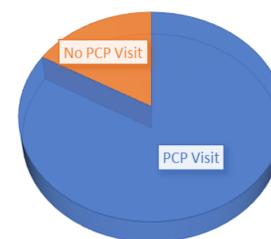
- While not statistically significant, 27.3% ($n = 22$) there was a small clinically significant increase in screening for those patients who received a phone call. Those receiving the outreach call were one and a half times more likely to complete screening ($OR = 1.69$, 95% CI [.47, 6.13], $p = .42$, $\phi = .1$)

Primary Care Visit

- 83.3% screening completion rate for those that had a primary care visit during the measurement timeframe ($n = 12$). While not statistically significant, there was a small clinically significant increase in screening as patients with a primary care visit were almost two and a half times more likely to complete screening ($OR = 2.41$, 95% CI [.47, 12.53], $p = .28$, $\phi = .1$)

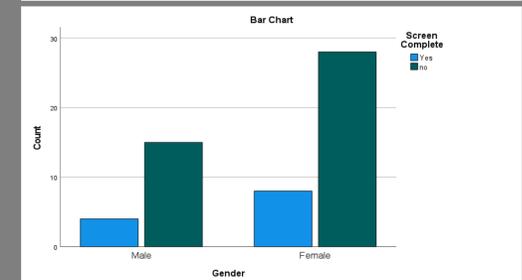
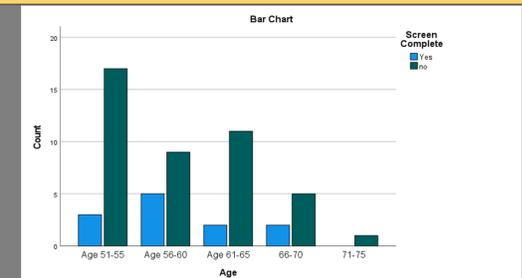


SCREENING COMPLETED TOTAL (HAD PCP VISIT IN T1/T2)



RESULTS

- 55 total patients in the sample with 12 that completed screening and 43 that did not complete screening.
- Age: 51 - 55 (36.4%, $n = 20$), followed by 56 - 60 (25.5%, $n = 14$), 61-65 (23.6%, $n = 13$), 66-70 (12.7%, $n = 7$), and 71 - 75 (1.8%, $n = 1$), $p = .57$
- Gender: Female (65.5%, $n = 36$) with 19 males (34.5%) and individuals who identified as white (94.5%, $n = 52$), with commercial insurance (96.4%, $n = 53$), $p = .92$
- Marital status: 78.2% were married ($n = 43$), 10.9% single ($n = 6$), 9.1% divorced ($n = 5$), and 1.8% widowed ($n = 1$), $p = .07$



CONCLUSIONS

- Objective 1: Met: 4% overall increase in compliance with 21.82%, 12 of the 55 patients, identified at the start of T1 as not having completing screening, and becoming compliant with screening by the end of T2
- Objective 2: Not met: 0% of the patients with Medicaid insurance completed screening ($n = 2$)
- No statistically significant findings, however, clinically significant findings with notable relationship between patients that had a visit with their primary care provider and completion of recommended screening
- Results suggest that the relationship between a primary care provider and patient has a substantial impact on compliant behaviors with screening recommendations

REFERENCES

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